

**State of California
Office of Administrative Law**

In re:
California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections:
Amend sections: 6464
Repeal sections:

NOTICE OF APPROVAL OF REGULATORY
ACTION

Government Code Section 11349.3

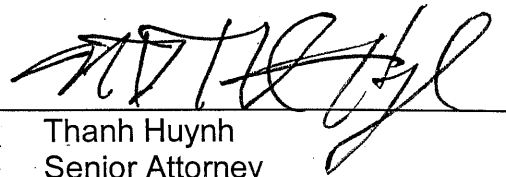
OAL Matter Number: 2024-1226-01

OAL Matter Type: Regular (S)

In this rulemaking action, the Exchange amends its regulation to expand the definition of "certified representative." This term now includes Medi-Cal Eligibility Staff and Certified Medi-Cal Managed Care Plan Enroller. The amendments also allow the use of other HHS-approved data source to verify the identity of the applicant.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 2/10/2025.

Date: February 10, 2025



Thanh Huynh
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Jessica Altman, Executive
Director

Copy: Jocelyn Acosta

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-2013)

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2024-0827-24	2024-1226-01	5

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW
2024 DEC 26 @ 4:59 pm

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 10 2025

1:54 pm

NM

NOTICE		REGULATIONS	
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AGENCY WITH RULEMAKING AUTHORITY
California Health Benefit Exchange

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2024, 36-2	PUBLICATION DATE 9/6/24

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Identity Verification Requirement	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 6464
	REPEAL
TITLE(S) 10	

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Jocelyn Acosta	TELEPHONE NUMBER 916-952-3132	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) jocelyn.acosta@covered.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Jessica Altman	DATE 12.24.24
TYPED NAME AND TITLE OF SIGNATORY Jessica Altman, Executive Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 10 2025

Office of Administrative Law

Title 10. Investment

Chapter 12. California Health Benefit Exchange

Article 4. General Provisions

§ 6464. Identity Verification Requirement.

(a) Definitions. For purposes of this section, the following terms shall have the following meanings:

(1) RIDP: Remote Identity Proofing service;

(2) FDSH: Federal Data Service Hub;

(3) Certified Representative:

(A) Service Center Representative: An Exchange employee operating in a call center as set forth in 45 C.F.R. Section 155.205(a) (December 22, 2016), hereby incorporated by reference;

(B) Certified Enrollment Counselor as defined in section 6650;

(C) Certified Application Counselor as defined in 45 C.F.R. Section 155.225 (March 8, 2016), hereby incorporated by reference;

(D) Certified Insurance Agent as defined in section ~~6800~~6410;

(E) Certified Plan-Based Enroller as defined in section 6410-;

(F) Medi-Cal Eligibility Staff as described in California Code of Regulations, title 22, section 50105;

(G) Certified Medi-Cal Managed Care Plan Enroller as defined in section 6900.

(b) Paper Applications

(1) The Exchange shall accept only paper applications for health insurance coverage that are accompanied by a signature in ink, under penalty of perjury in the

declaration and signature section of the Exchange's paper application as defined in section 6470(d).

(2) The Exchange shall not accept or process any paper application lacking a signature in ink, under penalty of perjury in the declaration and signature section of the Exchange's paper application as defined in section 6470(d).

(c) Non-paper Applications

(1) Prior to initiating an application as set forth in section 6470, an applicant shall consent to have ~~his or her~~ their identity verified in one of the following ways:

(A) If the applicant applies through CalHEERS without the assistance of a Certified Representative, the applicant shall consent by clicking the "Yes" button on the CalHEERS Screen in response to being asked, "Do you give your permission to Covered California to confirm your identity?"

