COVERED CALIFORNIA

Your destination for affordable, quality health care, including Medi-Cal

September 5, 2019

The Covered California Single Streamlined Application (SSA) is the primary interface for submitting online applications during Open Enrollment and Special Enrollment, and for reporting changes or renewing eligibility to health coverage. The SSA is designed to be accessible via mobile devices like cell phones and tablets. A user may begin an application via their desktop and then continue it via their mobile device. The SSA aims to improve the consumer experience by dynamically displaying only those questions that are relevant to the consumer based on prior data entered.

This Job Aid provides an overview of the SSA, with a focus on highlighting features and pages for Certified Insurance Agents (Agents), Certified Enrollment Counselors (CECs), County Eligibility Workers (CEWs), Plan Based Enrollers (PBEs), and Service Center Representatives (SCRs).

The SSA is organized into four main sections:

- Introduction
- Household Information
- Individual Information
- Review and Submit

Starting a New Application

From the *Consumer Home* page users start by clicking the **Begin Application** button. For SCRs and CEWs the *Which benefit year do you want to begin an application for?* popup displays. After selecting the correct benefit year and clicking the **OK** button, the *View Confirmation* popup displays. SCRs and CEWs click the **Consumer View** button to launch the Single Streamlined Application.

The Introduction section begins with the *Welcome to Your Application* page. In this first section the SSA confirms some basic information regarding the applicant's…

- Residency

- Consent to verify information submitted

- Qualification for healthcare subsidies

In terms of residency for example, consumers must provide their zip code. This is used to confirm that the applicant lives within the Covered California service area. Invalid zip codes will display an error message.

Note: Displaying next to the Zip Code field is the text link **Why we are asking**. Click this link to see helpful tips about the information requested. Tooltips links like this can be found throughout the application. The next question asks the applicant how they heard about Covered California and is optional.

The remaining fields display for Agents, CECs, CEWs, PBEs and SCRs users only and are required:

- **Application Date**

- **What is the source of this application?** (Mail, Email, Phone, FAX, In Person)

- **ECM ID** (displays only if the source of application is Email, Mail or FAX)

When finished click the **Next** button to continue.

Consent to Verify

The *Verification of Your Information* popup displays asking the consumer for consent to verify household information provided during the application process.

- Selecting the **Yes, I agree** checkbox activates the **Next** button and allows the user to proceed

- Unchecking the **Yes, I agree** checkbox deactivates the **Next** button and displays a message that the application cannot be processed online without the consumer's consent

Financial Help

All users agreeing to let Covered California verify their information proceed to the *Would you like to see if you can benefit from free or low-cost healthcare?* page. Users are encouraged to apply with the message: *California is improving access to affordable health care. See if you qualify for one of our programs.* Users are then presented with the following options to proceed with a subsidized or unsubsidized application:

- **Yes, I want to find affordable health care options** - users are required to complete all sections of the application

- **No, I do not want help paying for my health care** - all income and tax related questions are suppressed when the users proceed through the application
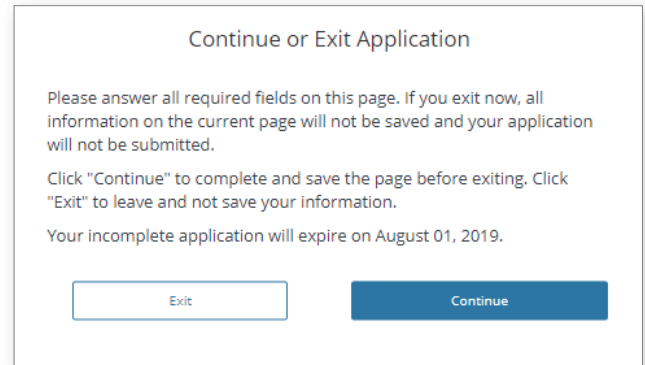
After clicking **Yes** or **No**, the user navigates to the *Application Menu.*

Save & Exit

Throughout the application, the global **Save & Exit** button displays at the top of the page for the user to save their progress at any point and exit the application.
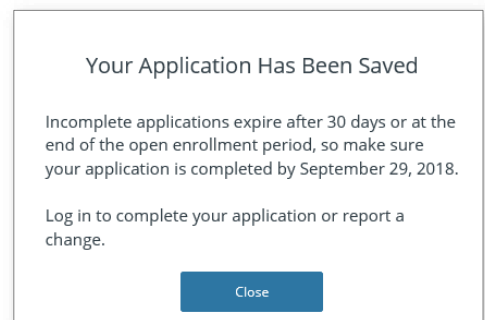
When the **Save & Exit** button is clicked and there is unsaved information, the *Continue or Exit Application* popup displays as a reminder that the application cannot be saved because there is still required data to complete. Additionally, the popup notifies the user that the incomplete application will expire by a certain date. The message automatically populates a date that is 30 days from the application initiation date.

Continue or Exit Application

Please answer all required fields on this page. If you exit now, all information on the current page will not be saved and your application will not be submitted.

Click "Continue" to complete and save the page before exiting. Click "Exit" to leave and not save your information.

Your incomplete application will expire on August 01, 2019.

Exit	Continue

Important Note: During the Open Enrollment period, the expiration date is extended to the day after the Open Enrollment period ends if it has been 30 days since the initial application date.

When the **Save & Exit** button is clicked, and all required information is entered, the *Your Application Has Been Saved* popup displays with a reminder to complete the application by the expiry date. The message automatically populates a date that is 30 days from the application initiation date.

Your Application Has Been Saved

Incomplete applications expire after 30 days or at the end of the open enrollment period, so make sure your application is completed by September 29, 2018.

Log in to complete your application or report a change.

Close

By clicking the **Close** button, the user returns to the *Account Home* page. Agents, CECs, CEWs, PBEs and SCRs also use the **Save & Exit** button.

Upon returning to the *Consumer Home* page, the consumer is reminded again to complete the application by a specific date. Click the **Continue Application** button on the *Consumer Home* page to resume a saved application.

> You have until **September 29, 2018** to complete and submit your application. Please click the "Continue Application" button below to complete and submit your application.

Application Menu

After the *Introduction* section, users navigate to the *Application Menu* which displays the application sections. The *Application Menu* allows consumers to navigate between sections once information is entered in every section.

Each section displays a button or link based on the progress of the application:

- **Review** – this link indicates the section is complete
- **Start** – this button indicates the section has not yet been initiated
- **Continue** – this button indicates the section is incomplete

- **Update** – this button indicates information entered in a previous section now requires updating based on information that was entered in a subsequent section. The following text alerts the user: *This section requires updates before you can move on.* A checkmark displays next to the section title when a section is complete ✅

**Note:** The Application Number displays at the bottom-right of the page.

Household Information Section

In the *Household Information* section, users create profiles for each household member (HHM), define relationships, identify roles within the household and input other relevant information such as tax and income data.

From the *Application Menu,* click the **Start** button to navigate next to the *Household Information* section. The *Tell us about the people in your household* page displays. Click the **Add Yourself First** button to begin.

Note: There is a navigation link near the top left of the page that allows users to return to the section menu while saving any information entered. In the example image to the right, users return to the **Household Menu** by clicking the link. This global navigation method can be found throughout the application.

