



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



## JOB AID: REVIEW ELIGIBILITY RESULTS

August 28, 2019

This Job Aid reviews the **Household Eligibility Results Summary** page which displays when an application is submitted. The *Household Eligibility Results Summary* page displays a section with program eligibility results for each household member.

### Features of the *Household Eligibility Results Summary* page

Eligibility results for each household member includes:


- *Household Member* – Displays the household member’s name
- *Program Eligibility* – Displays the programs for which the household member is eligible
- *Action Required*
  - *Yes* – Displays when a consumer is required to provide additional information, for example proof of income or completing the *More Employer Information is Required* page
  - *No* – Displays when no additional information is required
- The **View** button or **Review** link **navigates to the individual’s Program Eligibility section** to review required information for completion or view optional information
- Click the **View PDF** link to display a PDF version of the submitted application to print or save locally

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## Household Eligibility Results Summary

This is a summary of your household eligibility results. Click "View" next to each household member to see and complete required next steps. If there are no required next steps, click "Review" to see a household member's full results.

Once you have completed all required steps, click the "Choose Plan" button.

Household Member	Program Eligibility	Action Required
 <b>Madison B.</b> 28 yrs	Covered California Premium Assistance	Yes <span style="border: 2px solid red; padding: 2px;">View</span>

View PDF Choose Plan

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- One of the following buttons displays at the bottom of the *Household Eligibility Results Summary* page:
  - **Choose Plan** – click this button to proceed to plan selection
  - **Continue** – click this button to continue with enrollment

**Note:** If the user does not select a plan within 60 days of a life event, the following alert message displays: *You have exceeded the 60 days from the life event to select a plan. Please contact the Covered California Service Center at (800) 787-6921 for more information.*

### Household Eligibility Results Summary Administrator View

An *Application Request Log* displays on the *Household Eligibility Results Summary* page for **County Eligibility Workers (CEWs), Service Center Representatives (SCRs), Certified Enrollment Counselors (CECs) and Agents**. The *Application Request Log* section displays details for each application submitted:


- *Request Type* lists the type of application submitted:
  - *Application*
  - *Report a Change*
  - *Application Renewal*
- *User ID*
- *Date Requested* displays the date and time of the eligibility determination request
- *Start Date* displays the earliest eligibility start date for the *Request Type*
- Click the **View Budget Worksheet** link to navigate to the *Budget Worksheet* page

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### Household Eligibility Results Summary

This is a summary of your household eligibility results. Click "View" next to each household member to see and complete required next steps. If there are no required next steps, click "Review" to see a household member's full results.

Once you have completed all required steps, click the "Done" button.

Household Member	Program Eligibility	Action Required
 Regi K. 33 yrs	Medi-Cal Access Program (MCAP) <i>Also eligible for:</i> <ul style="list-style-type: none"><li>• Medi-Cal Access Program (MCAP)</li></ul>	No <a href="#">Review</a>

#### Application Request Log

Request Type	User ID	Date Requested	Start Date
Report a Change	np_scrsupervisor.enhanced_02		01/01/2018

[View PDF](#) [View Budget Worksheet](#) [Done](#)

## Eligibility Results for Each Household Member

Eligibility results display for each household member based on the information entered. To view eligibility result details click the **View** button or the **Review** link next to the household member's name on the *Household Eligibility Results Summary* page. Three sections display individual eligibility information:

- *Program Eligibility*
- *Next Steps*
- *More Actions*

### Program Eligibility

The *Program Eligibility* section provides additional details for the consumer to learn more about their eligibility determination.

When a consumer **Reports a Change** that cannot be applied to the current health coverage year, an information message alert displays in this section. For example, after 12/15, when the renewal period ends, the message displays with steps on how to apply the change to the upcoming year.

CalHEERS displays one or more program categories for a consumer (Note: The following is not an exhaustive list; CCHIP, MCAP, MCIEP are other examples of program categories that may display.)

