



Understanding Reasonable Opportunity Period (ROP) & Auto-Discontinuance Guide

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1. Overview and Purpose

The Reasonable Opportunity Period (ROP) is a 95-day period during which *conditionally eligible* consumers can submit verification documents and clear data inconsistencies in their application. The ROP auto-discontinuance process identifies these *conditionally eligible* consumers in an “enrolled” or “pending” status, who are past the due date for providing documentation or other information to clear the data inconsistency. The process attempts to re-verify consumer information with electronic data sources to clear their conditional eligibility – and discontinues their eligibility if the verification continues to remain outstanding after the expiration of the 95-day ROP timeframe.

Current ROP verification and auto-discontinuance categories are listed below,ⁱ but this may increase to include other categories in the future:

Inconsistency	Impact to Consumer
• Income • Minimum Essential Coverage (MEC) • American Indian or Alaskan Native (AI/AN) • Social Security Number (SSN)	• APTC and/or CSR is redetermined or discontinued. • The consumer stays enrolled in their health plan. • The consumer can request to have their APTC/CSR restored.
• Citizenship • Lawful presence • Incarceration status • Deceased	• Coverage terminated. • The consumer can request to have their coverage restored.

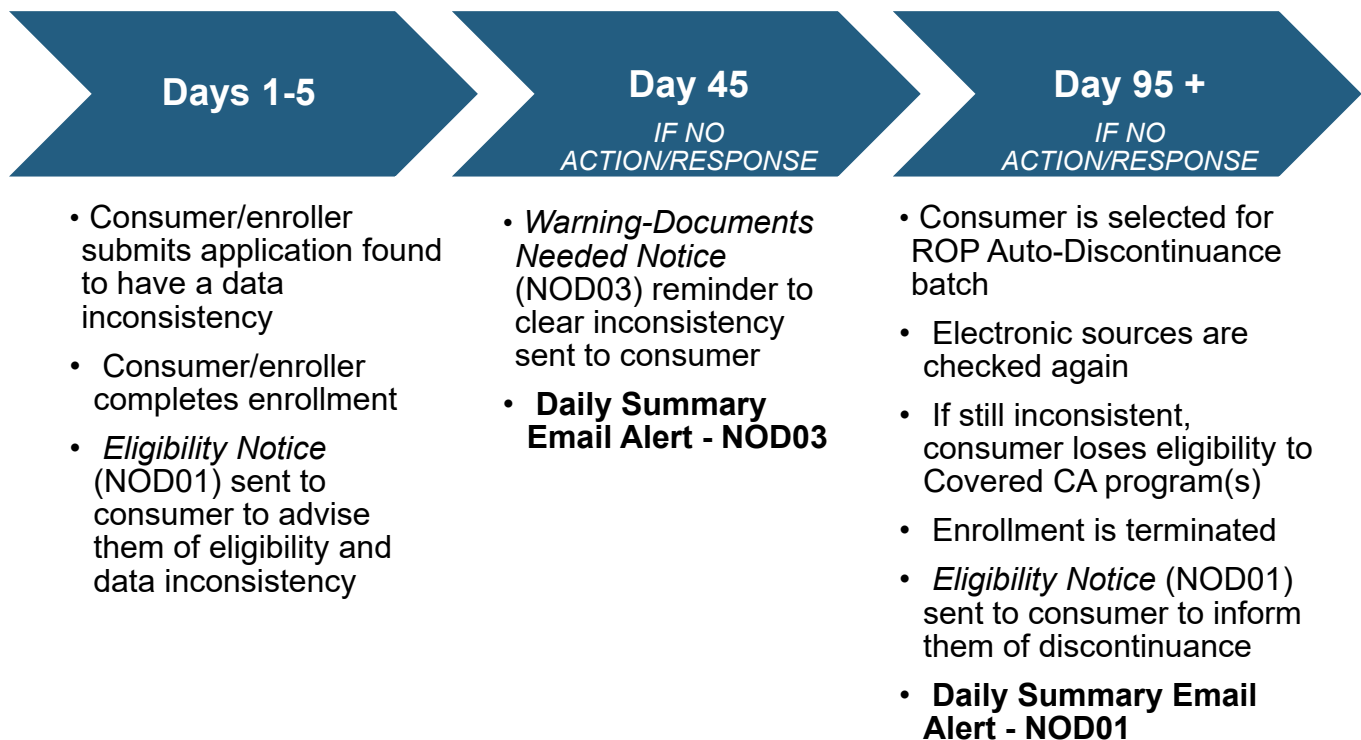


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Certified enrollers play a critical role in ensuring their consumers' applications are properly and accurately completed, with appropriate documentation submitted within the required deadlines. Please reference this guide for information, best practices, and additional linked resources to prevent ROP Discontinuance and assist your consumer throughout the ROP Discontinuance Process.

Note: Covered California certified enrollers must ensure that each application is fully and truthfully completed by the consumer and that the completed application completely discloses the circumstances of all persons included in the application. Bypassing identification or verification requirements by uploading a “placeholder” image or entering false ID or immigration numbers instead of approved documentation is unlawful and may result in suspension, termination, or other legal action as needed. Covered California audits enrollments and will take remedial action against any certified enroller that bypasses ROP.

2. Timeline: ROP & Auto-Discontinuance Process





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3. Prevention: Assist Your Consumer Before ROP Auto-Discontinuance Begins

