



2018 Renewal Job Aid Certified Enrollers

Overview

Covered California’s renewal period (annual redetermination process), **October 11 - December 15, 2017**, is intended to help individuals and families retain health coverage for 2018.

This Job Aid will help guide Certified Enrollers through the process of renewing consumers for the 2018 plan benefit year, with the new online application (CalHEERS) enhancements.

Important 2018 Renewal Information

There are two types of renewal for Covered California consumers:

Renewal Type	Definition	Start Date	End Date
Passive	Occurs when a consumer in <i>renewal mode</i> makes no change to their application information or the health plan. CalHEERS automatically renews the consumer’s eligibility and enrollment for the next benefit year.	11/11	12/15
Active	Occurs when the consumer actively makes a change (changes plans or reports a change) during Open Enrollment for the upcoming plan year.*	10/11	12/15

***In most cases, if a consumer starts an Active renewal and does not complete plan selection, the consumer will be renewed into a plan for the upcoming benefit year.** This occurs when the consumer has not selected a new plan by the due date indicated on the *Health Enrollment Summary* page.

Please note:

- A renewal due date displays to remind Covered California consumers and enrollers that the current plan will automatically be renewed if changes are not submitted before the date listed.
- If a consumer has no changes, does not want to shop or compare new plans, and wishes to passively renew, there is no action needed or required by the consumer or by the Certified Enroller. When the date on the [Renewal Notice](#) is reached, Covered California will automatically renew the consumer into their same plan with updated pricing, if available.
 - If the same plan is not available, Covered California will automatically renew the consumer into a plan with the same carrier and within the same metal tier.
- Passive renewals will enroll consumers in the same dental plan from 2017 for the 2018 benefit year.
 - **If a consumer terminated their health coverage for the 2017 benefit year, but did not terminate their dental plan, the dental will renew.**

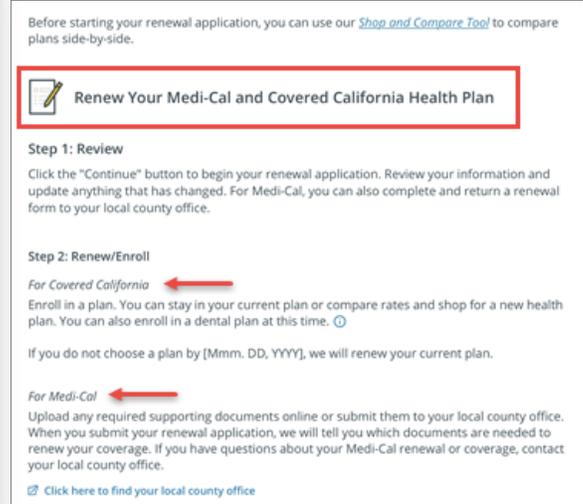
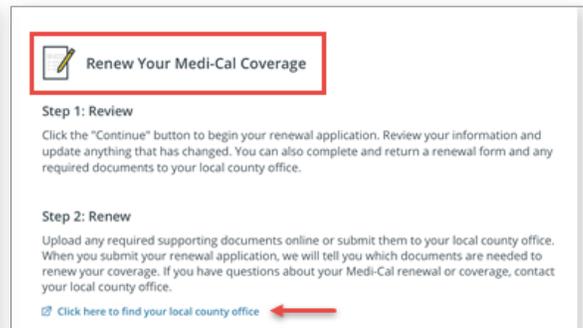
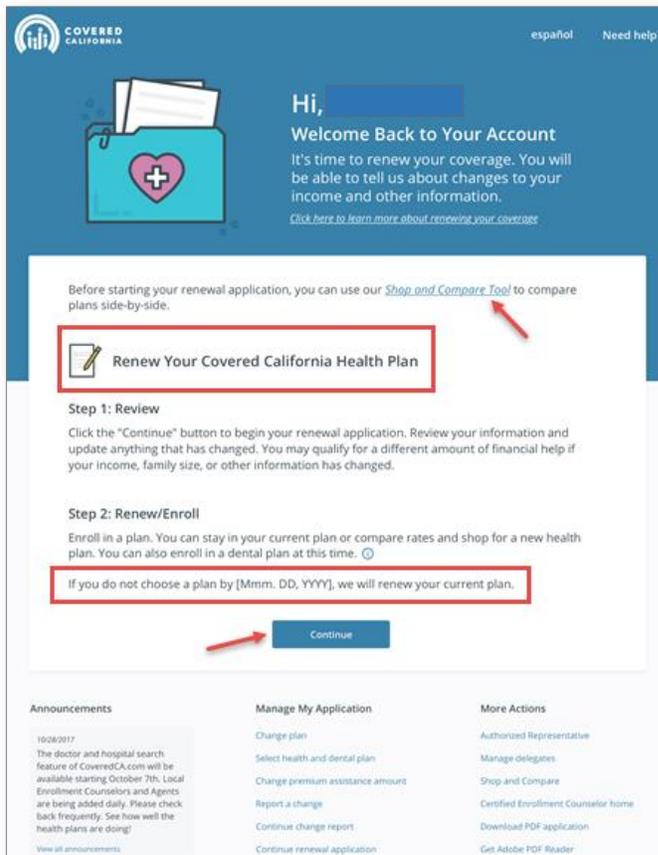
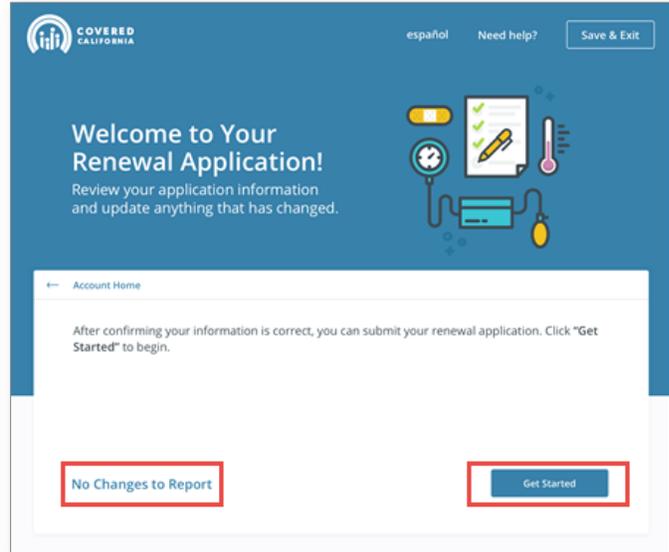
Households Not Eligible For Renewal