- **Covered California**
  - If a household member is only eligible for a Covered California plan, they will not receive financial assistance paying their premium but will still benefit from the quality of benefits provided by the plans under Covered California
  - If a household member is Conditionally Eligible for this benefit, they are required to provide additional documentation for verification

← Household Eligibility Results Summary

Kennedy K.  
47 yrs

**Program Eligibility**

**Covered California**  
Conditionally Eligible - Please check your [Upload Eligibility Documents](#) page to see some additional details we need to collect. Choose a health plan by clicking the button below. You must select a plan within 60 days from the qualifying life event. You must select a plan by 08/03/2018. So your health coverage can start, you must pay your first premium by the due date. You may contact your health plan directly, or you can wait for them to bill you. Please do not send your payment to Covered California.  
[Submit Documents](#)

**Premium Assistance**  
Conditionally Eligible - Please check your [Upload Eligibility Documents](#) page to see some additional details we need to collect. Choose a health plan by clicking the button below. Up to \$3,334.14 for the tax year 2018.  
[Learn more about this determination](#)

**Next Steps**

You must complete the following actions to begin or continue to receive benefits:

Your eligibility is conditional. To continue in these programs, you must submit the following by 09/07/2018. [Continue](#)

Click "Continue" to submit these documents now. [Continue](#)

To enroll in a Covered California plan, we need to collect some additional information about your job(s). Click "Continue" to add this information now. [Continue](#)

**More Actions *Optional***

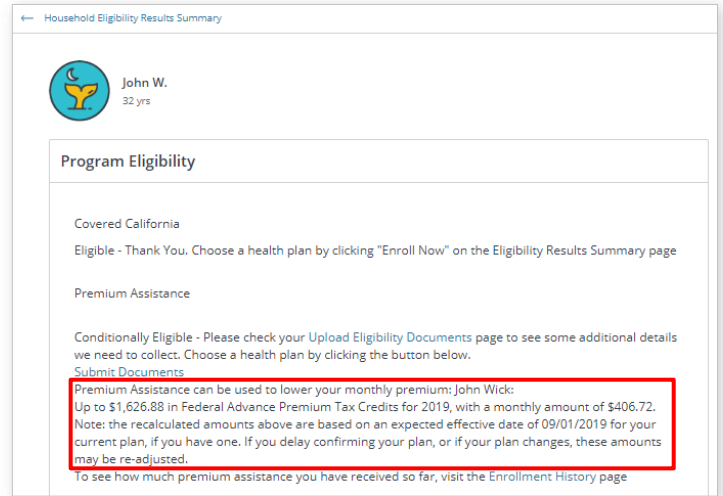
**More Benefit Options** [View](#)  
We can refer household members to CalFresh, CalWORKs and other assistance programs. Click "View" to learn more.

**Additional Demographic Information** [View](#)  
The following information is optional and confidential. It will not be used to determine eligibility.

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- **Premium Assistance**

- If a household member is eligible for APTC, the government provides financial assistance based on household income to help pay the monthly premium for a Covered California plan. **The APTC amount displays**
- **If a household member is eligible for California Premium Subsidy (CAPS), the state provides financial assistance based on household income to help pay the monthly premium for a Covered California plan**
- If a household member is Conditionally Eligible for this benefit, they are required to provide additional documentation for verification

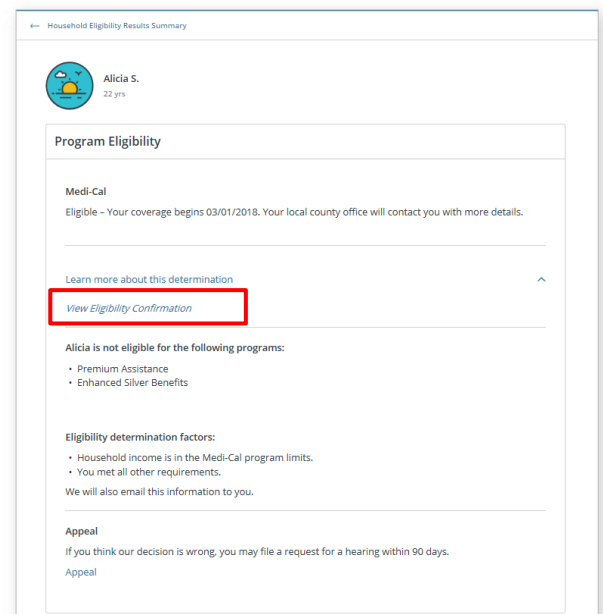


- **Enhanced Silver Benefits**

- If a household member is Eligible for Enhanced Silver Benefits, they can choose a Covered California Silver tier plan that is enhanced with lower co-pays and deductibles
- If a household member is Conditionally Eligible for this benefit, they are required to provide additional documentation for verification

