



2016 Cross the Finish Line Certified Insurance Agents Job Aid

JOB AID: CROSSING THE FINISH LINE FOR AGENTS

Special Enrollment Period

From Feb 1st, 2016 until the next Open Enrollment period, consumers may only enroll in a plan or change their current plan if they experience a **Qualifying Life Event** that triggers a **Special Enrollment**.

- To help consumers “Cross the Finish Line” into enrollment, Covered California will allow Agents to assist consumers process a **Special Enrollment** application immediately so that the consumer can pick a plan to complete their enrollment.
- Agents will have access to complete these applications from **February 1st to February 6th**.

Special Enrollment Processing for Agents

Agents processing applications on behalf of consumers during the Special Enrollment period will see new fields displayed on the Application Signature page requiring entry of a qualifying life event.

For consumers who have not submitted their application:

When prompted with the “Do any of the following life events or situations apply to you?” drop-down list, complete the fields as outlined in the table below.

APPLICATION SIGNATURE

Please read the following information. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

Special Enrollment

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers.

Do any of the following qualifying life events or situations apply to you? *

[Click here](#) for more information about qualifying life events.

This application qualifies for Special Enrollment as a result of a qualifying life event. *

Coverage Date Category *

Enter today's date or the date of your qualifying life event if you have one *

Special Enrollment Expiry Date *

Select One

- Lost or will soon lose my health insurance
- Permanently moved to/within California
- Had a baby or adopted a child
- Got married or entered into domestic partnership
- Returned from active duty military service
- Released from jail or prison
- Gained citizenship/lawful presence
- Federally Recognized American Indian/Alaska Native
- Other qualifying life event
- None of the above (Continue to review my application for Medi-Cal/AIM)

MM/DD/YYYY

MM/DD/YYYY



2016 Cross the Finish Line Certified Insurance Agents Job Aid

Complete the fields as follows:

Do any of the following qualifying events or situations apply to you?	Select "Other Qualifying Life Event".
Reason for Other	Enter text "Finalize Plan Selection for Open Enrollment".
Reason for Other 1	Select "Finalize Plan Selection for Open Enrollment".
Reason for Other 2	Select "Doesn't have a second life event".
This Application qualifies for Special Enrollment as a result of a qualifying life event	Select "Yes, this household qualifies for Special Enrollment".
Coverage Date Category	Select "MEC".
Enter today's date or the date of your qualifying life event if you have one	Enter "1/31/16." (Note: From February 1-6, you must enter "1/31/16" regardless of the actual date in order to trigger a 3/1/15 start date of coverage for the consumer).
Special Enrollment Expiry Date	This field will populate to 60 days from the date in the field above.

In the Your Changes section

Your Changes

Type of Change	Member	Reason	Event Date
<input type="text" value="Name Change"/>	<input type="text" value="testing"/>	<input type="text" value="Select One"/>	<input type="text"/>

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'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.

Complete the Your Changes fields as follows:

Reason	Select "Other"
Event Date	Enter today's date.

- Click on the checkbox labeled "I know that I must tell the program I'm enrolled in..."
- Click on the **Review and Sign** checkbox.
- Click on the **Submit** button

For consumers who have already submitted their application and received the Special Enrollment Period message:

- Consumers will see the following message populated on the **Eligibility** page

Program	Health Plan	Initial Payment
Covered California Plan with premium assistance(a federal tax credit/ cost sharing reductions(lowers out of pocket expenses, such as copays and coinsurance)	<p>You are not able to enroll at this time. This is a Special Enrollment Period. While you qualify for insurance through Covered California, you have applied outside the open enrollment period. Based on the information you provided, you did not meet the requirements to enroll in a plan outside of the Open Enrollment period. If you think we made a mistake or you have questions, please contact Covered California at 1-800-300-1506. You can reapply if you have a change in circumstance or during open enrollment in the Fall. We will contact you when Open Enrollment begins. If you need care, different counties have safety net programs where you may be able to get health care.</p> <p>1) We got your application after the enrollment period ended, or 2) The life event you reported does not qualify you for a special enrollment period.</p> <p>You may re-apply if your situation changes (see "You may be eligible for special enrollment" on CoveredCA.com for more info). You also may apply in the next open enrollment period. The next open enrollment period begins in the fall.</p>	No plan has been selected

- **From the Consumer Landing Page**
 - Click on the **Report a Change** button at the top of the screen



- Unless the consumer requests a change to the application data, do not **Edit** any section of the Report A Change Summary

REPORT A CHANGE SUMMARY Cancel all changes Learn More

To make changes, click Edit or click next to the number you want to change.

If you would like to see if you qualify for free or low-cost Medi-Cal or tax credits with Covered California, make sure the Application Type indicates "Yes" to Financial Assistance below. If you need to change your answer, click the Change Application Type button.

[Change Application Type](#)

- > Application Type
- > Primary Contact
- > Household
- > Household Member - Lon Chair
- > Lon Chair - Demographic Data
- > Lon Chair - Optional Information

[Save & Exit](#) [Continue](#) [Add Household Member](#)



2016 Cross the Finish Line Certified Insurance Agents Job Aid

- Click Continue until the **Application for Signature for Reported Changes** page displays

APPLICATION SIGNATURE FOR REPORTED CHANGES Cancel all changes ⓘ

Please review your changes and Electronically Sign your application below.

Special Enrollment

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers.

Do any of the following qualifying life events or situations apply to you? * ⓘ

Click here for more information about qualifying life events.

This application qualifies for Special Enrollment as a result of a qualifying life event. *

Coverage Date Category *

Enter today's date or the date of your qualifying life event if you have one * ⓘ ⓘ

Special Enrollment Expiry Date * ⓘ

Your Changes			
Type of Change	Member	Reason	Event Date

- Follow the steps in the **Special Enrollment Processing for Agents** instructions [above](#)

Plan selection must be completed within 60 days of the life event date

- If this deadline is missed, the consumer must wait until the next Open Enrollment to enroll or change a plan

Exceptions to Special Enrollment

Special Enrollment does not apply to Medi-Cal applicants or to verified American Indians and Alaska Natives (AI/AN). These consumers can apply for coverage anytime during the year.

- A consumer applying with no qualifying Life Event may be eligible for other programs such as Medi-Cal.