- Applications which were withdrawn or terminated
- Cases which opted out of renewal during the renewal timeframe (between the dates of October 11 and December 15, 2017)

Renew Mode

A household in Renew mode displays the Consumer Home page with the message: *Welcome Back to Your Account. It's time to renew your coverage.* Depending on existing coverage one of three program-specific renewal pages displays along with instructions on how to continue coverage for the next benefit year. Program specific renewal pages display for:

- **Covered California Households**
- **Medi-Cal Households**
- **Covered California & Medi-Cal Households (Mixed Households)**



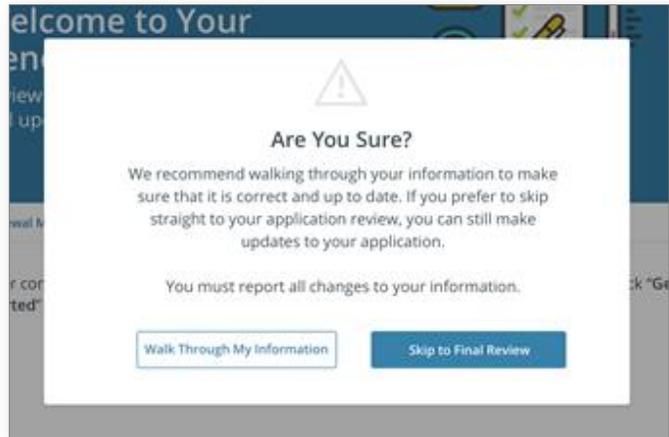
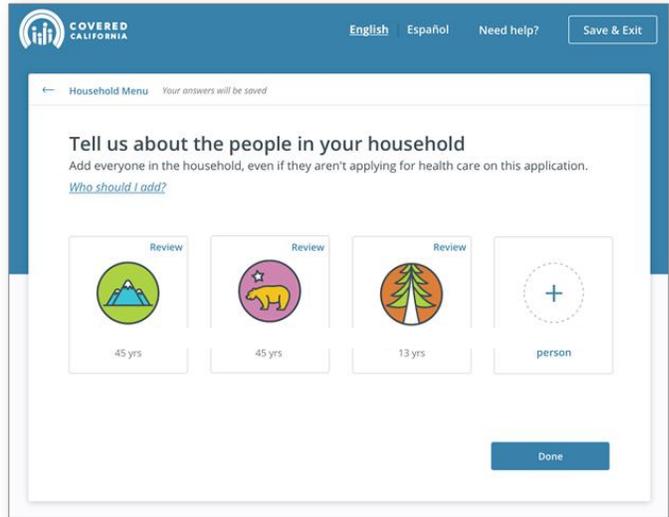
These pages vary slightly in terms of renewal instructions and links needed for renewing.

Some important points about Renewals:

For Covered California and mixed households clicking the **Continue** button navigates consumers to the *Welcome to Your Renewal Application!* page.

From the *Welcome to Your Renewal Application!* page users have two options to continue.

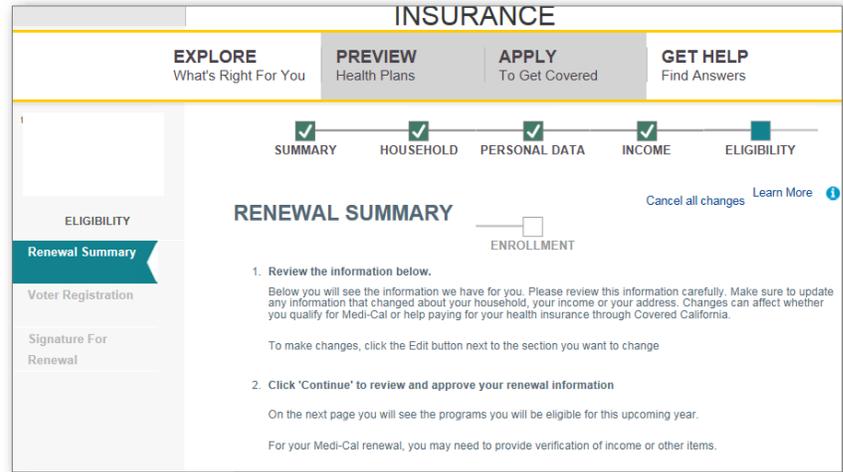
- Clicking the **Get Started** button navigates users to the *Tell us about the people in your household* page.
- Clicking the **No Changes to Report** text link will prompt the enroller to confirm that there are no changes to be made and recommend walking through the application to make sure. Enrollers should confirm with the consumer that there are no changes.



