

Release Date

2/7/2025

Consumers Moving Out of Region

CalHEERS adds messaging and **Update Plan** button to the following pages to notify consumers that their health and/or dental plan is available in their new region:

- Consumer Home page
- Welcome to Your Household Eligibility Results Summary
- See Full Details
- Enrollment Dashboard

CalHEERS adds an Update Plan button on the Enrollment History page

		S 🖸 🛱 🛛 8
Welcome bac	k, husband!	
*	Update Plan some household members need to choose a new plan. If you wish to make any additional changes to your household, you can still report a change to redetermine your eligibility.	Update Flan Report a Change
Account Alerts An address was chi by 01/31/2025 to s	inged for your household. One or more of your plans may not be available in Iay covered. <u>Update Plan</u>	this new area. Update your plan
Tax Forms & Other	Important Documents of Coverage Forms	

A new message and **Update Plan** button displays in the *Next Steps* section on the Consumer Home page when a consumer updates their residential address to a region where their health or dental plan is not available.

• Clicking the Update Plan button navigates consumers to the Enrollment Dashboard



A new red alert banner displays in the *Account Alerts* section of the Consumer Home page with an **Update Plan** link.

• Clicking the **Update Plan** link navigates the consumer to the *Enrollment Dashboard*

2025 Household Summary Please review all alerts and action	ns for your household. Complete all	actions needed to get coverage.	
Case #: 5193261814			
Household Members (2):	Program Eligibility	Covered By	Actions Needed
husband n. 34 yrs	Covered California	Health Net	Urgent Update Plan
An address was changed for y wife n. 34 yrs	our household. One or more of your plans n Covered California	nay not be available in this new area. U pda Health Net	ite your plan by 01/31/2025 to stay covered. Urgent Locare Pan
An address was changed for y	our household. One or more of your plans n	nay not be available in this new area. Upda	ite your plan by 01/31/2025 to stay covered.
Primary Contact Info:			
husband n. 34 yrs	husband told us the best wa	y to contact them is by Mail.①	

An Update Plan link displays in the Actions Needed column.

• Clicking the Update Plan link navigates consumers to the Enrollment Dashboard

A new red alert banner displays in the [YYYY] Household Summary popup.

Let's take a lo	programs eligibility below.	ld.
husband n.	wife n. Mysers of	
Program Eligibility Course California Pari Reservat Help Isharoos Silver Benefits	Program Exploitly Covered California Plan Enancial Inte Enhanced Silver Bandits	Update health and dental plans by 01/31/2025. Update Plan An address was changed for your household. One or more of your plans may not be available in this new area. Update your plan by 01/31/2025 to stay covered.
See Full Details	See, Full Details	
Household No hear review the next steps of Update health and de An address was charged is they covered.	ext Steps has are impercant for your household. Intel plans by 01/31/2025. In your household. One or more of your plans in when were, tipeling your plan by 01/31/2025 to	

A new red banner message displays on the *Household Next Steps* section on the *Welcome to Your Household Eligibility Results Summary* page.



• Clicking the **Update Plan** button navigates consumers to the *Enrollment Dashboard*

husband n.		S Eligibility Start Date 08/01/2025
Program	Status	Quick Link
Covered California Plan	Eligible	Jump to this section
Financial Help	Eligible	Jump to this section
Enhanced Silver Benefits	Eligible	Jump to this section
tusband's Next Ste	2 ps ntal plans by 01/31/2025	

A new red alert banner displays in the [HHM]'s Next Steps section of the See Full Details page.

• Clicking the **Update Plan** button navigates consumers to the *Enrollment Dashboard*





A new red alert banner displays on the [Health/Dental] Plans tab of the Enrollment Dashboard.

An **Update Plan** button displays on the *[Health/Dental] Plans* tiles that navigates the consumer to the *Choose a [Health/Dental] Plan* page.

