AB 1296 Stakeholder Meeting

April 18, 2014

Topics for Discussion

- **Current web framing to CoveredCA.com web portal**

CoveredCA.com Homepage Option 1

COVERED CALIFORNIA

ABOUT US | COVERAGE | RESOURCES | PROGRAMS & PARTNERS | NEWS CENTER | LANGUAGES: ENGLISH

You Can Still Apply for Health Coverage!

Open enrollment is over, but you may be able to get affordable health coverage now! Apply here and find out.

Medi-Cal enrolls all year, every year. But it's not the only option. If you recently lost your health insurance or had other life changes, applying now will show your options – which could include a Covered California health plan.

Apply or Find out More

Shop and Compare Tool | Small Businesses | Frequently Asked Questions (FAQs) | Find Help Near You

You may be eligible for Special Enrollment

If you experience a qualifying life event, such as a marriage, birth of a child, or loss of employer-sponsored health coverage, you may sign up for coverage within 60 days of the event in a special enrollment.

Special Enrollment

How do I use my coverage?

Congratulations on enrolling for health care coverage through Covered California. Find answers to many of your questions in this FAQ page on using your coverage.

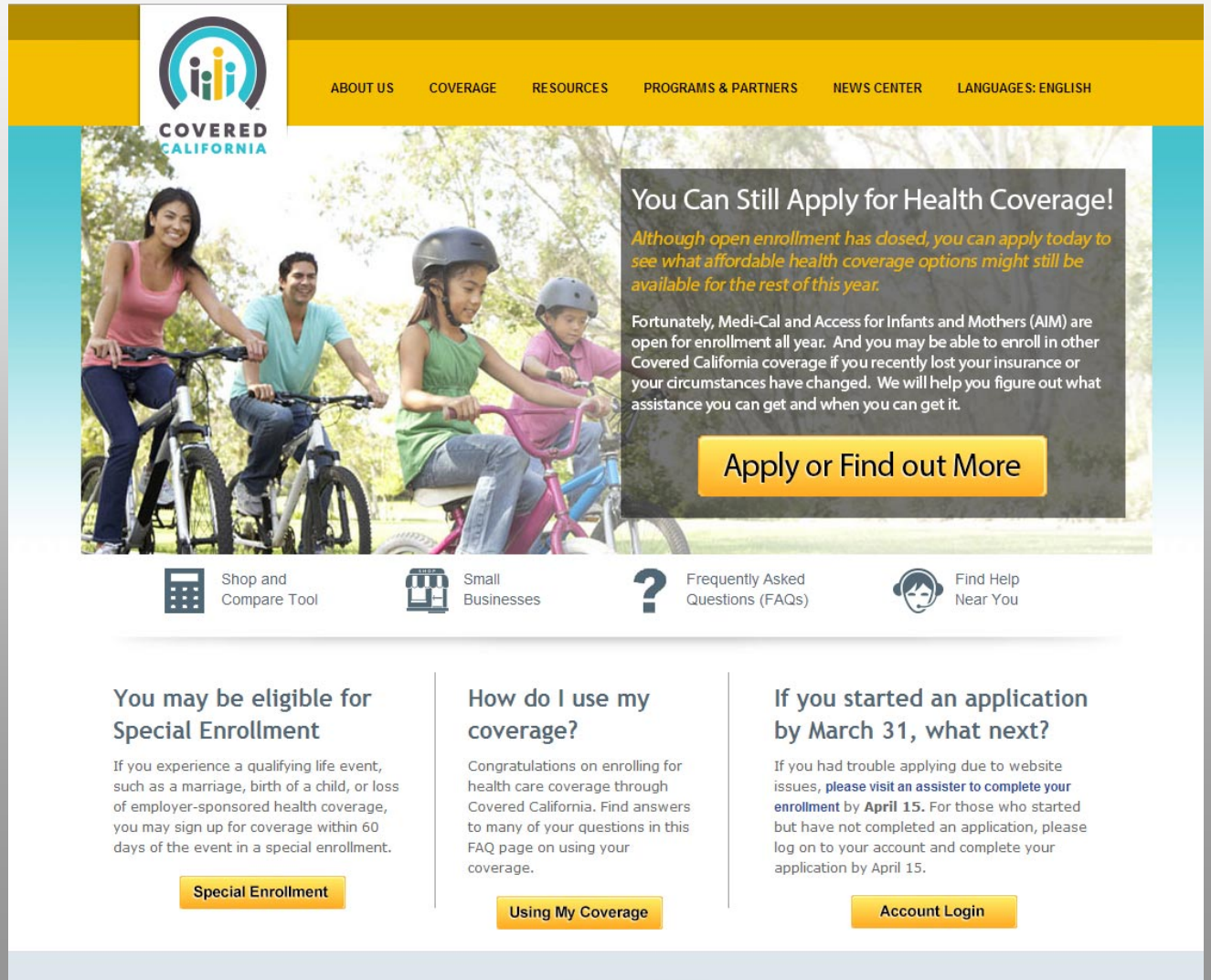
Using My Coverage

If you started an application by March 31, what next?

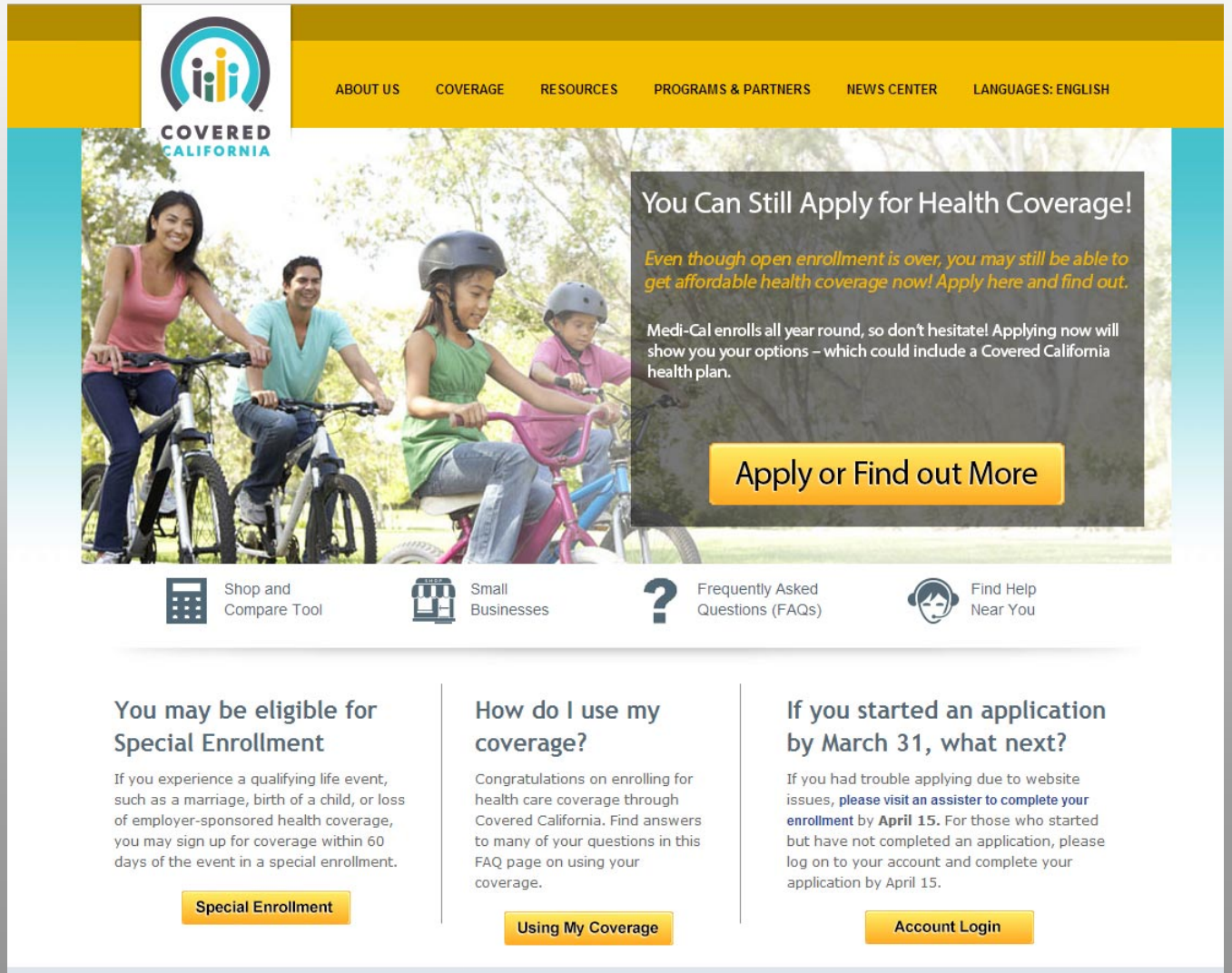
If you had trouble applying due to website issues, **please visit an assister to complete your enrollment** by **April 15.** For those who started but have not completed an application, please log on to your account and complete your application by April 15.

