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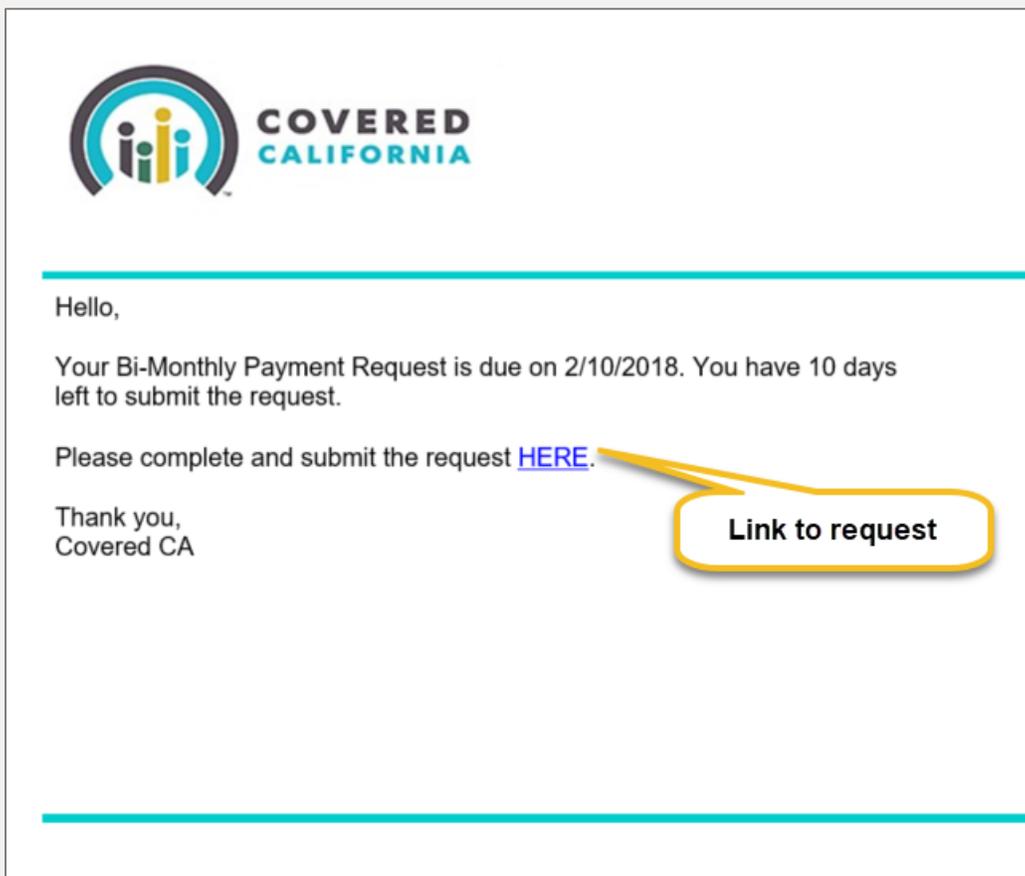
NAVIGATOR BI-MONTHLY PAYMENT REQUESTS

This document outlines all features and functions available to submitting Navigator Bi-Monthly Payment Requests in the Enroller Portal.

BI-MONTHLY PAYMENT REQUEST NOTIFICATION

The Primary or Authorized Contact listed on the Entity is responsible for submitting a Bi-Monthly Payment Request. An email notification will be sent to the Entity business contacts 10 days prior to the due date with a link to access the request. A similar notification will be sent 5 and 1 day prior to the due date.

Email Subject: Navigator Grant Payment Request due in 10 days



NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

ACCESS YOUR PAYMENT REQUEST

To access the Payment Request, click the link in the email notification to navigate to the record in the Enroller Portal. You can view all your Payment Requests from the My Entity home page.