View Submitted App	Eligibility	Enrollment 🔨
	Enro	ollment History
Health Plans		Dental Plans
		Expand All Collapse All
2025		^
Group 1		Enrollment Status:
		Lin direct
	Coverage dates	Premium effective date
CP Health Net	06/01/2025 - 12/31/2025	06/01/2025
Health Net	Policy ID	
Silver 87 Ambetter HMO	41513	
\$102 14 /mo	Household coverage deta	ils
Extra Savings	HOUSEHOLD MEMBERS	COVERAGE DATES
	husband name	06/01/2025 - 12/31/2025
and the second se	(34 years old) (Subscriber) 📩	00/01/2023 - 12/3/12023
	nt Dashboard 2025 Group 1 Mealth Net Silver 87 Ambetter HMO Silver 87 Ambetter HMO Silver 87 Ambetter HMO	Coverage dates 05/01/2025 Group 1 Coverage dates 05/01/2025 - 12/31/2025 Health Net Health Net Silver 87 Ambetter HMO Silver 87 Ambetter HMO Silver 87 Ambetter HMO Household coverage detates Household coverage detates Household coverage detates

A new **Update Plan** button displays on the *[Health/Dental] Plan* tiles of the *Enrollment History* page.

• Clicking the **Update Plan** button navigates consumers to the *Choose a [Health/Dental] Plan* page

Update to Medi-Cal Eligibility Confirmation Letter

The following updates have been made to the Medi-Cal Eligibility Confirmation Letter:

- Adds a new section to the Medi-Cal Eligibility results on the See Full Details page
- Makes an immediate call to MEDS to confirm Medi-Cal Eligibility
- Updates to the Medi-Cal Eligibility Confirmation Letter to include specific dates
- New popups to support the trigger conditions and print functionality

The Medi-Cal section of the See Full Details page includes the following updates:

- Messaging is reorganized
- New Request an Eligibility Confirmation Letter section
 - **Get Confirmation Letter** button makes an immediate call to MEDS and dynamically displays one of the following:



- Medi-Cal Eligibility Confirmation letter when MEDS confirms eligibility and is within 30 days of the Confirmation Letter begin generated
- One of the four different popups

	Sky, you are Eligible for Medi-Cal:
	If you have never been issued a Benefits Identification Card (BIC), one will be mailed to you soon. Your local county office will contact you if they need more information, or you can contact your local county
	office if you have questions.
	Sky is eligible for Medi-Cal.
Ð	Show More Details
	Request an Eligibility Confirmation Letter
	If you have an urgent medical need in the next 10 days request an Eligibility Confirmation Letter to use
	for your doctor or pharmacy.
	Get Confirmation Letter

The Medi-Cal Eligibility Confirmation letter displays with the following information:

- Updated messaging
- New Temporary Benefits Identification Card (BIC) heading
- Updated Issue date Displays the initial date of the confirmation letter is requested, MEDS confirms Medi-Cal eligibility, and the letter is generated
- New Good Through Date Displays a date 30 days from the Issue Date
- Updated Birth Date Displays the full birth date





The *Next Steps* popup dynamically displays when a consumer clicks the **Get Confirmation Letter** button and the following applies:

- The Good Through date on the Medi-Cal Confirmation Letter has passed
- More than 30 days has passed since the last BRE run



You should have	already received a plastic Benefits
Identification Car	d (BIC) in the mail which you can use
to see a doctor o	r get medication.
 If you had an	Eligibility Confirmation Letter
created you c	an view it by going to <u>Documents</u>
and Correspondence	<u>ndence.</u>
 If you still have	re not received your card or need a
replacement	card, <u>contact your local County</u>
office for help	o.
	Ok, Close

The consumer is able to view, download, or reprint the Medi-Cal Eligibility Confirmation Letter on the *Documents and Correspondence* page.

Case Summary 🗸	View Submitted App	Eligibility		Enrollment	
Documents and	Correspondence	t			
Mailing Address Status	Upload Docume	ent	Preferred Con	tact Method	
ODeliverable	Upload a new file o	r link an ECM	Mail		
🕑 Undeliverable	document				
Save Status Update	Add Document				
		Transactions Pe	er Page 25	Expand All	
Search type or notice #	۹ Filters ①				
Date V Document Nam	Document Category	✓ Deliverable S	status 🗸 🛛 U	ploaded By 🗸	
DOCUMENT NAME	DOCUMENT CATEGO	RY - ACTION		DATE 🔻	
					1

The new *Session Timed Out* popup displays when a consumer clicks the **Get Confirmation Letter** button on the *See Full Details* page and the call to MEDS times out.



