



# 24.9 Release Notes for Certified Enrollers

## Overview

CalHEERS was updated due to release 24.9 on Monday, September 23, 2024. These release notes are intended to inform Certified Enrollers of the changes that occurred in CalHEERS with this release.

For more information about renewals, please see the [Renewal Toolkit](#).

1. The new *You are reporting changes for [YYYY]. Do they also apply to [YYYY]?* page is added to the Single Streamlined Application.
  - The **Yes, I want changes applied to both [YYYY] and [YYYY]**. radio button applies changes to both years.
  - The **No, I only want changes applied to this year**. radio button applies changes only to the current year (eligibility could be different for both years)

← Application Menu Your answers will be saved

Update Your Application

You are reporting changes for [benefit year]. Do they also apply to [other benefit year]?

We can apply these changes to your application for both [YYYY] and [YYYY]. This means your health insurance benefits for both years will be based on this new information.

Yes, I want changes applied to both [YYYY] and [YYYY].

No, I only want changes applied to this year.

Back Next



## 24.9 Release Notes for Certified Enrollers

2. During renewal, the new *The [health/dental] plans for [future benefit year] have been renewed. Would you also like to cancel that plan?* page displays the following radio button options:

- **Keep**
- **Cancel**

The screenshot shows the 'Enrollment Dashboard' with a 'Cancel changes' link. It displays two renewal prompts. The first prompt is for Timothy Downey (55 years old), a subscriber, with a star icon. The second prompt is for Christina Downey (52 years old), also a subscriber. Both prompts ask if the user would like to keep or cancel the [health/dental] plan for the [future year]. The first prompt's options are highlighted with a red box. At the bottom, there are 'Back' and 'Confirm' buttons.

Enrollment Dashboard [Cancel changes](#)

▶ The [health/dental] plans for [Future Benefit Year] have been renewed. Would you also like to cancel that plan?

▶ Selected member

Timothy Downey (55 years old) (Subscriber) ★

▶ [Health/Dental] Plan for [Future Benefit Year]

Kaiser Permanente Silver 73 Trio HMO

Would you like to keep or cancel the [health/dental] plan for [future year]?

Keep

Cancel

---

Selected member

Christina Downey (52 years old) (Subscriber)

[Health/Dental] Plan for [Future Benefit Year]

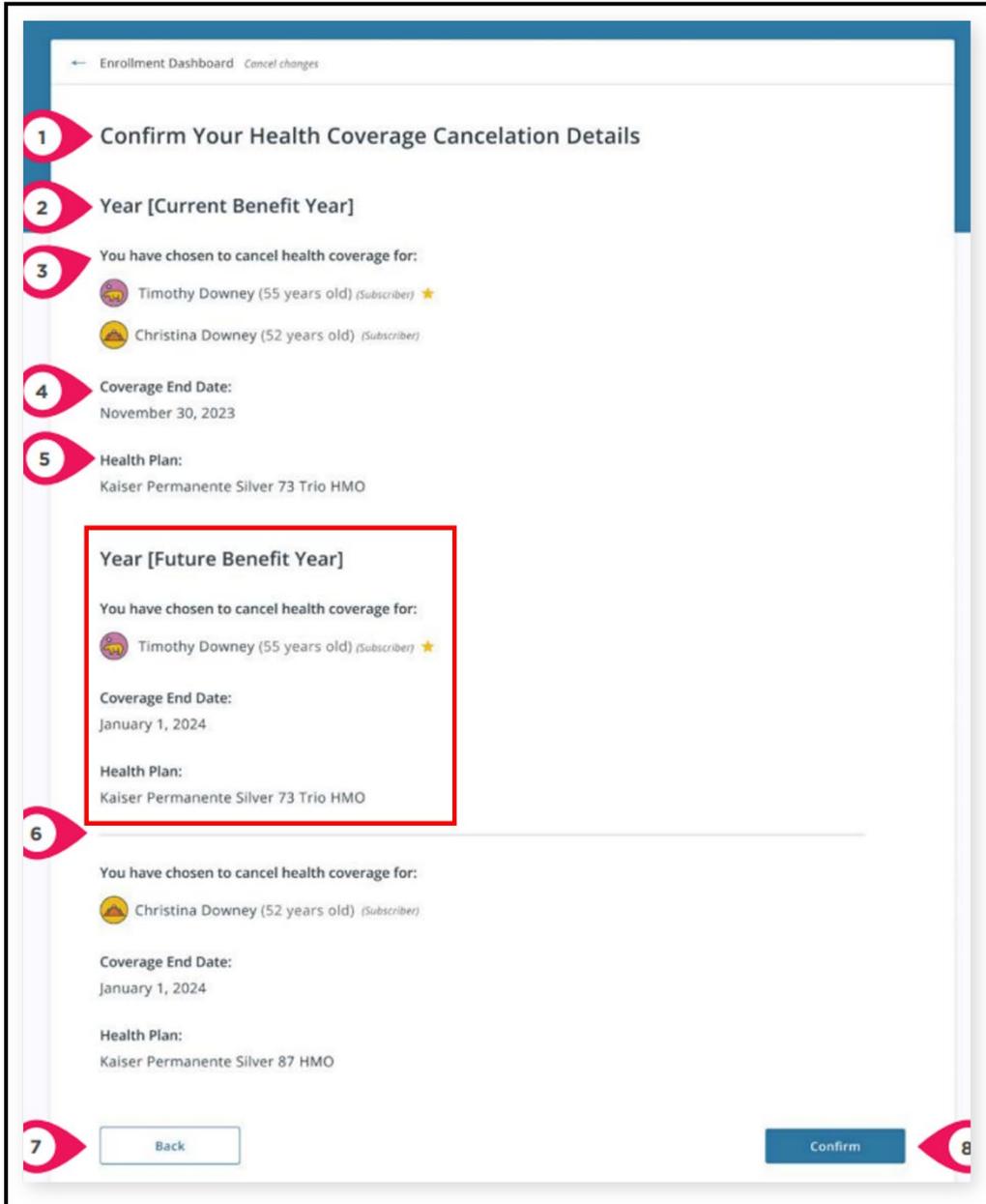
Kaiser Permanente Silver 87 HMO

Would you like to keep or cancel the [health/dental] for [future benefit year]?

