



# AB 1296 Stakeholder Meeting April 18, 2014



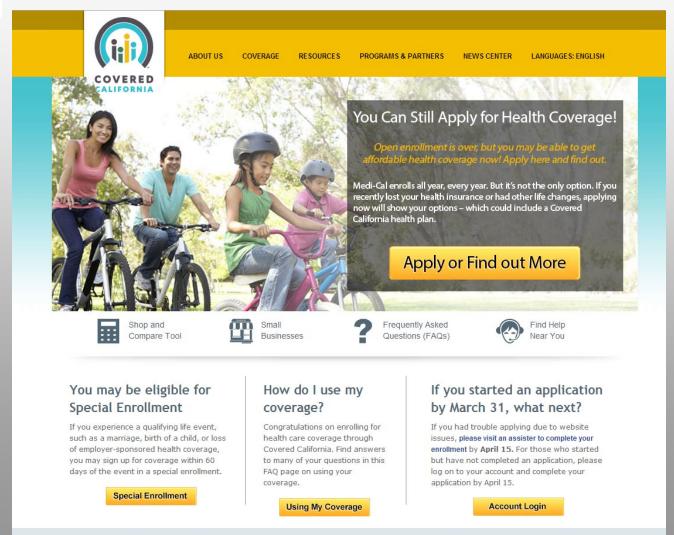
### **Topics for Discussion**



Current web framing to CoveredCA.com web portal

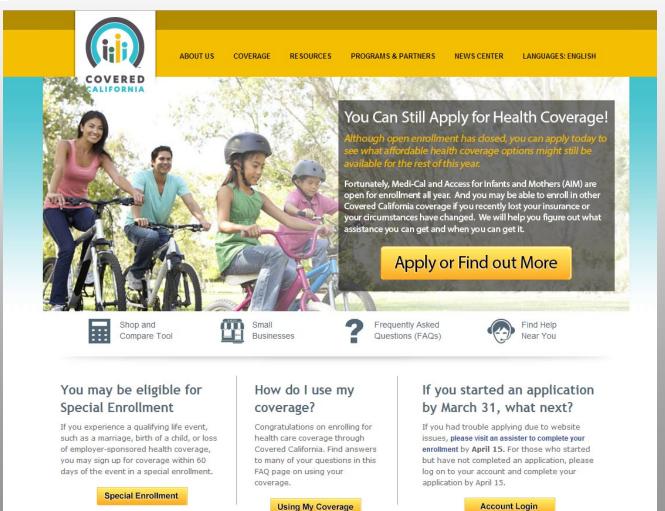






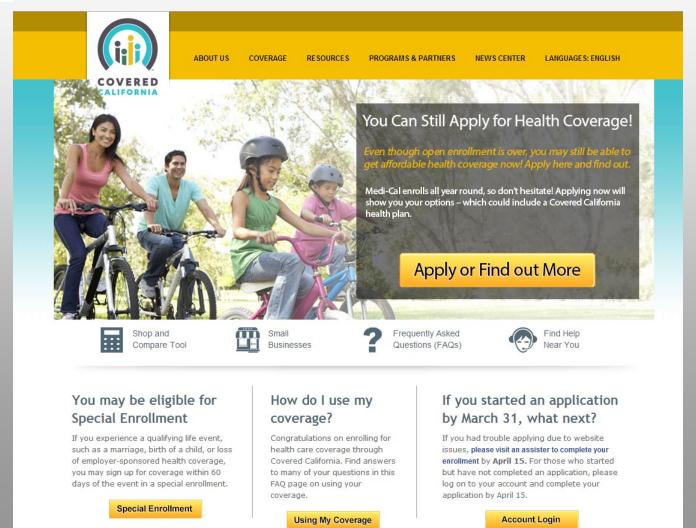














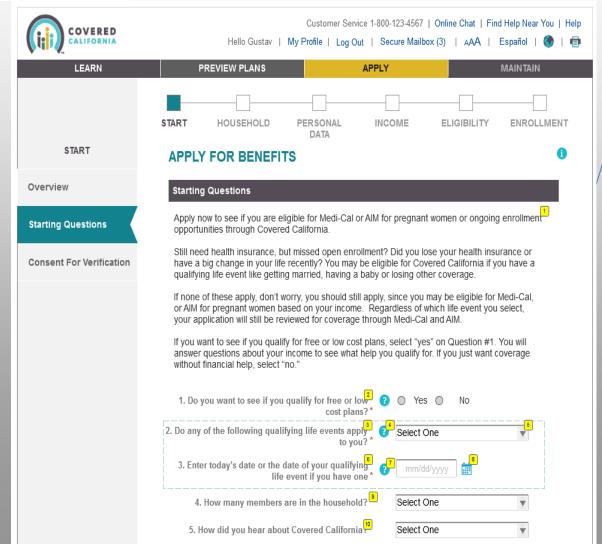






# Apply for Benefits Page – R3.5.2





#### **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

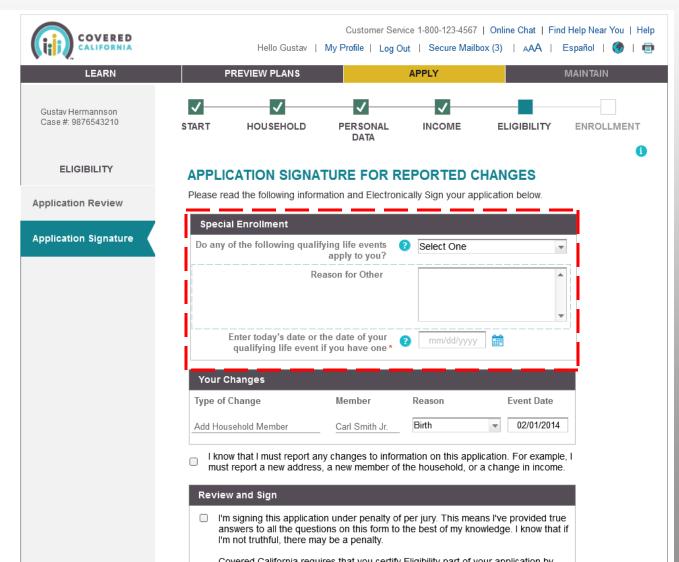


COVERED	Customer Service 1-800-123-4567   Online Chat   Find Help Near You   Help Hello Gustav   My Profile   Log Out   Secure Mailbox (3)   AAA   Español   🚳   💼
LEARN	PREVIEW PLANS APPLY MAINTAIN
Gustav Hermannson Account #. 0123456789 Case #. 9876543210	START HOUSEHOLD PERSONAL INCOME ELIGIBILITY ENROLLMENT DATA
ELIGIBILITY	APPLICATION SIGNATURE
Application Review	Please read the following information and Electronically Sign your application below.
Application Signature	Special Enrollment  Do any of the following qualifying life events apply to you?*  Reason for Other *
	Enter today's date or the date of your qualifying life event if you have one * 1
	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