Account Login

CoveredCA.com Homepage Option 2



CoveredCA.com Homepage Option 3



CoveredCA.com Homepage Option 4

COVERED CALIFORNIA

DHCS
California Department of HealthCareServices

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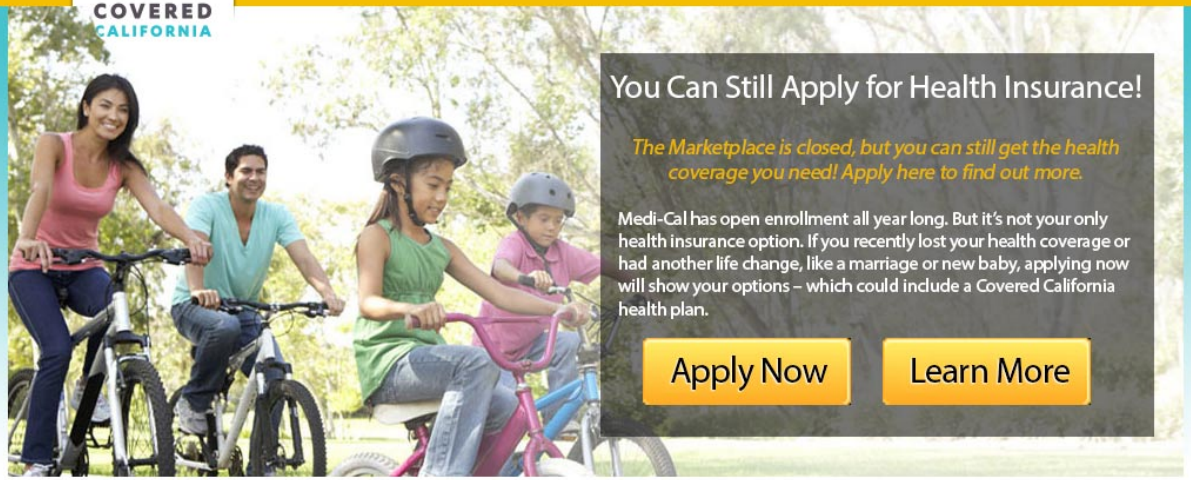
COVERED CALIFORNIA



You Can Still Apply for Health Insurance!

The Marketplace is closed, but you can still get the health coverage you need! Apply here to find out more.

Medi-Cal has open enrollment all year long. But it's not your only health insurance option. If you recently lost your health coverage or had another life change, like a marriage or new baby, applying now will show your options – which could include a Covered California health plan.

Apply Now | Learn More

Shop and Compare Tool | Small Businesses | Frequently Asked Questions (FAQs) | Find Help Near You

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Account Login

Apply for Benefits Page – R3.5.2

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DHCS California Department of HealthCareServices

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START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

START

Overview

Starting Questions

Consent For Verification

APPLY FOR BENEFITS

Starting Questions

Apply now to see if you are eligible for Medi-Cal or AIM for pregnant women or ongoing enrollment opportunities through Covered California. 1

Still need health insurance, but missed open enrollment? Did you lose your health insurance or have a big change in your life recently? You may be eligible for Covered California if you have a qualifying life event like getting married, having a baby or losing other coverage.