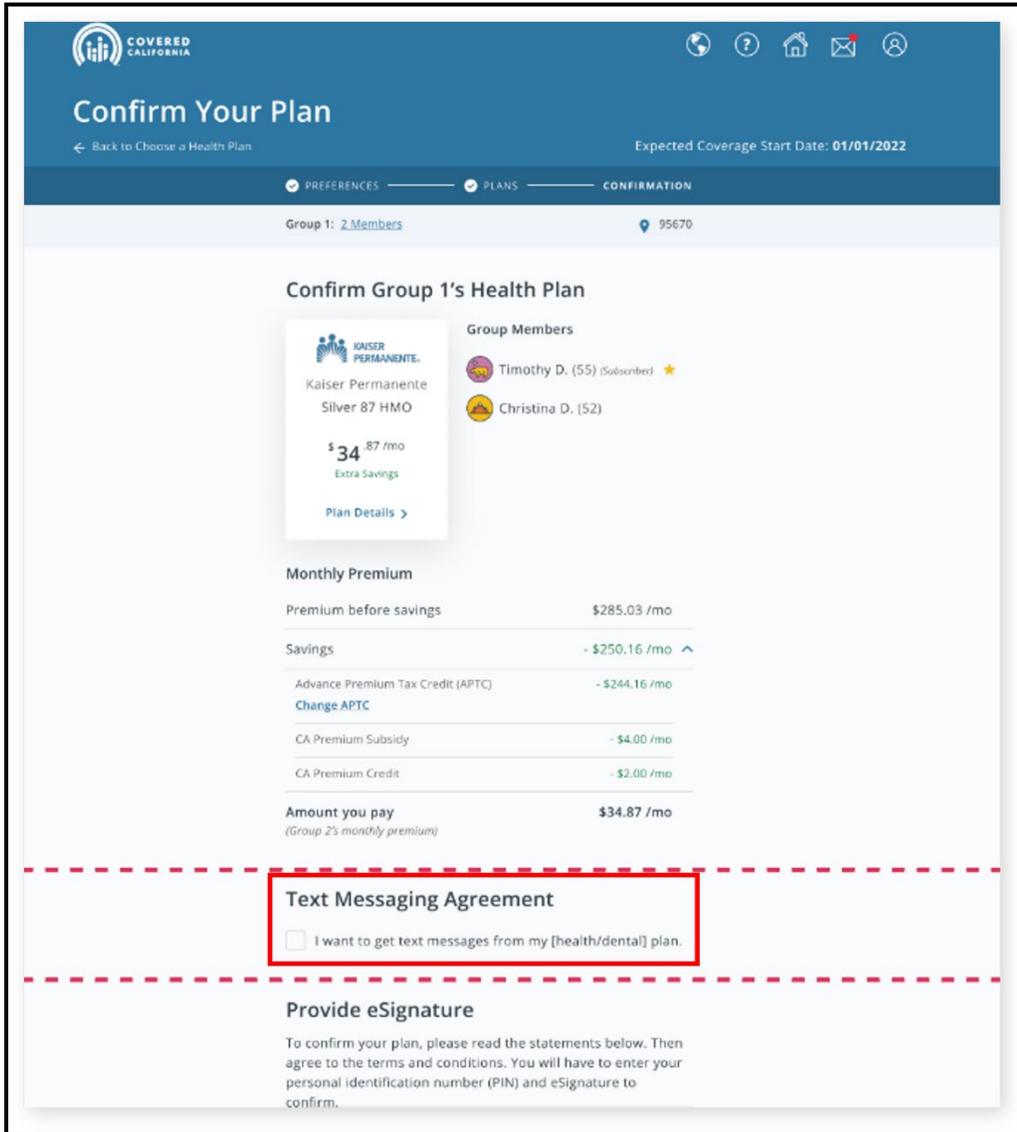
Keep

Cancel

3. The *Confirm Your Health Coverage Cancellation Details* page displays a new section: *Year [Future Benefit Year]* section when a Consumer cancels their health or dental plan for the future benefit year during Renewal and Open Enrollment.



- The new *Text Messaging Agreement* section displays on the *Confirm Your Plan* page when a cell phone number is provided on the application.



The expanded *Text Messaging Agreement* section displays with the following:

- Phone information for the Primary Contact
- Consumer agreements
- Clicking the **terms and conditions** link navigates the user to the Covered California web page

## Text Messaging Agreement

I want to get text messages from my [health/dental] plan.

Below is the person who will be listed as the [subscriber/responsible adult] for this enrollment. Please choose the phone number you want this [health/dental] plan to send text messages to.

 Timothy D. (55) (Subscriber) ★

- Cell: (123) 2323 - 4444
- Home: (123) 2323 - 4444
- Work: (123) 2323 - 4444

### I am agreeing to get texts:

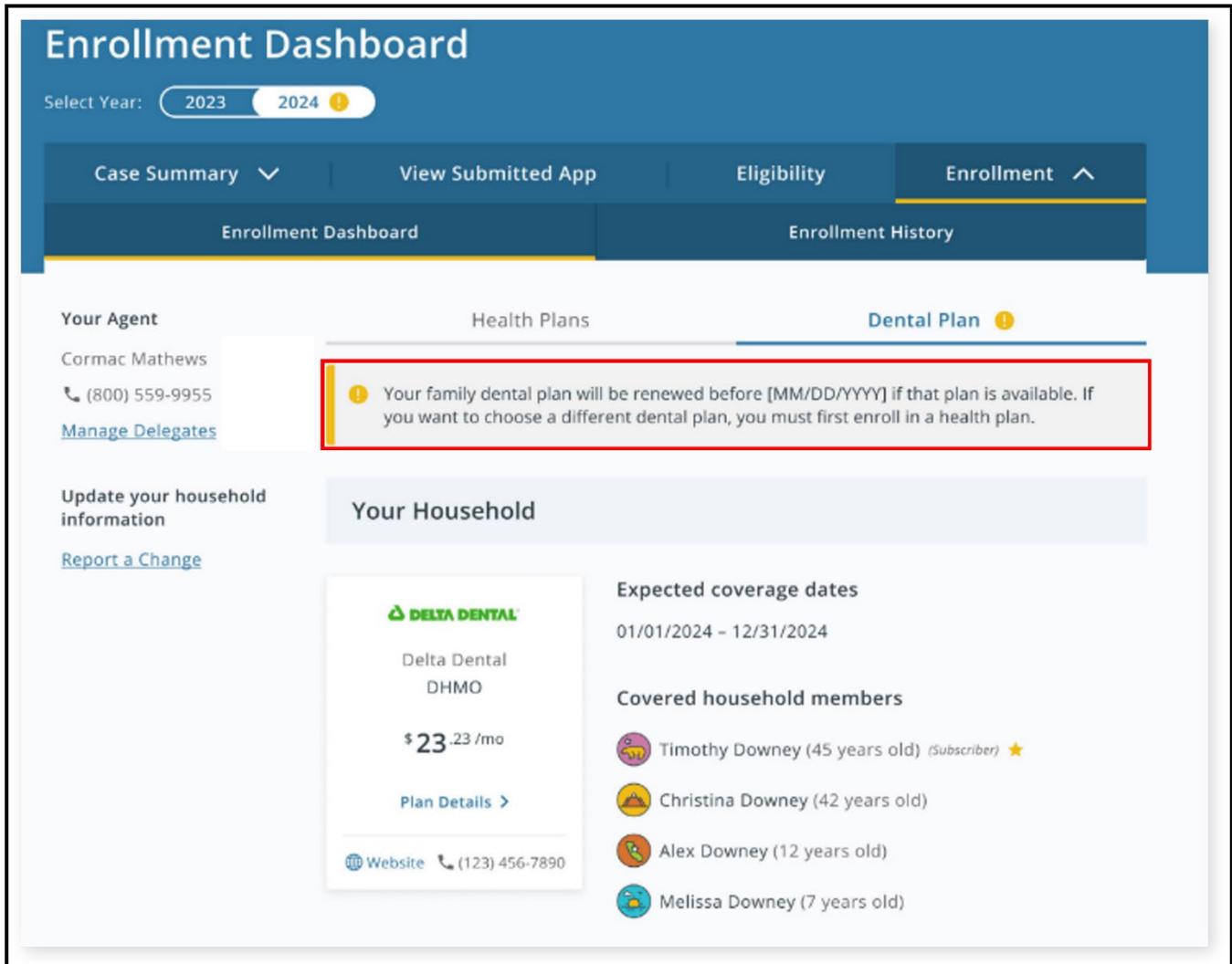
- From the [health/dental] plan I selected, its agents and related companies.
- About, for example, important health reminders, bills, my plan's benefits and claims information, and other information that may help me and my dependents.

### I understand that:

- Texts may be automatically dialed, prerecorded, or may include advertising about my [health/dental] plan benefits or services.
- Agreeing to receive text messages is voluntary.
- I do not have to agree to get text messages in order to get benefits or services under my [health/dental] plan.
- The number of texts I get and how often I get them will vary and change from time to time.
- My mobile plan may charge me their standard data charges for texts I get.
- I can stop text messages at any time by contacting my health plan.

Review your insurance company's [terms and conditions](#) for more information or to see if they provide this service.

- The *Enrollment Dashboard* displays a new banner message for dental-only Consumers during Renewal and Open Enrollment.



The screenshot shows the 'Enrollment Dashboard' for the year 2024. The 'Enrollment' tab is selected, and the 'Dental Plan' sub-tab is active. A red-bordered banner message is displayed, stating: 'Your family dental plan will be renewed before [MM/DD/YYYY] if that plan is available. If you want to choose a different dental plan, you must first enroll in a health plan.' Below the banner, the 'Your Household' section shows details for the 'DELTA DENTAL' DHMO plan, including a monthly cost of \$23.23 and a list of covered household members: Timothy Downey (45 years old, Subscriber), Christina Downey (42 years old), Alex Downey (12 years old), and Melissa Downey (7 years old).

- The *Enrollment Dashboard* displays HHMs that are ineligible for renewal through the end of the renewal year with the following:
  - Grayed-out text
  - Blue exclamation icon
  - No longer eligible for renewal*
  - Dismiss** link

Health Plans Dental Plans

---

**!** One or more household members haven't selected their health plan. Any household members who wish to enroll in a dental plan must first complete their health plan selection.