Renewal Summary Page

The *Renewal Summary* page displays 2017 household information. Each section should be reviewed to confirm it is correct for the upcoming coverage year. Once the information is submitted, it is used to determine eligibility for 2018.

1. Review all the information displayed on the *Renewal Summary* page with your consumer.



If there is new information for 2018, click the **Edit** button in the section that needs updating and enter the new information.

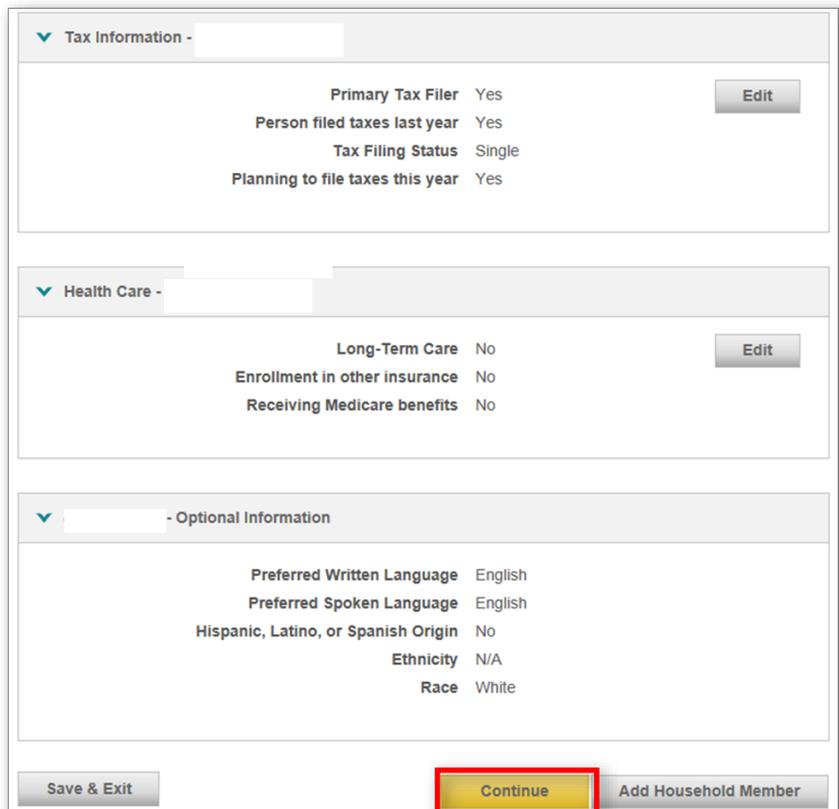
To *add* a household member, for example, click the **Add Household Member** button at the bottom of the **Renewal Summary** page and complete the pages required.

If there is no new information for 2018, click the **Continue** button at the bottom of the **Renewal Summary** page to proceed to the *Signature for Renewal* page to sign and submit the consumer's renewal application.

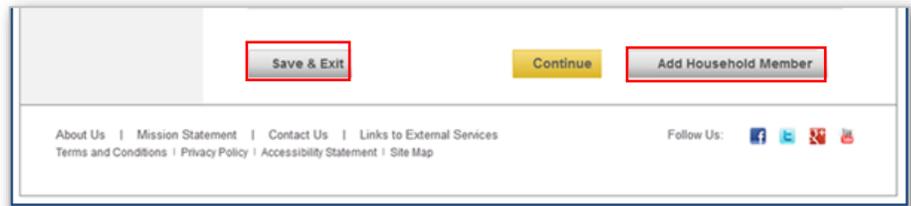
Note: Information entered during the renewal applies to the upcoming coverage year and may impact eligibility for insurance affordability programs as of January 1, 2018.

Examples of the types of changes that may impact eligibility include:

- Change of physical Address
- Change in Household Income
- Add or Remove a Household Member

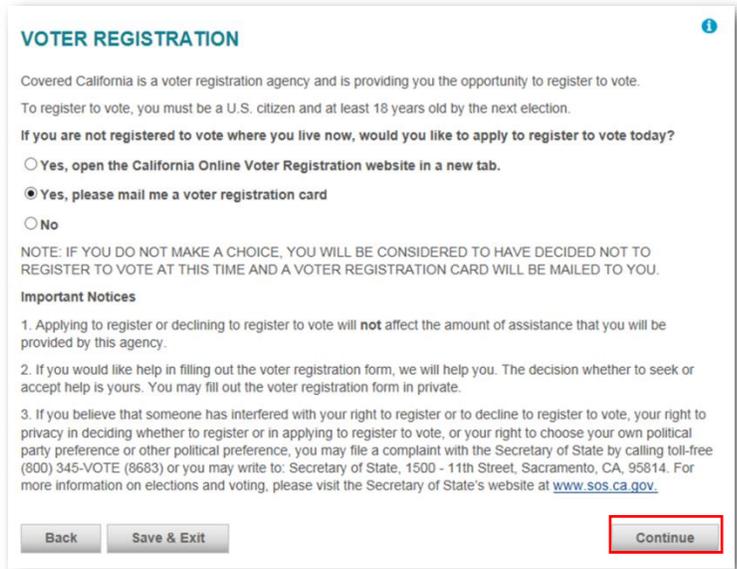


- When all household information for the upcoming coverage year is confirmed, click the **Continue** button at the bottom of the **Renewal Summary** page.