If none of these apply, don't worry, you should still apply, since you may be eligible for Medi-Cal, or AIM for pregnant women based on your income. Regardless of which life event you select, your application will still be reviewed for coverage through Medi-Cal and AIM.

If you want to see if you qualify for free or low cost plans, select "yes" on Question #1. You will answer questions about your income to see what help you qualify for. If you just want coverage without financial help, select "no."

1. Do you want to see if you qualify for free or low cost plans? * 2 Yes No

2. Do any of the following qualifying life events apply to you? * 3 4 Select One 5

3. Enter today's date or the date of your qualifying life event if you have one * 6 7 mm/dd/yyyy 8

4. How many members are in the household? 9 Select One

5. How did you hear about Covered California? 10 Select One

Drop Down Options
Lost my health insurance including Medi-Cal
Permanently moved to/within California
Had a baby
Adopted a child
Got married or entered into domestic partnership
Returned from active duty military service
Released from incarceration
Gained citizenship/lawful presence
American Indian/Alaskan Native
Other qualifying life event
None of the above

Application Signature – Consumer View – R4.3

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Gustav Hermannson
Account #: 0123456789
Case #: 9876543210

ELIGIBILITY

Application Review

Application Signature

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

APPLICATION SIGNATURE

Please read the following information and Electronically Sign your application below.

Special Enrollment

Do any of the following qualifying life events apply to you?* Select One

Reason for Other *

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

Maintaining your Verification

I understand that the Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later.

Maintain my consent for: 5 Years

☐ 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.

Application Signature for Reported Changes – Consumer View – R4.3

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ELIGIBILITY

Application Review

Application Signature

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

APPLICATION SIGNATURE FOR REPORTED CHANGES

Please read the following information and Electronically Sign your application below.

Special Enrollment

Do any of the following qualifying life events apply to you? Select One

Reason for Other

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

Your Changes

Type of Change	Member	Reason	Event Date
Add Household Member	Carl Smith Jr.	Birth	02/01/2014

☐ 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 per jury. 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.

Covered California requires that you certify Eligibility part of your application by

Application Signature for Reported Changes – SCR View - R4.3 – Option 1

Scenario: SCR View for Application Signature for Reported Changes

Return Administration

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START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

ELIGIBILITY

Application Review

Application Signature

APPLICATION SIGNATURE FOR REPORTED CHANGES

Please read the following information and Electronically Sign your application below.

Special Enrollment

Do any of the following qualifying life events apply to you?* Select One

Reason for Other
- QHP Provision
- Exchange Error
- Non-Exchange Entity Error
- QHP Decertification

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

Your Changes

Type of Change	Member	Reason	Event Date
Add Household Member	Carl Smith Jr.	Birth	02/01/2014

I know that I must report any changes to information on this application. For example, I

Application Signature for Reported Changes – SCR View - R4.3 – Option 2

Scenario: SCR View for Application Signature for Reported Changes

Return Administration

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ELIGIBILITY

Application Review

Application Signature

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

APPLICATION SIGNATURE FOR REPORTED CHANGES

Please read the following information and Electronically Sign your application below.

Special Enrollment

Do any of the following qualifying life events apply to you?* Select One

Reason for Other

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

This application qualifies for Special Enrollment as a result of a qualifying life event of misrepresentation or erroneous enrollment, QHP violating its contract, the misconduct on the part of a non-Exchange entity providing enrollment assistance or other exception circumstances.*

- **Yes**, this application qualfies for special enrollment
- **No,** this application does not qualfiy for special enrollment

Your Changes

Type of Change | Member | Reason | Event Date

Eligibility Results – SEP Eligible

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Case #: 9876543210

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

ELIGIBILITY RESULTS

Here are the programs you qualify for. To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

Choose Health Plan

Gustav Hermannson

Covered California Plan: Eligible

Premium Assistance: Eligible - Thank You. Choose a Health plan by clicking the button below.
Gustav Hermannson: Up to $1500 for 2014

You must select a plan within 60 days of the life event date. You must select a plan by 06/02/2014.

