



2016 Special Enrollment Job Aid Certified Enrollers

Special Enrollment

Outside of the Open Enrollment Period, consumers may only enroll in a Covered California Health or Dental plan or change their current plan if they experience a [Qualifying Life Event](#). This is called a [Special Enrollment](#).

- Certified Enrollers may assist consumers submitting an application during a Special Enrollment
- New fields are displayed on the “Application Signature” page and require a Qualifying Life Event (QLE) to select a plan
- Eligibility and Coverage start dates are determined by the QLE selected
- The consumer’s QLE date must be within 60 days to qualify for a Special Enrollment
- Some applications may require Administrative Review if “Other Qualifying Life Event” is selected

Processing Special Enrollment Applications

“Special Enrollment” fields will populate on the “Application Signature” page after all required enrollment data has been entered and the application is ready to sign and submit.

- Select a QLE from the “Do any of the following life events or situations apply to you?” drop down list and provide a date on which the life event occurred.

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



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The following situations qualify an individual for Special Enrollment so that they can enroll or change plans outside of Open Enrollment:

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

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 QLE may be eligible for other programs such as Medi-Cal. If there is no qualifying life event, “None of the above” should be selected from the dropdown list.



Selecting Other Qualifying Life Event

Additional fields display and must be completed when “Other qualifying life event” is selected from the “Do any of the following life events or situations apply to you?” drop down list.

- Input a brief description of the “Other qualifying life event” in the “Reason for Other” textbox
- Select a reason for the “Other qualifying life event” from the “Reason for Other” dropdown list.

Do any of the following qualifying life events or situations apply to you? ^(?)

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

Reason for Other ^(?)

Reason for Other 1 ^(?)

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 *

Other qualifying life event

Text

Select One

- Paper Application
- Final Plan Selection for Open Enrollment
- Continuity of Care
- Provider Network Issue
- QHP Error
- Agent Error
- CEE/CEC Error
- Non-Exchange Entity Error
- QHP de-certification
- APTC Change

Confirming Qualification for Special Enrollment

Certified Enrollers must confirm the application qualifies for Special Enrollment and select the appropriate coverage start date category.

- Use the list of Qualifying Life Events found [here](#) to review and confirm with the consumer

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

Select One

Coverage Date Category *

Select One

- This selection notes the Certified Enroller's confirmation for Special Enrollment, based on the households Qualifying Life Event

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

Select One

- Yes, this household qualifies for Special Enrollment
- No, this household does not qualify for Special Enrollment

- If 'Yes' is selected, Special Enrollment plan selection is made available for the consumer
- If 'No' is selected, Special Enrollment plan selection is not opened for the consumer



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Certified Enrollers must select an option from the “Coverage Date Category” dropdown list, to indicate the appropriate coverage start date rules, as part of the approval for Special Enrollment.

Coverage Date Category *

Select One

Life Event Date

MEC

Regular

For these common Qualifying Life Event use the corresponding “Coverage Date Category” listed below:

Qualifying Life Event	Effective Date	Coverage Date Category
Had a baby or adopted a child	Day of birth/adoption	Life Event Date
Lost or will soon lose my health insurance	1 st of following month	MEC
Got married or entered into domestic partnership		
Released from jail or prison	If a plan is selected by the 15 th , coverage starts on the 1 st of the following month. If a plan is selected after the 15 th , coverage starts on the 1 st of the second following month.	Regular
Permanently moved to/within California		
Gained citizenship/lawful presence		
Federally Recognized American Indian or Alaska Native		
Returned from active duty military service		

Qualifying Life Event Date

If the life event date is more than 60 days in the past, the consumer will not qualify for Special Enrollment.

- The life event date can also be up to 60 days in the future for loss of Minimum Essential Coverage

