

Clover Health

Clover Health is very excited to have you as a partner and wish you success this AEP season!

In this guide you will find a step-by-step outline for using Clover Health's remote enrollment platform, SunFire.

If you have any questions, please do not hesitate to contact our broker support team.

Email: brokers@cloverhealth.com
Phone Number: (855) 979-2236





SunFire Enrollment Platform

- SunFire is an online platform that makes it simple & easy to quote, enroll, send scope of appointment, and run reports on your enrollments

Helpful tips!

- Look for this  picture on the bottom left of your dashboard to update your profile settings
 - Keep your email address and NPN up to date in your profile settings – these are important for sending your scope of appointments
 - Save your virtual signature to your profile
 - How To: scroll to the bottom of your profile to find the signature box. You can use your mouse to draw your personal signature (if you are on an iPad, you can use your finger). Click *Save Changes*.
 - When you need to sign documents on SunFire, you can automatically add this signature

A screenshot of the SunFire signature capture interface. The title is "Signature" and the subtitle is "Save your signature to easily sign scope of appointments". Below the text is a large rectangular box containing a handwritten signature in black ink. Underneath the signature box is a "Clear" button. At the bottom of the interface is a "Save Changes" button.

Your main agent dashboard will look similar to below. You have the ability to do all of the following:

1. Search Prospects
2. Quote & Enroll
3. Send a scope
4. Reporting
5. See your enrollments for the last 30 days

Quick links

1 Search prospects 2 Quote & Enroll 3 Send a scope 4 Reporting

Prospects for last 30 days View all for last 30 days View older prospects

Last name starts with: A B C D E F G H I J K L M N
O P Q R S T U V W X Y Z

First name	Last name	Disposition	Action
Rebecca	Anderson		⋮
John	Cannon		⋮
karen	gonzales		⋮
karen	gonzales		⋮

Enrollments for the last 30 days

✓ 3 Successful ✗ 1 Incomplete

Resources

Messages

You can click either *Successful* or *Incomplete* under Enrollments for the last 30 days to track your enrollments, which will look similar to below.

Time frame: Custom Start date: 08/25/2020 End date: 09/24/2020 Run

Maximum range 2 months

Enrollments
4 enrollments
Sort by: Most recent

Enrollment code	First name	Last name	Carrier	Status	Date	Time	Action
16TX4S7T4L	Taylor	Smith	Clover Health Holdings, Inc.	✓	2020-09-22	05:15pm ET	⋮
69M9C5R5PL	John	Cannon	Clover Health Holdings, Inc.	✓	2020-09-16	12:52pm ET	⋮
CVPXXMT7F6	james	milanese	Clover Health Holdings, Inc.	✓	2020-09-14	05:24pm ET	⋮
QDNVZKSQVE	james	milanese	Clover Health Holdings, Inc.	✗			⋮

Search Prospects – click Search Prospects under Quick Links and you can:

- Search by specific criteria to find your prospect (last name, DOB, phone, disposition)
- Create a new profile for a brand new prospect
- If you find the customer profile that you are looking for - you can click the 3 dots to the right of the profile and choose one of the pop-up options

Customer profiles [New profile](#)

Search criteria

Last name Date of birth Phone Disposition

Search results

First name	Last name	Date of birth	Email	Phone	Disposition	Actions
Cody	Smith					<ul style="list-style-type: none"> Edit profile Start quote Scope of appointment
Cody	Smith					⋮
Taylor	Smith				Enrolled	⋮

Quote & Enroll – click Quote & Enroll under Quick Links and you can:

- Enter the zip code for the plan area (mandatory)
- Optionally, you can fill out these fields:
 - Customer Name, Extra Help/Low Income Subsidy, and Medicare Supplement

ZIP code*

Customer Name (optional)
 First Name Last Name

Extra Help/Low Income Subsidy (optional)
 Drug copay/coinsurance:
 None (I don't know)
 \$1.30 - \$4.00 for covered drugs (2021)
 \$3.70 - \$9.20 for covered drugs (2021)
 Partial low-income subsidy

 \$1.30 - \$3.90 for covered drugs (2020)
 \$3.60 - \$8.95 for covered drugs (2020)

Dual eligible plans will show the full premium unless an Extra Help/Low Income Subsidy option is selected above.