View My Agency

Account: **Hollywood Medical Center** Edit

Sales Partner Type: Navigator Entity (Lead) | Primary Contact: [Ed Smith](#) | Primary Email Address: info@hollywood.medical.com.invalid | Primary Phone Number: (789) 456-3216

Navigator Contact Information

Account Owner: [Penny Chu](#) | Customer Portal Account:

Account Name: Hollywood Medical Center | Primary Location: [Hollywood Medical Center](#)

Legal Business Name: Hollywood Medical Center | Legacy: Entity Status: Active

Website Address: <https://www.hollywoodmedica.ctr.fake.url> | Program Type: Navigator Organization

Category: Profit | Sales Partner Type: Navigator Entity (Lead)

Federal Tax ID: 98-0001234 | Primary Email Address: info@hollywood.medical.com.invalid

State Tax ID: | Primary Phone Number: (789) 456-3216

Primary Location Rating Region: | Alternate Phone: |

Navigator Details

Organization Type: School Districts | Projected Counselors: |

Families with mixed immigration status?: Yes | Languages Spoken: English;Spanish

Does the Entity serve the disabled?: Yes |

Year entity was established?: 1992 | Regions Served: Northern California (1)

Resource for Counselor affiliation?: | Disabilities Served: Hearing Impaired;Visually

Quick Links

- Enroller Toolkits
- My Reports
- Required Documentation (0) New
- Files (0) Add Files
- Upload Files
- Or drop files
- Strategic Workplans (0)
- Progress Reports (0)
- Payment Requests (1)**

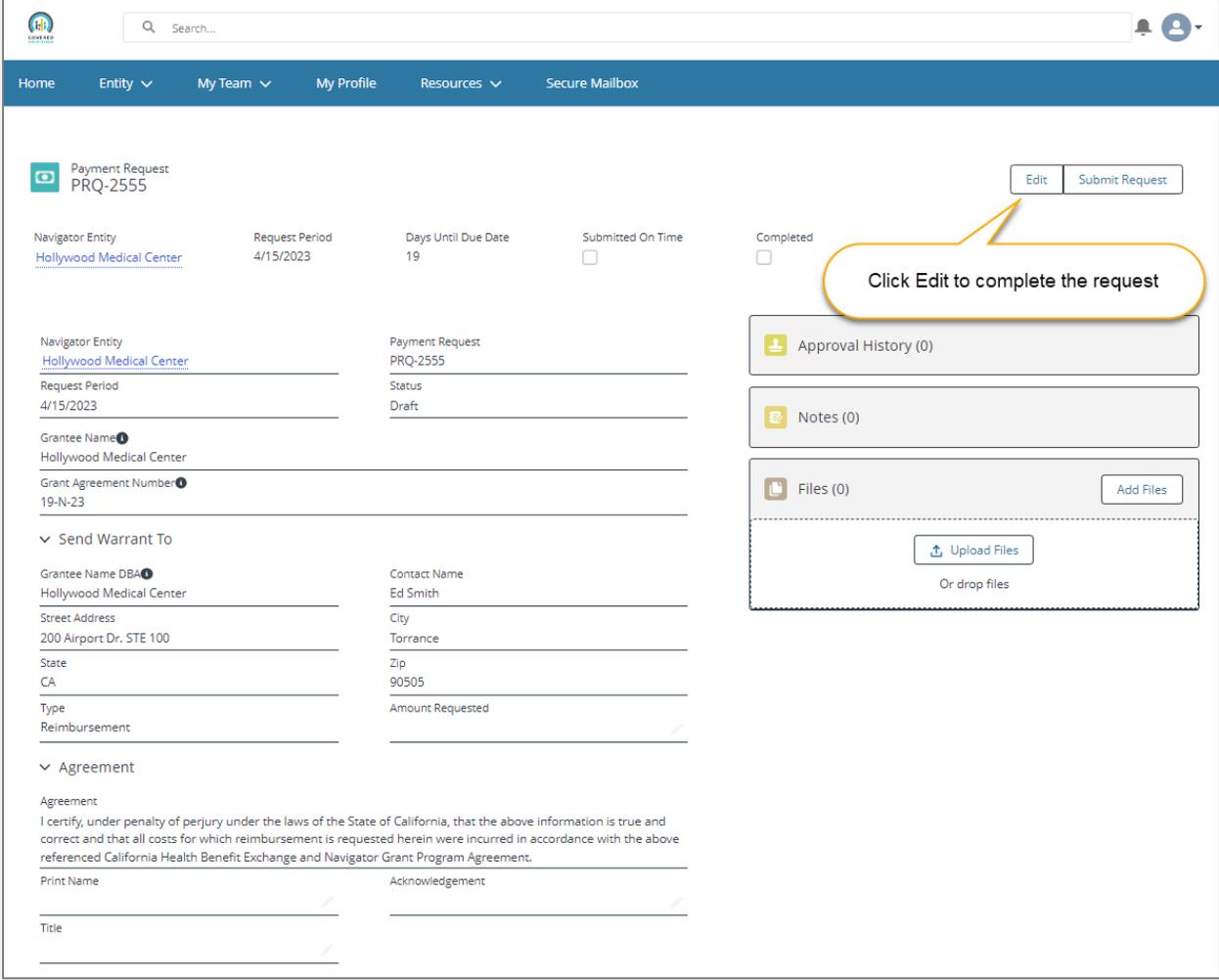
Payme...	Request ...	Status	Days Unt...
PRQ-2555	4/15/2023	Draft	19 ▼