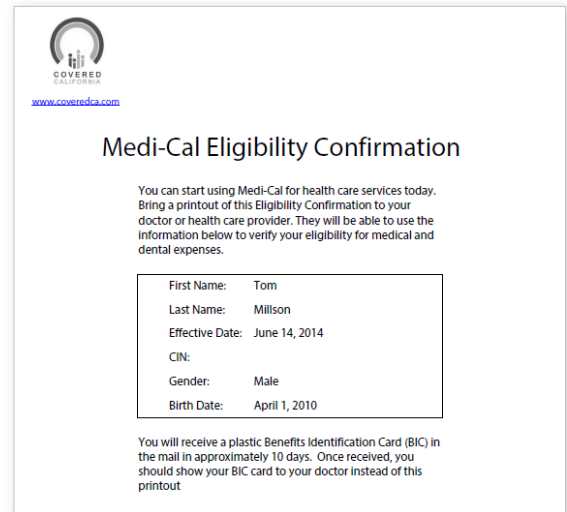
- **Medi-Cal**

- If a household member is Eligible for MAGI Medi-Cal, they can print out their Medi-Cal Eligibility Confirmation page and immediately visit a doctor

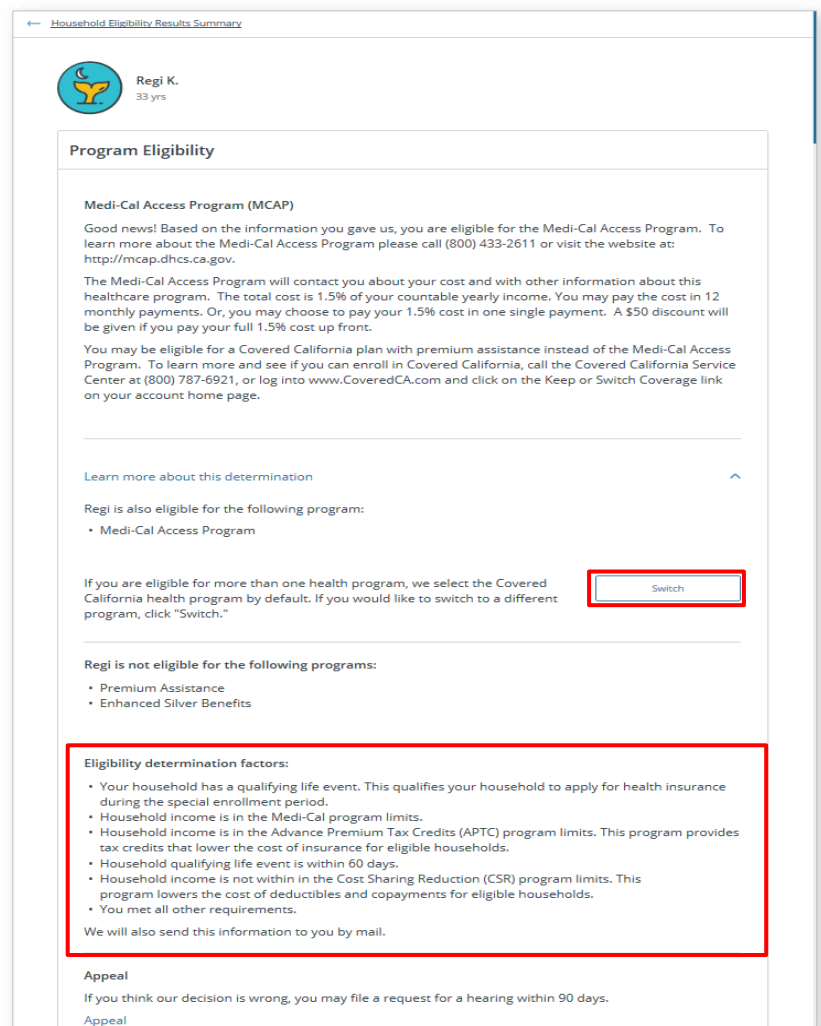


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- If a household member is Pending Eligible for this benefit, they need to provide additional verification. They will also receive communication from their County to provide these documents
- Clicking **Learn more about this determination** expands the *Program Eligibility* section and displays additional eligibility factors for the individual
- When a household member is determined to be MAGI Medi-Cal eligible, clicking the **View Eligibility Confirmation** link displays the *Medi-Cal Eligibility Confirmation* page. This page can be printed out and taken to a provider for immediate access to care. A permanent benefits identification card is also mailed to the consumer
- When a pregnant person is eligible to more than one health program, a **Switch** button displays and allows them to switch their current health coverage
- The *HHM is not eligible for the following program(s)*: section displays a list of all programs that the applicant does not have eligibility
- The Eligibility determination factors: section displays a list of the requirements used in the determination and notifies the applicant that this information will be sent by mail and/or email depending on their selected preferred contact method
- If the applicant thinks an Eligibility Result is incorrect, they can appeal it within 90 days.



The image shows a "Medi-Cal Eligibility Confirmation" page from Covered California. At the top left is the Covered California logo and the website URL www.coveredca.com. The main heading is "Medi-Cal Eligibility Confirmation". Below this, there is a paragraph of text: "You can start using Medi-Cal for health care services today. Bring a printout of this Eligibility Confirmation to your doctor or health care provider. They will be able to use the information below to verify your eligibility for medical and dental expenses." A table contains the following information: First Name: Tom, Last Name: Millson, Effective Date: June 14, 2014, CIN: (blank), Gender: Male, Birth Date: April 1, 2010. At the bottom, there is another paragraph: "You will receive a plastic Benefits Identification Card (BIC) in the mail in approximately 10 days. Once received, you should show your BIC card to your doctor instead of this printout."



