



Online Enrollment Guidelines

Scope of Appointment (SOA)

Key points:

- SOAs need to be completed before any plan information can be discussed, they should be completed and signed before all marketing appointments
- Both the beneficiary and the producer need to sign the SOA
- The beneficiary needs to provide an email to the sign the SOA electronically
- The electronic version of SOA can be accessed through the Clever Care Website, under the broker tab, at <https://clevercarehealthplan.com/brokers/>

Completing the form:

Step 1: Check the box to initialize and consent to the discussion of the product. ***Actual initials are not needed.*** You will not be able proceed without checking the box.

MEDICARE SCOPE OF APPOINTMENT

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial beside the type of product you want the agent to discuss. If you do not want the agent to discuss a plan type with you, please leave the box empty.

Clever Care of Golden State Medicare Advantage and Prescription Drug Plan (MAPD-HMO)
Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Step 2: The "*Beneficiary or Authorized Representative Signature and Signature Date*" will be signed electronically after submitting the form. The Authorized Representative must be a legal Power of Attorney. Do not fill this part if the representative is not legally authorized.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. There is no obligation to enroll. Current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature _____ Date _____ / ____ / ____

If you are the authorized representative, please sign above and print below:

Representative's First Name	<input type="text" value="Representative First Name"/>	Last Name	<input type="text" value="Last Name"/>
Your Relationship to the Beneficiary:	<input type="text" value="Your Relationship to the Beneficia"/>	Phone Number (optional)	<input type="text" value="(000) 000-0000"/>

Step 3: Complete the *“To be completed by Licensed Sales Representative (Agent) prior to meeting with the beneficiary”* portion. All required fields need to be filled in. If the SOA is signed at the time of the appointment, be sure to provide an explanation along with the SOA in space below.

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting

Meeting details

Step 4: Review everything again with the beneficiary to confirm everything is filled in correctly. Submit the completed form by clicking the *“Submit for e-sign”* button at the end of the form. Both the producer and the beneficiary will receive a confirmation email with a link to sign the SOA electronically. Follow the prompts to complete the signature. Complete signature and submit.

Enrollment Application

Key points:

- A confirmation number will be generated at the completion of the application.
- You will need the confirmation number to reference this application. Please keep it in a safe place.
- All electronic enrollment application will require the beneficiary to provide an email address for electronic signature, confirmation and follow up information
- All required fields (fields with a *, or otherwise noted) must be filled out to submit the form
- The electronic version of Enrollment Application can be accessed through the Clever Care Website, under the broker tab, at <https://clevercarehealthplan.com/brokers/>
- If the enrollment is outside of Annual Enrollment Period (AEP), Oct 15th – Dec 7th, the reason and date (if required) of this exception must be filled out in the “*Attestation of eligibility for an enrollment period*” section

Completing the application:

Step 1: Discuss enrollment conditions and requirements with beneficiaries to ensure they are eligible for the plan. Beneficiaries will need their Medicare card to fill out the information on the form.

Step 2: Fill out Section 1 with the beneficiary’s personal and Medicare information. All fields are required in this section. *Be sure to select the correct plan to match the county they live in.*

Section 1 All fields on this page are required (unless marked optional)

Select the plan you want to join:

	Plan	County	Premium
Clever Care Longevity Medicare Advantage (HMO)			
<input type="radio"/>	H7607-002-001	Los Angeles	0
<input type="radio"/>	H7607-002-002	Orange	0
<input type="radio"/>	H7607-002-003	San Diego	0
Clever Care Balance Medicare Advantage (HMO)			
<input type="radio"/>	H7607-003-001	Los Angeles	\$31.50 per month
<input type="radio"/>	H7607-003-002	Orange	\$31.50 per month
<input type="radio"/>	H7607-003-003	San Diego	\$31.50 per month

Check if beneficiary has other prescription drug coverage in addition to Clever Care Medicare plans. This field automatically selects "No". If the beneficiary does have other coverages, click "Yes" and fill out the information regarding the beneficiary's other coverages.

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Clever Care Longevity Medicare Advantage or Clever Care Balance Medicare Advantage. Yes No

Name of other coverage:	<input type="text" value="Name of other coverage"/>	Member number for this coverage:	<input type="text" value="Member number for this coverage"/>
Group number for this coverage:	<input type="text" value="Group number for this coverage"/>		

Step 3: Have the beneficiary carefully read the part titled as "IMPORTANT: Read and sign below". This section will not be signed at this time. It will be signed electronically after submitting the form. The Authorized Representative must be a legal Power of Attorney. Do not fill this part if the representative is not legally authorized.

- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - This person is authorized under State law to complete this enrollment, and
 - Documentation of this authority is available upon request by Medicare.

Signature Today's date (mm/dd/yyyy) / /

If you're the authorized representative, sign above and fill out these fields:

Name:	<input type="text" value="Name"/>	Address:	<input type="text" value="Address"/>
Phone number:	<input type="text" value="(000) 000-0000"/>	Relationship to enrollee:	<input type="text" value="Relationship to enrollee"/>

Step 4: Fill out Section 2. Most of the fields in this section are optional, however, **there are two required fields: "beneficiary email address" and "Paying your plan**

premium". The beneficiary can choose to pay their premium by mail or by electronic fund transfer. The beneficiary can also choose to have the premium automatically taken out of his or her Social Security or Railroad Electronic Board benefit each month. The method of payment cannot be changed once the beneficiary selected it. **The beneficiary must select a method of payment even if his or her plan has a \$0 premium.**

Email address :

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Fund Transfer (EFT) each month.

You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DONT pay Clever Care the Part D-IRMAA.

Step 4: If the enrollment is outside of the Annual Enrollment Period (AEP), Oct 15th- Dec 7th, the reason for this exception must be chosen. Fill out the *"Attestation of eligibility for an enrollment period"* section. Select the reason and the date of the event.

Attestation of eligibility for an enrollment period.

Please read the following statements and check the box that applies to you.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later find that this information is incorrect, you may be disenrolled.

Step 5: Review everything again with the beneficiary to confirm everything is filled in correctly. Submit the Application by clicking the "Submit for e-sign" button at the end of the form. The beneficiary will receive a confirmation email with a link to sign the enrollment application electronically. Follow the instructions on the link. After the application is signed and submitted by the beneficiary, Clever Care enrollment department will follow up with the producer if any additional information is needed.