

**California Healthcare Eligibility, Enrollment and
Retention System (CalHEERS)
Design Phase**

**Renewals
Portal System Design**

Version 0.11

July 9, 2014

Document History

| Date | Version | Revision Description | Author |
|---------|---------|---|-----------------|
| 6/15/14 | v0.1 | Initial Draft | Kimberly Newsum |
| 6/22/14 | V0.2 | Added page level descriptions to all pages Incorporated text edits provided from Feedback across all pages. Added page flow Added Pending Eligible and Conditionally Eligible 'Renewal Results' page examples. | Kimberly Newsum |
| 6/25/14 | V0.3 | Incorporated text feedback to the below pages <ul style="list-style-type: none"> - Individual Home Logged In – Renew - Renewal Summary - Renewal Signature - Renewal Results Updated design of 'Individual Home Logged In – Renew' Removed 'Changes Made Pop-Up' Removed 'Update Consent for Verification' and created new document | Kimberly Newsum |
| 6/26/14 | V0.4 | Incorporated text feedback to the below pages: <ul style="list-style-type: none"> - Individual Home Logged In – Renew - Renewal Results Updated order of sections on the Renewal Summary page | Kimberly Newsum |
| 6/27/14 | V0.5 | Incorporated text feedback to the below pages: <ul style="list-style-type: none"> - Individual Home Logged In – Renew - Renewal Summary - Renewal Results | Kimberly Newsum |
| 6/27/14 | V0.6 | Incorporated text feedback to the below pages: <ul style="list-style-type: none"> - Renewal Summary - Renewal Results | Kimberly Newsum |
| 6/27/14 | V0.7 | Updated to include renewals homepage logic chart | Kimberly Newsum |
| 7/1/14 | V0.8 | Updated 'Renewal Summary' page level | Kimberly Newsum |

| | | | |
|--------|-------|--|-----------------|
| | | text by removing 'view' Updated 'Renewal Signature' page with updated penalty of perjury language provided by CoveredCA | |
| 7/2/14 | V0.9 | From 'Individual Home Logged In – Renew', removed reference to navigating to 'Update Consent for Verification' from annotation #6 and #10 From section 3.3.2, annotation #12, updated for date to be 34 days from generation of eligibility projection notice | Kimberly Newsum |
| 7/3/14 | V0.10 | Updated '3.3 Renewal Signature' Wireframe and Annotation #11 | Kimberly Newsum |
| 7/9/14 | V0.11 | Updated page flow – yes/no arrow boxes Removed assumption #3 Revised assumption #4 | Hilary Nguyen |

Approval History

| Date | Approval E-mail | Approver | Organization |
|------|-----------------|----------|--------------|
| | | | |
| | | | |

Review History

| Date | Review Confirmation E-mail | Reviewer | Organization |
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1. INTRODUCTION

1.1. SCOPE

This System Design Document outlines the changes for Renewals in comparison to the solution already in Production. The foundation for this design is captured in the approved design as part of Deliverable 22e.

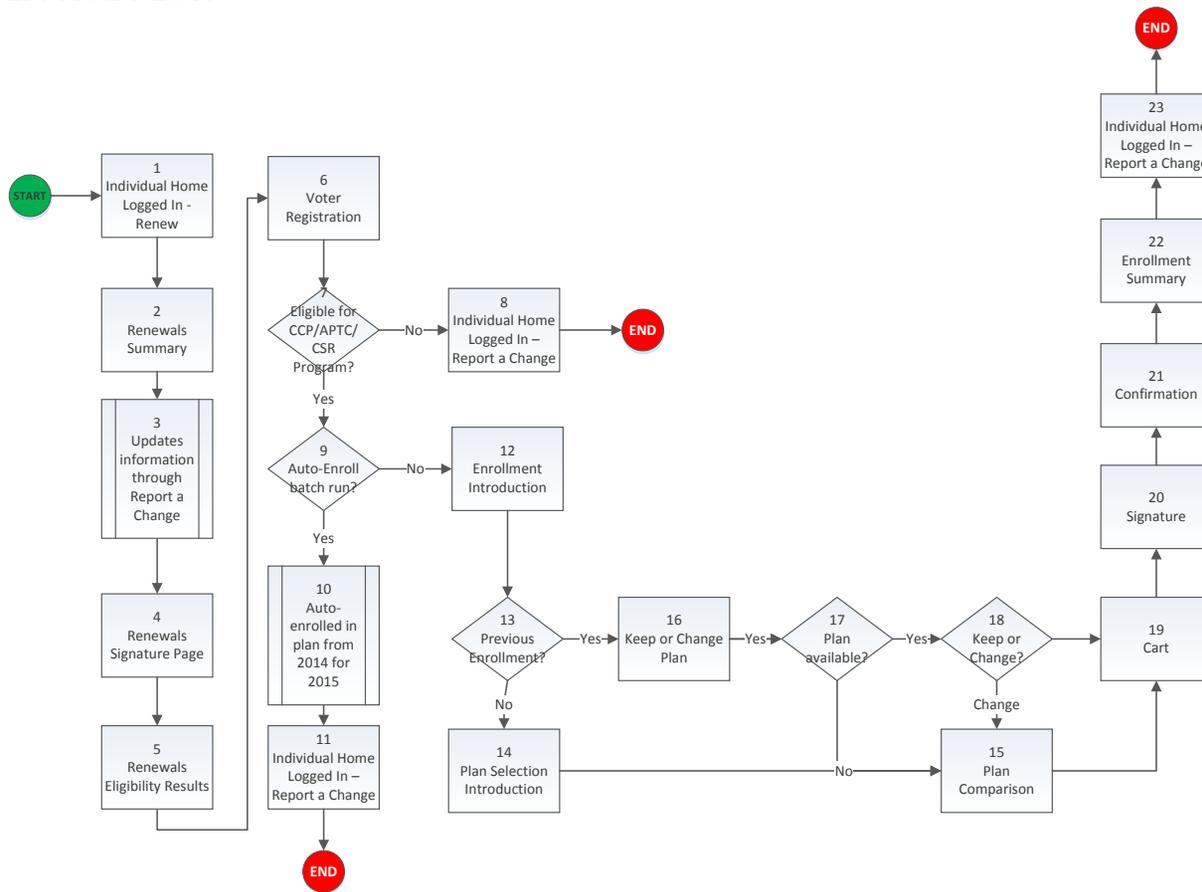
1.2. ARTIFACT UPDATES

Once approved, this document will become the official design artifact for CalHEERS Renewals Portal Design. Any document updates and/or design changes will require a Change Request and will have to go through the proper CCB process.