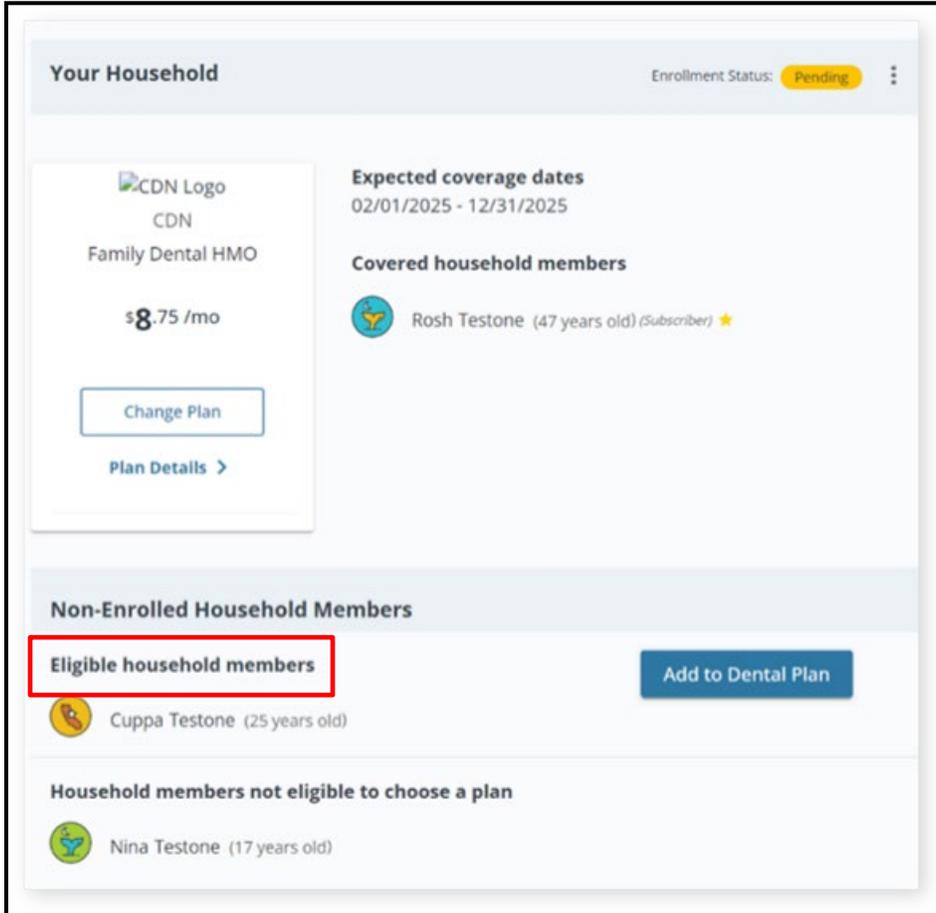
**Your Household** Enrollment Status: Enrolled ⋮

	Coverage dates	Premium start date
 Delta Dental DHMO  \$ <b>23</b> .23 /mo  <a href="#">Plan Details &gt;</a>  <a href="#">Website</a> <a href="#">(123) 456-7890</a>	01/01/2022 - 12/31/2022  <b>Policy ID</b> 123456789	02/01/2022

**Covered household members**

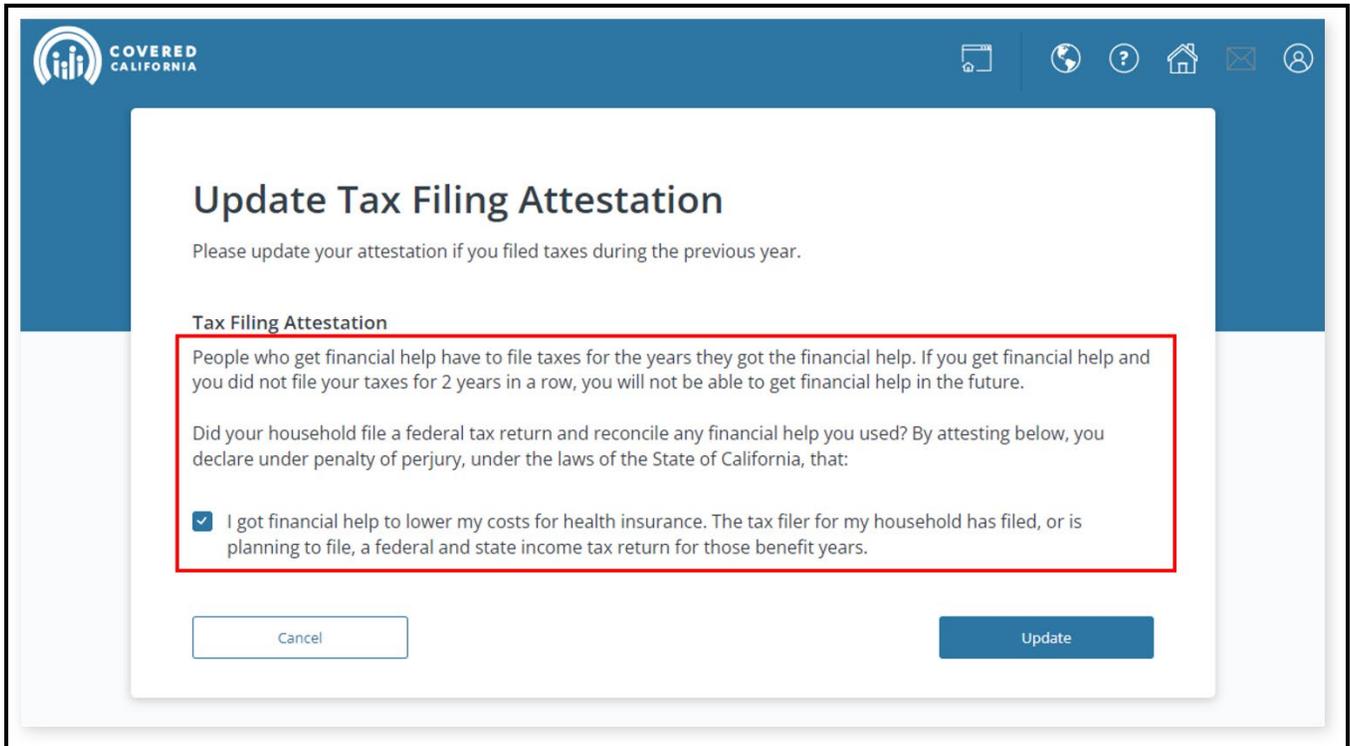
-  Timothy Downey (55 years old) *(Subscriber)* ★
-  Christina Downey (52 years old)  
! *No longer eligible for renewal* [Dismiss](#)
-  Alexander Downey (12 years old)
-  Melissa Downey (7 years old)

7. The **Dental Plans** tab of the *Enrollment Dashboard* displays a new *Need to complete health enrollment* section and the Household members section is renamed to Eligible household members.



## Failure to Reconcile Updates

1. The *Update Tax Filing Attestation* page displays an updated checkbox and messaging.



**Update Tax Filing Attestation**

Please update your attestation if you filed taxes during the previous year.

**Tax Filing Attestation**

People who get financial help have to file taxes for the years they got the financial help. If you get financial help and you did not file your taxes for 2 years in a row, you will not be able to get financial help in the future.

Did your household file a federal tax return and reconcile any financial help you used? By attesting below, you declare under penalty of perjury, under the laws of the State of California, that:

I got financial help to lower my costs for health insurance. The tax filer for my household has filed, or is planning to file, a federal and state income tax return for those benefit years.



## 24.9 Release Notes for Certified Enrollers

2. The *Financial Help* section of the *See Full Details* page displays updated messaging when HHMs meet the following criteria:

Ineligible or Discontinued for APTC, Cost Sharing Reduction (CSR), California State Premium Subsidy (CAPS), or Strike Lockout Benefit (SLS) due to the HHM:

Not planning to file taxes

Being married filing separately for taxes

AND/OR

Someone in your tax household did not file a federal income tax return with IRS Form 8962 for two years in a row when they received premium tax credits.

**Financial Help** *Discontinued* End Date 05/01/2025

Dane, you are Discontinued for Financial Help:

Your eligibility for this program will end 05/01/2025.