The first *Add Household Member* page displays asking for name and date of birth. Applicants are prompted to provide the same type of information for each person added to the household. This includes the following:
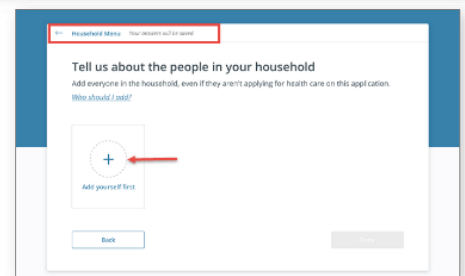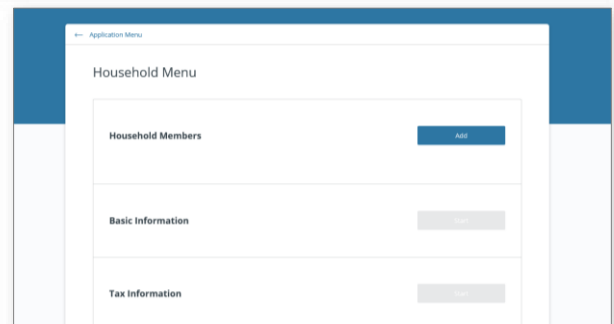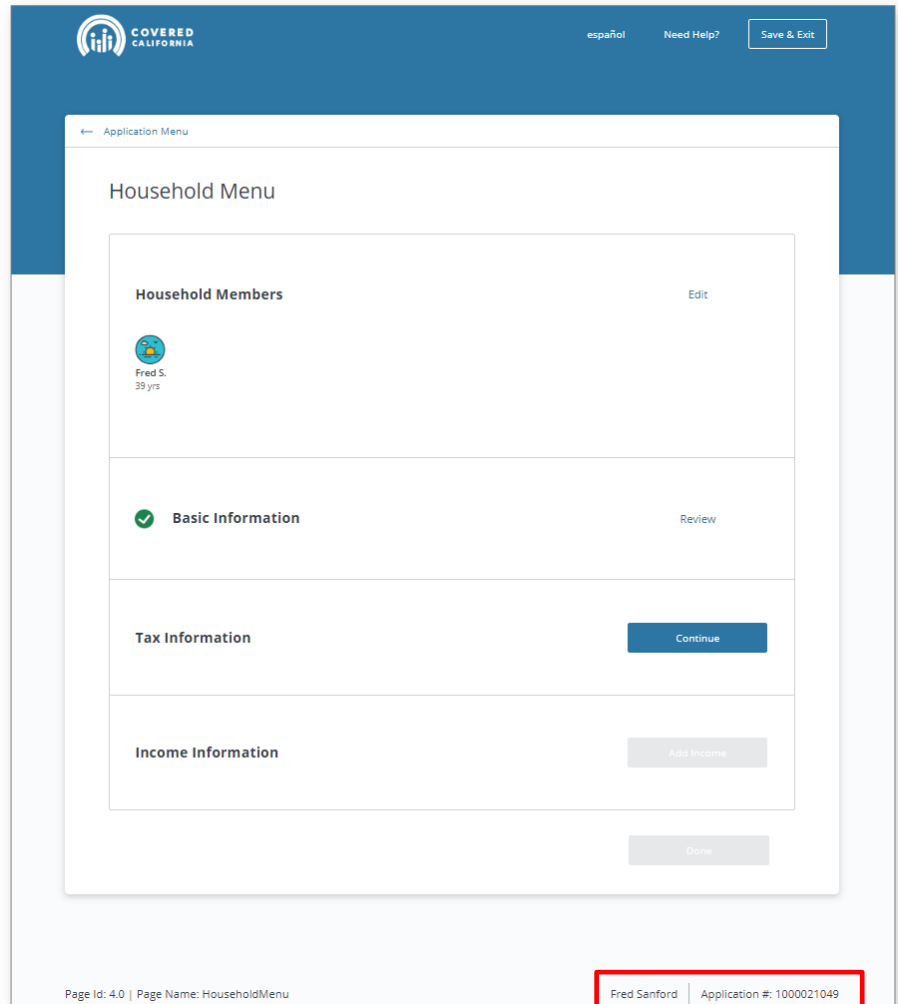
- Name/Date of Birth

- Student

- Gender

- Marital Status

- Contact Info

- Contact Preferences

- HHM Relationships

- Origin/Race (optional)

Note: Clicking the red **Cancel** link on upper right side of this page removes inputs and returns the user to the previous page without saving changes. A cancellation popup will display to confirm this action. This holds true for all other input pages in the application.
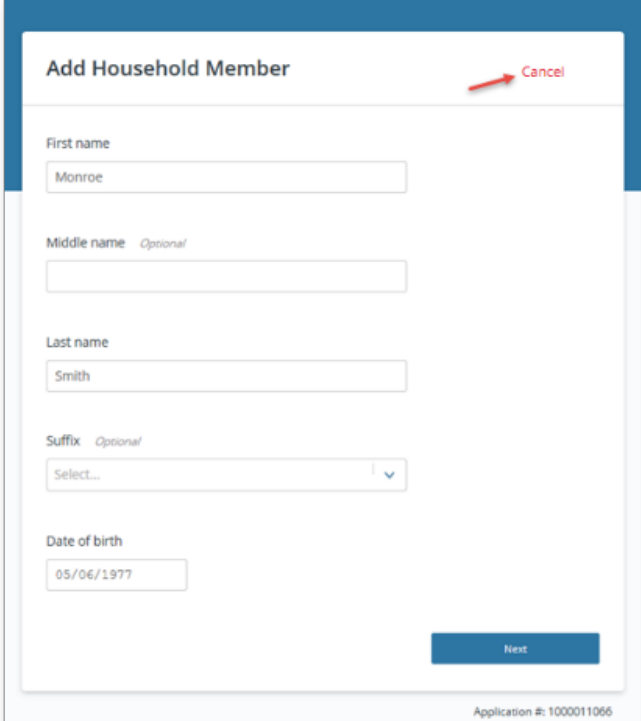
After completing the Name and Date of birth, the user is presented a series of three questions and is required to select the appropriate response from the options displaying. Questions include:

1. *Is [HHM] attending school full-time?*

   This displays only for HHM under the age of 18 and for subsidized households with members between the ages of 18 and 21.

2. *What is [HHM's] sex?*
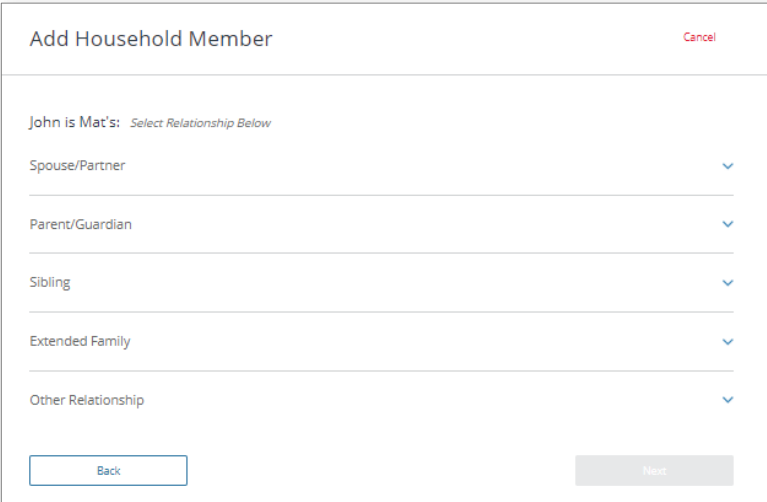
   Gender choice includes **Transgender** options as well as **Male** and **Female**.

3. *What is [HHM] marital status?* Marital status includes **Registered Domestic Partner**

> **Note:** If one of the HHM is indicated as a Registered Domestic Partner, a *Please Review Your Household* popup displays. Click the **OK** button to update the relationship field or add the Domestic Partner.

Optional contact information and language preferences are collected next. Note that there are two choices for language preferences, written and verbal.
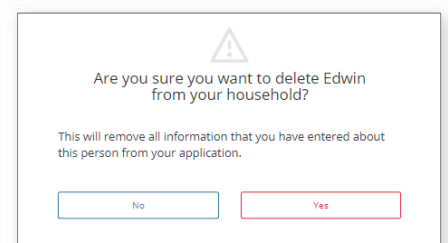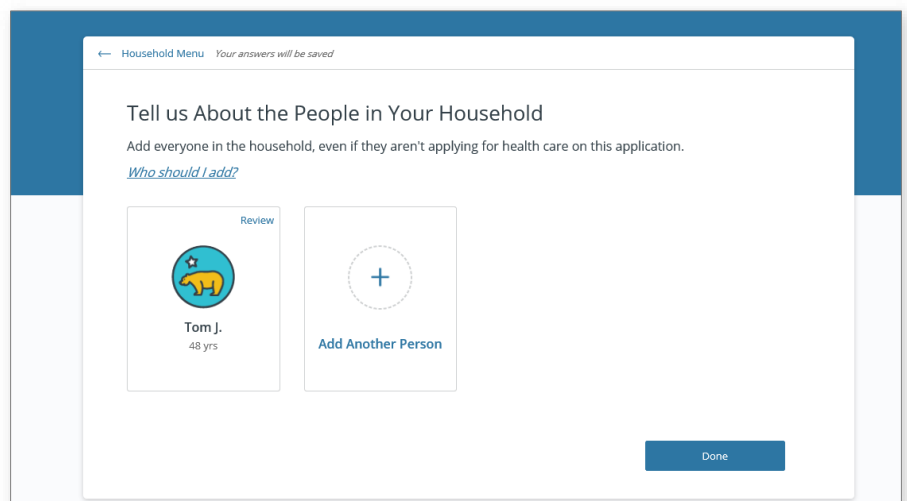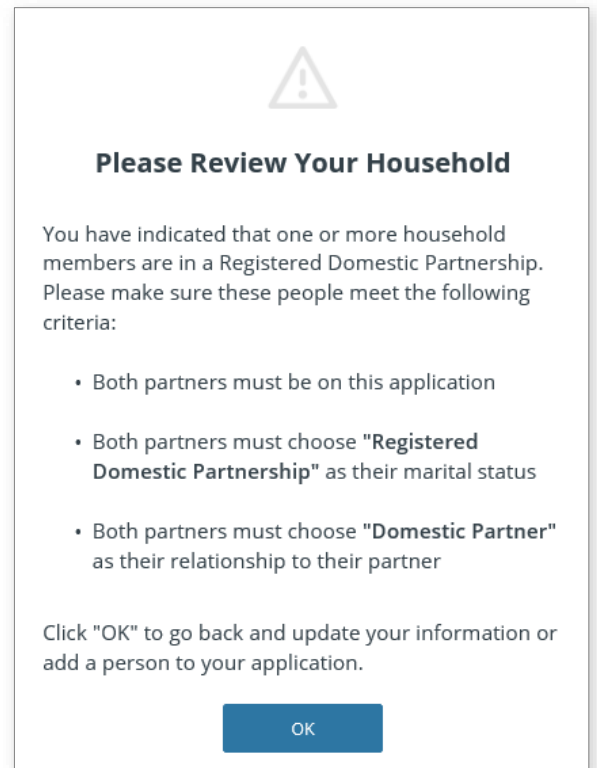
The last *Add Household Member* page collects information on racial origin and is also optional.