1.3. ASSUMPTIONS

| # | Assumption |
|---|---|
| 1 | This document captures the design for CalHEERS Renewals Portal Design only |
| 2 | A separate design artifact will be created for any other Renewals system feature including batch jobs, business processes, notices and reports and will be distributed for approval by CalHEERS. |
| 3 | |
| 4 | For mixed household cases, CalHEERS or SAWS will initiate the renewal process. Business process will be implemented by DHCS and Covered CA for county workers and/or service center reps. to finalize the renewal for the entire case once all individuals in the case have been evaluated for all eligible Covered CA or MAGI Medi-Cal programs. |

2. PAGE FLOW



3. RENEWALS PORTAL DESIGN

3.1. INDIVIDUAL HOME LOGGED IN – RENEW

During the renewals time period, when a consumer logs into CalHEERS, this page will guide the consumer to complete the renewals process. This page will display for the duration of the respective renewal time period and renewal population for Covered California and MAGI Medi-Cal cases.

For Covered California Programs, this page will be displayed based on the following criteria:

- Renewal Time Period: October 1 – December 15
- Renewal Population: Consumers who previously submitted an application through the Exchange and received an eligibility determination of CCP, APTC, CSR
- The consumer will see the welcome page with the renew button when the CCP/APTC/CSR consumer logs into the CalHEERS access channel starting October 1st.
- Once the consumer completes the renewal process and enrolls in a health plan, the welcome page will display the Report a Change button.

For MAGI Medi-Cal, this page will be displayed based on the following criteria:

- Renewal Time Period:
 1. Upon initial release of CalHEERS Renewal functionality for cases that meet the criteria of renewal population below.
 2. Ongoing thereafter only for MAGI Medi-Cal beneficiaries being evaluated by SAWS and sent to CalHEERS for renewal.
- Renewal Population: All MAGI Medi-Cal cases initiated by SAWS and sent to CalHEERS for renewal.
- The Medi-Cal beneficiary will see the welcome page with the Renew button when SAWS initiates the ex-parte process and sends the transaction to CalHEERS with a run reason of 'RE' or 'RM' and no disposition is included.
- The Medi-Cal beneficiary will see the welcome page with the Report a Change button when SAWS initiates the ex-parte process and sends the transaction to CalHEERS with a run reason of 'RE' or 'RM' and a disposition is included.

3.1.1. WIREFRAME DESIGN



COVERED CALIFORNIA

Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)

Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#) | 

LEARN

PREVIEW PLANS

APPLY

RENEW

Welcome, Gustav

It's time to renew your coverage. 1



Covered California Renewal 2

It's time to renew your coverage for 2015. You need to confirm your information and plan selection for 2015.

Step 1: Check your Information

Make sure your information is correct by 3

Make sure your information is correct by 4 5 get the coverage that's right for you.

Step 2: Enroll in a Plan

You can stay in your current plan or compare rates and shop for a new plan. If you do not 6 use a new plan by 7 we will keep you in your current plan.

Renew 8

Medi-Cal Renewal 9

For Medi-Cal, to make sure you or your family continue to have Medi-Cal coverage, you must confirm if there are any changes to the information we have about your household. You can do this by completing this process online and uploading documents that show your most current information for information that is missing or has changed. You can also complete the renewal form you will receive and send documents to your county, or renew by phone or in person at your 10 [county human services agency](#).

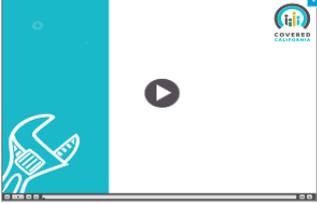
Renew 11

ANNOUNCEMENTS 12

| | |
|-----|------------|
| TBD | 10/28/2014 |
| TBD | |

[View All Announcements](#)

RENEW YOUR COVERED CALIFORNIA COVERAGE 13



Keeping you and your family covered is important. Watch the video tutorial to see how we will guide you through the 14 [steps](#) to renew your coverage, or click 15 [Renew](#).

ACTIONS

- [Update Consent for Verification](#) 16
- [Withdraw Application](#)
- Report a Change
- Continue Change Report
- Withdraw Change Report
- Select Health/ Dental Plan
- Terminate Participation
- [Manage Verification](#) 17
- Enter Access Code
- Request Exemption
- Submit/Manage Appeal

RESOURCES

- [Manage Delegates](#)
- [Download PDF Application](#)
- [Get Adobe PDF Reader](#)

MORE OPTIONS

- [Authorized Representative](#)
- [Register to Vote](#)

DID YOU KNOW? 18

Covered California offers the same high-quality health plans available on the private market today. But Covered California is the only place where you can get financial help from the federal government to lower your cost of insurance. 19

Medi-Cal provides no or low cost health coverage through health plans with the same benefits as Covered California. Medi-Cal emphasizes prevention oriented health care and works to assure that members receive the right care at the right time.

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3.1.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|---|------|-----------|------------|---|--|--------------|
| 1 | Banner Text | Text | N/A | N/A | Display text when in renew mode. | It's time to renew your coverage. | |
| 2 | Covered California Section Header | Text | N/A | N/A | Display text when in renew mode. | Covered California Renewal | |
| 3 | Covered California Renewal Informational Text | Text | N/A | N/A | Display text when in renew mode. | <p>It's time to renew your coverage for 2015. You need to confirm your information and plan selection for 2015.</p> <p>Step 1: Check your Information Make sure your information is correct by <mm/dd/yy> to get the coverage that's right for you.</p> <p>Step 2: Enroll in a Plan You can stay in your current plan or compare rates and shop for a new plan. If you do not choose a new plan by <mm/dd/yy> we will keep you in your current plan.</p> | |
| 4 | Last Day to Update Renewal Information | Text | N/A | N/A | <ol style="list-style-type: none"> 1. Display date of last day to update case information before the BAT10 is triggered 2. Display date in mm/dd/yy format. | N/A | |
| 5 | Last Day for active plan selection | Text | N/A | N/A | <ol style="list-style-type: none"> 1. Display the last day for a consumer to complete plan selection before the BAT08 is triggered to auto enroll the consumer in their current plan 2. Display date in mm/dd/yy format | N/A | |

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|----|--------------------------------------|-------|-----------|------------|--|--|--------------|
| 7 | Medi-Cal Renewal Text | Text | N/A | N/A | Display text when in renewals mode. | Medi-Cal Renewal | |
| 8 | Medi-Cal Renewal description Text | Text | N/A | N/A | Display text when in renewals mode. | To make sure you or your family continue to have Medi-Cal coverage, you must update and verify the information we have about your household. You can complete this process online by telling us what your information is and uploading documents that show your most current information. You can also do this by completing the renewal form you will receive from your county and returning it, along with verification documents, to your county human services agency. | |
| 9 | Link to county human services agency | Link | N/A | N/A | On click of 'county human services agency', navigate to: http://www.dhcs.ca.gov/services/med-cal/Pages/CountyOffices.aspx | county human services agency | |
| 11 | Announcements Text | Text | N/A | N/A | Display text when in renewals time period. | TBD | |
| 12 | Update Consent for Verification Link | Link | N/A | N/A | On click navigate to the 'Update Consent for Verification' page | Update Consent for Verification | |
| 13 | Manage Verification | Link | N/A | N/A | On click, navigate to the 'Manage Verifications' page | Manage Verification | |
| 14 | Video Header | Text | N/A | N/A | Display text when in renewals mode | Renew Your Covered California Coverage | |
| 15 | Training Video | Video | N/A | N/A | Training Video for renewals | N/A | |