<u>_</u> !	
Session Timed Out	
There was an unexpected error trying to g letter. Please come back to this page, and later.	enerate the try again
If the problem remains, Please <u>contact yo</u> <u>county office</u> for assistance.	ur local
Ok	

The new *We Apologize* popup displays when a consumer clicks the **Get Conformation Letter** button on the *See Full Details* page and there is an error communicating between MEDS and CalHEERS.

	<u>_1</u>
	We Apologize
There letter <u>local</u>	e was an unexpected error trying to generate the . If the problem remains, please <u>contact your</u> <u>county office</u> for assistance.
	Ok

The new *Temporary Outage* popup displays when a consumer clicks the **Get Confirmation Letter** button on the *See Full Details* page and there is a regularly planned MEDS outage.





Alternate Formats for Receiving Notifications

CalHEERS adds the option for consumers to receive notices in Large print, Audio electronic, Data electronic, and Braille. Alternative format options display on the following pages with a new **What are Alternative Formats?** link:

- Add Household Member
- Receive [HHM]'s Information
- Authorized Representative Information
- Optional Data section of the Flexible Application
- [HHM] Review
- Final Household Review

CalHEERS displays the consumer's selected alternative format on the *Documents and Correspondence* page

CalHEERS enables password encryption option for audio and data electronic formats

The Add Household Member page displays new questions:

- Does [HHM] need future communications about their eligibility to be sent in an alternative format?
 - Clicking the **Yes** radio button displays additional questions
- The What are alternative formats? link displays an informational popup
- Password encryption Is available for Audio and Data electronic formats



	What are Alternative Formats?
Does James need future communications about their eligibility to be sent in an alternative format? Optional If you skip this question or select "No" you will get future communications in the regular printed format. Mata are alternative formats? No Yes	Alternative Formats are for those who need printed communications in a format such as Braille, large print, audio electronic, or data electronic format.
Which of the following alternative formats does James need future communications sent in? If you have questions or need a format not listed please call (916) 440-7370 Large print	 Large print documents have bigger letters, numbers, and pictures to make it easier for people with low vision to read. They are printed in much larger fonts than regular documents
Audio electronic format Data electronic format Braille	 Audio electronic format is a recording of someone reading a document out loud. You can listen to it using headphones, speakers, or other devices.
Does James want their future communications for the selected format to be protected by a password? If you select "Yes" your future communications will be protected by a password. No	 Data electronic format is the electronic versions of a printed document that can be read on a computer, smartphone, tablet, or other electronic devices.
Ø Yes	 Braille is a system of raised dots that people who are blind or visually impaired can touch with their fingers to read.
Beck Next	Gose

Clicking the Braille radio button displays a yellow alert banner:

• Braille is only available in English or Spanish. If you preferred language is not English or Spanish, your notices will be sent in English Braille.





The Final Household Review page and the [HHM] Review page displays the following labels:

- Alternative format needed: [Yes/No]
- Alternative format selected: [Alternative Format]
- Password encryption selected: [Yes/No]

James B.	
24 yrs	
asic Information	
First name: James	Edit
Middle name:	
Last name: Barnes	
Suffix: —	
Date of birth: 01/01/1990	
Sex: Male	Edit
Marital status: Single	Edit
iontact Information	
ontact Information	54
ontact Information Home phone number: — Opt-in:	Edt
ontact Information Home phone number: — Opt-In: Cell phone number: —	Edit
iontact Information Home phone number: — Opt-in: Cell phone number: — Opt-in:	Edit
iontact Information Home phone number: — Opt-In: Cell phone number: — Opt-In: Work phone number: —	Edit
iontact Information Home phone number: — Opt-in: Cell phone number: — Opt-in: Work phone number: — Extension: —	Edit
iontact Information Home phone number: — Opt-in: Cell phone number: — Opt-in: Work phone number: — Extension: — Opt-in:	Edi;
iontact Information Home phone number:	Edi;
iontact Information Home phone number: Opt-in: Cell phone number: Opt-in: Work phone number: Extension: Opt-in: Ermall address: Preferred written language: English	5dt Edt
Intact Information Home phone number: Opt-In: Cell phone number: Opt-In: Work phone number: Extension: Opt-In: Email address: Preferred written language: English Preferred spoken language: English	Edit Edit
iontact Information Home phone number: — Opt-in: Cell phone number: — Opt-in: Work phone number: — Extension: — Opt-in: Email address: — Preferred written language: English Preferred spoken language: English Alternative format needed: Yes	Edit Edit

Alternative format questions display in the Optional Data section of the Flexible Application.