(B) If the applicant applies through CalHEERS with the assistance of a Certified Representative, ~~he or she~~ they shall provide this consent to the Certified Representative orally. The Certified Representative shall attest to having received this consent from the applicant in one of the following ways:

1. Clicking the "Yes" button next to the statement "I attest that I have visually verified this person's identity";

2. Clicking the "Yes" button next to the statement "I have the consumer's consent to access their identity information through the Federal Data Services Hub Remote Identity Proofing service."

(2) Prior to initiating an application as set forth in section 6470, an applicant shall submit ~~his or her~~ their identity for verification using one of the following methods:

(A) Visual Verification

1. An applicant shall mail, present in person, or electronically transmit through CalHEERS to the Exchange or to a Certified Representative acceptable proof of identity as follows:

(i) A copy of a valid identification card issued by a federal, state, or local governmental entity that bears a recognizable photograph of the applicant or other identifying information of the individual such as name, age, sex, race, height, weight, eye color, or address, including school identification card, voter registration card, Military Dependent's identification card, Native American Tribal document, U.S. Coast Guard Merchant Mariner card, a Certificate of Naturalization (Form N-550 or N-570), Certificate of U.S. Citizenship (Form N-560 or N-561), Permanent Resident Card or Alien Registration Receipt Card (Form I-551), Employment Authorization Document Card that includes a photograph (Form I-766), Foreign Passport or identification card issued by a foreign embassy or consulate that contains a photograph, or

(ii) Two of the following: a birth certificate, Social Security card, marriage certificate, divorce decree, employer identification card, high school or college diploma (including high school equivalency diplomas), property deed or title, an adoption decree for the adoptee, foreign school record that includes a photograph, notice from a public benefits agency, or a union or worker center identification card.

2. If submitted in person or by mail, a Certified Representative shall upload a copy of the identity documents to CalHEERS.

(B) ~~Federal Data Service Hub~~ Remote Identity Proofing service (FDSH RIDP)

1. If the applicant does not elect to have ~~his or her~~their identity verified pursuant to subdivision (c)(2)(A), ~~he or she~~they shall consent to allow the Exchange or Certified Representative to use the FDSH RIDP service or other HHS-approved data source to access ~~his or her~~their identity information.

2. The applicant shall answer a number of questions generated by the FDSH RIDP service or other HHS-approved data source. Examples of these questions include, but are not limited to:

(i) Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices, please select 'NONE OF THE ABOVE.'

(ii) Please select the county for the address you provided.

(iii) Please select the range that includes the year the home was built for the address that you provided.

3. Based on the accuracy of the applicant's answers to the questions referenced in subdivision (c)(2)(B)2. of this section, the FDSH RIDP service or other HHS-approved data source will either verify the applicant's identity or provide information on how to complete an alternative identity verification process.

(3) If the Exchange is unable to verify the identity of an applicant in accordance with subdivision (c)(2) of this section, neither the Exchange nor a Certified Representative shall accept an application for health insurance from that same applicant until one of the following is satisfied:

(A) The applicant successfully completes the alternative identity verification process by calling the Help Desk number listed in CalHEERS and successfully

answering additional personalized questions, and the FDSH RIDP service or other HHS-approved data source informs the Exchange or Certified Representative of such;

(B) The applicant completes the visual verification process as set forth in subdivision (c)(2)(A) of this section; or

(C) The applicant submits a paper application in accordance with subdivision (b) of this section.

(d) An applicant who successfully completes the identity verification requirements set forth in this section may, if otherwise permitted, apply for health insurance for ~~himself or herself~~ themselves and for members of ~~his or her~~ their household, without those household members also satisfying the requirements set forth in this section.

(e) Consumers, as defined in section 6650, who submitted an application prior to the effective date of this section are subject to the requirements of this section if they make a change to the Primary Contact screen.

(f) This section shall not apply to individuals applying through CCSB (as defined in section 6410).

Note: Authority cited: Section 100504(a)(6), Government Code. Reference: Sections 100503(a), 100503(h) and 100503(s), Government Code; 45 C.F.R. Sections 155.205 and 155.225.