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|----|-------------------------------|------|-----------|------------|---|---|--------------|
| 16 | Video Description Text | Text | N/A | N/A | Display text when in renewals mode | Keeping you and your family covered is important. Watch the video tutorial to see how we will guide you through the steps to renew your coverage, or click Renew . | |
| 17 | Renew | Link | N/A | N/A | <ol style="list-style-type: none"> 1. If Consent for Verification is not valid for the current benefit year, navigate to 'Update Consent for Verification' 2. If eligibility has not been finalized, navigate to 'Renewal Summary' 3. If eligibility has been finalized and plan selection has not been confirmed, navigate to 'Enrollment Introduction' | Renew | |
| 18 | Did You Know? Header | Text | N/A | N/A | Display text when in renewals mode | Did You Know? | |
| 19 | 'Did You?' know detailed text | Text | N/A | N/A | Display text when in renewals mode | <p>Covered California offers the same high-quality health plans available on the private market today. But Covered California is the only place where you can get financial help from the federal government to lower your cost of insurance.</p> <p>Medi-Cal provides no or low cost health coverage through health plans with the same benefits as Covered California. Medi-Cal emphasizes prevention oriented health care and works to assure that members receive the right care at the right time.</p> | |

3.1.3. BUTTONS

| # | Label | Action | Button Behavior |
|----|-------|----------|---|
| 6 | Renew | On Click | <ol style="list-style-type: none">1. If eligibility has not been finalized, navigate to 'Renewal Summary'2. If eligibility has been finalized and plan selection has not been confirmed, navigate to 'Enrollment Introduction' |
| 10 | Renew | On Click | <ol style="list-style-type: none">1. If eligibility has not been finalized, navigate to 'Renewal Summary'2. If eligibility has been finalized and plan selection has not been confirmed, navigate to 'Enrollment Introduction' |

3.1.4. PAGE DISPLAY LOGIC

These are the rules for how the system will determine what welcome page the consumer will see after logging in successfully with their username and password. For further information, please refer to the Renewal Home Page Logic Chart located in [4. Appendix A – Renewal Home Page Logic Chart](#).

| Page Display | Trigger | System Mode | Comments |
|--------------|--|--------------|----------|
| Renew | <p>When user successfully logs into CalHEERS, the system will check the individual's profile and determine if the following conditions are met to display the Renew Home Page:</p> <ul style="list-style-type: none"> • Individual's current program is CCP/APTC/CSR AND run reason is RE • Individual's current program is Medi-Cal AND run reason is either RE or RM AND disposition is NO. • Individual's current program is Mixed AND run reason is RE or RM AND disposition is NO. | Renewal Mode | |

| Page Display | Trigger | System Mode | Comments |
|--------------------|--|---------------|----------|
| Report a Change | <p>When user successfully logs into CalHEERS, the system will check the individual's profile and determine if the following conditions are met to display the Report a Change page:</p> <ul style="list-style-type: none"> • Individual's current program is CCP/APTC/CSR AND run reason is RM and 2015 plan has been selected • Individual's current program is Medi-Cal AND run reason NOT RE or RM • Individual's current program is Medi-Cal AND run reason RE or RM AND disposition is YES • Individual's current program is Mixed AND run reason is RE Or RM AND disposition is YES. | Maintain Mode | |
| Choose Health Plan | <p>When user successfully logs into CalHEERS, the system will check the individual's profile and determine if the following conditions are met to display the Choose Health Plan page:</p> <ul style="list-style-type: none"> • Individual's current program is CCP/APTC/CSR AND run reason is RM and 2015 plan has not been selected. • Individual's current program is Mixed AND run reason is RE Or RM AND disposition is YES and 2015 plan has not been selected. | Apply Mode | |

3.2. RENEWAL SUMMARY

Consumers review their most recent case data prior to submitting for a final renewal eligibility determination. Consumers have the ability to navigate to the page requiring updates by clicking the corresponding 'Edit' button.

The below view is the page display on page load.

3.2.1. WIREFRAME DESIGN

Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)
 Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#) | [🌐](#) | [🖨️](#)

LEARN PREVIEW PLANS **APPLY** MAINTAIN

Gustav Hermansson
Case #: 9876543210

ELIGIBILITY

Renewals Summary

Signature for Renewal

SUMMARY
 HOUSEHOLD
 PERSONAL DATA
 INCOME
 ELIGIBILITY
 ENROLLMENT

RENEWAL SUMMARY ² [Cancel all changes](#) ¹ ³ [?](#)

1. Review the information below
 Below you will see the information we have for you. Please review this information carefully. Make sure to update any information that changed about your household, your income or your address. Changes can affect whether you qualify for Medi-Cal or help paying for your health insurance through Covered California.

To make changes, click the Edit button next to the section you want to change.

2. Click 'Continue' to review and approve your renewal information
 On the next page you will see the programs you will be eligible for this upcoming year.

For your Medi-Cal renewal, you may need to provide verification of income or other items.

Household

| | | |
|----------|---------------------|----------------------|
| Member 1 | Gustav Hermansson | Edit |
| Member 2 | Beatrice Hermansson | |

Household Income

| | | |
|--------------------------|------------|----------------------|
| Employment Income | \$ 3500.00 | Edit |
| Self - Employment Income | \$ 0.00 | |
| Other Income | \$ 0.00 | |
| Deductions Claimed | \$ 0.00 | |

Household Member

| | | |
|---|-------------------|----------------------|
| Name | Gustav Hermansson | Edit |
| Does this person want health insurance? | Yes | |
| Gender | Male | |
| Date of Birth | 04/18/1980 | |
| Social Security number | ***-**-7740 | |
| US Citizen | Yes | |

Application Type

| | |
|--|--------------------|
| Want help paying for insurance? | Yes |
| SHOP Employer Coverage | No |
| How did you hear about Covered California? | No |
| Apply for | Self and Household |

▼ Primary Contact

| | | |
|----------------------------|--|-------------------------------------|
| Name | Gustav Hermansson | <input type="button" value="Edit"/> |
| Phone Number | (512)732-5348 | |
| Work Phone Number | | |
| Extension | | |
| Cell Phone Number | | |
| Email | | |
| Contact Address | 17806 Lake Carlton Drive Sacramento, CA 99345 | |
| Receive Notices by | Mail | |
| Preferred Written Language | English | |
| Preferred Spoken Language | English | |

▼ Family Relationships

| | | | |
|---------------------|--------------|---------------------|-------------------------------------|
| Gustav Hermansson | Husband/Wife | Beatrice Hermansson | <input type="button" value="Edit"/> |
| Beatrice Hermansson | Husband/Wife | Gustav Hermansson | |

- [▶ Gustav Hermansson - Demographic Data](#)
- [▶ Tax Information - Gustav Hermansson](#)
- [▶ Health Care - Gustav Hermansson](#)
- [▶ Gustav Hermansson - Optional Information](#)