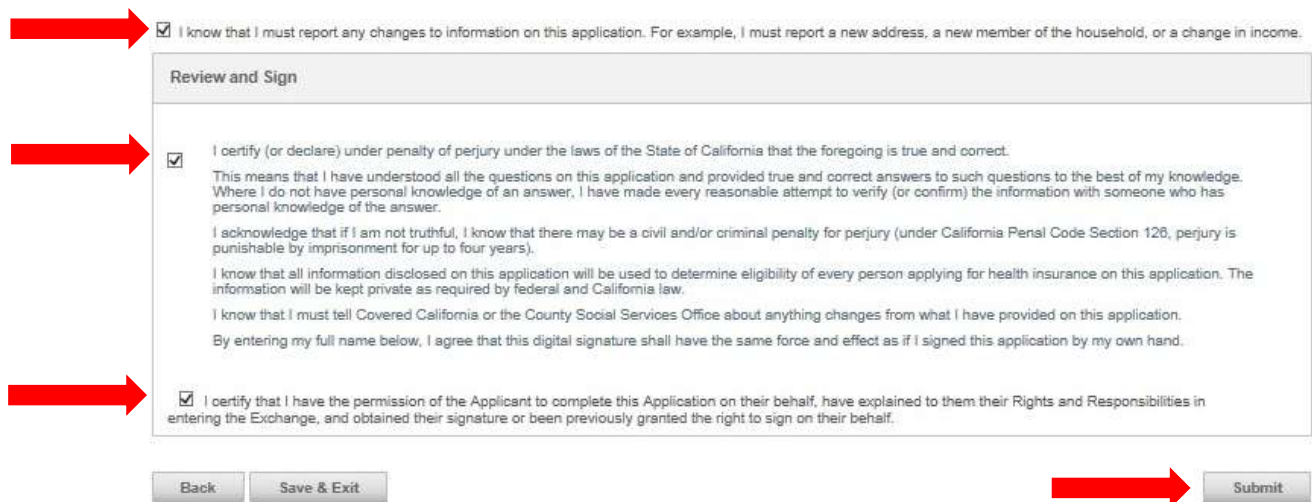
Enter today's date or the date of your qualifying life event if you have one *

- Plan selection must be completed within 60 days of the life event date**
- If consumers wait more than 60 days from the date of the life event, they must wait until the next Open Enrollment to enroll or change a plan

View of the “Application Signature” page

The “Review and Sign” section of the “Application Signature” page for Certified Enrollers differs from that of the Consumer.

- Complete the Review and Sign section of the Application Signature page by checking the attestations, as appropriate.
- Check all attestations to enable the “Submit” button at the bottom of the page



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.

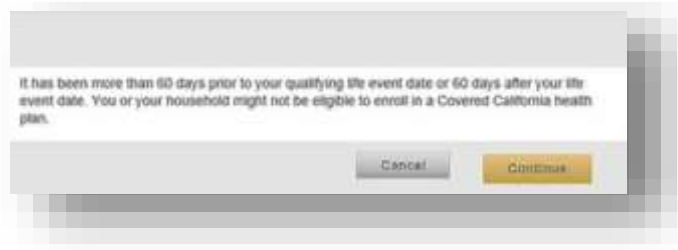
Review and Sign

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This means that I have understood all the questions on this application and provided true and correct answers to such questions to the best of my knowledge. Where I do not have personal knowledge of an answer, I have made every reasonable attempt to verify (or confirm) the information with someone who has personal knowledge of the answer. I acknowledge that if I am not truthful, I know that there may be a civil and/or criminal penalty for perjury (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years). I know that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance on this application. The information will be kept private as required by federal and California law. I know that I must tell Covered California or the County Social Services Office about anything changes from what I have provided on this application. By entering my full name below, I agree that this digital signature shall have the same force and effect as if I signed this application by my own hand.

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.

Back Save & Exit Submit

- After the “Application Signature” page is complete and submitted, if the life event date is outside of the 60-day window, a pop-up message displays.





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If the reported life event is approved and occurred within the 60-day window, the eligibility determination is run and the results are displayed on the “Eligibility Results” page.

If “**Other qualifying life event**” was selected as the Qualifying Life Event, the “Eligible Results” page displays this informational message with further instructions

Your eligibility results are not final yet, we still need to review your qualifying life event. You will receive a notice from us with more information. You may also call the Service Center at 1-800-300-1506 for more information.

- A Covered California representative will review the QLE submitted and if approved, will contact the Primary Contact within 5 business days to complete plan selection
- If the Primary contact cannot be reached, a special 800 number will be supplied for the consumer to complete plan selection

If the life event is denied, a message displays at the top of the “Eligibility Results” page to inform the consumer and provide further instructions

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. [Click here](#) to see what your county offers. Below are your eligibility results. Please come back in November for Open Enrollment or if you have a change in circumstance.

Report a Change

The same functionality for Special Enrollment appears in the Report a Change application process after all the required household, personal and income information has been entered and the application is ready to sign and submit. Please see the steps above to complete any changes during Special Enrollment.