Skipping answers, inputting incorrect document types or numbers, uploading “placeholder” images, or answering questions incorrectly could cause electronic verifications to fail. These actions may also violate the certified enroller agreement as well as state and federal laws.ⁱⁱ To avoid these possible outcomes, please check the following items.

1. To prevent a *conditionally eligible* enrollment, enter all consumer information into the CalHEERS application accurately and completely

If the consumer’s eligibility results show they are *conditionally eligible*, immediately review key application sections to confirm accurate information. Key sections include:

- Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) – Confirm that either an SSN or ITIN has been provided.
 - If SSN or ITIN is not entered, additional steps and verification will be required.
- Consumer’s legal name – Ensure that the consumer’s name entered in the application matches their verification document.
- Date of Birth – Confirm that the consumer’s date of birth is accurate.
- Citizenship questions – Select the responses to the citizenship questions that accurately reflect the consumer’s citizenship or immigration status.
- If the consumer has Citizenship or Lawful Presence documents, select the appropriate responses and document type. Fill in all document numbers, expiration dates, and status accurately and completely.

2. Eligibility Notice (NOD01)

Consumers with a data inconsistency will receive an Eligibility Notice (NOD01) informing them they have been found to be *conditionally eligible* for Covered California and/or financial assistance. The notice will let them know what document(s) they need to submit to clear the inconsistency, with a due date and options for submitting the document(s) (e.g., upload, mail, fax). Check the consumer’s *Documents and Correspondence* page.

★ **Resource:** [CalHEERS Online Application for Certified Enrollers](#)

★ **Resource:** [Documents to Confirm Eligibility](#) includes information on acceptable documents, including locating appropriate numbers.

★ **Resource:** [Daily Summary Email Notices Guide for Certified Enrollers](#)

★ **Resource:** [Acceptable Documents to Verify Identity Guide](#)



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4. Mitigation: Assist Your Consumer During ROP Auto-Discontinuance Process

If a consumer has not provided the required information or documents during the first 45 days of the ROP to clear the inconsistency, a new notice and alert will be generated. Please check the following items:

1. Warning – Documents Needed Notice (NOD03)

The consumer will receive a Warning-Documents Needed Notice (NOD03) to remind them to submit their required documents. This notice will generate 45 days after the NOD01 was sent. Check the consumer's *Documents and Correspondence* page.