⁴ ⁵ ⁶

3.2.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|-------------------------|------|-----------|------------|---|---|--------------|
| 1 | Cancel all changes | Link | N/A | N/A | On click, cancels renewal mode. | Cancel all Changes | |
| 2 | Page Header | Text | N/A | N/A | Display header text as 'Renewal Summary' if this is for a renewal | Renewal Summary | |
| 3 | Top of Page Inline Text | Text | N/A | N/A | N/A | <p>1. Review the information below. Below you will see the information we have for you. Please review this information carefully. Make sure to update any information that changed about your household, your income or your address. Changes can affect whether you qualify for Medi-Cal or help paying for your health insurance through Covered California. To make changes, click the Edit button next to the section you want to change.</p> <p>2. Click 'Continue' to review and approve your renewal information On the next page you will see the programs you will be eligible for this upcoming year. For your Medi-Cal renewal, you may need to provide verification of income or other items.</p> | |

3.2.3. BUTTONS

| # | Label | Action | Button Behavior |
|---|----------------------|----------|--|
| 4 | Save & Exit | On Click | On Click, navigate to the 'Individual Home Logged In - Renew' page |
| 5 | Continue | On Click | On click, navigate to 'Signature for Renewal' page |
| 6 | Add Household Member | On Click | On click, navigate to a new 'Household Member' page |

3.3. RENEWAL SIGNATURE

If any changes were made to the case, the consumer must review, provide a reason and event date for each change. In order to receive an eligibility result, Consumers must agree to the penalty of perjury, provide signature and PIN to navigate to the Eligibility Results page.

3.3.1. WIREFRAME DESIGN

Customer Service 1-800-123-4567 | Online Chat | Find Help Near You | Help
Hello Gustav | My Profile | Log Out | Secure Mailbox (3) | AAA | Español

LEARN PREVIEW PLANS **APPLY** MAINTAIN

Gustav Hermansson
Case #: 9876543210

ELIGIBILITY

Renewal Summary

Signature for Renewal

SIGNATURE FOR RENEWAL

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

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

- I've provided true answers to all 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 the <next benefit year> benefit year
- I know that if I'm not truthful, there may be a penalty
- I agree to notify Covered California of changes in my information or the information of any member(s) of my tax household, by <due date>. If your information has changed, and you did not tell us yet, [click here](#).
- I understand that I must sign this page and provide my PIN number below to complete my renewal process
- I understand that if I do not complete the renewal process for my household, any household member currently enrolled in a Covered California plan, including myself, that is not eligible to remain in their current plan may experience a break in health insurance coverage.

Electronic Signature *

PIN * [Forgot PIN](#)

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.

Back Save & Exit Submit

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3.3.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Business Rule | English | Spanish |
|---|--|-------------------|-----------|------------|--|-----------------------------------|--------------|
| 1 | Conditional panel | Conditional Panel | No | No | If during renewals and no changes are detected, do not display link. | | |
| 2 | Cancel all changes | Link | Yes | N/A | 1. On click of the link: 1a) Display a popup dialog 'All changes made will be lost. Are you sure to cancel all the updates made?' with YES and NO option. 1a(i) On click of YES option, close the popup dialog, back out all changes recorded by the user in the current session and remain on "Application Signature for Reported Changes" page. 1a(ii) On click of NO option, close the popup dialog and remain on "Application Signature for Reported Changes" page. | Cancel all changes | Use existing |
| 3 | Page Text | Text | No | No | If during renewals display 'Signature for Renewal'. If for report a change display 'Application Signature for Reported Changes' | Signature for Renewal | |
| 4 | Section displays all "Report a Change" changes made by the user. | Section | Yes | N/A | 1. Each row will display only one 'Type of Change'. 2. Each row is unique using values, "Type of Change", "Member", "Reason" 3. The same 'Type of Change' can repeat across rows. 4. The same 'Member' can repeat across rows. 5. The same 'Reason' can repeat across rows. | N/A | N/A |
| 5 | Type of Change | Text Field | Yes | N/A | 1. Type of Change is a read-only field. 2. The type of change is systematically identified by checking if a value was changed. | The type of change the user made. | Use existing |

| # | Label | Type | Required? | Validation | Business Rule | English | Spanish |
|---|--------|----------------|-----------|------------|--|--|--------------|
| | | | | | 1a. If a value was changed, the system will determine the 'Type of Change' based on the specific value changed. | | |
| 6 | Member | Text Field | Yes | No | 1. Member is a read-only field. | The member who was impacted by the type of change. | Use existing |
| 7 | Reason | Drop Down List | Yes | N/A | <p>Requirements: Met By: BR76, BR77, BR125, BR317</p> <p>Reason is required.</p> <p>1. The available Reason list options are a sub-category to that row's Type of Change.</p> <p>2. If "Type of Change" and "Member" are displayed, and no Reason is entered, a Reason is required.</p> <p>3. Display reason for the specific change type:</p> <p>3a. Add Household Member</p> <p>3a(1). Marriage</p> <p>3a(2). Adoption</p> <p>3a(3). Birth</p> <p>3a(4). Move-in to the household</p> <p>3b. Remove Household Member</p> <p>3b(1). Death</p> <p>3b(2). Incarceration</p> <p>3b(3). Obtained Other Health Coverage</p> <p>3b(4). Divorced</p> <p>3b(5). Moved out of Household</p> <p>3b(6). No Longer a Tax Dependent</p> <p>3c. Incarceration Status</p> <p>3c(1). Incarcerated</p> <p>3c(2). No Longer Incarcerated</p> <p>3d. Health Status Change</p> <p>3d(1). Declare blind</p> <p>3d(2). Declare sighted</p> <p>3d(3). Declare disabled</p> <p>3d(4). Declare abled</p> <p>3d(5). Pregnancy</p> <p>3d(6). Pregnancy Ended</p> <p>3e. Change in Health Coverage</p> <p>3e(1). Lost Other Insurance</p> | The reason for the change, which is based on the 'Type of Change'. | Use existing |

| # | Label | Type | Required? | Validation | Business Rule | English | Spanish |
|---|-------|------|-----------|------------|--|---------|---------|
| | | | | | 3e(1). Gain Other Insurance 3e(1). Lost Medicare Benefits 3e(1). Gain Medicare benefits 3e(1). Lost Medi-Cal Benefits 3e(1). Gain Medi-Cal Benefits 3e(1). Lost Employer Coverage 3e(1). Gained Employer Coverage 3e(1). No longer affordable 3e(1). Loss of MEC 3f. Citizenship / Immigration Status Change 3f(1). Renounce Citizenship 3f(2). Gain Citizenship 3f(3). Became Lawfully Present 3f(4). Undocumented 3g. Name Change 3g(1). Married 3g(2). Divorced 3g(3). Other 3h. Household Contact Information Change 3h(1). Moved 3h(2). Other 3i. Income Change - Employment Income 3i(1). Job ended 3i(2). New job 3i(3). Increase in earnings 3i(4). Decrease in earnings 3i(5). Earnings stopped 3j. Income Change - Self-Employment Income 3j(1). Decrease in income 3j(2). Increase in income 3j(3). Self Employment began 3j(4). Self Employment ended 3k. Income Change - Other Income 3k(1). Alimony received 3k(2). Canceled debts 3k(3). Capital gains 3k(4). Court awards 3k(5). Farming or fishing income 3k(6). Gain Social Security benefits 3k(7). Gain Unemployment benefits 3k(8). Gifts | | |