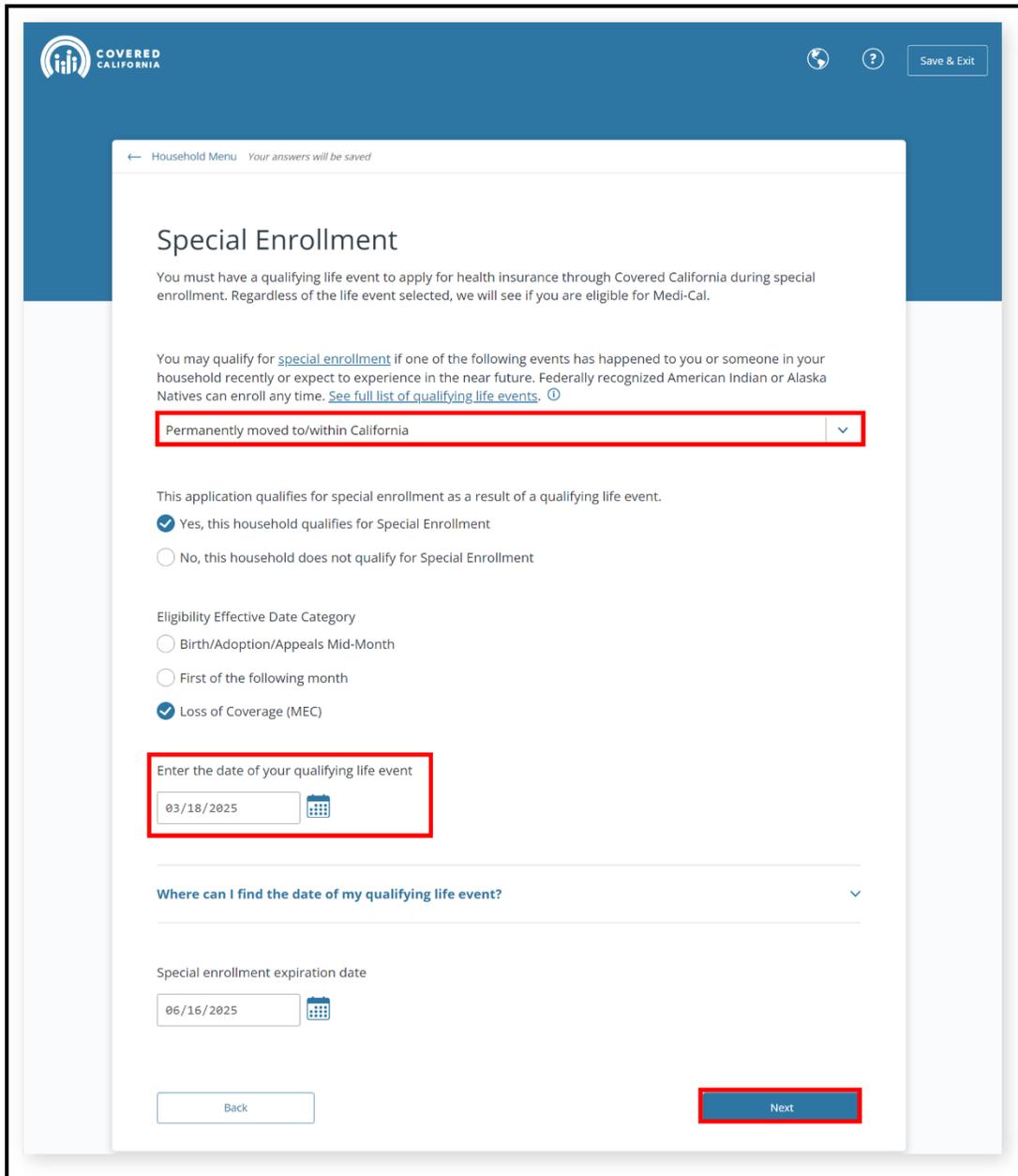
[Show Less Details](#)

- Your household qualifies to shop for a plan.
- You are not eligible to receive premium assistance for one or more of the following reasons:
  - The primary tax filer does not plan to file federal income taxes.
  - The primary tax filer has a spouse but does not plan to file taxes as "Married Filing Jointly."
  - The primary tax filer plans to file taxes as "Married Filing Separately."
  - Someone in your tax household did not file a federal income tax return with IRS Form 8962 for 2 years in a row when they got premium tax credits.
- You met all other requirements.

## Special Enrollment Period Updates for 2025

A Qualifying Life Event (QLE) date may be entered that is up to 60 days in the future in the *Enter the date of your qualifying life event* field for the following QLEs:

- **Permanently moved to/within California**
- **Released from jail or prison**



COVERED CALIFORNIA

Household Menu Your answers will be saved

### Special Enrollment

You must have a qualifying life event to apply for health insurance through Covered California during special enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal.

You may qualify for [special enrollment](#) if one of the following events has happened to you or someone in your household recently or expect to experience in the near future. Federally recognized American Indian or Alaska Natives can enroll any time. [See full list of qualifying life events.](#)

Permanently moved to/within California

This application qualifies for special enrollment as a result of a qualifying life event.

Yes, this household qualifies for Special Enrollment

No, this household does not qualify for Special Enrollment

Eligibility Effective Date Category

Birth/Adoption/Appeals Mid-Month

First of the following month

Loss of Coverage (MEC)

Enter the date of your qualifying life event

03/18/2025

Where can I find the date of my qualifying life event?

Special enrollment expiration date

06/16/2025

Back Next



## 24.9 Release Notes for Certified Enrollers

A message displays when the *Enter the date of your qualifying life event* field date for the **Permanently moved to/within California** or **Released from jail or prison** QLEs exceeds 60 days.

Enter the date of your qualifying life event



---

Where can I find the date of my qualifying life event? 

---

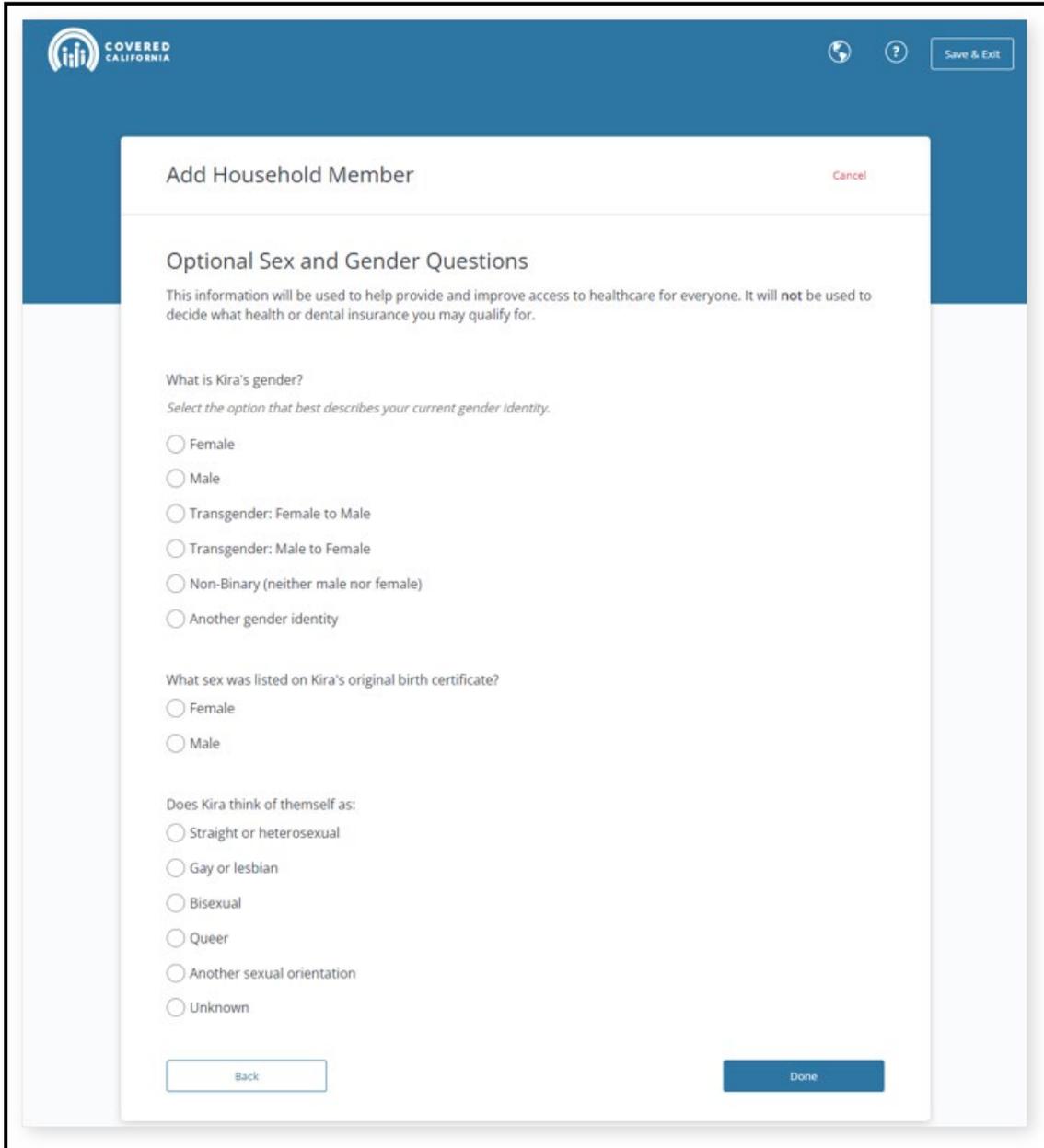
Your household may not be eligible to enroll in a Covered California plan because your qualifying life event date is outside of the special enrollment period for the event you selected. Most qualifying life events can be reported up to 60 days after the life event date.