The image shows a "Household Eligibility Results Summary" page for a user named Regi K., 33 years old. The page is titled "Program Eligibility" and lists the "Medi-Cal Access Program (MCAP)". It states: "Good news! Based on the information you gave us, you are eligible for the Medi-Cal Access Program. To learn more about the Medi-Cal Access Program please call (800) 433-2611 or visit the website at: http://mcap.dhcs.ca.gov." It also mentions that the Medi-Cal Access Program will contact the user about costs. Below this, there is a link "Learn more about this determination". The page also lists programs the user is eligible for: "Medi-Cal Access Program". A "Switch" button is highlighted with a red box. The page also lists programs the user is not eligible for: "Premium Assistance" and "Enhanced Silver Benefits". A section titled "Eligibility determination factors:" is highlighted with a red box and lists several criteria, including a qualifying life event, household income within limits, and other requirements. At the bottom, there is an "Appeal" section with the text: "If you think our decision is wrong, you may file a request for a hearing within 90 days."

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- The *Appeal* section displays at the bottom of the page and includes an **Appeal** link to submit a request for a hearing.

### Next Steps

The *Next Steps* section may display two **Continue** buttons for a household member who has conditional eligibility allowing the user to:

- Submit required documentation, for example, proof of income. Clicking the **Continue** button navigates the user to the *Upload Eligibility Documents* page
- Enter employment contact information. This is required prior to continuing enrollment in a Covered California plan for APTC eligible consumers. Clicking the **Continue** button navigates the user to the *More Employer Information is Required* page

The screenshot shows a 'Next Steps' section with the following text: 'You must complete the following actions to begin or continue to receive benefits:'. Below this, there are two paragraphs. The first paragraph states: 'Your eligibility is conditional. To continue in these programs, you must submit the following by 04/28/2018. Proof of Income. Click "Continue" to submit these documents now.' To the right of this paragraph is a blue 'Continue' button. The second paragraph states: 'To enroll in a Covered California plan, we need to collect some additional information about your job(s). Click "Continue" to add this information now.' To the right of this paragraph is another blue 'Continue' button.

### Submit Documents if Conditionally Eligible or Pending

A message displays with a link to submit documents for verification when the household member is *Conditionally Eligible* or *Pending Eligible*.