| # | Label | Type | Required? | Validation | Business Rule | English | Spanish |
|----|----------------------------------|---------------------|-----------|---|--|---|--------------|
| | | | | | 3k(9). Insurance Settlement 3k(10). Investment income 3k(11). Jury duty pay 3k(12). Lost American Indian / Alaskan Native income 3k(13). Lost Educational Scholarships scholarship 3k(14). Lost Social Security benefits 3k(15). Lost Unemployment benefits 3k(16). New American Indian / Alaskan Native income 3k(17). New Educational Scholarships scholarship 3k(18). Other 3k(19). Rental or royalty income 3k(20). Retirement/pension 3k(21). Winnings (Lottery, Gambling) 3l. Income Change - Deductions 3l(1). Alimony Paid 3l(2). Student loan interest 3l(3). Other 3m. Miscellaneous Information Change 3m(1). Federally Recognized Tribe Member 3m(2). Other | | |
| 8 | Event Date | Textbox | Yes | 1. Date field only. 2. Date field format: mm/dd/ccyy | 1. If "Type of Change" and "Member" are displayed, and no event date is entered, an event date is required. | | |
| 9 | Acceptance Statement | Check Box | Yes | N/A | 1. Display the box as unchecked 2. Enable 'Submit' button only when the user has checked the box 3. Disable 'Submit' button under all other circumstances | 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. | Use existing |
| 10 | Acceptance Statement Conditional | Conditional Section | Yes | N/A | Display Section for Individual, Agent, CEC, PBE users | | |

| # | Label | Type | Required? | Validation | Business Rule | English | Spanish |
|----|-------------------------------|-----------|-----------|------------|---|--|---------|
| | (Individual Consumer) | | | | | | |
| 11 | Acceptance Statement Checkbox | Checkbox | Yes | Yes | N/A | <p>I declare under penalty of perjury that the following statements are true and correct:</p> <ul style="list-style-type: none"> I've provided true answers to all 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 the <next benefit year> benefit year I know that if I'm not truthful, there may be a penalty I agree to notify Covered California of changes in my information, or the information of any member(s) of my tax household, by <due date>. If your information has changed, and you did not tell us yet, click here I understand that I must sign this page and provide my PIN number below to complete my renewal process I understand that if I do not complete the renewal process for my household, any household member currently enrolled in a Covered California plan, including myself, that is not eligible to remain in their current plan may experience a break in health insurance coverage. | |
| 12 | Benefit Year | Year Text | No | No | <ol style="list-style-type: none"> Display benefit year for renewal Display year in YYYY format | | |

| # | Label | Type | Required? | Validation | Business Rule | English | Spanish |
|----|---|---------------------|-----------|--|---|--|--------------|
| 13 | Last date to provide updates to eligibility determination | Date | N/A | N/A | 1. Display date 34 days from generation of projected eligibility notice 2. Display in mm/dd/yyyy format | | |
| 14 | Link to Renewal Summary page | Link | N/A | N/A | On click navigate to the 'Renewal Summary' page | click here | |
| 15 | Electronic Signature | Textbox | Yes | 1. Allow alphanumeric values only | 1. Prepopulate 'Type your full name' text 2. Prepopulated text shall be cleared when the user control is on the textbox | Type your full name | Use existing |
| 16 | PIN | Textbox | Yes | 1. PIN value keyed in the textbox shall equal the PIN value created by the user in the user account creation process | 1. Prepopulate 'Type your PIN' text 2. Prepopulated text shall be cleared when the user control is on the textbox 3. Display error message when the PIN value keyed by the user does not match the PIN value created during user account creation process | Type your PIN | Use existing |
| 17 | Forgot PIN Link | Link | No | NA | 1. Navigate to 'Maintain Profile Information' page on click of the link | Forgot PIN | Use existing |
| 18 | Conditional Display | Conditional Display | No | N/A | 1. If user type is SCR or CEW display section 2. Display 'Penalty of Perjury Checkbox question | N/A | N/A |
| 19 | Penalty of Perjury | Checkbox | Yes | N/A | If checkbox is not checked, do not enable the 'Submit' button | 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. | Use existing |

3.3.3. BUTTONS

| # | Label | Action | Button Behavior |
|----|-------------|----------|--|
| 20 | Back | On Click | 1. Navigate to 'Renewals Summary' page |
| 21 | Save & Exit | On Click | 1. Display 'Save & Exit' pop-up |
| 22 | Submit | On Click | 1. Navigate to 'Renewals Eligibility Results' page |

3.4. RENEWAL ELIGIBILITY RESULTS – CCP/APTC

Page displays renewal eligibility results for a consumer. This example shows a household determined eligible for CCP and APTC programs.

3.4.1. WIREFRAME DESIGN

The wireframe shows a user interface for the 'RENEWAL ELIGIBILITY RESULTS' page. At the top, there is a navigation bar with the Covered California logo, user information (Hello Gustav), and links for My Profile, Log Out, Secure Mailbox (3), AAA, Español, and a help icon. Below the navigation bar is a progress indicator with six steps: SUMMARY, HOUSEHOLD, PERSONAL DATA, INCOME, ELIGIBILITY, and ENROLLMENT. The first four steps are marked with green checkmarks, and the fifth step, ELIGIBILITY, is highlighted in yellow. A 'RENEWAL RESULTS' section follows, containing a summary of health care programs and a 'Renew Health Plan' button. Below this is a detailed breakdown of eligibility for Gustav Hermansson, including Covered California Plan, Premium Assistance to lower your monthly bill, and a list of programs not eligible for. The page also includes sections for Important Information & Options, Appeal Decision, and Referral to Other Programs.

Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)
Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#) |

LEARN PREVIEW PLANS **APPLY** MAINTAIN

Gustav Hermansson
Case #: 9876543210

✓ SUMMARY ✓ HOUSEHOLD ✓ PERSONAL DATA ✓ INCOME ELIGIBILITY ENROLLMENT

RENEWAL RESULTS

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.