Special enrollment expiration date



## Moving Sexual Orientation and Gender Identity (SOGI) Questions in the Application Flow

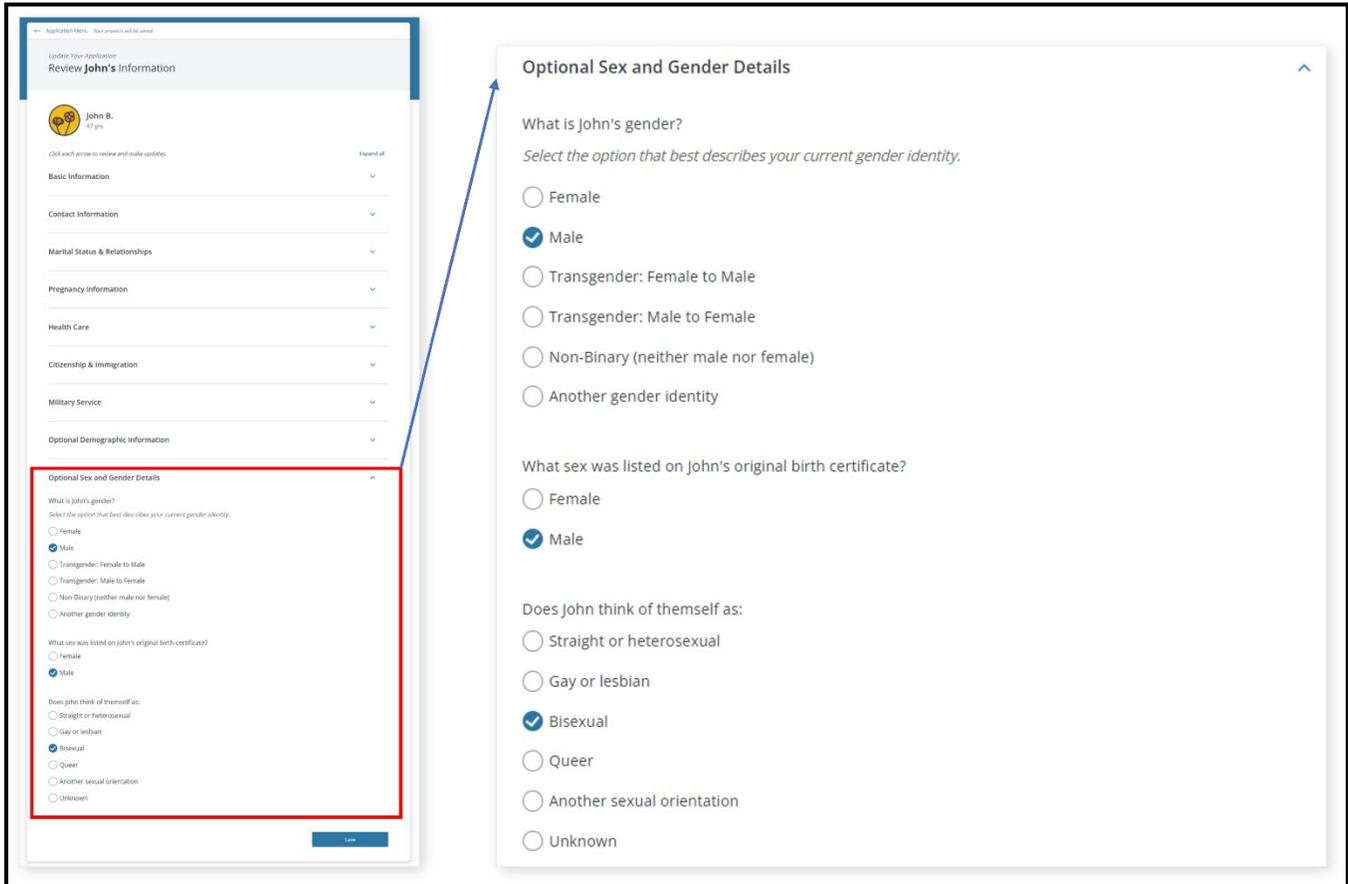
The *Add Household Member* page displays a new *Optional Sex and Gender Questions* section for HHMs 12 years of age or older, during an intake application.



The screenshot shows a mobile application interface for 'Add Household Member'. At the top, there is a blue header with the Covered California logo on the left, a globe icon, a question mark icon, and a 'Save & Exit' button on the right. Below the header, the main content area is white and contains the following sections:

- Add Household Member** (with a 'Cancel' link in red)
- Optional Sex and Gender Questions**
  - This information will be used to help provide and improve access to healthcare for everyone. It will **not** be used to decide what health or dental insurance you may qualify for.
  - What is Kira's gender?  
*Select the option that best describes your current gender identity.*
    - Female
    - Male
    - Transgender: Female to Male
    - Transgender: Male to Female
    - Non-Binary (neither male nor female)
    - Another gender identity
  - What sex was listed on Kira's original birth certificate?
    - Female
    - Male
  - Does Kira think of herself as:
    - Straight or heterosexual
    - Gay or lesbian
    - Bisexual
    - Queer
    - Another sexual orientation
    - Unknown
- At the bottom, there are two buttons: 'Back' and 'Done'.

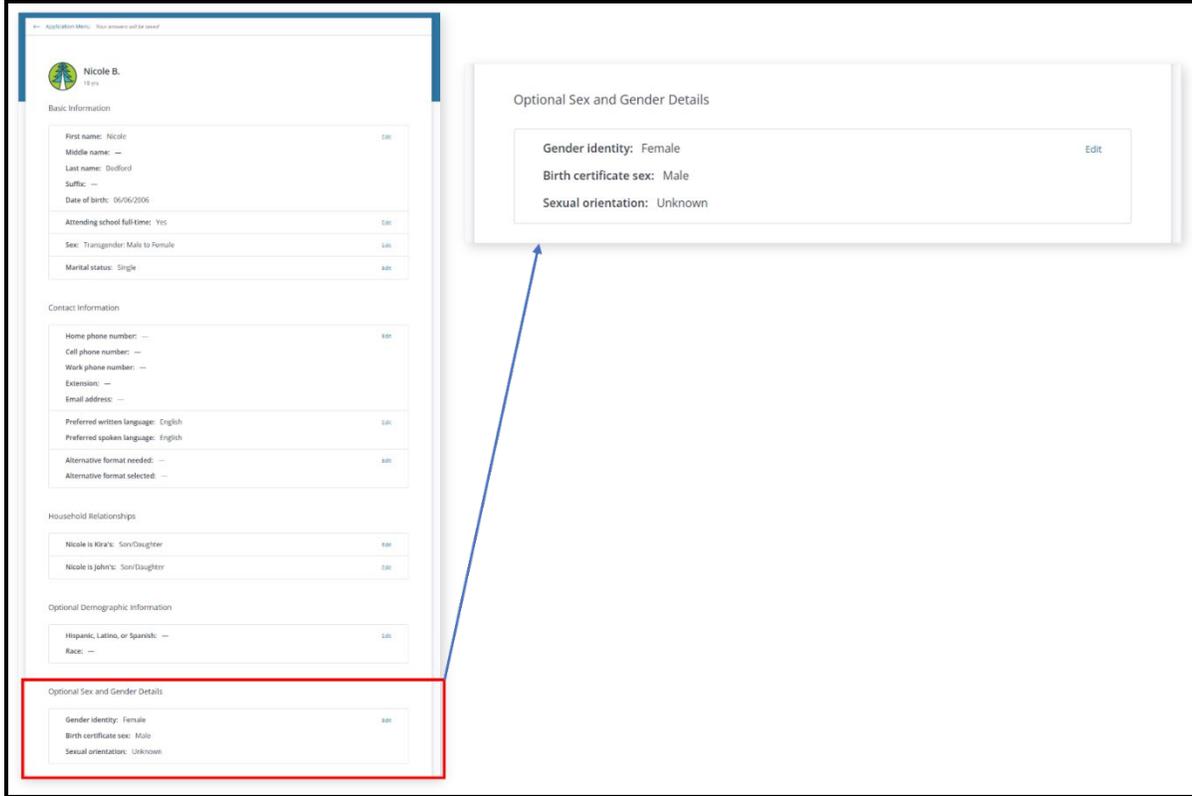
The Review **[HHM]**'s Information page displays a new *Optional Sex and Gender Questions* section for HHMs 12 years of age or older, during a RAC application.