Medicare Supplement (optional)
 Effective date Date of birth Gender Tobacco Use

- After filling out the above information and clicking *Save*, your browser will look similar to below. You then can:
 - Sort the plans by monthly premium, estimated cost total, or company
 - Choose which plans show by year and time period

- Display the plan costs or the plan benefits
- On the left side of the page you can filter by:
 - Plan Type
 - Premium price
 - Policy type
 - Deductible

4 plans found in 07002

Sort: Monthly premium | Year: 2020 | 2021 | Time period: Annual | Display: Plan costs | Plan benefits

Plan type

Medicare

Advantage/Part D

Part D

Medicare Advantage

Special Needs

Filter by

Premium

Under \$20

\$30 - \$60

Policy type

PPO

HMO

Deductible

No

Plan Name	ESTIMATED ANNUAL COSTS	Max. out-of-pocket
Clover Health Classic (HMO) CLOVER HEALTH H8010-002-000 Star Rating: Plan too new to be measured	Total: \$0 Health: \$0 Drug: \$0	(in-network) Health deductible: \$0 Drug deductible: \$0
<input type="checkbox"/> Compare Find doctors \$0.00 Monthly premium Details Enroll		
Clover Health Choice (PPO) CLOVER HEALTH H5141-001-000 ★★★★★ 3 out of 5 stars	Total: \$0 Health: \$0 Drug: \$0	(in-network) / \$7,550 (combined) Health deductible: \$0 Drug deductible: \$175 (excludes Tier 1 and 2 drugs)

- You can compare the plans by checking the *Compare* box under the plans.
 - You can compare up to 3 plans in a side-by-side matrix of complete benefit details (see below)

	Clover Health Choice (PPO) H5141-001-000 ★★★★★ 3 out of 5 stars Enroll	Clover Health Classic (HMO) H8010-002-000 Star Rating: Plan too new to be measured Enroll
Summary		
Monthly premium	\$0.00	\$0.00
Medical deductible	\$0	\$0
In-network maximum out-of-pocket	\$6,700	\$6,700
Out-of-network maximum out-of-pocket	N/A	N/A
Combined maximum out-of-pocket	\$6,700	N/A
Drug deductible	\$150 (excludes Tiers 1 and 2)	\$0
Initial coverage limit	\$4,020	\$4,020
Catastrophic coverage limit	\$6,350	\$6,350

Enroll- If you would like to enroll a beneficiary in a plan – simply click *Enroll*

- This will take you a page to *Add applicant information*
 - You will need to add beneficiary information, such as name, DOB, address

- Click *Continue*
- This will take you to a page to *Add your Medicare information*
 - You will need to add all of the Medicare information that you see in the image below (name, Medicare number, Part A, Part B, provider information)
 - Click *Continue*

MEDICARE HEALTH INSURANCE

Nome/Nombr
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

<small>Enrolled to/Cobertura a</small>	<small>Coverage starts/Cobertura empieza</small>
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

You must have Medicare Part A and Part B to join a Medicare Advantage plan

Name (as it appears on your Medicare card)

Medicare number*

Hint: Do not enter dashes

Hospital (Part A)*

Medical (Part B)*

Provider information

Clover Health Holdings, Inc. strongly recommends that all medical plan applicants include their primary care physician's (PCP) information below. A primary care physician is usually the doctor you'll contact first for general, nonemergency health issues and routine checkups. If you are applying for an HMO plan or a plan that requires a PCP, then you must complete this section. Please see your Summary of Benefits to determine if your plan requires a PCP

Do you wish to specify a primary care physician (PCP) now?

Yes No

Other information (optional)

Language preference

Accessible language format

- This will take you to a page to confirm your *Eligibility for an enrollment period*
 - You will need to confirm your enrollment, choose your proposed effective date of coverage, and indicate your payment information
 - Click *Continue*
- You will then *Review the Application* and sign the application
 - To Sign and submit your application- you can do one of the following:
 - E-signature – if the customer is present
 - Signature pad – if the customer is present
 - Send e-signature request – if the customer is on the phone
 - If you choose this option, you can send a text message or email to get a signature from the beneficiary

Agreements

You must read the disclosures below and check the box to confirm you have done so.

I must keep both Hospital (Part A) and Medical (Part B) to stay in Clover Health Choice (PPO).

By joining this Medicare Advantage Plan, I acknowledge that Clover Health will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).

Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

~~The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally~~

I acknowledge that I have read the above information and understand the contents of the application.