[Renew Health Plan](#)

Gustav Hermansson

Covered California Plan: Eligible

Premium Assistance to lower your monthly bill: Eligible
Gustav Hermansson, Beatrice Hermansson: Up to \$1500 for 2015

Not eligible for the following:

- Enhanced Silver Benefits
- Medi-Cal

Important Information & Options

Eligibility Determination Factors:

- Household income is in the Covered California premium assistance limits
- Household income is not in the Medi-Cal 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 the decision is incorrect, you have the right to ask for a hearing. You must ask for a hearing within 90 days after receiving your Notice of Action.
[Appeal Decision](#)

Referral to Other Programs
You may qualify for other benefit programs. We can send your information to your county social service office to find out if you do.
[View Other Programs](#)

Beatrice Hermansson

Covered California Plan: Eligible

Premium Assistance to lower your monthly bill: Eligible

Gustav Hermansson, Beatrice Hermansson: Up to \$1500 for 2015

Not eligible for the following:

- Enhanced Silver Benefits
- Medi-Cal

▼ **Important Information & Options**

Eligibility Determination Factors:

- Household income is in the Covered California premium assistance
- Household income is not in the Medi-Cal 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 the decision is incorrect, you have the right to ask for a hearing. You must ask for a hearing within 90 days after receiving your Notice of Action.

[Appeal Decision](#)

Referral to Other Programs

You may qualify for other benefit programs. We can send your information to your county social service office to find out if you do.

[View Other Programs](#)

To complete your enrollment for a Covered California Plan, you must click "Renew Health Plan".

Save & Exit ⁷

Renew Health Plan ⁶

3.4.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|--|------|-----------|------------|--|---|--------------|
| 1 | Page Header | Text | N/A | N/A | If page is for Renewal display 'Renewal Results. | Renewal Results | |
| | | | | | If page is not for renewal display 'Eligibility Results' | Eligibility Results | Use Existing |
| 2 | Top of Page Inline Renewal Text | Text | N/A | N/A | If page is for renewal, display 'Top of Page Inline Renewal Text' text | <p>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.</p> <p>If you or members of your family end up being eligible for Medi-Cal coverage, your county human services agency will contact you.</p> | |
| | Top of Page Inline Choose Health Plan Text | | | | If page is not for renewal display 'Choose Health Plan Text | Here are the programs you qualify for. For Medi-Cal, your county human services agency will contact you if further information is needed to complete your eligibility. To view your Covered California options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below. | |
| | Due Date | | N/A | No | 1. Display date in mm/dd/yyyy format | N/A | |

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|--|-------------|-----------|------------|---|--|--------------|
| 3 | Conditional Section | Conditional | No | No | <ol style="list-style-type: none"> 1. Display when one or more members are eligible or conditionally eligible for Covered California Programs 2. If entire case is Medi-Cal eligible, do not display. | N/A | |
| 5 | Conditional Renewal Text | Text | No | No | If page is for renewal, display 'Conditional Renewal Text' text | To complete your enrollment for a Covered California Plan, you must click "Renew Health Plan". | |
| | If page is not for renewal display 'Conditional Choose Health Plan Text' | | | | <p>To complete your enrollment for a Covered California Plan, you must click "Choose a Health Plan".</p> <p>For Medi-Cal results, you can contact your county human services agency for any questions.</p> | | |

3.4.3. BUTTONS

| # | Label | Action | Button Behavior |
|-------|-------------------|----------|--|
| 4 & 6 | Renew Health Plan | On Click | <ol style="list-style-type: none">1. If 1 or more members is CCP eligible or conditionally eligible and plan selection is not complete, navigate to 'Enrollment Introduction' page2. If 1 or more members is CCP eligible or conditionally eligible and plan selection is complete, navigate to 'Enrollment Summary' page |
| 7 | Save & Exit | On Click | On click, navigate to the Individual Home Logged In - Renew' page |

3.5. RENEWAL ELIGIBILITY RESULTS – MEDI – CAL CONDITIONALLY ELIGIBLE

Page displays final renewal eligibility results for a consumer. This example shows a household determined Conditionally Eligible for Medi-Cal.

3.5.1. WIREFRAME DESIGN

COVERED CALIFORNIA

Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)

Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#) |  | 

LEARN PREVIEW PLANS **APPLY** MAINTAIN

Gustav Hermansson
Case #: 9876543210

✓ SUMMARY ✓ HOUSEHOLD ✓ PERSONAL DATA ✓ INCOME ELIGIBILITY ENROLLMENT

RENEWAL RESULTS

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.

Gustav Hermansson

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

▼ Important Information & Options

Eligibility Determination Factors:

- Household income is in the Medi-Cal program limits
- Social Security number must be verified by the office of SSA.
- 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 the decision is incorrect, you have the right to ask for a hearing.
[Appeal Decision](#)

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

Beatrice Hermansson

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

▼ Important Information & Options

Eligibility Determination Factors:

- Household income is in the Medi-Cal program limits
- Social Security number must be verified by the office of SSA.
- 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 the decision is incorrect, you have the right to ask for a hearing.

[Appeal Decision](#)

Referral to Other Programs

You may qualify for other benefit programs. To find out, send your information to your county social services office.

[View Other Programs](#)

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3.5.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|------------------|------|-----------|------------|--|---|--------------|
| 1 | Page Text | Text | N/A | N/A | If page is for Renewal display 'text' | <p>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.</p> <p>If you or members of your family end up being eligible for Medi-Cal coverage, your county human services agency will contact you.</p> | |
| 2 | Submit Documents | Link | N/A | N/A | On click, navigate to the Manage Verifications page. | Submit Documents | |

3.5.3. BUTTONS

| # | Label | Action | Button Behavior |
|---|-------------|----------|---|
| 3 | Save & Exit | On Click | 1. navigate to the Individual Home Logged In – Report a Change page |

3.6. RENEWAL ELIGIBILITY RESULTS – MEDI - CAL PENDING

Page displays final renewal eligibility results for a consumer. This example shows a household determined Pending Eligible for Medi-Cal.

3.6.1. WIREFRAME DESIGN

COVERED CALIFORNIA Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)
Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#) |  | 

LEARN PREVIEW PLANS **APPLY** MAINTAIN

Gustav Hermansson
Case #: 9876543210

SUMMARY HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

RENEWAL RESULTS

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.

Gustav Hermansson

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

Your application is pending. To receive benefits, you must upload the following:

- Proof of California Residency

[Submit Documents](#)

Important Information & Options

Eligibility Determination Factors:

- Household income is in the Medi-Cal program limits
- Social Security number must be verified by the office of SSA.
- 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 the decision is incorrect, you have the right to ask for a hearing.
[Appeal Decision](#)

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

[Save & Exit](#)

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3.6.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|------------------|------|-----------|------------|--|---|--------------|
| 1 | Page Text | Text | N/A | N/A | If page is for Renewal display 'text' | <p>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.</p> <p>If you or members of your family end up being eligible for Medi-Cal coverage, your county human services agency will contact you.</p> | |
| 2 | Submit Documents | Link | N/A | N/A | On click, navigate to the Manage Verifications page. | Submit Documents | |

3.6.3. BUTTONS

| # | Label | Action | Button Behavior |
|---|-------------|----------|---|
| 3 | Save & Exit | On Click | 1. Navigate to the Individual Home Logged In – Report a Change page |

3.7. ENROLLMENT INTRODUCTION

The Enrollment Introduction page is the starting process for plan selection. Consumers can select a plan for members by selecting the corresponding ‘Renew Health Plan’ button which will direct them into the Getinsured Plan Selection process.