Voter Registration

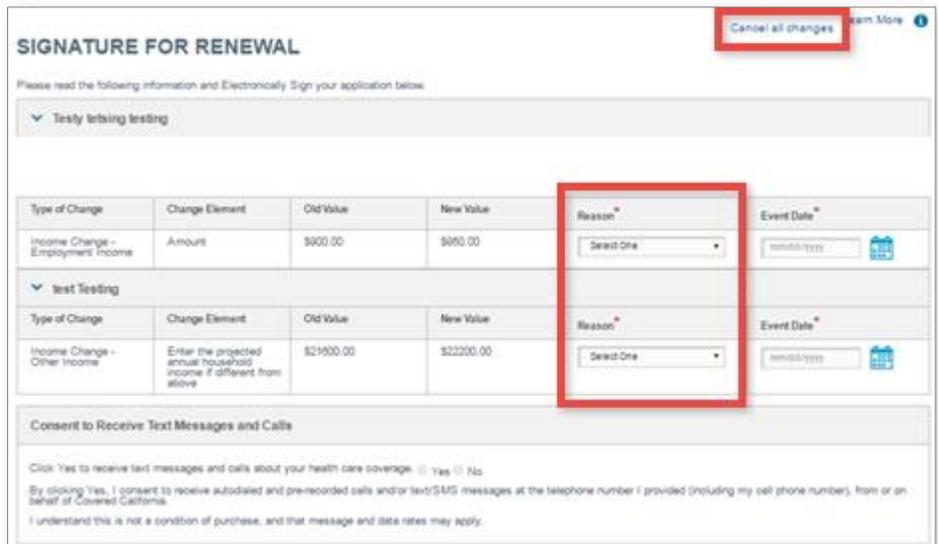
The *Voter Registration* page displays allowing the enroller the opportunity to register to the consumer to vote. After selecting an option, click the **Continue** button. The *Signature for Renewal* page displays.



Signature for Renewal

- The *Signature for Renewal* page displays. On the **Signature for Renewal** page, review any changes.

Each change displays the *Type of Change*, the corresponding *Change Element* (question or the field that prompted the reported change), and the *Old Value* and the *New Value* to depict the before and after change value for comparison. Each change requires the consumer select an applicable reason for the change from the **Reason** dropdown. Select the appropriate option, and then enter the **Event Date**. If there are no changes, the *Your Changes* section is blank. The **Cancel all changes** link displays only if changes are detected.



- The enroller asks the consumer to select the **Yes or No** radio button to the required question: *Click Yes to receive text messages and calls about your health coverage.* By clicking **Yes**, the consumer consents to receiving autodialed and pre-recorded calls and/or text/SMS messages at the telephone number provided. A *Reminder* popup displays if the consumer did not yet enter a phone number for



2018 Renewal Job Aid Certified Enrollers

the Primary Contact in the *My Profile* page. Note: The radio buttons display but are inactive for all other users.

5. The enroller will ask the consumer to attest to the statement, *I know that I must report any changes to information on this application*, under the **Your Changes** section by clicking the checkbox.

6. The enroller will click the **Declaration** checkbox in the **Review and Sign** section after obtaining the consumer's consent.

Note: The **Submit** button at the bottom of the page is disabled until all checkboxes on the **Signature for Renewal** page are checked.

7. The enroller enters their **Electronic Signature** and **Electronic PIN** number to sign the renewal. Click the **Submit** button at the bottom of the page to submit the renewal application and initiate the eligibility determination.

I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

Review and Sign

I declare under penalty of perjury that the following statements are true and correct:

- I have provided true answers to all of the questions on this form to the best of my knowledge.
- Unless I have already provided authorization for Covered California to use electronic data sources to get my updated tax return information for the renewal period this year, I understand that I am giving Covered California authorization to get my updated tax return information to renew my health insurance coverage for the 2016 benefit year. This statement does not apply to Medi-Cal.
- I know that if I am not truthful, there may be a civil or criminal penalty for perjury that may include up to four years in jail, pursuant to California Penal Code Section 126.
- For Covered California, I know that if I, or someone in my household, have private health insurance through Covered California, I must notify Covered California of changes in my information, or the information of any member(s) of my tax household, within 30 days of such change. To report a change, [click here](#). For Medi-Cal, I must report any changes within 10 days by contacting my [county human services agency](#).
- I know that if I, or someone in my household, have health insurance through Medi-Cal, I must contact my county social services office within 10 days of any changes in my information, or the information of any member(s) of my household.
- I understand that I must provide my electronic signature (by typing my full name) and PIN below to complete the renewal process for any Covered California health insurance plan.
- I attest that if I or anyone in my tax household received premium tax credits for Covered California health coverage in 2014, I or the person who received premium tax credits, have filed or will file a 2014 federal tax return.
- I understand that if I do not complete the renewal process for my household, any household member currently enrolled in a Covered California health insurance plan, including myself, that is not eligible to remain in their current plan may experience a break in health insurance coverage. This statement does not apply to Medi-Cal.