Select the scenario that describes who will be completing the application.*

Enrollee Authorized representative

Sign and submit your application

e-Signature (customer present)

Signature pad (customer present)

Send e-Signature request (customer on phone)

Beneficiary or Authorized Representative Signature and Signature Date:

Signature*	Signature date
	10-09-2020

- To complete the application, you will click *Submit*

Send a Scope- click Send a Scope under Quick Links:

- To start a scope of appointment, you may:
 - Email Scope, Text Scope, Complete Scope, and Upload Scope
- To Email or Text a scope – you will need to fill out information such as:
 - Product type, beneficiary information, and scope date
 - To email or text the scope to the beneficiary, you will need to send them a code. You will be prompted to fill out the form below.
 - **In order for the beneficiary to complete the scope of appointment – you must provide them with the code!**

Email Example:

Send Scope of Appointment to Jim Smith

Please provide your customer with the personal code below to allow them access to the Scope of Appointment.

982865

This personal code will expire after 48 hours.

Date of appointment: 04-19-2019

Email*

Text Example:

Send Scope of Appointment to Jim Smith

Please provide your customer with the personal code below to allow them access to the Scope of Appointment.

107481

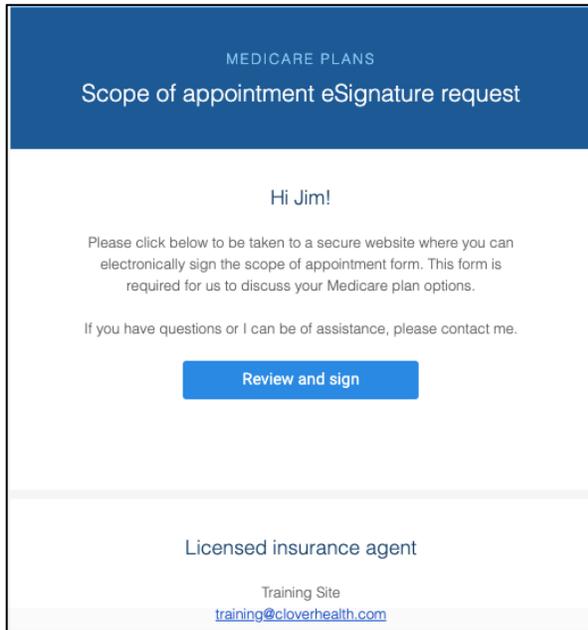
This personal code will expire after 48 hours.

Date of appointment: 04-19-2019

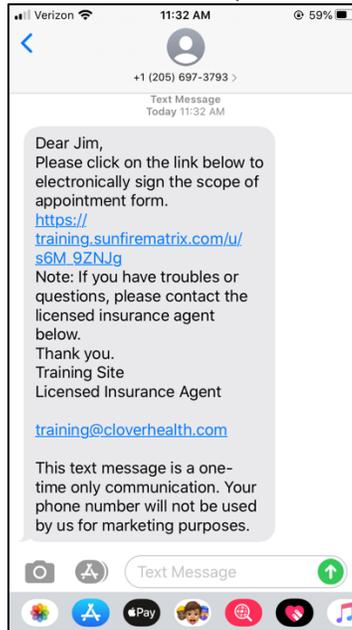
Phone*

This is what the beneficiary will receive when you send the scope:

Email Example:

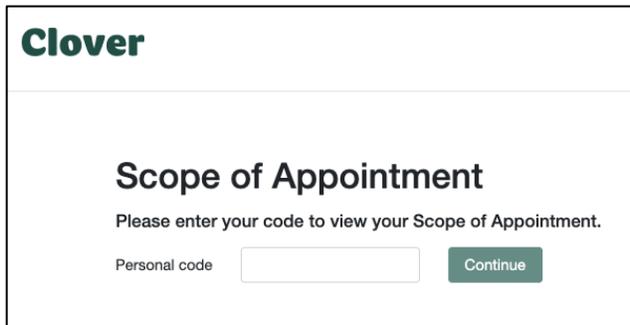


Text Example:

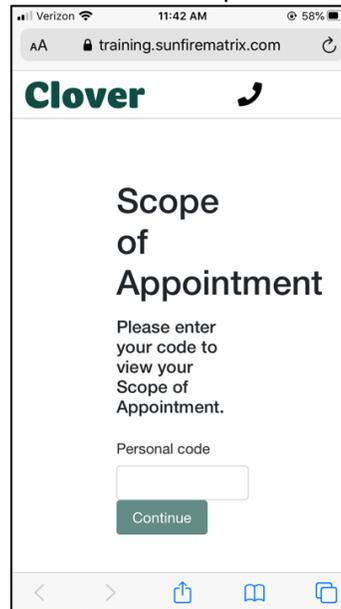


When they click the form – they will be prompted to input their personal code. **You must provide your beneficiary with the code!**