Not eligible for the following:
- Enhanced Silver Benefits
- Medi-Cal

Important Information & Options

Eligibility Determination Factors:
- Household income is in the APTC program limits.
- Household income is not in the Medi-Cal program limits.
- 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.

DHCS California Department of HealthCareServices

Eligibility Results – SEP Ineligible – Option 1

Scenario: Consumer submits new application and is determined ineligible due to Special Enrollment.

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Case #: 9876543210

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

ELIGIBILITY RESULTS

Here are the programs you qualify for. To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

Choose Health Plan

Beatrice Hermannson

Medi-Cal: Conditionally Eligible – You can visit a doctor this month. Please check your Manage Verification page to add additional details.

You are conditionally eligible. You must submit the following document(s) by July 13, 2014, or your Medi-Cal benefits will be discontinued:

- Proof of California Residency

Submit Documents

Important Information & Options

Eligibility Determination Factors

- Household income is in the Medi-Cal program limits.
- California residency must be verified
- 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

Eligibility Results – SEP Ineligible – Option 2

Scenario: Consumer submits a new application and is determined ineligible due to Special Enrollment.

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Gustav Hermannson
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START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

ELIGIBILITY RESULTS

Here are the programs you qualify for. To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

Choose Health Plan

Beatrice Hermannson

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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

Eligibility Results – SEP Eligible
Report a Change

Scenario: Consumer submits report a change and is determined ineligible due to not having a Special Enrollment Reason or the life event was reported after 60 days. The eligibility results are not updated.

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Gustav Hermannson
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Case #: 9876543210

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

ELIGIBILITY RESULTS

Here are the programs you qualify for. To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

Choose Health Plan

Gustav Hermannson

This is a Special Enrollment Period and you are not eligible to select a plan. Below is your results if you were eligible. Please come back in September for Open Enrollment or when you have a qualifying life event.

Covered California Plan: Eligible

Premium Assistance: Eligible - Thank You. Choose a Health plan by clicking the button below.
Gustav Hermannson: Up to $1500 for 2014

Not eligible for the following:
- Enhanced Silver Benefits
- Medi-Cal

Important Information & Options

Eligibility Determination Factors:
- Household income is in the APTC program limits.
- Household income is not in the Medi-Cal program limits

Enrollment Introduction – SEP Eligible

Scenario: Consumer is eligible for the Special Enrollment Period and proceeds to Plan Selection.

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Gustav Hermannson
Account #: 0123456789
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ENROLLMENT

- Introduction
- Plan Selection
- Summary

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD ENROLLMENT INTRODUCTION

Members of your household are eligible 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.

You must choose a health plan before insurance coverage can begin. You have until 06/02/2014.

To start, click "Choose Health Plan" for one of the programs below. When you finish that program, you will come back to this page to go to the next program.

Persons	Program	Plan	Carrier Website Address
Gustav Hermannson	Covered California Plan with premium assistance (a federal tax credit)/ cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance)	Choose Health Plan	No plan has been selected
Beatrice Hermannson	Medi-Cal	You will receive information about your Medi-Cal benefits by your preferred communication method.	No plan has been selected

Enrollment Introduction – SEP Eligible

Scenario: Consumer is ineligible for Special Enrollment Period.

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START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

ENROLLMENT

- Introduction
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Persons	Program	Plan	Carrier Website Address
Gustav Hermannson	Covered California Plan with premium assistance (a federal tax credit)/ cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance)	You have exceeded the 60 days from the life event to select a plan.	No plan has been selected
Beatrice Hermannson	Medi-Cal	You will receive information about your Medi-Cal benefits by your preferred communication method.	No plan has been selected