I'm signing this application under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know that if I'm not truthful, there may be a penalty

Electronic Signature *

Electronic PIN * [Forgot PIN](#)

Back
Save & Exit
Submit

Renewal Results

The *Renewal Results* page displays a summary of health care programs the household is eligible for in the upcoming coverage year.

Carefully review the eligibility information on this page with the Consumer. The household may be eligible for different programs or required to provide documentation to ensure the household obtains or retains coverage for 2018 that is appropriate for their eligibility.

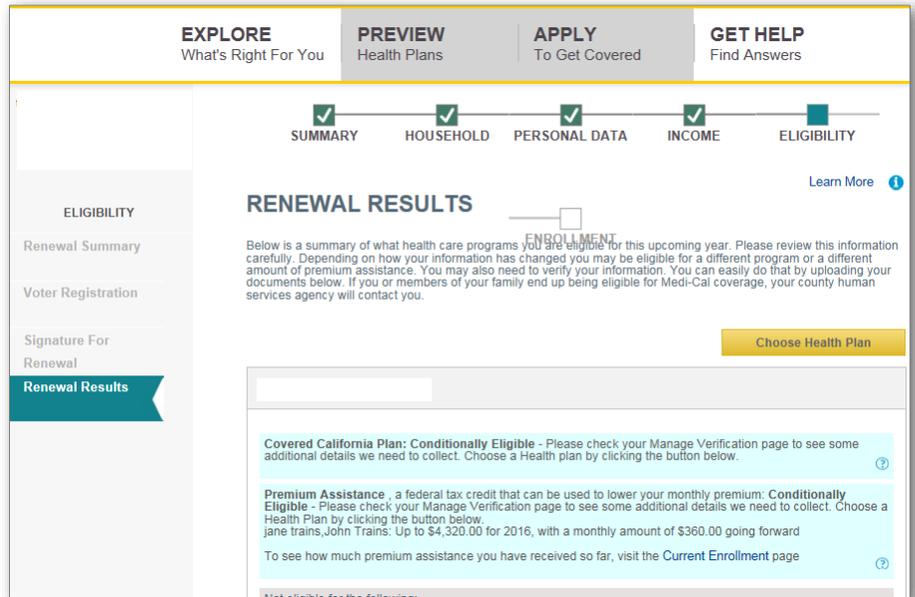
To view a PDF version of the submitted renewal application, click the **Submitted Application** button at the bottom of the **Renewal Results** page.

To save the consumer's information and exit the renewal, click the **Save & Exit** button. You will be navigated to the Consumer Home page.

- Click the **Choose Health Plan** button on the **Renewal Results** page to navigate to the *Health Enrollment Introduction* page to confirm or change plan choice for 2018.

Note: The **Choose Health**

Plan button does not display on the *Renewal Results* page for all eligibility situations. For example, for Medi-Cal eligible cases, the following text displays instead: "If you or members of your family end up being eligible for Medi-Cal coverage, your county human services agency will contact you."



EXPLORE What's Right For You | **PREVIEW** Health Plans | **APPLY** To Get Covered | **GET HELP** Find Answers

SUMMARY
 HOUSEHOLD
 PERSONAL DATA
 INCOME
 ELIGIBILITY

RENEWAL RESULTS Learn More

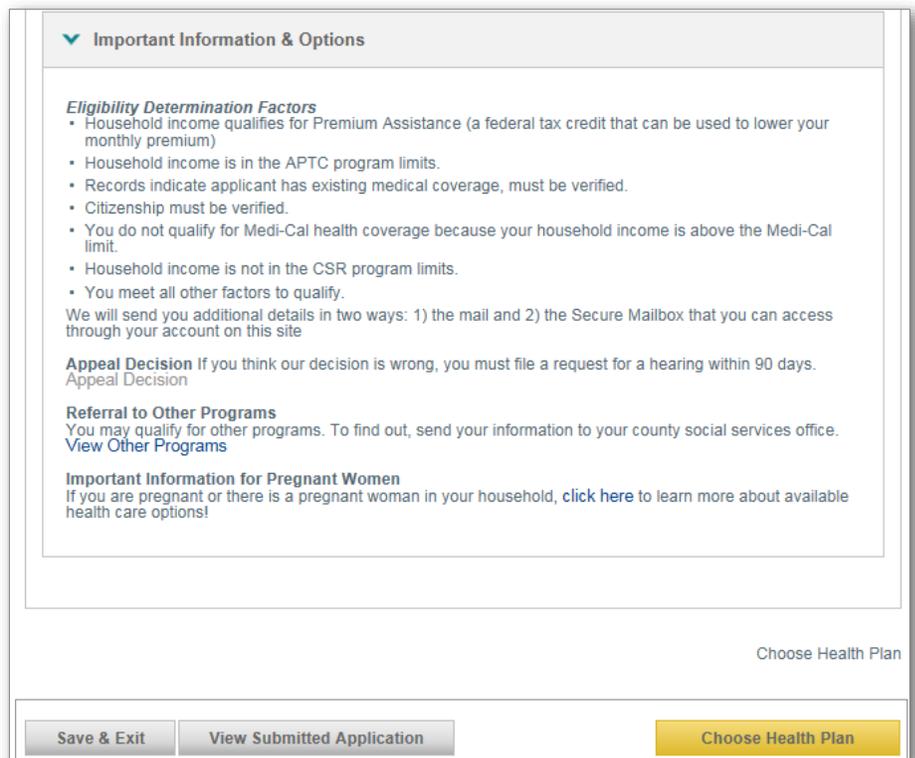
Below is a summary of what health care programs you are eligible for this upcoming year. Please review this information carefully. Depending on how your information has changed you may be eligible for a different program or a different amount of premium assistance. You may also need to verify your information. You can easily do that by uploading your documents below. If you or members of your family end up being eligible for Medi-Cal coverage, your county human services agency will contact you.