2. Daily Summary Email – Secure Mailbox

An alert for the certified enroller will appear in the daily summary email the day after the NOD03 notice has generated. This alert will advise the enroller that their consumer may lose eligibility and/or enrollment. *Please reach out to the consumer immediately to help them clear the data inconsistency before they run out of time.*

3. Additional Tool: Book of Business (BoB) Extract

Utilize the BoB extract to check if any of your consumers are at risk of having their enrollment terminated due to an outstanding inconsistency. In the BoB Excel file, go to the column for "CCP Eligibility Status" and filter for "Conditionally Eligible" (Column "Z" on the formatted report; Column "V" on the Details-only report). A consumer that shows in your BoB as "Conditionally Eligible" means they are still pending one or more verification status and require additional assistance.

★ **Resource:** [Daily Summary Email Notices Guide for Certified Enrollers](#)

★ **Resource:** [Book of Business Export](#) guide includes directions on how to export the BoB.

Consumers may request up to two 30-day extensions before their ROP expires if they have made a good faith effort. A good faith effort is defined as an earnest attempt or action taken to resolve an application inconsistency. The attempt or action cannot be fraudulent or deceitful.

Examples:

- Consumer is conditionally eligible for coverage and has filed an appeal, but the ROP will expire before the appeal is resolved
- Consumer's immigration documentation has expired, and the consumer has an appointment to renew the document

Note: A notice sent to a consumer that is not in the consumer's primary language is **not** a valid reason to process a reinstatement.

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5. Restoring Eligibility and Reinstating Enrollment: Assist Your Consumer After ROP Termination

If a consumer's enrollment has been terminated due to failure to clear the data inconsistency within the 95-day ROP, they still have 30 calendar days from the date of termination to provide documentation to restore eligibility and request reinstatement with no gap in coverage. *After 30 days, the consumer will need a new [Qualifying Life Event](#) and must choose a new plan with a future effective start date. Retroactive effective start dates will not be granted to remove gaps in coverage.* To help your consumer, please check and do the following:

1. Review and confirm the application information has been entered accurately and completely

Use the Report a Change (RAC) functionality in CalHEERS to correct the consumer's information in the application. A RAC correction will usually allow the consumer's data to be E-Verified and restore their eligibility. Then, contact the [Agent/CEC Service Center](#) for assistance with reinstating the original enrollment (see #3 below).

*Note: If a RAC restores eligibility and the consumer's application no longer shows "Conditional Eligibility", **DO NOT** re-enroll them with a new effective date as this will cause incorrect changes in premium and will negatively impact the consumer's deductible and out-of-pocket maximum for the remainder of the benefit year.*

Example: A consumer may have been marked as a "Citizen" and not marked as "Naturalized or Derived Citizenship Status" but then provided an Employment Authorization Card. The application would need to be corrected to show the consumer is a not a "Citizen" but they in fact have lawful presence, so the fields for immigration documents are displayed to be edited. For additional information regarding the Citizenship and Lawful Presence section of the application please see pages 32-34 of the [CalHEERS Online Application for Certified Enrollers](#).

2. Check the consumer's *Documents and Correspondence* Page to confirm the required documents have been uploaded.

If a consumer has not provided documents, notify them of their obligation to provide the appropriate documents and the consequences for failing to do so. Reference our [Document Upload Guide](#) to assist consumers with uploading verification documents.



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3. Contact the Agent/CEC Service Center for assistance with restoring eligibility and enrollment

Depending on the termination date, restoring coverage may require an escalation. Escalations may take up to 10 business days for processing.

Note: Do not contact the health insurance companies, as they are unable to process reinstatements for these cases; only Covered California can help with consumer eligibility matters.

☆ **Resource:** [CalHEERS Online Application for Certified Enrollers](#)

☆ **Resource:** [Document Upload Guide](#) to assist consumers with uploading verification documents.

☆ **Resource:** [Qualifying Life Events](#)

☆ **Resource:** [Agent Service Center Operating Hours](#)

ⁱ Deferred Action for Childhood Arrivals (DACA) recipients are considered lawfully present for Covered California eligibility and qualify to be reinstated into Covered California health plans. DACA recipients may also qualify for full-scope Medi-Cal depending on their income and can apply for Medi-Cal through Covered California or their local county Medi-Cal office.

ⁱⁱ [Agent Code of Conduct](#); [Agency Agreement](#); [Non-Monetary Agreement](#)