The *Documents and Correspondence* page search results displays a new *Alternative Format: [Format type]* field when an Alternative Format is selected.

Transaction	ns Per Page 25 🗸 Collapse All
DOCUMENT CATEGORY - ACTION	N DATE 🔻
Eligibility Selec	ct Option
Document Type: INDIVIDUAL NOTIC	E Time: 01:31 AM
	Filters ① DOCUMENT CATEGORY ACTIO Eligibility Sele Document Type: INDIVIDUAL NOTIC

Multifactor Authentication Requires Admin and Sales Users to Register with Phone or Email

CalHEERS updates the Multi-Factor Authentication functionality as follows:

- Removes the Security Questions from the *My Profile* page for Admin and Agent users
 - Admin users with only security questions are automatically directed to register an email or phone number
- Requires Admin and Agent users to register at least an email or a cell phone number as an account verification method
- Displays updates banner messaging on the Consumer Home page for consumers and Authorized Representatives when an email or cell phone number is not registered

The *Register Your Account* page only displays **Email** and **Cell Phone Number** as account verification options for Admin and Agent users.

Admin and Agent users that have Security Questions as the only method are navigated to the *Register Your Account* page to register an Email or Cell Phone Number.



RED INIA	(
Register Your Account	
Set up one of the following verification method	s to register your account before you start your application.
If you forget your username, password, or need cell phone number to access your account.	t to view your tax forms, you must register your email address or
10.352	
Email	
O Recommended	
No email registered	(+ Add
Cell Phone Number	
O Recommended	Standard text message rate applies.
No cell phone registered	(+ Add)
	Save & Continue

The *Register Your Phone or Email* popup displays for consumers and Authorized Representatives that have not registered for a One-Time Passcode (OTP) method.

Messaging informs the user that a phone or email address needs to be registered to login starting *June 2025*.

		Ŀ
Pogin	<u>_!</u>	
Apply	Register Your Phone or Email	
on or eligib	Starting June 2025, you will have to use a one-time passcode to access your account. The code will be	п
<u>What</u>	sent to your registered email or phone. If you haven't given us your email or phone number yet, you can add it now.	I
	Register Email Register Phone	nm
ifornia	Go To Home Page	ers v
nt sta		



The updated banner message at the top of the Consumer Home page only displays for consumers and Authorized Representatives that have Security Questions as their only verification method:

• Important: You must register your **phone** or **email** by June 2025 to keep accessing your account.

Clicking the **phone** or **email** link navigates the user to the *Register Your Account* page. Clicking the **X** closes the message.

Important: You must register your <u>phone</u> or <u>email</u> by Jur	ne 2025 to keep accessing your account. X
	© 6 ¤ 8
Welcome, Harry! Select Year: 2024 2025	
Begin Application Apply for health insurance through on one application. You need a Qua eligible for Covered California. What happened to my previous app	Covered CA and Medi-Cal Apply Now lifying Life Event to be
Important Dates	2024 Household Summary
JAN 31 - Covered California 2025 Open Enroliment starts Nov 01, 2024 and ends Jan 31, 2025.	Your household members will appear here. Begin an application to get started.
ALL YEAR - Medi-Cal	(Î)
You can apply and may qualify for Medi-Cal year round.	

Enrollment Pages Updates

CalHEERS updates several pages for clarity and ease of navigation:

- New Enrollment Dashboard button the Choose a Health Plan and Choose a Dental Plan pages
- Corrects references to health pan and health services on the *Dental Plan Details* and *Plan Confirmation and Payment* pages
- Updates labels from *Premium start date* to *Premium effective date* on the *Enrollment Dashboard, Enrollment History,* and *Enrollments* pages

A new **Enrollment Dashboard** button displays at the top of the *Choose a Health Plan* and *Choose a Dental Plan* pages

Clicking the Enrollment Dashboard button navigates the user to the Enrollment Dashboard.