Choose Health Plan

Covered California Plan: Conditionally Eligible - Please check your Manage Verification page to see some additional details we need to collect. Choose a Health plan by clicking the button below.

Premium Assistance - a federal tax credit that can be used to lower your monthly premium. **Conditionally Eligible** - Please check your Manage Verification page to see some additional details we need to collect. Choose a Health Plan by clicking the button below.
 jane trains, John Trains: Up to \$4,320.00 for 2016, with a monthly amount of \$360.00 going forward
 To see how much premium assistance you have received so far, visit the [Current Enrollment](#) page.

Not eligible for the following:



Important Information & Options

Eligibility Determination Factors

- Household income qualifies for Premium Assistance (a federal tax credit that can be used to lower your monthly premium)
- Household income is in the APTC program limits.
- Records indicate applicant has existing medical coverage, must be verified.
- Citizenship must be verified.
- You do not qualify for Medi-Cal health coverage because your household income is above the Medi-Cal limit.
- Household income is not in the CSR program limits.
- You meet all other factors to qualify.

We will send you additional details in two ways: 1) the mail and 2) the Secure Mailbox that you can access through your account on this site

Appeal Decision If you think our decision is wrong, you must file a request for a hearing within 90 days.
[Appeal Decision](#)

Referral to Other Programs
 You may qualify for other programs. To find out, send your information to your county social services office.
[View Other Programs](#)

Important Information for Pregnant Women
 If you are pregnant or there is a pregnant woman in your household, [click here](#) to learn more about available health care options!

Choose Health Plan

[Save & Exit](#) | [View Submitted Application](#) | **Choose Health Plan**



2018 Renewal Job Aid Certified Enrollers

Renew Health Plans

The **Household Enrollment Introduction** page displays the health programs for which the household members are eligible.

HOUSEHOLD ENROLLMENT INTRODUCTION

Members of your household qualify for the health programs listed below. Each program has a set of available health plans for you to compare. You can choose the health plan that is the best fit for you.

For Covered California, in most cases if you do not select a plan by 12/15/2016, Covered California will automatically enroll you in your current plan for the 2,017 benefit year.

For Medi-Cal, you will keep your current Medi-Cal health plan if your eligibility is renewed, unless you move to a county with different health plans. You can also choose a different health plan at any time through [Health Care Options](#).

For the Medi-Cal Access Program, you will receive information separately on how to choose a health plan that covers your health care needs.

For the County Children's Health Initiative Program (CCHIP) you will receive information separately from your health plan.

Persons	Program	Health Plan
	Covered California Health Plan	Continue Health Plan Update
	Covered California Health Plan	Continue Health Plan Update

[Regroup](#)

[Back](#) [Save & Exit](#)

Covered California Plan Auto-Enrollment

Covered California will automatically enroll eligible household members in their current health plan or similar plan if the Consumer does not select a new plan by the date displayed on the *Household Enrollment Introduction* page. Note: If the consumer is enrolled in a dental plan and makes no changes to that dental plan, they will automatically be renewed into the same dental plan.

Health insurance carriers will notify consumers of a 2018 plan substitution to a similar plan if their 2017 plan is no longer available. If the current plan is not available for 2018, the consumer must take action and select a new plan no later than December 14, 2017 to prevent a break in coverage. (Note: The health insurance carrier will provide notice to the Individual if a plan will not be available in the upcoming coverage year.) In most cases, if the consumer does not select a plan by the date shown on the *Household Enrollment Introduction* page, Covered California auto-enrolls them in the same plan for the upcoming benefit year.

Tell us about your health care needs

Your answers are used to find the best plan option for you. [SKIP TO VIEW PLANS](#)

Choose the category that best describes the **medical service** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

- Low Use:** 1-2 doctor visits and lab tests each year; preventive care too.
- Medium Use:** 3-5 doctor visits and lab tests with an x-ray each year; one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- High Use:** 6 or more doctor visits and a number of lab tests; a surgery, therapy or other treatment in an outpatient center plus follow-up care.
- Very High Use:** a hospital stay, high cost radiology scans or outpatient treatment; more than 6 doctor visits with lab tests and other care.

[NEXT](#)

Choose a Health Plan for 2018

9. Click the **Choose Health Plan** button on the **Household Enrollment Introduction** page to review and confirm plan or make a new plan choice for your consumer. The *Tell us about your healthcare needs* page appears.

Enrollers may skip directly to Plan Selection by clicking the **Skip to View Plans** button.