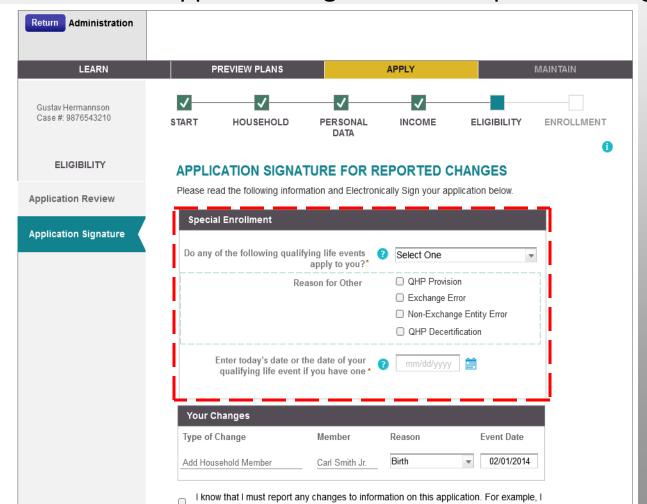




# Application Signature for Reported Changes – SCR View - R4.3 – Option 1



Scenario: SCR View for Application Signature for Reported Changes

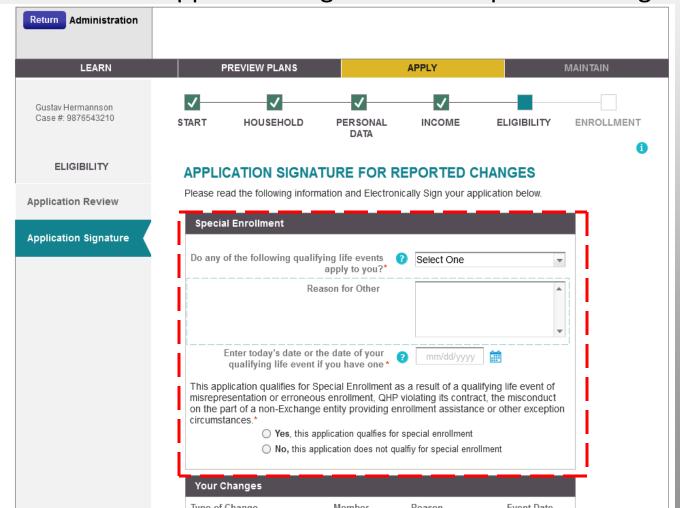




# Application Signature for Reported Changes – SCR View - R4.3 – Option 2



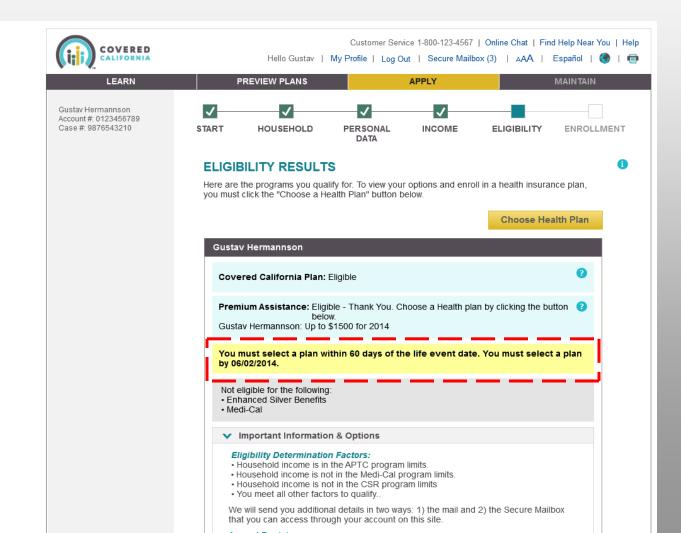
Scenario: SCR View for Application Signature for Reported Changes