3.7.1. WIREFRAME DESIGN

Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)
 Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#) | [🌐](#) | [📄](#)

LEARN PREVIEW PLANS APPLY **RENEW**

Gustav Hermansson
Case #: 9876543210

ENROLLMENT

Introduction

Plan Selection

Summary

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, if you do not select a new plan by <mm/dd/yyyy>, Covered California will automatically enroll you in your current plan for the 2015 benefit year. If your plan is not available for next year, you must take action to prevent a break in coverage. If you do not pick a plan by 12/15/2014, you will not receive coverage for 1/1/2015.

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](#).

| Persons | Program | Plan | Carrier Website Address |
|--|--|--------------------------|---------------------------|
| Gustav Hermansson Beatrice Hermansson | Covered California Plan with premium assistance (a federal tax credit/ cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance) | Renew Health Plan | No plan has been selected |

Back Save & Exit

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3.7.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | Spanish Text |
|---|-----------------------------------|-----------|-----------|------------|---|---|--------------|
| 1 | Top of Page Inline Renewal Text | Text | N/A | N/A | If page is for renewal, display 'Top of Page Inline Renewal Text' text | <p>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.</p> <p>For Covered California, if you do not select a new plan by <mm/dd/yyyy>, Covered California will automatically enroll you in your current plan for the 2015 benefit year. If your plan is not available for next year, you must take action to prevent a break in coverage. If you do not pick a plan by 12/15/2014, you will not receive coverage for 1/1/2015.</p> <p>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.</p> | |
| 2 | Active Plan Selection Cutoff Date | Date Text | N/A | N/A | <ol style="list-style-type: none"> 1. Display date of when auto-enrollment batch will run. 2. Display date in mm/dd/yyyy format | N/A | |
| 3 | Link | Link | N/A | N/A | On click, navigate to HealthCareOptions.dhcs.ca.gov | Health Care Options | |

3.7.3. BUTTONS

| # | Label | Action | Button Behavior |
|---|-------------------|----------|---|
| 4 | Renew Health Plan | On Click | On click, navigate to 'GI Introduction Page' and send IND19 |
| 5 | Back | On Click | Navigate to Renewal Eligibility Results Page |
| 6 | Save & Exit | On Click | On click, navigate to 'Individual Home Logged In – Renew' |

3.8. ENROLLMENT SUMMARY

After a case has completed enrollment for the upcoming benefit year, they are navigated to the Enrollment Summary page. This page displays a comprehensive view of all of the plans selected.

3.8.1. WIREFRAME DESIGN

Customer Service 1-800-123-4567 | Online Chat | Find Help Near You | Help
Hello Gustav | My Profile | Log Out | Secure Mailbox (3) | AAA | Español

LEARN PREVIEW PLANS **APPLY** MAINTAIN

Gustav Hermansson
Case #: 9876543210

ENROLLMENT

Introduction

Plan Selection

Summary

START HOUSEHOLD APPLICANTS INCOME ELIGIBILITY ENROLLMENT

ENROLLMENT SUMMARY

Viewing Enrollment Information for: 2015

| Persons | Program | Health Plan | Carrier Website Address |
|--|---|--|--|
| Gustav Hermansson Beatrice Hermansson | 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: 1913 Plan: Bronze 60 HMO Expected Start Date: 01/01/2014 Net Premium: \$532.08 per month Initial Payment Due Date: 12/26/2013 | 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](#)

If you are not registered to vote where you live now, would you like to apply to register to vote today? Click [YES](#) would like to register to vote or [NO](#) do not want to register to vote.

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3.8.2. PAGE ELEMENTS

| # | Label | Type | Required? | Validation | Other Rules | English Text | |
|---|-----------------------|----------|-----------|------------|--|--|--|
| 1 | Enrollment Dropdown | Dropdown | No | No | <ol style="list-style-type: none"> 1. If there is second enrollment display dropdown 2. On click, reload page with alternate year's enrollment 3. Dropdown Values: <ul style="list-style-type: none"> - 2015 - 2014 | Viewing Enrollment Information for: | |
| 3 | Register to Vote Text | Text | No | No | | If you are not registered to vote where you live now, would you like to apply to register to vote today? Click YES I would like to register to vote or NO I do not want to register to vote. | Si no está inscrito para votar donde vive ahora, ¿quiere solicitar su inscripción para votar hoy? Haga clic Si deseo registrarme para votar o No deseo registrarme para votar. |
| 4 | Yes Link | Link | No | No | <p>If language is set to English, navigate to: https://www.coveredca.com/resources/voter-registration/?id=y</p> <p>If language is set to Spanish, navigate to: https://www.coveredca.com/resources/voter-registration/es/?id=y</p> | Yes | Si |
| 5 | No Link | Link | No | No | <p>Spanish Translation of the link: No</p> <p>If language is set to English, navigate to: https://www.coveredca.com/resources/voter-registration/?id=n</p> <p>If language is set to Spanish, navigate to: https://www.coveredca.com/resources/voter-registration/es/?id=n</p> | No | No |

3.8.3. BUTTONS

| # | Label | Action | Button Behavior |
|---|-------------|----------|---|
| 2 | Take Survey | On Click | Link should be the same as currently navigates to. https://coveredca.custhelp.com/ci/documents/detail/5/1/12/d20f5cee1379622717570b0dd5ba13012e07435c |
| 6 | Done | On Click | If no changes were made, navigate to the 'Individual Home Logged In – Report a Change' page |

3.9. PLAN ENROLLMENT SUMMARY BY PROGRAM

Enrollment Summary by program displays enrollment information for consumer who have completed the plan selection process.

3.9.1. WIREFRAME DESIGN



Customer Service 1-800-123-4567 | [Online Chat](#) | [Find Help Near You](#) | [Help](#)
 Hello Gustav | [My Profile](#) | [Log Out](#) | [Secure Mailbox \(3\)](#) | [AAA](#) | [Español](#)

LEARN
PREVIEW PLANS
APPLY
MAINTAIN

Gustav Hermannson
Case #: 9876543210

SUMMARY

Plan Enrollment by Program

Plan Enrollment by Person

Program Eligibility by Person

Transaction History

Documents & Correspondence

Make Payment Now

Payment History



1

PLAN ENROLLMENT SUMMARY BY PROGRAM

Please find below the summary of your household members enrolled under different programs.