[View All](#)

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

COMPLETE THE PAYMENT REQUEST

1. Click "Edit" at the top of the request page to complete.



The screenshot displays the 'Payment Request PRQ-2555' page. At the top right, there are 'Edit' and 'Submit Request' buttons. A callout bubble with a yellow border and a pointer to the 'Edit' button contains the text: 'Click Edit to complete the request'. The main form area is divided into several sections:

- Summary:** Navigator Entity (Hollywood Medical Center), Request Period (4/15/2023), Days Until Due Date (19), Submitted On Time (checkbox), and Completed (checkbox).
- Request Details:** Payment Request (PRQ-2555), Status (Draft).
- Grantee Information:** Grantee Name (Hollywood Medical Center), Grant Agreement Number (19-N-23).
- Send Warrant To:** Grantee Name DBA (Hollywood Medical Center), Contact Name (Ed Smith), Street Address (200 Airport Dr. STE 100), City (Torrance), State (CA), Zip (90505), Type (Reimbursement), and Amount Requested.
- Agreement:** A section for the user to certify the information is true and correct, with fields for Print Name and Acknowledgement.

On the right side, there are three panels: 'Approval History (0)', 'Notes (0)', and 'Files (0)'. The 'Files (0)' panel includes an 'Add Files' button and an 'Upload Files' button, with a note 'Or drop files' below it.

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

2. Complete all required fields and then click "Save" once completed.

✕

Edit PRQ-2555

Navigator Entity Hollywood Medical Center	Payment Request PRQ-2555
Request Period 4/15/2023	Status Draft
Grantee Name ⓘ Hollywood Medical Center	
Grant Agreement Number ⓘ 19-N-23	
Send Warrant To	
Grantee Name DBA ⓘ Hollywood Medical Center	Contact Name Ed Smith
Street Address 200 Airport Dr. STE 100	City Torrance
State CA	Zip 90505
Type Reimbursement	* Amount Requested <input type="text" value="\$25,000.00"/>

Agreement

Agreement
I certify, under penalty of perjury under the laws of the State of California, that the above information is true and correct and that all costs for which reimbursement is requested herein were incurred in accordance with the above referenced California Health Benefit Exchange and Navigator Grant Program Agreement.