	\$? & 8
Choose a Health Plan ← Back to Provider Preferences	Enroliment Dashboard Expected coverage start date: 12/01/2024
Ø PREFERENCES PLANS	CONFIRMATION
Group 1: <u>1 Member</u> 90604	🔮 Preferences 🛩
By using Covered California, you'll save \$162.80/mo on your health plan. Your estimated total COVERED CALIFORNIA	I cost includes these savings.
Choose a Dental Plan ← Back to Enrollment Dashboard	Enrollment Dashboard Expected coverage start date: 01/01/2025
PLANS	CONFIRMATION
Group 1: <u>1 Member</u> 90604	
Filters 8 Dental Plans	

The *Premium start date* label is updated to *Premium effective date* on the *Health Plans* and *Dental Plans* tabs of the following pages:

- Enrollment Dashboard
- Enrollment History
- Enrollments



COVERED CAIMON Case Overview Enrollment Dashk elect year: 2024	board	5	\$ 0 ff 🖂 8
	View Submitted App	Eligibility	Enrollment 🔨
Enrollmen	t Dashboard		Iment History
Update your household information	Health Plans		Dental Plans
Report a Change	Group 1		Enroliment Status: Enrolled
Quick links Documents & Correspondence		Coverage dates 12/01/2024 - 12/31/2024	Premium effective date
	Anthem Blue Cross Silver 70 HMO	Policy ID 32627	
	\$ 193 .20 /mo	Covered household member	S) (Subscriber) 💌
	Plan Details >	Monthly premium	\$256.00 /mo
	@Website \$5708761986	Savings	- \$162.80 /mo

Consumer Take Away Pages

CalHEERS <u>adds the ability to generate and print plan summaries</u> for Certified Enrollers and consumers who are not signed into a Covered California account.

A new Print Page Summary button displays for Enrollers and consumers not signed into a Covered California account on the following pages:

- Compare Health Plans
- Compare Dental Plans
- Dental Plan Details
- Health Plan Details
- Create your Covered California Account



← Back to Choose a Health Plan	lalls	Expected coverage start date: 01/01/	2025
	Ø FRETRINES	CONFIRMATION	
Group 1: 2 Members 95	811	O Preferences	~
Ant war	Key Costs and Features	👼 Print Page Summ	ary
Kaiser Silver 73 HMO SILVER	This summary shows the health plan's cover the Summary of Benefits and Coverage (SBC) View the plan brochure	ge and costs. For more details, use the left-side menu or	
Choose Plan	Monthly premium	\$225.75 /month	
Quick Navigation	Yearly deductible	\$0 /year (Individual) \$0 /year (Family)	
Key costs and features	Out-of-	45 Yes have desired up 1	
Monthly premium	pocket ③ maximum	\$12200 /year (Family)	
Estimated total cost Health care providers	Primary care visits	\$35 Copay	
Yearly deductible and out-of- pocket costs	Mental and behavioral health	\$35 Copay	
Doctor visits	visits and outpatient services		
Mental and behavioral health	Generic	1000	
Prescription drugs	prescription drugs	\$15 Copey	
Outpatient services	Plan type	нмо	
Emergancy room and urgent care	Health		
Hospital services	Savings		
Pregnancy	(HSA)		
Other services	cligible		

Clicking the **Print Page Summary** button displays the new *Choose Your Categories* popup.

The Choose Your Categories popup displays two main sections:

- Included Information
- Optional Content

All sections are selected by default. Users may select sections they would like included in the results.

- **Deselect All link** Displays when at least one section is selected
- Select All link Displays when no section is selected

Selecting a checkbox for a selection adds the section to the print preview.