The first screenshot shows a 'Program Eligibility' message for 'Medi-Cal'. The text reads: 'Pending Eligibility- Please check your Upload Eligibility Documents page to see what information needs to be verified and upload any required documents.' Below this text is a blue link labeled 'Submit Documents'. The second screenshot shows a 'Program Eligibility' message for 'Covered California'. The text reads: 'Conditionally Eligible - Please check your Upload Eligibility Documents page to see some additional details we need to collect. Choose a health plan by clicking the button below. You must select a plan within 60 days from the qualifying life event. You must select a plan by 08/03/2018. So your health coverage can start, you must pay your first premium by the due date. You may contact your health plan directly, or you can wait for them to bill you. Please do not send your payment to Covered California.' Below this text is a blue link labeled 'Submit Documents'. Below the 'Covered California' message is another section for 'Premium Assistance' with similar text: 'Conditionally Eligible - Please check your Upload Eligibility Documents page to see some additional details we need to collect. Choose a health plan by clicking the button below. Up to \$3,334.14 for the tax year 2018.'

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The applicant can click on the **Submit Documents** link or the **Upload Eligibility Documents** link when they are ready to upload verification documents electronically, or they can mail them to Covered California.


Upon clicking the link, the *Upload Eligibility Documents* page displays. The applicant can read about what verification documents are acceptable and can upload a verification document via the **Upload Document** button next to each document category.

**Note:** When proof of income is requested, a link to the **Attestation of Income Form** displays.

← Eligibility Results


### Upload Eligibility Documents

You can use this page to upload and submit all requested documents for each person.  
[Click here for more information](#)




**Step 1:**

Upload document(s) for each request below. You can also log in and upload photos of your documents from your mobile device.



**Step 2:**

When you're done uploading documents, tap "Submit for Review" at the bottom of the page.

 UatKillian U.  
38 yrs

**Proof of Income** Due: 2/19/2016

Upload **ONE** of the following documents

- Pay Stub
- Copy of last year's federal tax return that accurately reflects the current income
- Business records such as profit and loss statements

[Show more options](#) ▾

**Confirm Your Income by Attestation**  
If you don't have any of the approved Proof of Income documents, download and complete this form, and upload it to confirm your income.

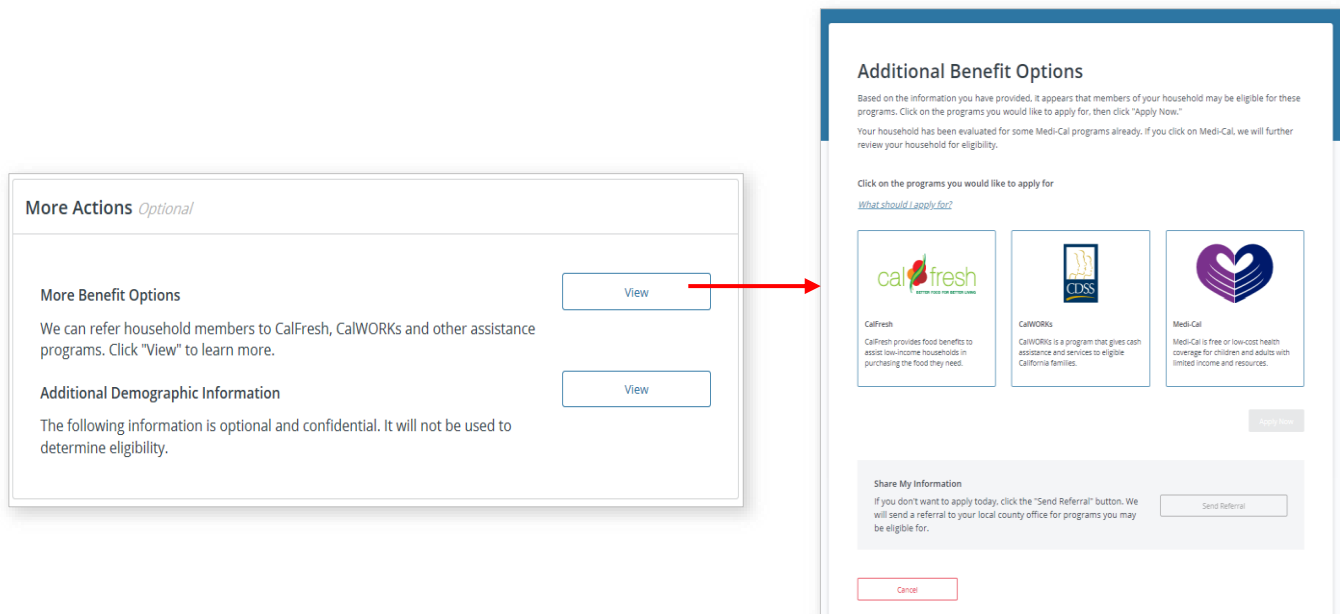
[Attestation of Income Form](#)