Important Note: After entering the first household member in the Household section, the bottom of the screen to the right of the application number displays the applicant's name. The name of the first household member entered displays until the Primary Contact is identified in the *Basic Information* section. Once the *Basic Information* section is complete, the name of the Primary Contact displays next to the Application number.

⚠

Please Review Your Household

You have indicated that one or more household members are in a Registered Domestic Partnership. Please make sure these people meet the following criteria:

- Both partners must be on this application

- Both partners must choose **"Registered Domestic Partnership"** as their marital status

- Both partners must choose **"Domestic Partner"** as their relationship to their partner

Click "OK" to go back and update your information or add a person to your application.

[OK]

Next, household relationships are established. Users select the caret ⌄ symbol for one of the five categories to display relationship choices.

On this last page, click the **Done** button to return to the *Tell us about the people in your household* page. Users can continue adding members here, or review and/or edit any of the prior information entered by clicking the **Review** link on the household member tile.

← Household Menu   *Your answers will be saved*

Tell us About the People in Your Household
Add everyone in the household, even if they aren't applying for health care on this application.
Who should I add?

Review

Tom J.
48 yrs

+
Add Another Person

[Done]

Clicking **Review** displays a detailed page with the name and age of the HHM and a summary of the information previously entered. To change information previously entered, click the **Edit** link within a section. Household members can also be removed from the
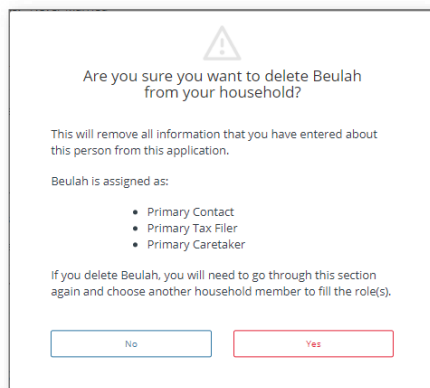
⚠
Are you sure you want to delete Edwin from your household?
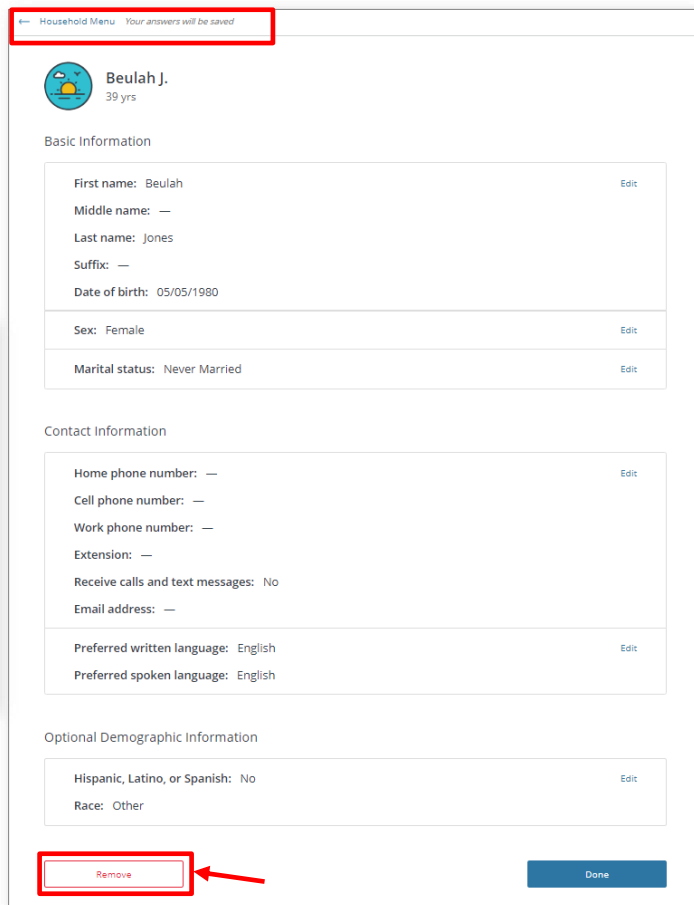
This will remove all information that you have entered about this person from your application.

[No]   [Yes]

application by clicking the **Remove** button at the bottom of the page. A popup confirming the request to delete the HHM displays.

Note: If the HHM being deleted was identified as the Primary Contact, the popup advises that the Primary Contact will need to be reassigned. This is done in the *Household Information* section.

Click the **Done** button to return to the *Tell us about the people in your household* page.

When all household members are added, click the **Done** button on the *Tell us about the people in your household* page to complete this section. Alternatively, click the **Household Menu** link at the top-left of the page to navigate back to the *Household Menu* page.

Basic Information Section

In this section the applicant is asked to provide additional information about household members. Information collected in this section includes:

- Qualifying Life Events (QLE)

- Primary Contact for your household?

- Confirm your Identity

- HHM not living with the Primary Contact

- Primary Caretaker for any children

- HHM applying for coverage

- HHM 18 years or older and in Foster care

- HHM in Medicare

- HHM who are U.S. citizens or Nationals

- HHM who are pregnant

- American Indian or Alaska Native HHM

Depending on the information being collected, users select either a single HHM or multiple members. For example, when a user is asked to select a Primary Contact, only one HHM is selected. On the other hand, when asked to select household members that are applying for health care, more than one HHM can be selected.

A check mark displays in the upper-right corner of the HHM tile when a HHM is selected. To deselect a HHM, click the tile again.

After selecting the appropriate HHM(s) and clicking the **Next** button, users are asked to provide additional details on subsequent pages for many of the categories listed above. Note that portions of these pages may be prepopulated with information previously entered in the application.

Selecting a Qualifying Life Event

The *Basic Information* section begins by displaying either an *Open Enrollment* page or a *Special Enrollment* page for consumers to report life events affecting eligibility. Qualifying Life Events (QLEs) display in a dropdown on the page. Consumers applying during the Special Enrollment period must select a value from the dropdown. Selecting **None of the above** continues to review the consumer's application for Medi-Cal or MCAP.

QLEs can also be applied during Open Enrollment; however, if there is no Qualifying Life Event, select **None of the Above** from the dropdown.

> **Note**: CEWs and SCRs processing applications on behalf of Consumers with a qualifying life event (QLE) see additional fields displayed, requiring approval.

Selecting Household Primary Contact

Next, the consumer is asked, *Who is the Primary Contact for your household*?. The first household member added is automatically designated as the Primary Contact and can be changed by selecting a different HHM tile.

Clicking a HHM tile dynamically displays text fields for manually entering a Social Security number (optional), resident address and mailing address.

Note: If the HHM selected as Primary Contact already has a Covered California login account, information from that account prepopulates the text fields of this page.

Address Validation

After entering the street address, a *Confirm Your Address* popup appears when an exact match is not found in the postal verification database. If the exact address is not confirmed, the user must select the closest match from a list of alternates. If the address is not found the user can correct any errors by clicking **Cancel** or click **Ok** to continue with the application and the address as it was entered.

For addresses using a zip code that spans more than one county, a list of those counties will display. Users must select one of the counties listed so that the postal validation can take place.

After the street address is resolved consumers are asked if it can also be used as the HHMs Mailing Address. Selecting the **Yes** radio button navigates the user to communication preferences. Selecting **No** displays new address fields to complete the mailing address.

Consumer's **Communication Preferences** are selected next. The following three choices display for the question, *How would [HHM] like to receive notices and other information?*:

- **Email**

- **Phone**

- **Mail**

Consumers who have already selected a preferred contact method at account creation are asked, *Is this still the best way to contact you about this application?* If not consumers can change it at this time.

If a contact method has not been previously selected, consumers must select one of the three options and enter contact information for that choice before continuing.

Note: When a consumer chooses **Email** as the communication method and an email fails delivery, CalHEERS changes the method of communication to **Mail**. A notice is mailed to inform the consumer of the change, with instructions on how to reset the method of communication.

Confirming Primary Contact Identity

Upon completing the *Primary Contact* page, click the **Next** button to continue. A page to confirm the primary contact's identity displays. Note that this page displays slightly different for consumers than Agents, CECs, CEWs, PBEs and SCRs.

Several methods are available for confirming the Primary Contact's identity. They include:

- Online

- Phone

- Electronic Upload

- In Person

- Mail

- Fax

Agents, CECs, CEWs, PBEs and SCRs can attest that they have visually identified the person's identity with the use of acceptable documentation.

Agents, CECs, CEWs, PBEs, and SCRs can also access a Remote Identity Proofing (RIDP) service to confirm a consumer's identity. The page presents 3 to 5 unique questions that the consumer must answer when selecting the RIDP option.

