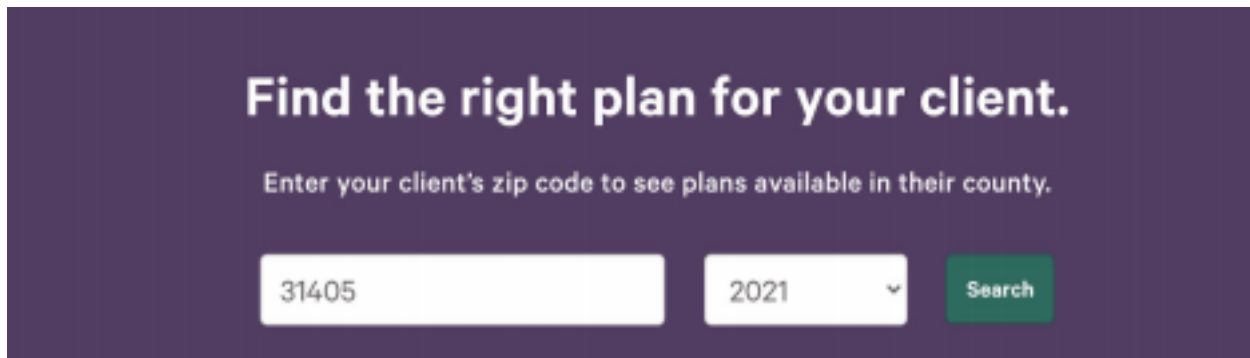


## Step-by-Step Guide

# Submitting Clover Health's 2021 – 2022 Online Applications

To access the online application, please visit:  
[www.cloverhealth.com/en/brokers/plan-documents-enrollment](http://www.cloverhealth.com/en/brokers/plan-documents-enrollment)

1. In the search bar - you can type in the eligible member's zip code and see which plans they are eligible for in 2021 and 2022.



The screenshot shows a dark purple background with the text "Find the right plan for your client." in white. Below this is the instruction "Enter your client's zip code to see plans available in their county." There are three input fields: a text box containing "31405", a dropdown menu showing "2021" with a downward arrow, and a green button labeled "Search".

2. After you type in the zip code for the eligible member, you will see a list of plans for that year.
3. When you find the plan you'd like to enroll the member in - click the green Clover Health plan name
  - a. If you continue to scroll on this page, you will also view a list of comparisons by plan for their core and supplemental benefits. This page gives you a more thorough analysis of plan benefits.
  - b. Additionally, by selecting *View full benefits* you will be able to go over the full summary of benefits with the eligible member.

We can help you figure out if Clover is right for you.

Call [1-800-836-6890](tel:1-800-836-6890) (TTY 711)

8am-8pm local time, 7 days a week

Contact us

#### Available plans

Here are the plans available in your area. If you have any questions, don't hesitate to [give us a call](#).

#### Clover Health Choice Value (PPO) (045)

\$29.80 / month

A plan with \$0 copay for doctor and specialist visits. Plus, comprehensive dental and OTC items. Best if you receive Extra Help from Medicare.

[View full benefits](#)

#### Clover Health Choice (PPO) (026)

\$0 / month

A plan with the freedom to choose your doctor without paying more. Plus allowances for comprehensive dental, eyewear, and over-the-counter items.

[View full benefits](#)

Select Clover Health Choice Value (PPO)

Select Clover Health Choice (PPO) (026)

4. Once you select the plan, you will be brought to the enrollment form
  - a. Please confirm this plan for the eligible member or click: [select another plan](#)
5. Complete Required Fields
  - a. **Make sure your NPN matches exactly or you will receive an error before proceeding to the next page. You must enter it twice to prevent errors!**
  - b. You will be asked to select an *Application Type*:
    - **“I’m a broker or sales agent currently with an eligible and submitting an application on their behalf”:**
      - Please click this if you are with an eligible beneficiary and you are completing the online application together in person.
    - **“I’m a broker or sales agent entering a paper application that I received or filled out earlier”:**
      - Please click this if you completed a paper application (within the last 48 hours) from an eligible beneficiary and are loading the application online at a later time.
    - **“I’m an authorized administrator entering a paper application on behalf of a broker or sales agent”:**
      - Please click this if you are an authorized administrator of an FMO partner and are entering a paper application that was completed earlier on by a sales agent.
  - b. Complete the *Broker signature date / date application was received in mail*
  - c. Complete the eligible member’s preferred *Effective Date*
6. Click *Continue*

7. Clover Health requires that you submit a Scope of Appointment (SOA) with all applications.

- d. Click *Download Scope of Appointment (SOA)* before proceeding. You can attach to the application, then submit directly to Clover Health or your FMO.

8. Click Continue with Enrollment

9. Next step is to verify the beneficiary's eligibility:

- **Verify their zip code:** (i.e. the zip code you used to search for plans on the first page). If this is not the client's home service area, please go back to the start and search for plans using the correct zip code.
- **Verify if the applicant is currently enrolled** in a Clover Health Plan?
- **Verify if the applicant has, or will have, Medicare Part A & Part B** by the effective date of Coverage? (Reference the effective date on the previous page you just entered);
  - **If No:** If the applicant does not have Medicare A & B by the effective date, there is a possibility they may not be eligible for a Clover Health plan.

10. Once this information is completed – please click the green *Verify Your Eligibility* button.

11. For SEP enrollments, identify the appropriate enrollment period for the enrollee.

12. Once you have identified the appropriate election type, please select and provide any additional data as requested/required next to that election.

- Please note: There are no options for AEP or OEP listed. If you are enrolling the eligible beneficiary during AEP or OEP, you will not see this page.

13. Continue to fill out the remainder of the enrollment form on the next page.

a. Populate the enrollee's demographic information including:

- Name
- Birth date
- Gender
- Phone Number
- Permanent Residence Address (P.O. Box is not allowed)
- Mailing address (only if different from your permanent residence address)
- Email Address
- Enrollee's Medicare Info:

**Please provide your Medicare insurance information**

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

**i** You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

Medicare number

1EG4-TE5-MK73

14. Select a *Premium Payment Option* (there are 3 options):

**Please select a premium payment option**

If you don't select a payment option, you will get a bill each month.

Get a bill each month

15. Complete a final list of questions regarding:

- b. Additional prescription drug coverage
- c. Spousal employment

16. Complete the *Physician Selection* section
17. Complete the *Language* section
  - Please contact Clover at 1-888-778-1478 if you need information in an accessible format or language other than what is listed
18. Read and sign the enrollment
19. Click *Submit*
20. Document Upload
  - d. At the end of the form, you can upload related enrollment documents. You can upload documents in two ways:
    - Take a photo of the documents with your cell phone and email to yourself. Save the file to your computer to then upload to the enrollment form.
    - Save the documents with your printer onto your computer. Once scanned to your computer, save and upload the enrollment form.
21. Press the green "**Submit**" button to Submit the Enrollment Application!
  - e. ***The enrollment application has now been submitted.***

Please collect the enrollment confirmation ID # and download a copy of the enrollment application for review/for your records.

**IMPORTANT FINAL STEPS:**

Please complete the questionnaire with the eligible member for *Continuity of Care* if the member qualifies.