The **[HHM]** Review, Review Individual Information, and the Final Individual Review pages display new *Optional Sex and Gender Details* sections with the following:

- *Gender identity*: label
- *Birth certificate sex*: label
- *Sexual orientation*: label

The **Edit** link navigates users to the *Optional Sex and Gender Details* section on the *Add Household Member* page for intake applications, or the *Review [HHM]'s Information* page for a Report a Change.



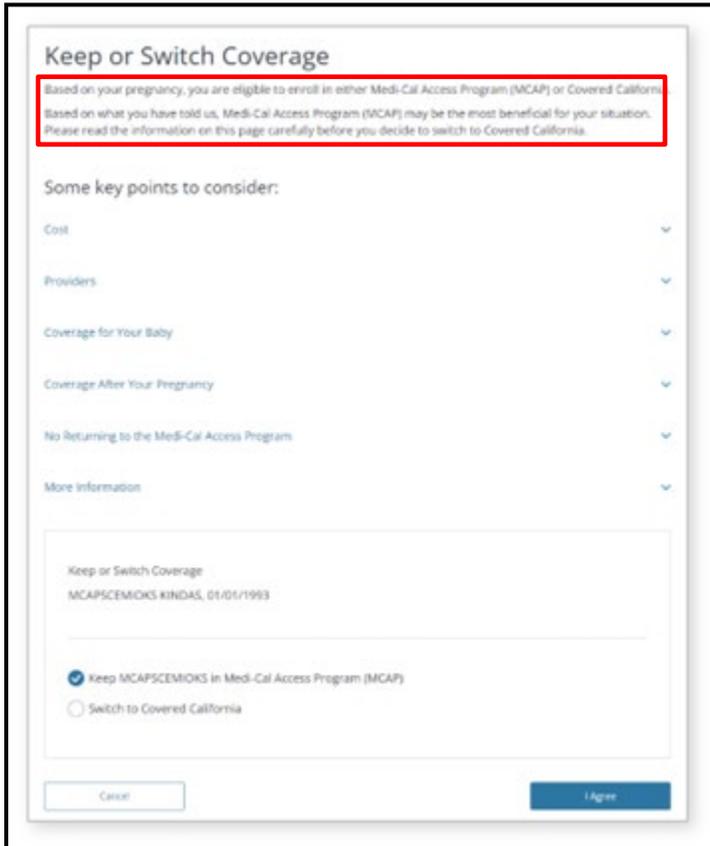
The screenshot shows a user profile for Nicole B. with the following sections:

- Basic Information:**
  - First name: Nicole
  - Middle name: —
  - Last name: Dufford
  - Suffix: —
  - Date of birth: 05/06/2006
  - Attending school full-time: Yes
  - Sex: Transgender: Male to Female
  - Marital status: Single
- Contact Information:**
  - Home phone number: —
  - Cell phone number: —
  - Work phone number: —
  - Extension: —
  - Email address: —
  - Preferred written language: English
  - Preferred spoken language: English
  - Alternative format needed: —
  - Alternative format selected: —
- Household Relationships:**
  - Nicole is Kara's: Son/Daughter
  - Nicole is John's: Son/Daughter
- Optional Demographic Information:**
  - Hispanic, Latino, or Spanish: —
  - Race: —
- Optional Sex and Gender Details:**
  - Gender identity: Female
  - Birth certificate sex: Male
  - Sexual orientation: Unknown

A callout box on the right side of the page, titled "Optional Sex and Gender Details", provides a magnified view of the details in the corresponding section of the profile. It includes an "Edit" link next to the "Gender identity" field.

## User Interface Updates

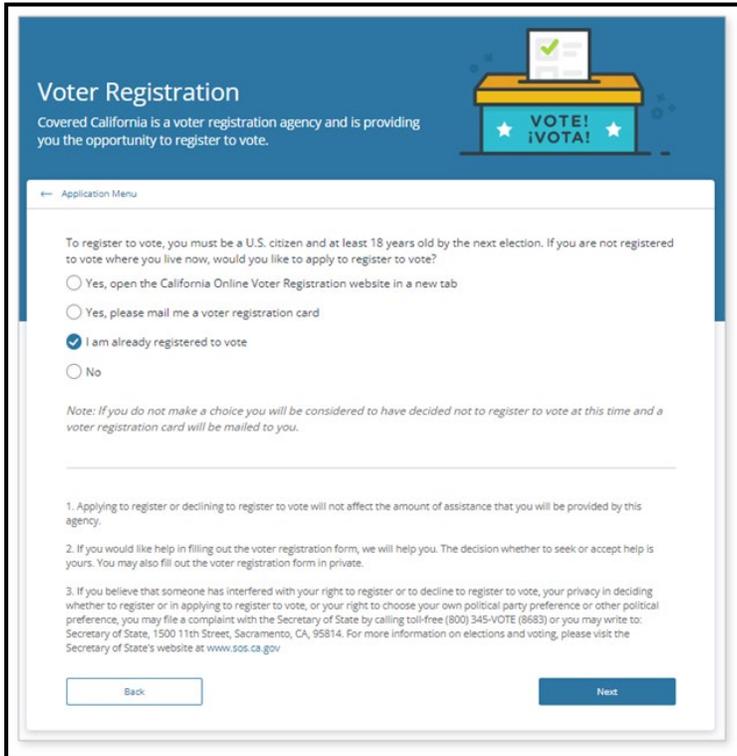
1. The *Keep or Switch Coverage* page displays updated messaging: *Based on what you have told us, [QHP or MCAP] may be the most beneficial for your situation. Please read the information on this page carefully before you decide to switch to [MCAP or MC].*



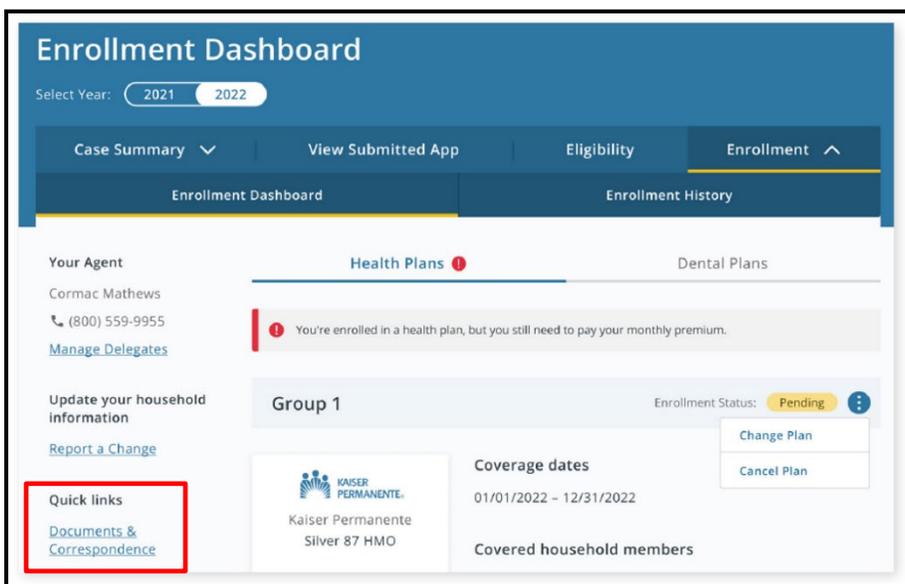
2. The *[YYYY] Household Summary* popup on the Consumer Home page displays updated messaging for HHMs turning 65 years old with the following links:
  - **Tell us about the change** link – navigates the users to the *How would you like to review and update this application?* page
  - **Cancel the Covered California plan** – navigates users to the *Enrollment Dashboard*
  - **Medicare.gov** – navigates users to the Medicare website



- The new **I am already registered to vote** radio button displays on the *Voter Registration* page to confirm that the Consumer does not want a Voter Registration card.