HHMs Not Living With Primary Contact

Next, consumers are asked: *Select all household members who do not live with [Primary Contact]*. The resident and mailing address must be entered for any members selected. If all members of the household live with the Primary Contact, select **Nobody** and click the **Next** button to continue.

Primary Caretaker

The *Primary Caretaker* page displays when the household has more than one member 20 years old or younger. When this is the case, names of the children are listed and the user is asked if they all have the same Primary Caretaker.

- If **Yes**, the user clicks one of the adult household member tiles listed or clicks **Someone else** and enters their name and phone number

- If **No** is selected a Primary Caretaker will need to be selected individually for each of the household members 20 years old and under. When complete the **Next** button becomes active and the user may continue to the next page

HHMs Applying For Care

Users are asked to select all HHMs that would like to apply for healthcare next. At least one HHM must be selected in order to continue however users can select multiple members before continuing.

Former Foster Youth

Next, users are asked to select household members that are Former Foster Youth (FFY). Household member tiles display for anyone between the ages of 18 and 26, as of the current system date. Text on the page explains that Foster Care could have been provided in any state and that qualifying individuals could be eligible for free Medi-Cal up to age 26 irrespective of income.

- Select any of the HHMs that qualify or select **Nobody** to continue

  Note: If there are no HHMs within this age range the page will not display.

Medicare

Household members currently enrolled in Medicare Part A or Part B are selected next. Users choose from the list of HHMs on the page.

- If no one is enrolled, select **Nobody**
  The page expands and asks the user to select any HHM that may be eligible for free Medicare Part A. Again, select a HHM or click **Nobody**. Note that only HHMs applying for care will display

Citizenship

Next, users are asked to select household members who are U.S. citizens or U.S. nationals.

The HHMs displayed will only include those applying for care. If all HHMs are selected the **Next** button becomes enabled and the user can continue.

If any of the HHMs are not selected, or **Nobody** is selected, the page expands and asks the user to *Select all household members who have valid immigration documents.*

In addition, non-citizens over the age of 16 years old are asked: *Is [HHM] an active duty or honorably discharged member of the military, or the spouse or child of a person who is?*

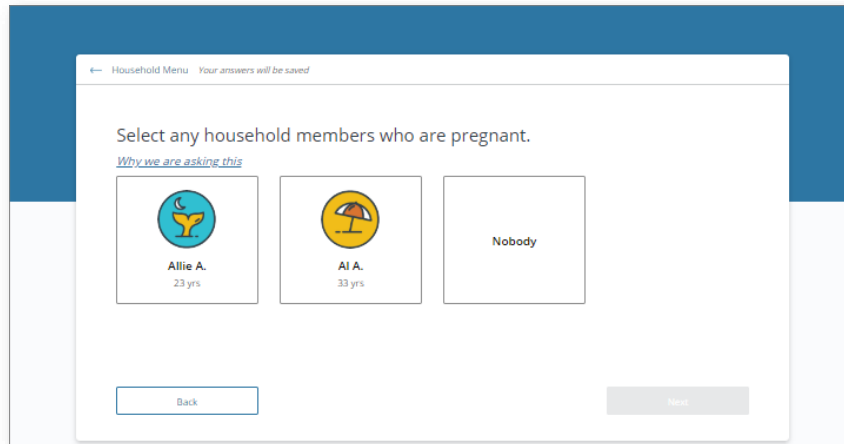Once selections are complete click the **Next** button to continue.

Pregnancy

Select any household members who are pregnant next. Clicking a HHM tile prompts the user to provide the expected due date and the number of babies expected for each household member selected.

American Indian/Alaska Native Household Members

Next users are asked to select household members who are either American Indian or Alaska Native (AI/AN). Upon selecting a HHM, users are asked to confirm that the member is a federally recognized American Indian or Alaska Native tribe.

- Selecting **No**: Users click the **Done** button to continue

- Selecting **Yes**: Users choose the state that the tribe is recognized in from a dropdown list

- The user then selects the name of the tribe from a second dropdown. If the name is not listed, users select *Tribe not Listed*
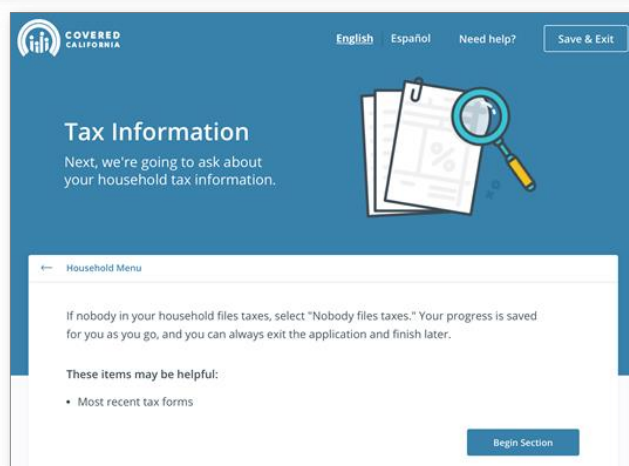
Clicking **Done** from the *American Indian or Alaska Native* page navigates the user back to the *Household Menu* and completes the *Basic Information* Section.

From the *Household Menu* page, users may review and edit any of the information previously entered by clicking the **Review** link adjacent to the *Basic Information* section.

If edits are made, return to the *Household Menu* by clicking the **Done** button from the *Basic Information Review* page.

Tax Information Section

Users begin the *Tax Information* section next by clicking the **Start** button from the *Household Menu* page. The

Tax Information page displays with a brief overview of the section, information on what to expect and a helpful tip on the documentation needed.
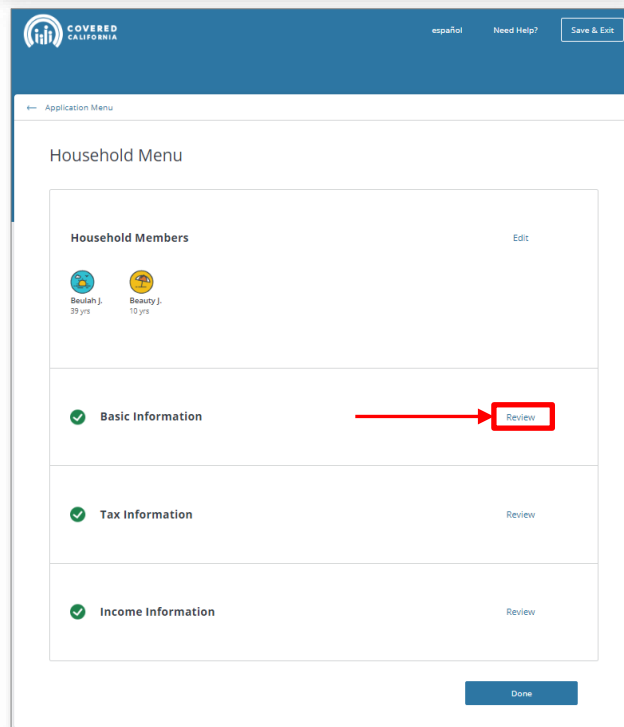
Click the **Begin Section** button to get started. The question, *Who is the Primary Tax Filer for your household?* displays. Users are reminded that this is typically the first person listed on the tax return. Select a HHM as the Primary Tax Filer or select the **Nobody files taxes** tile if no one in the household plans to file taxes. **Note:** In order to be eligible for tax credits, a Primary Tax Filer must be selected.

1. After assigning the Primary Tax Filer the user must select the filing status of that person. Choices include:

   o **Married Filing Jointly**

   o **Single**

   o **Head of Household**

   o **Married Filing Separately**

   Note: Married applicants filing taxes separately are not eligible for financial assistance.

