CCSB Dual Enrollment Pilot Process for Enrollers Task Guide

Overview

This Task Guide provides direction for consumers who apply for the Advance Premium Tax Credit (APTC) and have a health insurance plan through the Covered California for Small Business (CCSB).

Summary

CCSB recently gained access to enrollment data for members who are dually enrolled in CCSB and through the health insurance marketplace with financial assistance.

Beginning July 2026, there will be a pilot process using the MTROP functionality.

This will place members into a 95-day Reasonable Opportunity Period (ROP) for Minimum Essential Coverage (MEC) inconsistency. This will provide consumers the opportunity to either update their enrollment or submit documentation confirming they are not enrolled in CCSB.

If no action is taken by the consumer within 95 days, the system will automatically remove the financial assistance from their case.

Process

Consumers who apply for APTC and CSRs may be notified that Covered California records show that they are enrolled in a health insurance plan through CCSB. Consumers may prove that they are not enrolled in a health insurance plan through CCSB by submitting a copy of acceptable documentation including:

Letter of Ineligibility: A formal letter or notice from CCSB stating that the consumer or their family members are not currently enrolled in a CCSB plan.

Termination Notice: If previously enrolled, a document or official notice from the health insurance company showing termination of CCSB coverage.

Employer Documentation: A letter or official document from the employer stating that the consumer or their dependent(s) is not eligible for or enrolled in the group health insurance plan or that the business does not offer a health insurance plan through CCSB.

Statement of Non-Enrollment: A written statement, signed under penalty of perjury, that the consumer or their dependent(s) is not eligible for or enrolled in a health insurance plan through CCSB if they are unable to provide any of the above documents.