- A new **Documents & Correspondence** link displays on the *Enrollment Dashboard* in the new *Quick Links* section.
  - Clicking the **Documents & Correspondence** link navigates users to the *Documents and Correspondence* page.





# 24.9 Release Notes for Certified Enrollers

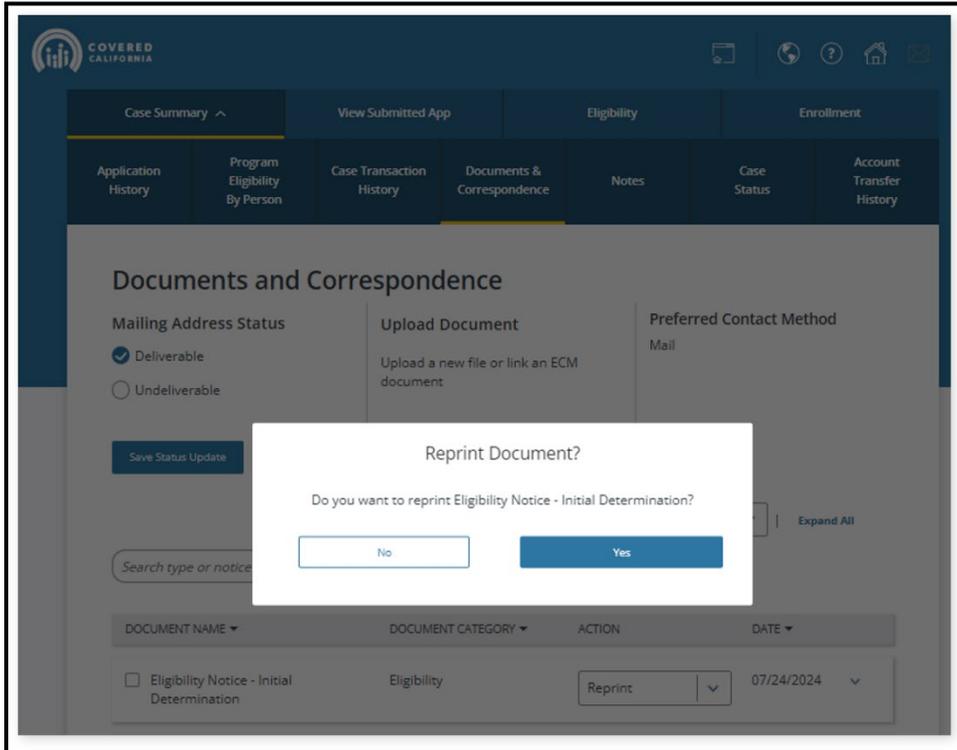
5. The **ACTION** column on the *Documents and Correspondence* page displays the following for Consumers whose preferred language is not English:

- Updated **View in [Preferred language]** dropdown option
- New **View in English** dropdown option

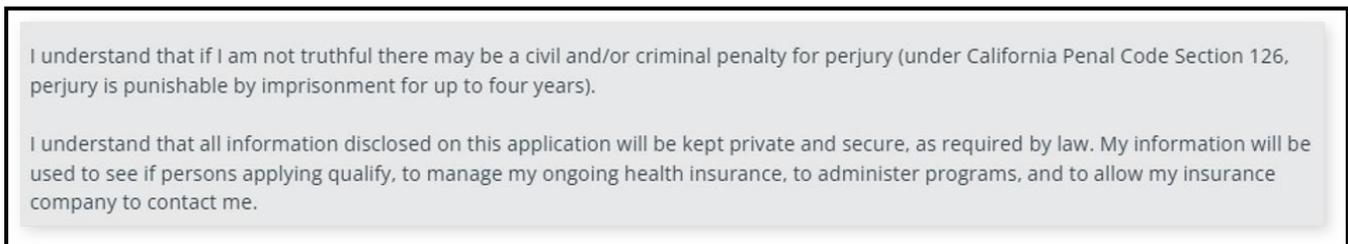
The screenshot shows the 'Documents and Correspondence' interface. It includes sections for 'Mailing Address Status' (with 'Deliverable' selected), 'Upload Document', and 'Preferred Contact Method' (set to 'Mail'). Below these are search and filter options, and a table of documents. The table has columns for 'DOCUMENT NAME', 'DOCUMENT CATEGORY', 'ACTION', and 'DATE'. The 'ACTION' column for the second document is expanded, showing 'View in Spanish' and 'View in English' options highlighted with red boxes.

DOCUMENT NAME	DOCUMENT CATEGORY	ACTION	DATE
<input type="checkbox"/> Eligibility Notice - Initial Determination	Eligibility	Select Option	07/10/2024
<input type="checkbox"/> Eligibility Notice - Initial Determination	Eligibility	Select Option <b>View in Spanish</b>	07/10/2024
<input type="checkbox"/> Annual Renewal Notice - A	Others	Edit Reprint	07/08/2024
<input type="checkbox"/> Eligibility Notice - Initial	Eligibility	<b>View in English</b>	07/05/2024

6. Clicking the **Reprint** option in the *ACTION* column on the *Documents and Correspondence* page displays a new *Reprint Document?* popup:
  - Clicking the **Yes** button displays the Reprint Notice popup
  - Clicking the **No** button closes the popup



7. The *Sign and Submit Your Application* page displays updated messaging under the *Please read this important information about your application. Once you finish reading, check the box to certify you have done so.* section.





# 24.9 Release Notes for Certified Enrollers

## Plan Benefits Display and Estimated Total Cost Attributes Updates

1. All plan benefit attributes used to calculate the estimated total cost and updated messaging display in the *Estimated Total Cost* section of the Health Plan Details page for plan year 2025 and onwards.

**Note:** Plan benefit attributes do not display when the estimated total cost is \$0.

### Estimated Total Cost

This is an estimate of the total yearly cost of this health plan. We based the estimate on how much health care you plan to use in [YYYY]. Your actual health care use and costs may be different.

You can change your expected health care use in your Preferences. These are your preferences now:

- Health plan use: [health care level]
- Prescription drug use: [prescription drug use level]

8 12 monthly premiums (\$[##] /month) \$[##]

Costs for health plan use \$[##]

- [#] Primary care visit(s)
- [#] Specialist visit(s)
- [#] Lab test(s)
- [#] X-ray(s) and radiology
- [#] Imaging (CT scans, PET scans and MRIs)
- [#] Outpatient Service(s): Visits, Rehab, & Surgeries (No overnight stays)
- [#] Inpatient Service(s): Hospital stays & Surgeries
- [#] Generic prescription drug(s)
- [#] Brand and specialty prescription drug(s)

Your estimated total cost \$[##]

2. New *Gender-affirming care details* and a tooltip display in the *Other Services* section of the *Health Plan Details* page.