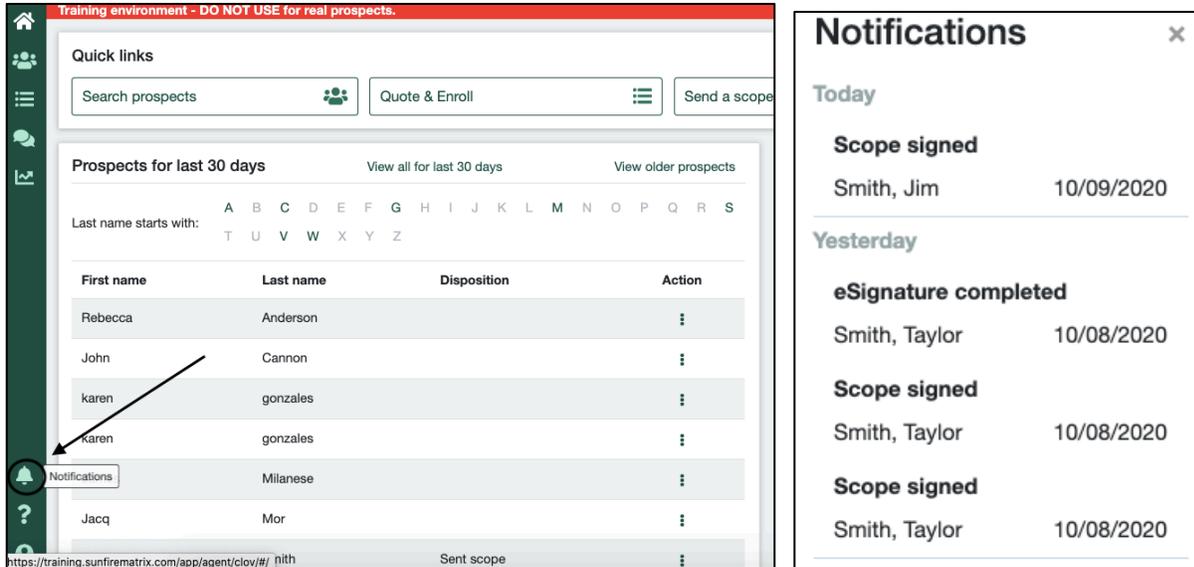
Email Example:



Text Example:



When they enter their personal code – they will be prompted to sign the scope of appointment form. Once they sign it – the agent will receive a notification that the scope is complete. You can check your notifications by clicking the bell, as seen below:



Click **Complete Scope** to complete the Scope of Sales Appointment Confirmation Form

- If your beneficiary has signed their scope of appointment and you need to sign it to complete it, you will find those here

Click **Upload Scope** to upload an external file of scope of appointment.

- You will need to include Date of Appointment and Signature Date

In your Scope of Appointments list - you can see when you sent your scopes and if they have been completed

- Once they have been signed, they will automatically update to Completed = Yes
- You can view each individual appointment by clicking View
 - **If you forget a personal code that you need to send to a beneficiary – you can find the code in this list**

Start scope of appointment								
Email scope Text scope Complete scope Upload scope								
Scope of appointments ↻								
Type	Appointment date	Date sent	Date signed	Date agent signed	Completed	View	Personal code	Sign
Email	04-19-2018	10-09-2020			No	View	145980	Need customer signature
Email	04-19-2019	10-09-2020			No	View	625989	Need customer signature
Text	04-19-2019	10-09-2020	10-09-2020	10-09-2020	Yes	View		Signed

Reporting - click Reporting under Quick Links:

- You can see a report of all enrollments within specific time frames
- The report will include the enrollment code for your files
- You can click into each individual enrollment and download the completed enrollment as a PDF for your files

Report Type
Enrollments

Time frame: Last 7 days

Enrollments
1 enrollment
Sort by: Most recent

Enrollment code	First name	Last name	Carrier	Status	Date	Time	Action
16TX4S7T4L	Taylor	Smith	Clover Health Holdings, Inc.	✓	2020-09-22		View Enrollment

If you click *View Enrollment*, you will be taken to a successful enrollment page (see below).

Smith, Taylor Success

Date: 09/22/2020 05:15pm ET
Enrollment Code: 16TX4S7T4L

Plan: Clover Health Classic (HMO)
Premium: \$0.00

Save as PDF

Clover Health Holdings, Inc. Individual Enrollment Request Form
Plan: 2020 Clover Health Classic (HMO) [H8010-002-000]. Monthly Premium: \$0.00

Customer information			
First name	Taylor	Last name	Smith
Date of birth	07-01-2010	Sex	Female
		Title	Mrs.
Language preference	English		