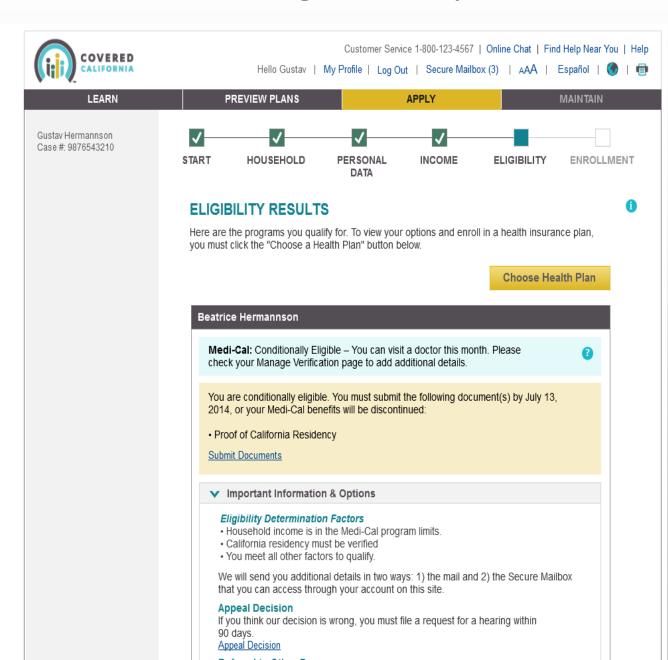
# Eligibility Results – SEP Eligible





#### Eligibility Results – SEP Ineligible – Option 1

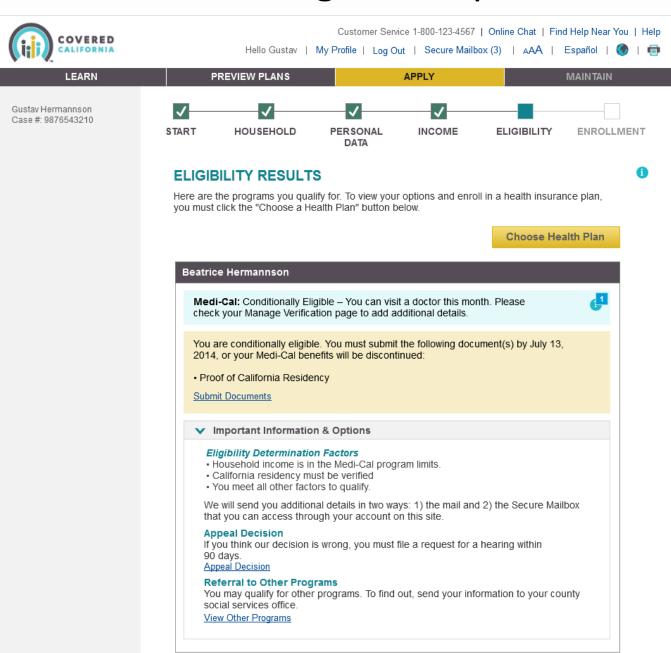
Scenario:
Consumer
submits new
application and is
determined
ineligible due to
Special
Enrollment.



### Eligibility Results – SEP Ineligible – Option 2

#### Scenario:

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

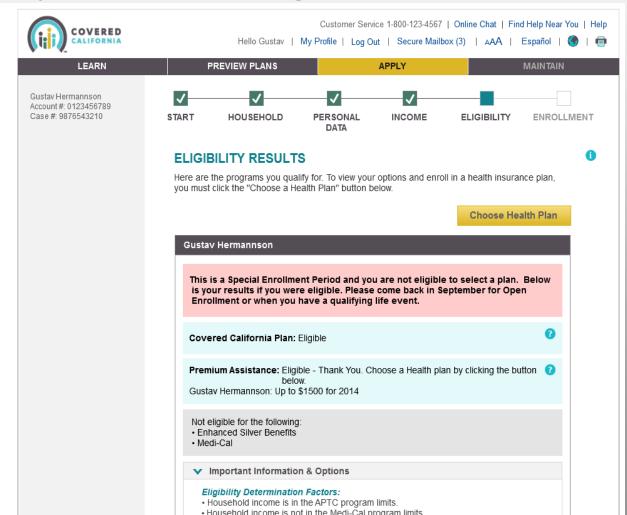




# Eligibility Results – SEP Eligible Report a Change



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.

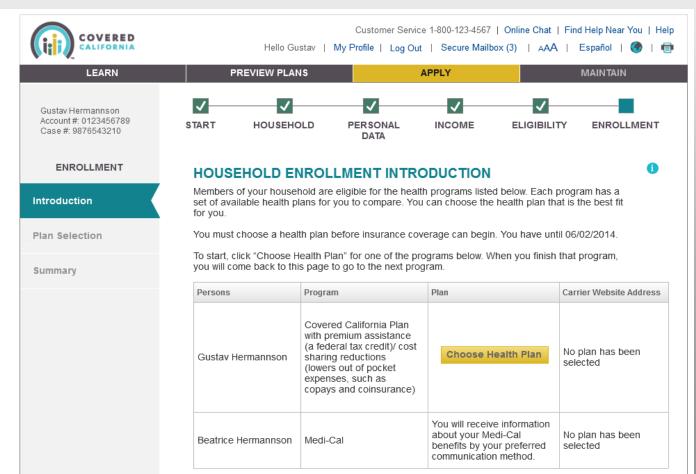




# Enrollment Introduction - SEP Eligible



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





# Enrollment Introduction - SEP Eligible



Scenario: Consumer is ineligible for Special Enrollment Period.