Other Services	IN-NETWORK COST	OUT-OF-NETWORK COST
Home health care services ⓘ	40% Coinsurance after deductible	100% Coinsurance
Outpatient rehabilitation services ⓘ	\$65 Copay	100% Coinsurance
Habilitation services ⓘ	\$65 Copay	
Skilled nursing facility ⓘ	40% Coinsurance after deductible	No Charge 100.00% Coinsurance
Durable medical equipment ⓘ	40% Coinsurance after deductible	
Hospice services ⓘ	\$0	
Acupuncture ⓘ	\$65 Copay after deductible	
Rehabilitative speech therapy ⓘ	\$65 Copay	Your cost depends on your plan and the type of services provided. 100% Coinsurance
Rehabilitative occupational or physical therapy ⓘ	\$65 Copay	100% Coinsurance
Well baby visits and care ⓘ	\$0	100% Coinsurance
Allergy testing	\$95 Copay after deductible	100% Coinsurance
Diabetes education	\$0	100% Coinsurance
Gender-affirming care ⓘ	Your cost depends on your plan and the type of services provided	100% Coinsurance

**Gender-affirming care** ⓘ

Gender-affirming care, like hormone therapy and gender affirmation surgery, are covered by all Covered California health plans. Costs vary based on the service you need. For more help, review Evidence of Coverage.

Your cost depends on your plan and the type of services provided.

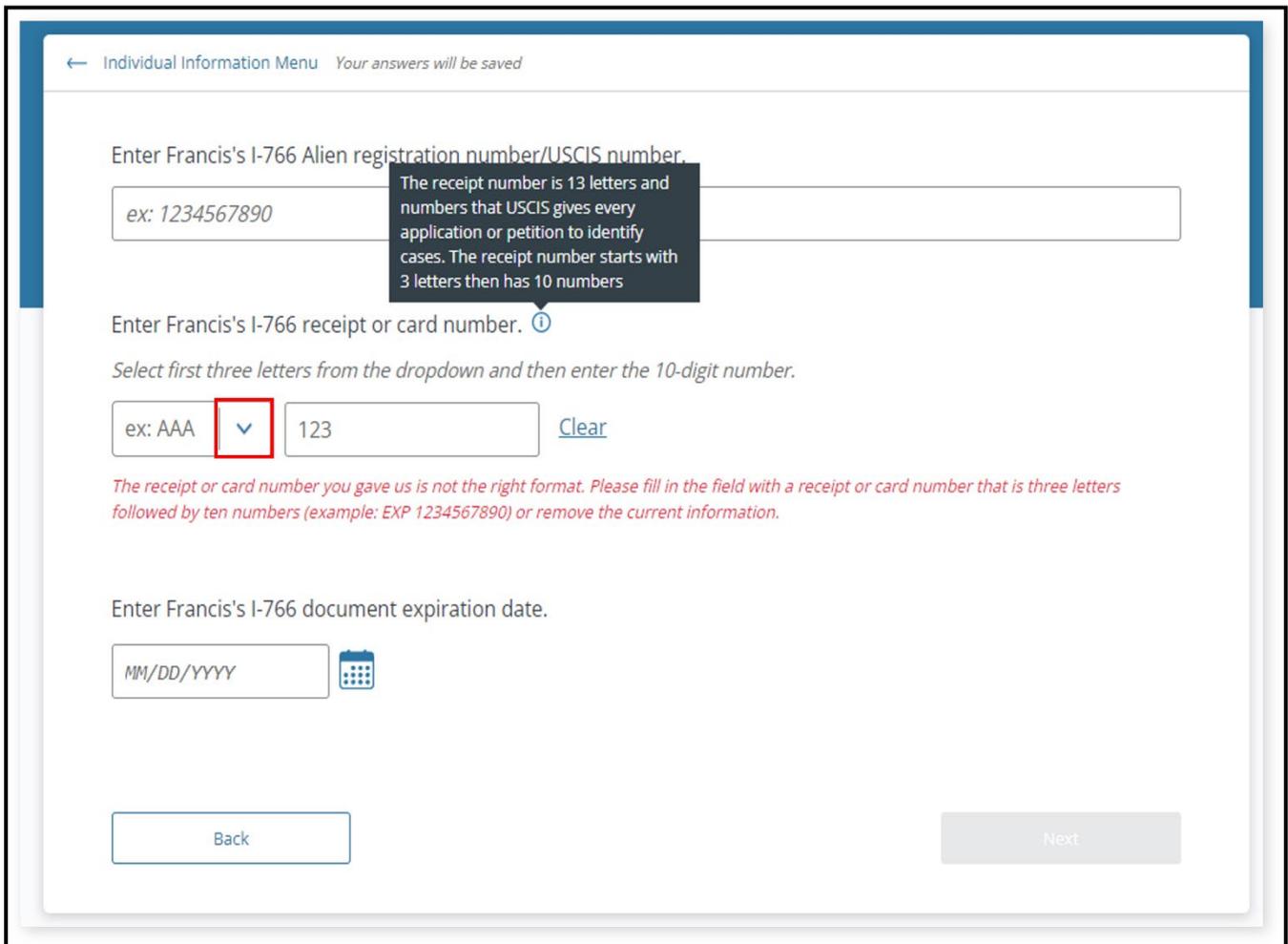
3. A new *Gender-affirming care* row displays in the *Other Services* section on the *Compare Health Plans* page.

Gender-affirming care ⓘ	No Charge	No Charge	No Charge
Gender-affirming care ⓘ	Your cost depends on your plan and the type of services provided.	Your cost depends on your plan and the type of services provided.	Your cost depends on your plan and the type of services provided.

**Gender-affirming care** ⓘ

Gender-affirming care, like hormone therapy and gender affirmation surgery, are covered by all Covered California health plans. Costs vary based on the service you need. For more help, review Evidence of Coverage.

4. The *non-citizenship* section of the *Individual Information Menu* displays the following new features:
- Tooltip
  - Receipt number of dropdown to select the first 3 letters of the receipt number
  - **Clear** link
  - Field validation error message
  - **Calendar** icon for date fields



← Individual Information Menu Your answers will be saved

Enter Francis's I-766 Alien registration number/USCIS number.

ex: 1234567890

The receipt number is 13 letters and numbers that USCIS gives every application or petition to identify cases. The receipt number starts with 3 letters then has 10 numbers

Enter Francis's I-766 receipt or card number. ⓘ

Select first three letters from the dropdown and then enter the 10-digit number.

ex: AAA ▼ 123 Clear

The receipt or card number you gave us is not the right format. Please fill in the field with a receipt or card number that is three letters followed by ten numbers (example: EXP 1234567890) or remove the current information.

Enter Francis's I-766 document expiration date.

MM/DD/YYYY 

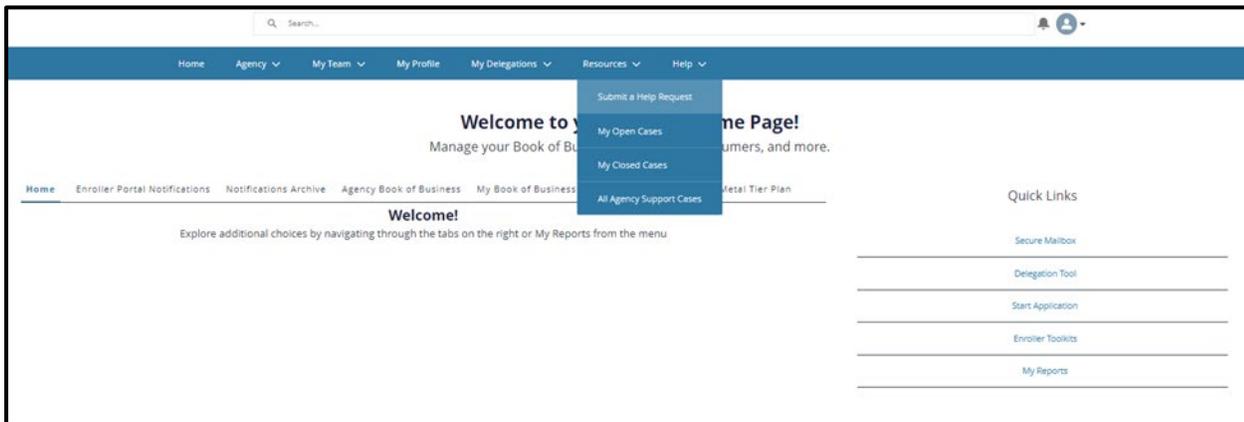
Back Next

## Submitting a Help Request and Live Chat

The new *Help* dropdown was added to the Enroller Portal on August 12, 2024. The dropdown includes the following options:

- Submit a Help Request
- My Open Cases
- My Closed Cases
- All Agency Support Cases/All Entity Support Cases

**Note:** the options may vary based on role.



Please see the [Enroller Portal Submitting a Help Request and Live Chat Task Guide](#) to learn more about this functionality.