[Upload Document](#)

## JOB AID: REVIEW ELIGIBILITY RESULTS

### More Actions

The *More Actions* section provides two optional **View** buttons for consumers:



- Clicking the first **View** button, next to *More Benefit Options*, navigates the applicant to the *Additional Benefit Options* page. Consumers can click on the **Apply Now** or **Send Referral** to submit their information to their county Social Services Office for either of the program options: CalFRESH, CalWORKS and Medi-Cal
- Clicking the second **View** button, next to *Additional Demographic Information*, navigates the applicant to the *Additional Demographic Information* page. The consumer may enter optional and confidential information about their sexual orientation and gender identity
  - Clicking **Cancel** navigates the user back to the *Program Eligibility* page
  - Clicking **Submit** saves the information

The image shows a screenshot of the 'Additional Demographic Information' page. The page title is 'Additional Demographic Information' and the subtitle is 'The following information is optional and confidential. It will not be used to determine eligibility.' The page contains two questions with radio button options:

What is your gender?  
(check the box that best describes your current gender identity)

- Female
- Male
- Transgender: male to female
- Transgender: female to male
- Non-Binary (neither male nor female)
- Another gender identity

What sex was listed on your original birth certificate?

- Female
- Male

Do you think of yourself as:

- Straight or heterosexual
- Gay or lesbian
- Bisexual
- Queer
- Another sexual orientation
- Unknown

At the bottom of the page, there are two buttons: 'Cancel' and 'Submit'.



# JOB AID: REVIEW ELIGIBILITY RESULTS

## Choose a Health Plan

Applicants eligible to select a Covered California plan can proceed to plan selection by:

- Clicking **Continue** on the *Next Steps* section to add information about your job(s) to enroll
- Clicking **Choose Plan** on the *Household Eligibility Results Summary* page
- Clicking **Choose Plan** or **Choose health and dental plan** link under the *Manage My Application* section on the Consumer Home page

**Next Steps**

You must complete the following actions to begin or continue to receive benefits:

Your eligibility is conditional. To continue in these programs, you must submit the following by 04/28/2018. [Continue](#)

Proof of Income

Click "Continue" to submit these documents now.

To enroll in a Covered California plan, we need to collect some additional information about your job(s). Click "Continue" to add this information now. [Continue](#)

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### Household Eligibility Results Summary

This is a summary of your household eligibility results. Click "View" next to each household member to see and complete required next steps. If there are no required next steps, click "Review" to see a household member's full results.

Once you have completed all required steps, click the "Choose Plan" button.

Household Member	Program Eligibility	Action Required
Tracy T. 42 yrs	Covered California Premium Assistance	Yes <a href="#">View</a>

Application Request Log

Request Type	User ID	Date Requested	Start Date
Application	np_scrsupervisor.enhanced_02	01/23/2018 11:28	01/01/2018

[View PDF](#) [View Budget Worksheet](#) [Choose Plan](#)

Hi, Tracy!

Welcome to Your Account.

Apply for health insurance through Covered CA and free and low-cost Medi-Cal on one application.

Return to Admin Home Page

If you are eligible for a health plan through Covered California, you may also qualify for financial assistance to help pay for your coverage.

If you are eligible for free or low cost Medi-Cal, we may also be able to help pay for your last 3 months of medical bills.

We are currently outside the Covered California Open Enrollment Period. To apply for a health plan through Covered California outside of Open Enrollment, you must have a qualifying life event.

Click here to learn more about qualifying life events

You can apply for Medi-Cal year-round.

**Important Dates**

**Covered California**

- Your next chance to apply for Covered California with

**Medi-Cal**

- You can apply for Medi-Cal year-round.

**Announcements**

**Manage My Application**

Apply for 2017

- [View eligibility results](#)
- [Choose health and dental plan](#)
- [Report a change](#)
- [Upload eligibility documents](#)
- [Review Application](#)

[Choose Plan](#)