



# JOB AID: SPECIAL ENROLLMENT, ADMINISTRATIVE REVIEW

June 23, 2014

Your destination for affordable, quality health care, including Medi-Cal

## Service Center Administrative Review for Special Enrollment Life Events

From April 1, 2014 until the next Open Enrollment period, Consumers can only enroll in a plan or change their current plan if they experience a qualifying "Life Event." This is referred to as "Special Enrollment." This Job Aid shows Service Center Representatives how to approve or deny life events submitted by Consumers.

### Other Qualifying Life Events

The new functionality for Special Enrollment appears in the application process after the Consumer has entered all their personal and income information and is ready to sign and submit their application.

The *Application Signature* page displays a new section titled **Special Enrollment**. In this section, the Consumer selects from a list of qualifying life events, along with a date on which the life event occurred.

If the Consumer selects **Other qualifying life event** from dropdown, the text field **Reason for Other** dynamically displays. This textbox is a free-form field allowing the Consumer to describe the life event.

The Consumer must also enter the date of the Life Event. If the life event date is greater than 60 days in the past, the Consumer will not qualify and cannot proceed. If the event is an impending loss of coverage, the life event date may also be up to 60 days in the future.

**APPLICATION SIGNATURE**

Please read the information below. 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? \* ?

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

**APPLICATION SIGNATURE**

Please read the information below. 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? \* ?

Reason for Other \* ?

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

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If 'Other' was selected as the qualifying life event, the *Eligible Results* page displays an informational message advising the Consumer that eligibility results are not yet final, and that Covered California will review the submitted life event to see if it qualifies for Special Enrollment.

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.

## SCR/CEW View of the Application Signature page

If the application is viewed or completed by a Service Center Representative or a County Eligibility Worker, another field displays, with the label "I attest that this household does qualify for Special Enrollment."

**APPLICATION SIGNATURE**

Please read the information below. 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? \* ?

I attest that this household does qualify for Special Enrollment. \*

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

This field records the SCR or CEW's approval for Special Enrollment, based on sight verification or other administrative action related to verifying the Consumer or household's qualifying life event (including 'Other' life event situations).

## Reviewing Other Qualifying Life Events

As part of its operational business processes, the Service Center receives a daily report identifying (by Case ID) applications with a selection of 'Other qualifying life event'. Using this report, authorized Service Center staff then perform a review to either verify and approve or deny the application based on the reported life event, using the screen shown at right.

Note: Paper Special Enrollment applications do not currently have the 'Other' option and will continue to be processed as they are presently, by contacting the consumer to detail the qualifying event.

**VERIFICATION**

Household

Personal Verification

**HOUSEHOLD VERIFICATIONS**

Please select an individual to view their verifications

**Household Members**

Name	SSN	Date Of Birth	Gender
Joe Trainer	156-87-7966	07/01/1972	Male
Jane Trainer	123-88-7896	07/01/1970	Female

**Special Enrollment**

Please update the status of the Special Enrollment reason awaiting review. The latest submission by the consumer is the life event that will be applied to the case.

User Submissions

Date Submitted	Life Event Selected	Comments	Life Event Date
06/06/2014	Other Qualifying Life Event	exceptional circumstance	06/06/2014

Admin Category 1 \* ?

Admin Category 2 ?

Admin Review Status \*

**Additional Options**

Coverage Date Category

Life Event Date

Special Enrollment Expiry Date

Redetermine Eligibility

Be sure that Expiry Date is in the format mm/dd/yyyy

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Select **Admin Category 1 and 2** dropdown options according to Covered California policy rules.

• Continuity of Care	A consumer may request to change health plans to continue their care with a specific plan/provider because they are currently receiving services
• Provider Network Issue	Consumer's provider is no longer accepting Covered CA plans
• QHP Error	The plan made an error affecting the consumer's enrollment (e.g., wrongly denying or delaying enrollment), or provided incorrect information about the plan or its provider network
• Agent Error	An Agent incorrectly selected a plan for the consumer, e.g., one that is not accepted by the consumer's provider
• CEE/CEC Error	A CEE or CEC incorrectly selected a plan for the consumer, e.g., one that is not accepted by the consumer's provider
• Non-Exchange Entity Error	A third party not affiliated with the Exchange provided the consumer with incorrect information about the plan or its provider network
• QHP de-certification	If a QHP has been decertified, the consumer needs to select another plan

Select from the **Admin Review Status** dropdown according to Covered California policy rules.

- |                   |   |                 |
|-------------------|---|-----------------|
| • <b>Approved</b> | • <b>Awaiting Approval</b> (default after selecting 'Other' life event) | • <b>Denied</b> |
|-------------------|---|-----------------|

The **Coverage Date Category** dropdown options are as follows:

- |                   |   |
|-------------------|---|
| • Life Event Date | (set coverage date equal to the LE date)  |
| • MEC             | (set coverage date to 1st of month following LE date)   |
| • Regular         | (regular enrollment rules for days 1 through 15 <sup>th</sup> , 16 <sup>th</sup> to end of month) |

Enter the **Life Event Date** as provided by the Consumer. The **Special Enrollment Expiry Date** auto-populates to 60 days in the future from the LE date.

Click on the **Redetermine Eligibility** button. If the life event was approved, see the screen shown on the following page. Otherwise, if the life event is denied, the following message will display at the top of the *Eligibility Results* page:

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.

## Approved Life Event

If the life event is approved, the Consumer may be Conditionally Eligible or Eligible, depending on the information reported on the application. Messaging will be similar to the screenshot at right:

**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 a Health Plan](#)

Todd Aikens Jr

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

**Premium Assistance:** Conditionally Eligible - Please check your Manage Verification page to see some additional details we need to collect. Choose a health plan by clicking the button below

Todd Aikens: Up to \$3,156.00 for the tax year 2014

**Enhanced Silver Benefits:** Conditionally Eligible - Please check your Manage Verification page to see some additional details we need to collect. Choose a health plan by clicking the button below

Your eligibility is conditional. To continue in these programs, you must submit the following by September 08, 2014.

- Proof of Income

[Submit Documents](#)

You must select a plan within 60 days from the qualifying life event. You must select a plan by August 09, 2014.

Not eligible for the following:

- Medi-Cal

**Important Information & Options**

**Eligibility Determination Factors**

- Household has a qualifying life event.
- Records indicate applicant is deceased, must be verified through the office of SSA.
- Household income is in the APTC program limits.
- Household income is in the CSR program limits.
- Income must be verified.
- You do not qualify for Medi-Cal health coverage because your household income is above the Medi-Cal limit.
- Household qualifying life event is within 60 days.