Viewing Enrollment Information for: 2014 2

▼ Household Members 3

| Name | Social Security Numers | Date of Birth | Gender |
|-----------------|------------------------|---------------|--------|
| Henry Josephine | ***.**-1234 | 01/01/1974 | Male |
| Lisa K Josphine | ***.**-3484 | 11/21/1995 | Female |
| Karen Josephine | ***.**-8797 | 04/17/200 | Female |
| Lisa Smith | ***.**-9234 | 04/17/1970 | Female |

▼ Current Enrollment Summary 4

| Program | Household Member(s) | Eligibility Status | Plan Effective Date |
|--------------------|---------------------|--|---------------------|
| Premium Assistance | Henry Josephine | Eligible | 01/01/2014 |
| Premium Assistance | Lisa K Josephine | Conditionally Eligible Upload Documents | 01/01/2014 |

▼ 5

| Program | Household Member(s) | Eligibility Status | Plan Effective Date |
|----------|---------------------|--------------------|---------------------|
| Medi-Cal | Karen Josephine | Eligible | 02/01/2014 |

▼ 6

| Program | Household Member(s) | Eligibility Status | Plan Effective Date |
|------------|---------------------|--------------------|---------------------|
| Exemptions | Lisa Smith | Approved | 03/01/2014 |

▼ Enrollment Table 7

| Program | Premium Tax Credit |
|------------------------------|---|
| Household Members | Gustav Hermansson Bernice Hermansson |
| Carrier | Aetna |
| Tier Name | Silver |
| Plan Name | Aetna Medical |
| Policy Number | A223123123 |
| SHOP Employer | Not Applicable |
| Cost Sharing | 20% |
| Gross Premium | \$ 350.00 per month |
| APTC applied | \$ 100.00 per month |
| Employer Contribution | Not Applicable |
| Net Premium | \$ 100.00 per month |
| Enrollment Status | Pending Carrier Enrollment |

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3.9.2. PAGE ELEMENTS

| # | Label | Type | Required | Validation | Business Rule | English Text |
|---|--|----------|----------|------------|--|-------------------------------------|
| 1 | Page Help Icon | Icon | Yes | N/A | 1. Display 'Plan Enrollment Summary by Program' online help page in a new window on click of the link | |
| 2 | Viewing Enrollment Information for: | Dropdown | No | No | On click, display: - 2014 - 2015 | Viewing Enrollment Information for: |
| 3 | Members Section: Household Members | Section | Yes | N/A | 1. Display all members present in the household case including those members with their exemption request in 'Closed - Approved' status 2. Display fullname, SSN, Date of Birth and Gender for each one of the household members 3. List the head of the household as the first member record 4. List other household members in the order of spouse, child, step child, sibling, parent, step sibling, step parent, extended family relationship 5. No sort order is necessary for display of members associated with exemptions and are not covered by any program. | |
| 4 | Table: Premium Tax Credit Enrollment Table | Table | Yes | N/A | 1. Display the PTC enrollment table if at least one of the household members is currently enrolled in the Premium Tax Credit (Subsidized) program. The enrollment dates for the PTC program must be active for the current system date. 2. Display household member's full name, eligibility status, and Plan Effective start date. 3. If the member is conditionally eligible as of the current system date, display 'Upload Documents' link that allows the member to submit relevant documents in order to become final eligible. When link is clicked, navigate user to 'Upload Documents' page. | |
| 5 | Table: Medi-Cal Enrollment Table | Table | Yes | N/A | 1. Display the Medi-Cal enrollment table if at least one of the household members is currently enrolled in the Medi-Cal (Adult/CHIP) program. The enrollment dates for the Medi-Cal program must be active for the current system date. 2. Display household member's full name, eligibility status, and Plan effective start date. 3. If the member is conditionally eligible as of the current system date, display 'Upload Documents' link that allows the member to | |

| # | Label | Type | Required | Validation | Business Rule | English Text |
|---|------------------------------------|-------|----------|------------|--|--------------|
| | | | | | submit relevant documents in order to become final eligible. When link is clicked, navigate user to 'Upload Documents' page. | |
| 6 | Table: Exemptions Enrollment Table | Table | Yes | N/A | <p>1. Display the Exemptions enrollment table if at least one of the household members is currently in 'Closed - Approved' exemption status (i.e.,) the enrollment dates are active as of the current system date.</p> <p>2. Display household member's fullname, exemption status and plan effective dates.</p> | |
| 7 | Table: QHP Enrollment Table | Table | Yes | N/A | <p>1. Display the QHP enrollment table if at least one of the household members is currently enrolled in the Premium Tax Credit, Medi-Cal, SHOP Insurance, or Unsubsidized Insurance programs.</p> <p>2. Every insurance coverage policy is listed as one column in the QHP enrollment table.</p> <p>3. Title the column name as 'Premium Tax Credit' if the enrollment is associated with subsidy.</p> <p>4. Title the column name as 'Medi-Cal' if the enrollment is associated with MAGI Medi-Cal.</p> <p>5. Title the column name as 'SHOP Insurance' if the QHP enrollment is associated with SHOP.</p> <p>6. Title the column name as 'Unsubsidized Insurance' if the QHP enrollment is associated with Unsubsidized Insurance</p> <p>7. Display Household member names associated with the policy, Carrier name, Tier name, Plan name, Policy number, SHOP Employer name (if applicable), Actuarial Coverage %, Cost Sharing % (can be expressed in a dollar amount), Gross Premium amount, APTC applied (if applicable), Employer contribution (if applicable), Net premium, and Enrollment status.</p> <p>8. Enable a horizontal scrollbar display if there are three or more columns in the table.</p> | |

4. APPENDIX A – RENEWAL HOME PAGE LOGIC CHART

This chart outlines the display logic for the homepage. For each program, the time period, run reason and the disposition (where applicable) will determine which version of the homepage to display.

| Program | Pre Renewal (Before October 1st) | | | Renewal Start (October 1st) | | | Renewal (*Dec 16th for CCP; Ongoing for Medi-Cal) | | | |
|--------------|----------------------------------|----------------|-----------------|-----------------------------|----------------|-----------------|---|----------------|-----------------|--------------------|
| | Run Reason | Disposition | Page | Run Reason | Disposition | Page | Run Reason | Disposition | Plan Selected | No Plan Selected |
| Anonymous | | | | | - | | | - | | |
| APTC | | | Report a Change | RE | - | Renew | RM | - | Report a Change | Choose Health Plan |
| Unsubsidized | | | Report a Change | RE | - | Renew | RM | - | Report a Change | Choose Health Plan |
| Medi-Cal | Other (Not RE or RM) | Not Applicable | Report a Change | Other (Not RE or RM) | Not Applicable | Report a Change | Other (Not RE or RM) | Not Applicable | Report a Change | |
| Medi-Cal | Other (Not RE or RM) | Not Applicable | Report a Change | RE | No | Renew | RE | No | Renew | |
| Medi-Cal | Other (Not RE or RM) | Not Applicable | Report a Change | RE | Yes | Report a Change | RE | Yes | Report a Change | |
| Medi-Cal | Other (Not RE or RM) | Not Applicable | Report a Change | RM | No | Renew | RM | No | Renew | |
| Medi-Cal | Other (Not RE or RM) | Not Applicable | Report a Change | RM | Yes | Report a Change | RM | Yes | Report a Change | |
| Mixed | Other | Not Applicable | Report a Change | RE | No | Renew | RE | Yes | Report a Change | Choose Health Plan |
| Mixed | Other | Not Applicable | Report a Change | RM | No | Renew | RM | Yes | Report a Change | Choose Health Plan |