2. Once the Primary Tax Filer information is complete, click the **Next** button to continue. Users are asked to S*elect all household members who plan to file taxes in [current year]*. Click on any of the **HHM** tiles to indicate that they plan to file taxes or click the **Nobody expects to be required to file taxes** tile to continue. For each of the HHMs selected, users are asked to select the filing status of that person as described above.
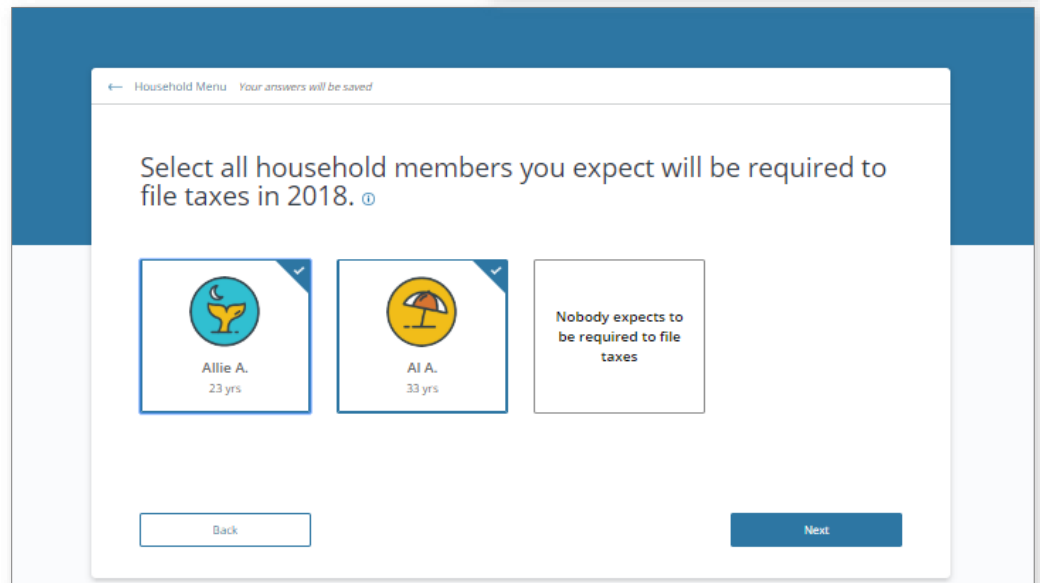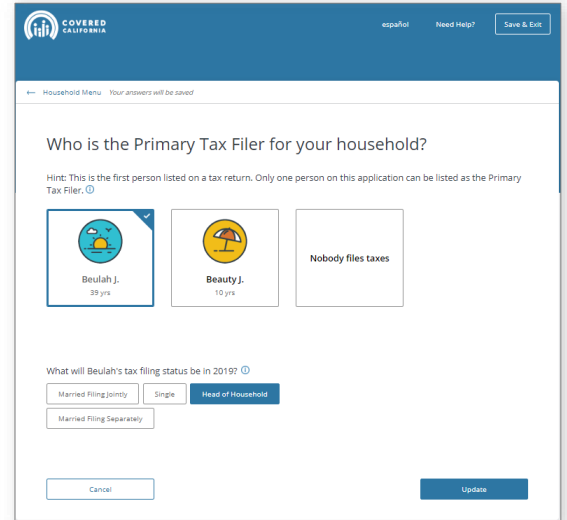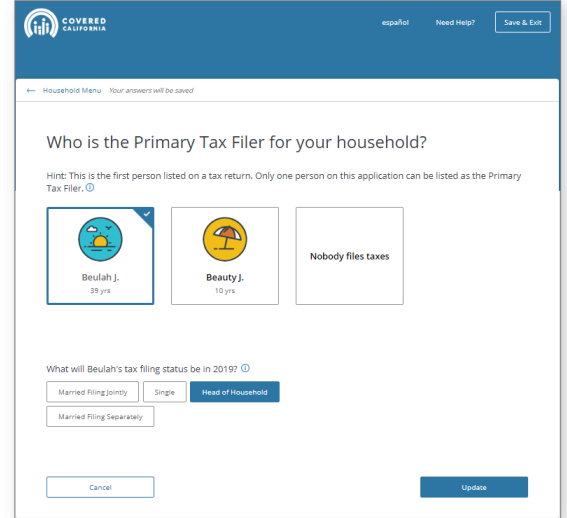
3. Select household members required to file taxes. To help users understand which HHMs to select, click the **Tool Tip** link on this page to display the IRS link: *Do I need to file a tax return?*

4. After selecting applicable HHMs, click the **Next** button to continue.

5. Select household members expected to be claimed as a dependent for tax return purposes. A list of HHMs display (excluding the Primary Tax Filer).

6. Select a dependent by clicking a HHM tile.

7. Identify the person who is claiming the dependent on their tax return. This can be a HHM previously added in the application or someone else not added. Choices include:

   o **All HHMs** (other than the selected dependent)

   o **Someone else**

   o **Nobody files taxes**

   When **Someone else** is selected, the user is prompted to enter the phone number of the person claiming the dependent.

8. After all dependents and claimants are selected, click the **Done** button to return to the Household menu.

9. If none of the HHM listed are expected to be a tax dependent, select the **Nobody expects to be claimed as a dependent** tile.

Household Income Pages

Household Income pages collect data used to determine eligibility for help paying for coverage. Note that Income pages will not appear on the application for a one-person household that identifies as Former Foster Youth.

Clicking the **Begin Section** button navigates users to the *Estimate [year] Household Income* page. From the *Estimate [year] Household Income* page users select individual household members to view, add or edit income information.
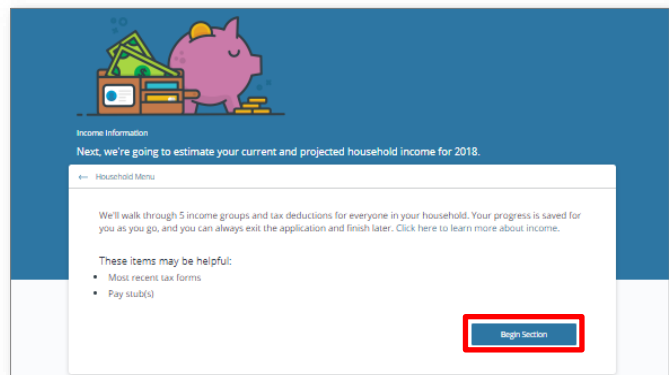
When adding income, users navigate through six income groups. These groups include:

- Employment & Self-Employment Income
- Government & Assistance Income
- Investment and Interest Income
- Retirement Income
- Education Scholarships, Awards & Grants
- Other Taxable Income

Each of these groups contain a list of the most common types of income. The user must navigate through each group when first adding income for a household member.

Selecting the **+ Add** button from the *Estimate [year] Household Income* page for a household member navigates the user to that individual's *Income* page starting with the Employment & Self-Employment Income page.

John's Income

Group 1 of 6

Employment & Self-Employment Income

If John has had a job, owned a business or done freelance or contract work in 2019, click "Add" to enter that here. Add current income and all income from earlier this year.

Employment Income ⓘ
Tips, wages, pay, salary, bonuses   (+ Add)

Self-Employment Income ⓘ
Own business, freelance, contract, trade work   (+ Add)

Foreign Earned Income ⓘ
Taxable and nontaxable, see IRS Form 2555   (+ Add)

Farming or Fishing ⓘ
Income from farming or fishing   (+ Add)

Back   Next Income Group

← Household Menu   *Your answers will be saved*

Estimate 2018 Household Income

Click "Add" to enter income for your household members. Enter income for each person separately.

Alex G. (21) $0.00   (+ Add)

Projected Household Income: $0.00/ year

Back   No Income to report

Note: AI/AN Income type only appears as an option if HHM has identified as a member of a recognized tribe.

Employment & Self-Employment Income

Within the *Employment & Self-Employment Income* page, users select appropriate subcategories to complete the income entry form. Income entry form fields vary depending on the subcategories chosen and the input given.

1. From the *Employment & Self-Employment Income* page select a subcategory by clicking the **+Add** button. The subcategory income entry form displays asking for the name of the employer or the income source. After adding a name additional income questions dynamically appear. For example, the *Employment Income* page would include the following questions:

    *   *Income amount (before taxes)*

    *   *How often does [name] get this income?*

    *   *Did [HHM] first get paid from this job before Jan 1 [year]?*
        Yes – Displays next question
        No – Displays the question: *When did [name] first get paid from this job?* and a date field displays

    *   *Does [HHM] still have this job?*
        Yes – Displays next question
        No – Displays the question: *When was the last time [HHM] got paid from this job?* and a date field displays

    *   *Do you expect this income to end in the next 4 months?*
        Yes – Displays the question: *When do you expect this income to end?* and a date field
        No – Enables the **Save** button

    Notes: If the consumer reports they are paid hourly or daily, a required field displays to capture the number of Hours or Days per week.

If HHM is a Registered Domestic Partner, the question "Is this community or shared income with a Registered Domestic Partner?" displays. Clicking **Yes** or **No** enables the **Save** button.

2. Click the **Save** button after answering the questions. The *Employment & Self-Employment Income* page displays showing the income added and an **Edit** link in case further changes are needed.

3. When ready, click the **Next Income Group** button to navigate to the next group, *Government & Assistance Income*.

Users continue to navigate through each income group before completing this section of the application. The income reporting process described here is similar for each income group. If there is no income to report for a group, skip it by clicking the **Next income group** button.

Tax Deductions Page

Once all income is reported, a message displays asking if the household member would like to claim any tax deductions. Click the **Continue** button. The *Tax Deductions* page displays for the same household member.

To claim deductions for the current tax year users click the **+ Add** button for an applicable deduction category and completes the deduction entry form. Navigation to complete this form is very similar to reporting income, as described above.

If there are no deductions to claim, users may skip this page by clicking the **Save** button without selecting a Deduction type. Either way, clicking the **Save** button navigates the user to the *Review [HHM] Income* page.

Review [HHM] Income page

Review the information on the *Review [HHM] Income* page. If the information looks complete and accurate click the **Done with [HHM]** button to navigate back to the *Estimate [year] Household Income* page.

If changes are still needed, the **+ Add** button and **Edit** link for both *Income* and *Deductions* can be used before continuing.

The *Review [HHM] Income* page also displays the calculated *Current Monthly Income* and *Projected Annual Income* amounts based on the input provided.