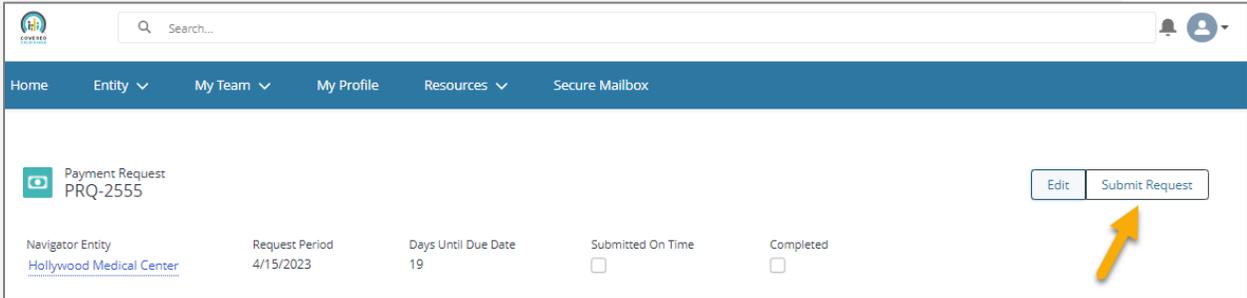
* Print Name <input type="text" value="Ed Smith"/>	* Acknowledgement <input type="text" value="Yes"/>
Title <input type="text" value="Executive"/>	

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

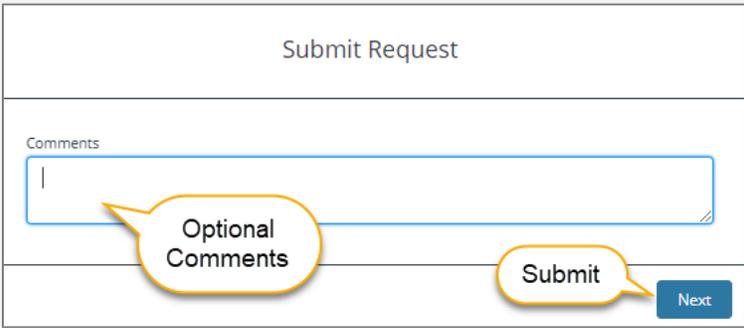
SUBMIT REQUEST FOR APPROVAL

Once you have completed the request, click the “Submit Request” button to send the request to your Account Representative for review. You will have the option to add any additional comments.

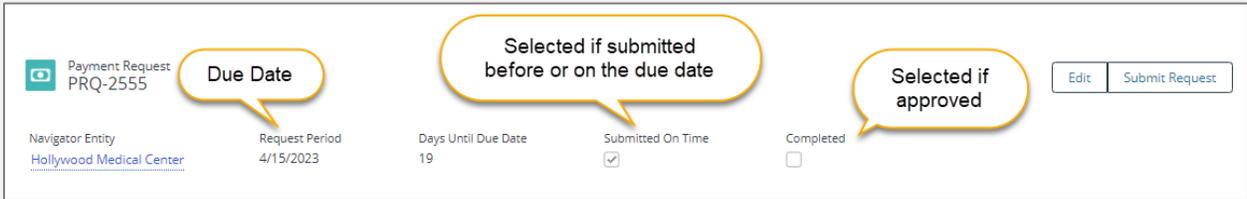
- 1. Click Submit Request.



- 2. Add any additional comments and click Next.



- 3. The Payment Request record will be updated with the submitter’s information and there will be an Approval History related list with the status and currently assigned approver.



NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

Record updated with status information:

 **Payment Request**
PRQ-2555

[Edit](#) [Submit Request](#)

Navigator Entity Hollywood Medical Center	Request Period 4/15/2023	Days Until Due Date 19	Submitted On Time <input checked="" type="checkbox"/>	Completed <input type="checkbox"/>
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Navigator Entity Hollywood Medical Center Request Period 4/15/2023 Grantee Name  Hollywood Medical Center Grant Agreement Number 19-N-23	Payment Request PRQ-2555 Status Submitted
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 **Approval History (2)**

[Recall](#)

Step Name	Date	Status	Assigned To
Account Ma...	3/27/2023 2:...	Pending	 
Approval Re...	3/27/2023 2:...	Submitted	Ed Smith 

[View All](#)

Approval History is displayed on the Approval History related list:

 **Payment Request**
PRQ-2555

[Edit](#) [Submit Request](#)

Navigator Entity Hollywood Medical Center	Request Period 4/15/2023	Days Until Due Date 19	Submitted On Time <input checked="" type="checkbox"/>	Completed <input type="checkbox"/>
--	-----------------------------	---------------------------	--	---------------------------------------

Navigator Entity Hollywood Medical Center Request Period 4/15/2023 Grantee Name  Hollywood Medical Center Grant Agreement Number 19-N-23	Payment Request PRQ-2555 Status Submitted
--	--

 **Approval History (2)**

[Recall](#)

Step Name	Date	Status	Assigned To
Account Ma...	3/27/2023 2:...	Pending	 
Approval Re...	3/27/2023 2:...	Submitted	Ed Smith 

[View All](#)

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

FOLLOW-UP

You will receive a confirmation email upon submission of the request and for any status change moving forward. The Account Manager and Program Management Team will Approve or Reject your submission.

Email Subject: Navigator Grantee Payment Request – Submitted



Hello,

Your Bi-Monthly Payment Request has been updated to a status of **Submitted**.

The request can be accessed [HERE](#).

Thank you,
Covered CA

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

If the Payment Request is Approved by the Account Manager, you will receive a notification that the approval process is moving forward to the final step where the Program Management Team reviews the request for Approval / Rejection.

Email Subject: The Account Manager for [ENTITY NAME] has sent payment request [PAY REQ NUM] to Program Management for final evaluation prior to approval.



Hello,

Your payment request PRQ-0097 has been approved by the Account Manager. It will be reviewed by Program Management before making a final decision on the request submitted. No action is needed from you at this time.

Thank you,
Covered CA

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

If the Payment Request is Rejected by the Account Manager or the Program Management Team, you will receive a notification that the status changed to Rejected.

Email Subject: Navigator Grantee Payment Request – Rejected



Hello,

Your Bi-Monthly Payment Request has been updated to a status of **Rejected**.

The request can be accessed [HERE](#).

Thank you,
Covered CA

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

Once the Payment Request is Approved by the Program Management Team you will receive a final notification along with any comments that can be supplied.



Hello,

Your Bi-Monthly Payment Request has been updated to a status of **Approved**.

The request can be accessed [HERE](#).

Thank you,
Covered CA

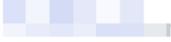
The Payment Request will be marked as Completed when Approved. If the request was rejected, you will have the ability to make updates to the request and Re-Submit for Approval.

Payment Request				
PRQ-2555				
Navigator Entity	Request Period	Days Until Due Date	Submitted On Time	Completed
Hollywood Medical Center	4/15/2023	18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 

NAVIGATOR BI-MONTHLY PAYMENT REQUESTS OVERVIEW

The Approval History related list will display the history of assigned approvers and statuses.


Approval History (3)

Step Name	Date	Status	Assigned To	
Program Ma...	3/28/2023 7:1...	Approved	Program Man...	▼
Account Man...	3/28/2023 7:0...	Approved		▼
Approval Re...	3/27/2023 2:1...	Submitted	Ed Smith	▼

Click to view full list
View All

Full approval history can be viewed with comments:

Step Name	Date	Status	Assigned To	Actual Approver	Comments	
1 Program Management Approval	3/28/2023 7:19 AM	Approved	Program Management	Eli White	Approved	▼
2 Account Manager Approval	3/28/2023 7:05 AM	Approved	Khaled Dastagirzada	Khaled Dastagirzada	Approves by Account Manager	▼
3 Approval Request Submitted	3/27/2023 2:12 PM	Submitted	Ed Smith	Ed Smith	Please approve.	▼