Select a New Plan for 2018

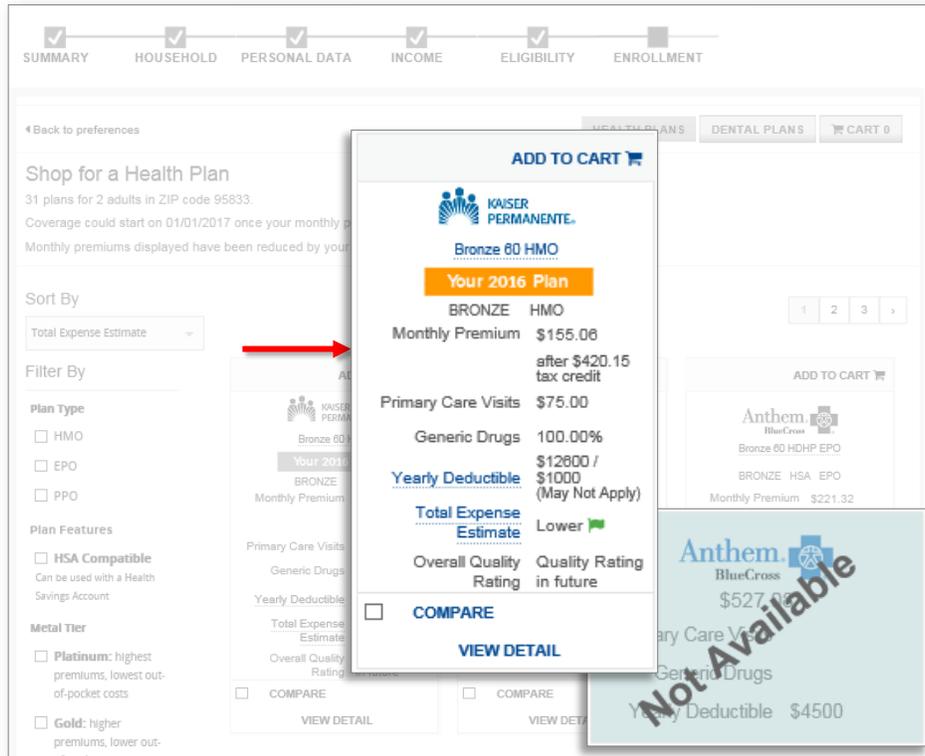
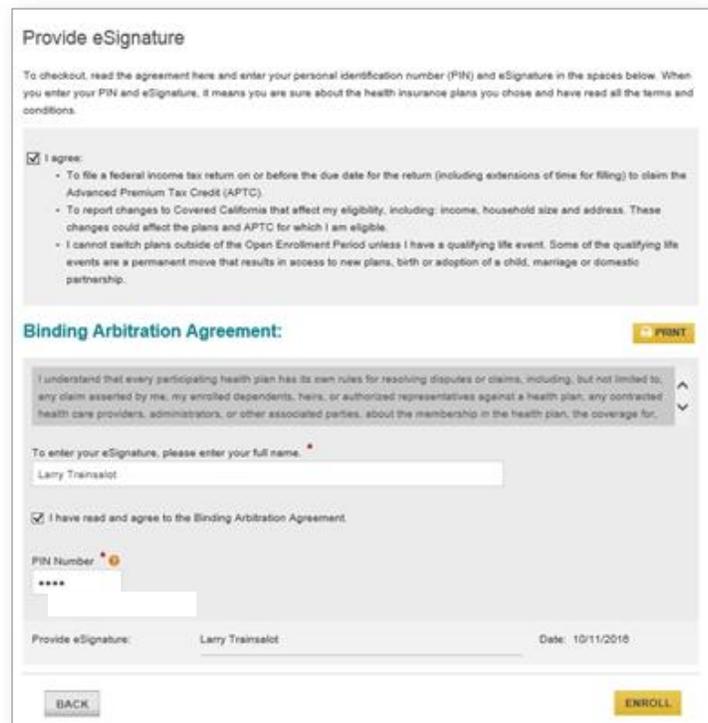
The *Shop for a Health Plan* page allows the Consumer to browse and compare their 2017 plan to those available for 2018. From this page, the consumer can shop for a new plan or add their existing plan to their cart. The consumer's existing plan is labeled *Your 2017 Plan* and is the first plan displayed. Click the **ADD TO CART** button to add the existing plan or select another choice for 2018.

If the consumer's existing plan is no longer available it will be labeled *Not Available* and the consumer will need to select another plan.

When plan selection for 2018 has been selected and confirmed, the *Provide eSignature* page displays. Review and complete the **Provide eSignature** page as follows:

- Click the **I agree:** checkbox after reading the bulleted items listed
- Enter the full name in the eSignature text box
- Select the **I Have Read and Agree to the Binding Arbitration Agreement** checkbox
- Enter the PIN in the **Pin Number** field

Click the **Enroll** button at the bottom of the page to continue.

The *Confirmation* page displays the new plan for coverage effective January 1, 2018. Click the **Continue** button at the bottom of the page to review the household's plan enrollment.

Confirmation

You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

Health Plans

Expected Start Date: 01/01/2017

	Kaiser Permanente Bronze 60 HDHP HMO	Monthly Premium (monthly cost)	\$ 579.95
		Total Monthly Premium Cost	\$ 579.95
		Total Monthly Premium Assistance	-\$ 420.15
		Your Total Monthly Premium Payment	\$ 159.80

Making Changes to Your Plan

If changes occur in your household, to report them, log in to your account and click on "Report a Change" or "Change Plans".