Current Monthly and Projected Annual Income

If the *Current Monthly Income (CMI) or Calculated Annual Income* amounts does not align with a consumer's expectations…

1. Select the **Click here if this looks wrong** link under *Current Monthly Income*. This displays a popup with instructions for updating *Current Monthly Income*.

2. Alternatively, select the **Click here if this looks wrong** link under *Calculated Annual Income* to adjust the *Projected Annual Income (PAI)* amount. The *Adjust Projected Annual Income* popup displays. Enter a new PAI amount and click **Update** to save changes and to navigate back to *Review [HHM] Income* page.
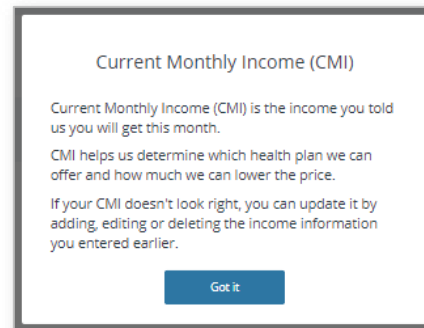

After reviewing income, click the **Done with [HHM]** button to navigate back to the *Estimate (Current Year) Household Income* page.

Important notes about income:

- CalHEERS prorates income with a mid-month begin and end date.

- *Current Monthly Income* displays only the income items with date ranges in the current month from each income type (Employment, Self-Employment, Other).

Upon returning to the *Estimate (Current Year) Household Income* page household members with income will have a caret [∨] next to the income amount reported. Clicking the caret symbol will expand the income section for that member and display an **Edit** button.

Clicking the **Edit** button displays the *Review [HHM]'s Income* page. An **Edit** link on the *Review [HHM]'s Income* page displays the *Edit [HHM] Income* popup where users can make further income changes or delete income.

When clicking the Delete button a popup display asking if the user is sure about deleting the income previously entered.
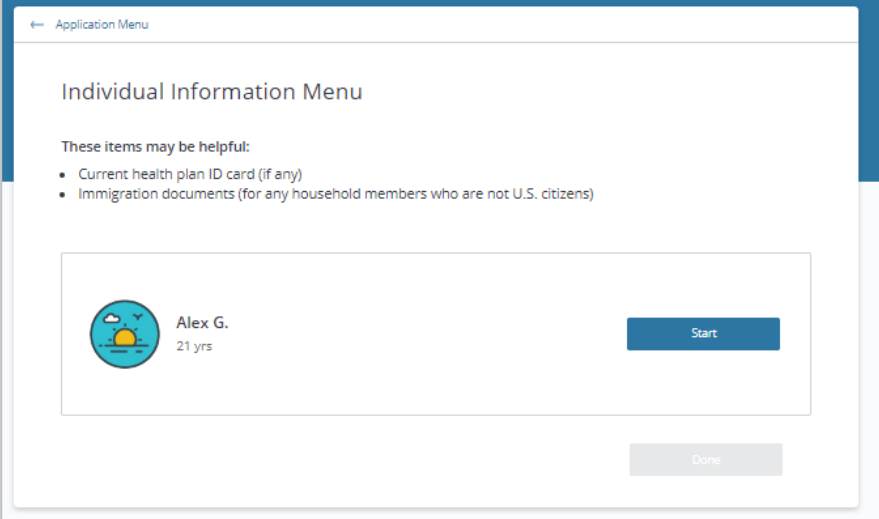
- Click the **Done adding income** button on the *Estimate (Current Year) Household Income* page if no further income changes are needed

The *Household Menu* page displays. Users may view or update information previously entered using a **Review** link or click the **Done** button to complete the section and return to the *Application Menu*.

Individual Information Section

In the Individual Information section users submit information about current healthcare enrollment, existing healthcare needs and citizenship status.

1. Click the **Start** button on the *Application Menu* page, adjacent to the *Individual Information* section. The *Individual Information Menu* page displays listing the HHMs added earlier.

2. Click the **Start** button for each HHM and answer the questions presented.
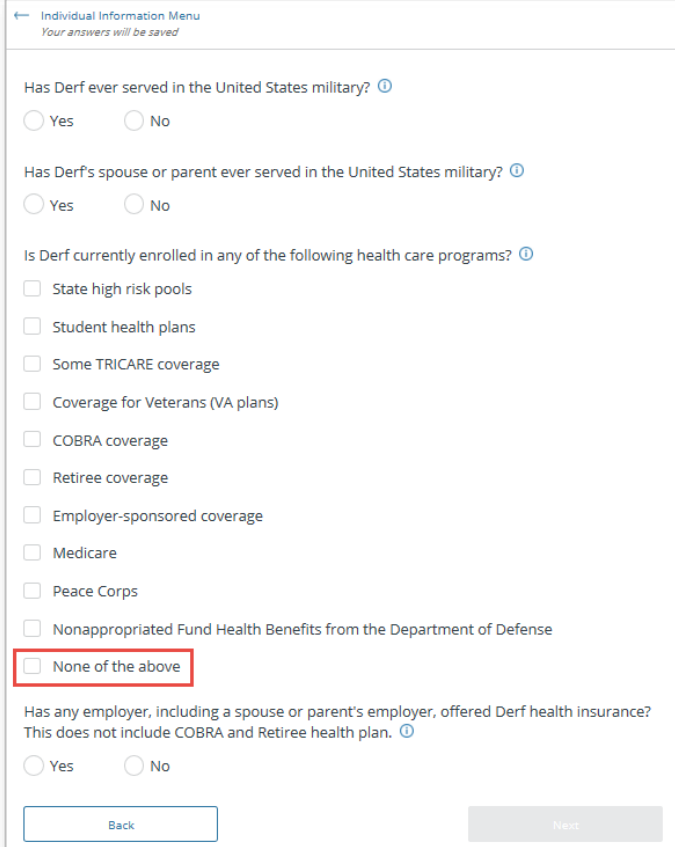
Current Healthcare Enrollment

A *Yes* or *No* question displays next for each HHM asking if they have ever served in the United States military. This question is optional but helps determine if household members have, or may be eligible for, health insurance through the military or veteran health system.

Users are required to select health care programs that they are currently enrolled in. The **Medicare** checkbox is dynamically marked as checked if Medicare was selected earlier in the application.

- Applicants select one or more of the plans listed or the **None of the above** checkbox

After choosing any of the plans listed users are presented with the following question:

Does [HHM] expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

- Selecting **Yes** to this question displays a required date field to enter the expected end date for that coverage

Note: When selecting **Medicare**, consumers are self-attesting to being enrolled in and eligible for Medicare. Also, selecting plans from this list does not preclude users from applying for coverage.

- Selecting **No** displays a message that the applicant may still enroll in a Covered California plan but they will not be eligible for financial assistance

Important Note: Keep in mind; questions appear dynamically on the page dependent on how the initial questions were answered. As such, users are guided through the page and prompted to answer subsequent questions according to their previous responses.

Does Derf expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

✅ Yes   ⚪ No

Enter the expected end date of Derf's health care.

mm/dd/yyyy 📅

Does Derf expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

⚪ Yes   ✅ No

You may be able to enroll in a Covered California health plan today with this coverage. You will not qualify for financial help to lower the cost.

If you end this coverage in the future, you may qualify for financial help. You will get more information on your choices when you submit your application.

This does not impact your ability to qualify for free or low cost Medi-Cal.

For most applicants, including those choosing **None of the above,** the next question displays:

Has any employer, including a spouse or parents employer, offered [HHM] health insurance? This does not include COBRA and Retiree health plan.

← Individual Information Menu   *Your answers will be saved*

If Jane is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months? ⓘ

⚪ Yes   ⚪ No

[Back]   [Next]

  Note: This question displays for non-Medi-Cal eligible applicants only, or when the HHM is not eligible for free Medicare Part A.

- Selecting **No** navigates the consumer to the next page

- Selecting **Yes** displays the next two questions which include:

Does this plan meet the minimum value standards? Does this plan meet affordability standards?

The **Next** button becomes active when selecting either **Yes** or **No** for both questions; clicking **Next** navigates the user to the next page.

It is important to note that Consumers with certain types of Minimum Essential Coverage (MEC) may be eligible to receive APTC/CSR if they have been offered but turned down enrollment in these MECs, or if their enrollment will be terminated before their coverage in a subsidized Covered California plan starts.

Users must answer the following **Yes** or **No** questions in order to complete the section:

> ← Individual Information Menu
> *Your answers will be saved*
>
> Earlier, you said that Al is a U.S. citizen. Are they a Naturalized or Derived citizen? ⓘ
> Hint: Select "No" if you do not know
> ☑ Yes   ○ No
>
> Do you have any of the following information? Choose the one that applies.
>
> ○ Certificate of Citizenship Number? ⓘ
>
> ☑ Certificate of Naturalization Number? ⓘ
>
> *ex: ABC123456789*
>
> ○ None of these
>
> Back   Next

- *Has [HHM] ever gotten a service from the Indian Health Service, a tribal health program, or an urban Indian health program or through a referral from one of these programs?*
  (For households without AI/AN members this question will not display)

- *If [HHM] is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months?*

- *Does [HHM] need help with Long-Term Care or Home and Community-Based Services?*

- *Does [HHM] have a physical, mental, emotional, or developmental disability?*

- *Earlier, you said that [HHM] is a U.S. citizen. Are they a Naturalized or Derived citizen?*

- *Is [HHM] involved in a lawsuit because of injury or accident?*

- *Does [HHM] have a Social Security number (SSN)?*

Social Security Number (SSN)

Social Security numbers are used to check income and other information when determining eligibility. Household members applying for health coverage must provide a SSN.