- **Cancel** button Closes the popup
- **Print Preview** button Generates a PDF in a new tab for review and printing



Activity premium • Monthly premium • Montple • Montple • Monthly premium • Montple • Montple • Monthly premium • Monthly mathematications • Monthly mathematications • Monthly mathematications • Monthly mathematications • Monthly mathematicatinter	Hispital Services Inpatient hospital services Inpatient hysician and surgical services Inpatient hysician and surgical services Fregnancy Prenatal care Delivery and maternity care inpatient facility fee Delivery and maternity care inpatient professional fee Other Services Home health care services Outpatient rehabilitation services Utubation services	2
systems Becker Wits Controlly premium Strady deformations Order productions Specializet suits Order productions Strady deformations Other practicioner office visit Specializet suits Specializet	Hospital Services Inpatient hospital services Inpatient hysician and surgical services Fregnancy Prenatal care Delivery and maternity care inpatient facility fee Delivery and maternity care inpatient professional fee Other Services Home health care services Outpatient rehabilitation services Utpatient services	2
	Inpatient physician and surgical services Pregnancy Prenatal care Delivery and maternity care inpatient facility fee Delivery and maternity care inpatient professional fee Other Services Home health care services Outpatient rehabilitation services Hublitation services	2
Point Desident Household information C • Substance abuse inpatient facility fee - Substance abuse inpatient facility fee • Substance abuse inpatient facility fee - Substance abuse inpatient facility fee • Substance abuse inpatient facility fee - Substance abuse inpatient facility fee • Members applying for coverage If	Prenatal care Delivery and maternity care inpatient facility fee Delivery and maternity care inpatient professional fee Other Services Home health care services Outpatient rehabilitation services Habilitation services	Ø
Hotesable Information C - ZJP code, county, and annual income Estimated infancial help - Estimated inancial help Prescription Drugs - Members applying for coverage If infancial help - Members not upplying for coverage If infancial help - Tree? (prefered brand drugs) - Tier 3 (non preferred brand drugs) - Tier 3 (non preferred brand drugs) - Tier 4 (specialist drugs) Lief and the sense formate - Tier 3 (non preferred brand drugs)	Outrie y and matching date application production for Other Services Home health care services Outputient rehabilitation services Habilitation services	
Preferences & Filters	 Habilitation services 	
Plauncial by diversing a	Skilled nursing facility Durable medical equipment Hospice services Acquincture Rehabilitative speed therapy Rehabilitative scrupational or physical therapy	
overall quality fating • X-rays and diagnostic imaging • Imaging (CT scans, PET scans, and MRIs) • Imaging (CT scans, PET scans, and MRIs) • Member's pare experience • Member's pare service experience	Well baby visits and care Allergy testing Diabetes education Gender-affirming care	
Yearly Deductible and Out-of-Pocket Cots Image: Control of	Children's Vision Child eye exam Child eyeglasses	M
Out-of-podet maximum Max cost per prescription Emergency room facling fee Emergency room professional fee Urgent care	Children's Dental - Child dental checkup - Child filing (one surface) - Child root canil (molar) - Child root canil (molar)	۵

The *Compare Health Plans* PDF dynamically displays with selections from the *Choose Your Categories* for users to review, download or print.

≡ 8715ba1e-ddad-4b8d-b5b0-fa82b2d214c6	1/9 - 90% + E Ø	:
	Coverage Year: 2023 Compare Health Plans	
	Producendo di Informatido PIP Code: 55111 Annual Income: 550,000 Estimated Planacial Help \$1046.76/month Choque a plan by 05/10/2025 to start your coverage on D/11/2025.	
2	2 Household Members Applying for Coverage	
	Person 1 Potential ElipIbility: Age: 45 Pregnant: No Dut of Pocket Costs Blind or disabled: No	
3	Person 2 Potential Bighility: Age: 29 Lover Monthly Prenum and Lower Billind or disabled: No Out of Podert Corts	
	Healthcare Preferences Filters Added	
	Medical Service Use Medium Medal Ties Prescription Drug Use Medium Silver Silver CSR	
	Kaiser Blue Sheld	
	KINSER PERMANENTE, blue tr of california	
	Key Costs	÷



New **[#] Members** and **[Zip Code]** links display in the *Group [#]* bar for consumers not signed into a Covered California account. This is applicable on all *Enrollment Dashboard* pages.

Clicking the **[#] Members** link displays the household members in the group: *Person* **[#]**, *([Age])*.

Clicking the [Zip Code] link displays the [County Name].



User Interface Enhancements

CalHEERS updates the following enrollment pages with minor messaging changes and new enrollment year updates to enhance the user experience:

- Choose a Health Plan
- Compare Health Plans
- Confirm this Income Information is Correct
- Consent and Verification
- Health Plan Details
- Income Information