Disclaimers

You are not enrolled until your plan(s) receives your premium payment. If you do not pay your first payment(s) your application may expire. If your application expires you may be required to resubmit your application and may have to wait until the next Open Enrollment Period.

[PRINT PAGE](#) [CONTINUE](#)

Dental Coverage

Continue the enrollment process by selecting or opting out of dental coverage. Family dental plan selection is offered to a household with at least one adult member enrolled in a Covered California Health Plan.

Note: Children's dental coverage is embedded in their health plan.

DENTAL PLAN SELECTION

This page shows the health plans you have chosen for your household. Each plan will send you information in the mail.

Persons	Program	Health Plan
	Covered California Health Plan with Premium assistance(a federal Tax Credit)	Subscriber ID:11318 Plan:Gold 80 HMO Expected Start Date: 11/01/2016 Net Premium:\$ 411.81 per month Initial Payment Due Date:10/26/2016

Children under 19 have dental and vision benefits included in their [health plan](#) above.

Your family can also shop for Family Dental Plans. Shopping for a family dental plan is optional. Click on the "Shop for Dental Plan" button to pick a dental plan for your household.

Dental plans are optional and do not qualify for financial assistance. Dental plans are billed separately from your health plan and will not be included in your health plan's monthly premium. There is no tax penalty if you do not enroll in a dental plan.

Persons	Program	Dental Plan
	Covered California Dental Plan	Shop for Dental Plan Opt Out of Dental Insurance

[Back](#) [Save & Exit](#)



2018 Renewal Job Aid Certified Enrollers

Household Enrollment Summary

The **Household Enrollment Summary** page provides information about the household's enrollments, including the initial payment due date.

Enrollers can click the **How to Pay** link to view details on how to make payments directly to the health insurance plan.

View plan enrollment information by coverage year on the **Household Enrollment Summary** page.

Select from the **Viewing Enrollment Information** for dropdown to view plans by coverage year.

Click the **Take Survey** button to navigate to a Covered California survey to provide feedback on the Consumer experience.

Click the **View Additional Programs** button to navigate to the *Additional Programs* page. Click the **Done** button to return to the Consumer Home page.

Note: Consumers may change their medical plan and/or dental plan choice made in Renewal during the Open Enrollment period for the upcoming coverage year by clicking the **Change Plan link in the **Actions** section on the Consumer Home page.**

HOUSEHOLD ENROLLMENT SUMMARY i

Congratulations! You are one step closer to getting quality health care through Covered California. The health insurance plans that you chose for your household are listed below. Your information will be sent to the insurance plans you chose. Be sure to pay your first or "Initial" payment by the deadline listed on the bill from your insurance plan so your insurance can start on the expected start date below. If you chose more than one insurance plan, you will have to make a separate payment to each plan.

Please note: You should send all payments directly to your insurance plan. Covered California cannot accept payments. Do NOT send any payments to Covered California. Sending payments to Covered California directly could delay the start of your coverage. For details about making payments directly to your insurance plan, see [How to Pay](#) at CoveredCA.com or call your insurance plan for details.

PAYMENT OPTIONS

1) **Make your Payment Online:** If the online payment option is available, a "Pay Now" button will appear in the "Initial Payment" column. By clicking this button, you can quickly and securely pay your initial premium payment to your insurance plan. The "Pay Now" button will no longer appear once we get confirmation from your insurance plan that you have paid. It may take up to 1 week for your payment status to show. Only your first online payment can be made here. For insurance plans that accept online payments, your future payments can be sent to the plan directly, on their website.

2) **Mail your Payment to your Plan:** If the "Pay Now" button is not available or if you want to mail your first payment, then you can wait for the insurance plan to send your first bill. It may take up to two weeks to receive your first bill by mail.

Once your insurance plan receives your first payment, you will be enrolled. About 10 days after receiving your first payment, your insurance plan will send you a welcome packet with your insurance cards. As long as you paid your first payment by the due date listed on your bill, your coverage will start on the expected start date below. You can use insurance after that date, even if your cards have not arrived yet. To stay insured, it is important to keep paying your monthly premium payments on time.

Viewing Enrollment information for 2017
2018

Persons	Program	Health Plan	Carrier Website Address
JULIE	Covered California Plan with premium assistance (a federal tax credit)/ cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance)	Subscriber ID: 1344 Plan: Bronze 60 HMO Expected Start Date: 01/01/2015 Net Premium: \$200.91 per month Initial Payment Due Date: 12/26/2014	Carrier not enrolled to receive electronic payments from Covered California Molina Health Care http://www.molinahealthcare.com/paymentCA

Please take a quick survey to tell us about your experience and help us improve your Covered California Marketplace.

Take Survey

View Additional Programs Done



2018 Renewal Job Aid Certified Enrollers

Passive Renewal

Passive Renewal is a batch process that automatically re-enrolls an eligible household in the same plan for the upcoming coverage year if they have not confirmed their current plan or selected a new plan by the due date indicated on the *Health Enrollment Summary* page. The last batch run for auto-enrollment will occur 12/13/17 through to 12/15/17 to enroll with an effective date of 1/1/2018.

Note: Consumers will also be automatically re-enrolled in the same dental plan as well, if still available.

Note the following cases are not eligible for auto-renewal:

- MAGI Medi-Cal only cases
- Cases terminated before October 11, 2017
- Cases enrolled with a Special Enrollment event after October 11, 2017.