The radio button defaults to **Yes** for the question: *Does [HHM] have a Social Security number (SSN)?*

- If the response is **Yes**, the applicant is prompted to enter their SSN

    Note: The SSN is pre-populated if the SSN was entered previously during account creation or for the primary contact.

- If **No is selected**, a response is required to the question: *Why does [HHM] not have a Social Security number (SSN)?* Choices Include:

    o **Religious exemption**

    o **Individual Taxpayer Identification Number (ITIN)**

    o **Adoption Taxpayer Identification Number (ATIN)**

    o **Does not qualify for an SSN**

    o **I do not have an SSN, but have applied for one**

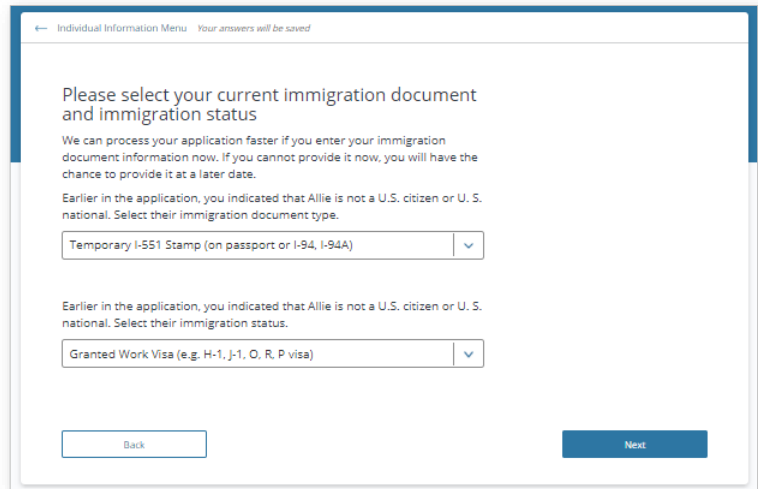**Note**: If ITIN or ATIN are selected, users are required to enter an ID number in order to continue.

Citizenship and Immigration Status

Next, complete immigration documentation and immigration status details for household members who are not U.S. Citizen or U.S. Nationals.
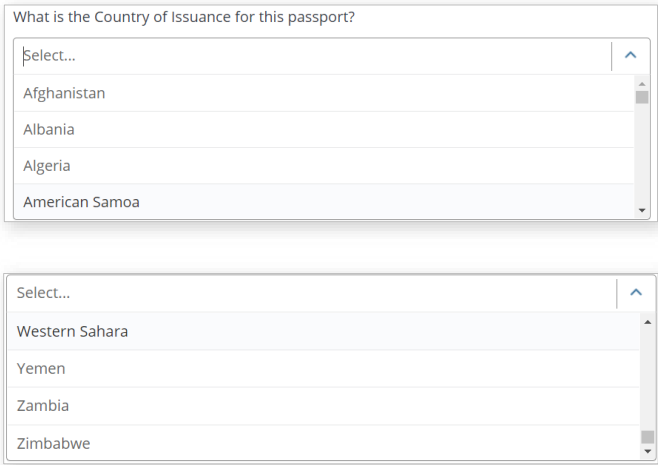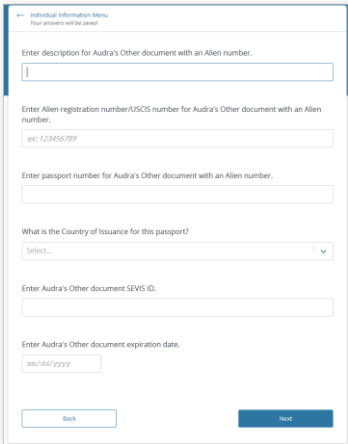
- Select an option from the **Document Type** and **Immigration Status** dropdown lists

- Users may be prompted to enter additional information in the fields that display based on the immigrant document selected

When **Document or status not listed** is selected from the **Document Type** dropdown, a set of questions/fields displays specific to PRUCOL eligibility.

Examples of other changes in the *Citizen Information* section that may display based on **Document Type** selection are listed in the table below.

Page Feature	Description
	Country of Issuance is required when selecting the following Document types and/or entering a **Passport Number**: • **Temporary I-551 Stamp (on passport or I-94, I-94A)** • **Unexpired Foreign Passport** • **Machine Readable Immigrant Visa (with Temporary I-551 Language)** • **Arrival/Departure Record in Unexpired Foreign Passport (I-94)** • **Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)** • **Document indicating American Indian born in Canada – LPR – I-55** • **Document indicating member of a federally-recognized Indian tribe** • **Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee** • **Office of Refugee Resettlement (ORR) eligibility letter** • **Cuban/Haitian Entrant, Document indicating withholding of removal** • **Resident of American Samoa** • **Resident of Commonwealth of the Northern Mariana Islands** • **Notice of Action (I-797)** • **Other document with an Alien Number/USCIS Number** • **Other document with I-94 document** The **Country of Issuance** dropdown list includes the 196 countries recognized by the Department of Health Services, in alphabetical order.
	The **Card Number** Consumers who may have applied but not received their Permanent Resident card can enter their receipt number instead of a card number. The **Document Expiration Date** field is optional for some document types such as the *Permanent Resident Card (Green Card)* but required for others, such as the *Employment Authorization Card (I-766).*

	This question displays for HHMs who indicate they are not a U.S. Citizen or National. This question is optional for non-applicants and required for applicants. It allows Individuals to attest to qualified non-citizen status; Tooltip text descriptions give more information. Qualified non-citizenship status does not affect eligibility at this time.

Once all citizenship and immigration status fields have been completed for a household member, click the **Done** button to navigate to the *Health Care Information* page. After all information is reviewed, click the **Done** button to navigate to the *Individual Information* menu.

The *Individual Information* menu will have a **Review** link next to the HHM's name once the section is completed. Click

Review to revisit or edit the information previously submitted. When satisfied with the information entered for all household members, click the **Done** button to complete the section and return to the *Application Menu.*
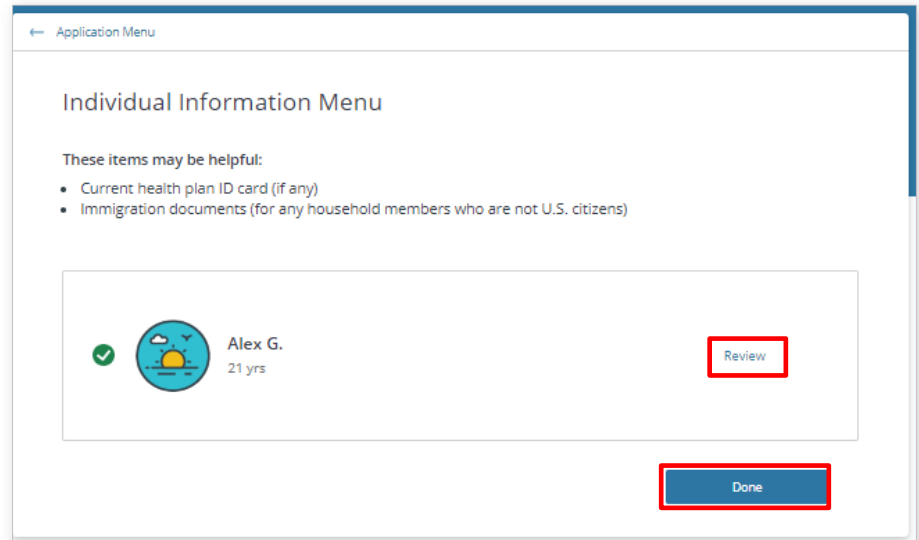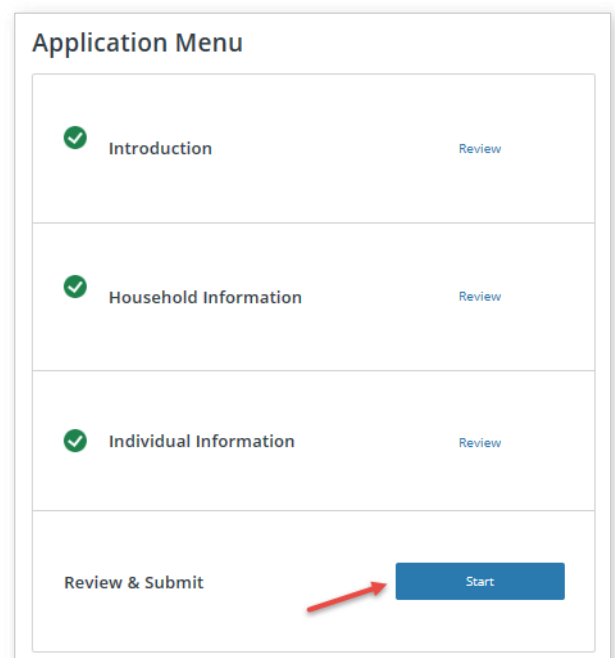
Review & Submit Section

The *Review and Submit* section summarizes information entered from all application pages (click the **Review** link to review all information entered). Users are asked to review the information provided before submitting the application. If necessary, updates can still be made by clicking an **Edit** link adjacent to the information.

For each section of the application, users click the **Confirm** button to acknowledge that the information is correct and that the review complete. Review sections include:
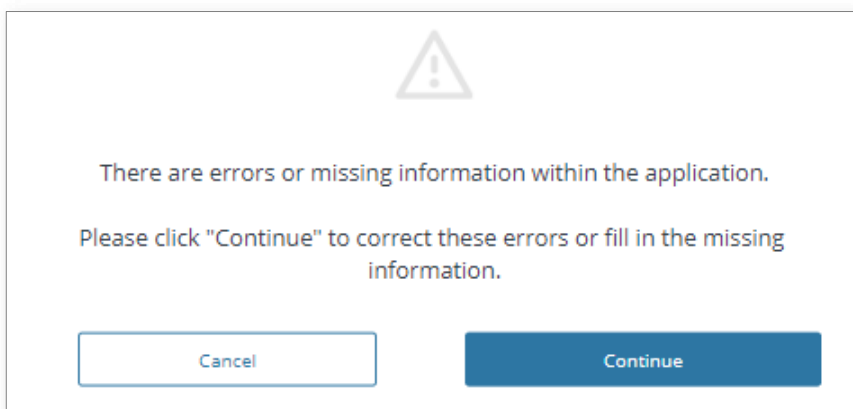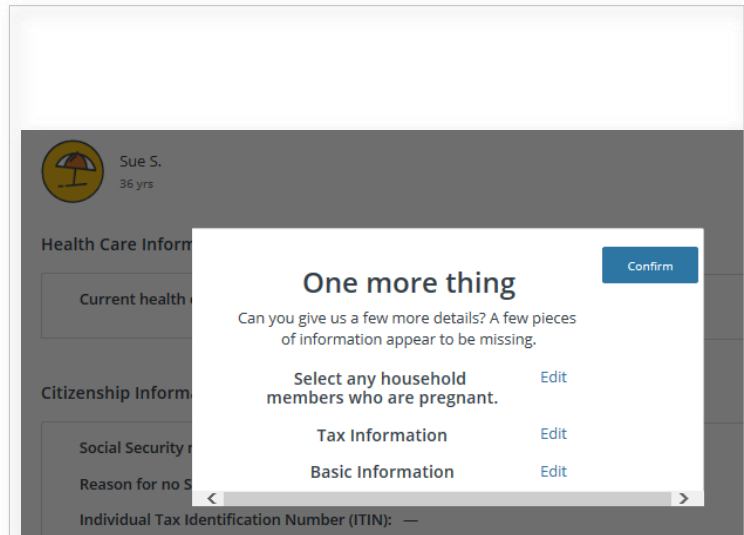
- *Review Household Information*

- *Review Tax Information*

- *Review Household Income*

- *Review Individual Information*

Important Notes: Editing previously entered information after completing a section can have downstream impacts to other areas of the application.

The following popups may display as the user proceeds through the application:

- Before navigating to the *Final Review* section, CalHEERS performs a data check to see if it is missing information needed to determine eligibility. When required data is missing, the *One more thing* popup displays. Information identified as needed is listed alongside an **Edit** link. Clicking the **Edit** link navigates the user to the applicable page where updates can be made. CalHEERS navigates the user back to the *One more thing* popup to repeat the process until all information is updated. After updating the necessary information users continue through the *Final Review* section

- A *missing information* popup displays when a user clicks **Cancel** on the popup, or closes it, and required fields are incomplete

- The *Updates are required for Household* member popup may display when the member's personal information cannot be verified by the Federal Hub. The consumer is required to confirm or update information provided

Voter Registration

The *Voter Registration* page displays once the last **Confirm** button in the *Application Review* section is clicked. Completing the *Voter Registration* page is optional. Clicking the **Next** button navigates the user to the *Sign and Submit Your Application* page.

Sign and Submit Your Application

The *Sign and Submit Your Application* page includes four legal points to be addressed before submitting the application:

- An agreement to report any changes to the information given in the application

- The applicants consent to allow CalHEERS to verify household information for up to 5 years by an identity proofing service

- An agreement to the terms and conditions of the application

- Certifying, by electronic PIN and electronic signature, that the questions in the application have been read, understood and answered honestly

    Note: The **Electronic Signature PIN** field does not display for Admin users.

The **Submit Application** button at the bottom of the page submits the application.

Note: CalHEERS runs daily eligibility remediation from 6AM to 8PM for initial applications, or when adding a person for an RAC, or adding a person for active Renewal on the same day the initial eligibility result is received. CalHEERS uses the last eligibility determination of the day when generating notices, 834 transactions, and sending MEDS transactions.

← Application Menu
Your answers will be saved

Sign and Submit Your Application

There are just a few legal points we need to cover before you submit your application.

(1)

I agree to report any changes to the information in this application to Covered California or to the County Social Services Office.

You are responsible for reporting changes to any information in your application. Some common changes are: moving, adding or removing family members and changes in immigration status. If you are enrolled in Medi-Cal, you must report a change within 10 days. If you are enrolled in Covered California, you must report a change within 30 days.

Click here to learn more about reporting a change

☑ I agree and certify that I have read the full legal reporting requirements under penalty of perjury.

(2)

We can maintain your consent to verify your information for up to 5 years. How many years would you like us to do so? ⓘ

5 years ▼

(3)

Please read this important information about your application. Once you finish reading, check the box to certify that you have done so.

> County Children's Health Initiative Program (CCHIP) Alert
>
> I agree to contact the County Children's Health Initiative Program (CCHIP) health plan in my county of residence if CCHIP eligible, not the County Social Services Office about anything that changes from what I have provided on this application.
>
> call (916) 650-0590.
>
> Covered California Nondiscrimination Policy

☑ I agree and certify that I have read the full legal terms and conditions.

(4)

By entering my PIN and typing my full name I certify under penalty of perjury that I have read and I understand the questions in this application. I have answered honestly to the best of my ability.

I certify that I have the permission of the Applicant to complete this Application on their behalf, have explained to them their Rights and Responsibilities in entering the Exchange, and obtained their signature or been previously granted the right to sign on their behalf.

Electronic Signature PIN ⓘ

••••

Electronic Signature

Derf

I certify that I have the permission of the Applicant to complete this Application on their behalf, have explained to them their Rights and Responsibilities in entering the Exchange, and obtained their signature or been previously granted the right to sign on their behalf.

☑ I confirm I have permission.

[Back]   [Submit Application]

The *Household Eligibility Results Summary* page provides a summary of eligibility for the household.

- If eligible, the **Choose Plan** button is enabled to proceed to the health and dental plan selection

Once the application is submitted and the eligibility results reviewed, the user can continue to the plan selection and enrollment.

If at least one member in the household is employed, and eligible or conditionally eligible for APTC, the *More Employer Information is Required* page displays. The user is required to provide employer address information before continuing with plan selection.

Report a Change

To report a change, click the **Report a Change** button on the *Consumer Home* page. Administrative users (CEWs and SCRs) may choose to open an application in *Consumer View* (Single Streamlined Application) or the *Flexible Admin View.*

Change Application Type

If the application submitted is unsubsidized (without premium tax credits or Medi-Cal), users can change application type from within the *Application Review* page.

- Use the **Report a Change** button from the *Consumer Home* page to change the application type
- Click the **Consumer View** button from the **View Confirmation** popup

If the application type is changed from unsubsidized to subsidized, the user makes updates via the Report a Change (RAC). Users can review their application on the *Final Household Review* page.

This type of RAC navigates the user to the *Choose an Event that Best Applies to Your Household* page:

← Application Menu   *Your answers will be saved*

Update Your Application
Choose an **Event** that Best Applies to Your Household
If none of the events apply, choose "None of the above." We check year-round to see if you qualify for Medi-Cal.

Has anyone in your household experienced any of the following events in the last 60 days? Or is anyone a federally recognized American Indian or Alaska Native?
You can also report events that you expect to occur in the next 60 days, and you only need to choose one per household. ⓘ

| Lost or will soon lose my health insurance | ⌄ |

Enter the date of your qualifying life event, if you have one. Enter today's date if you do not. ⓘ

| 09/01/2019 | 🗓 |

Back   Save & Continue

1. Select the event from the Qualifying Life Event dropdown and complete the subsequent questions.

2. Clicking the **Save & Continue** button navigates the user to the *Sign and Submit* page.