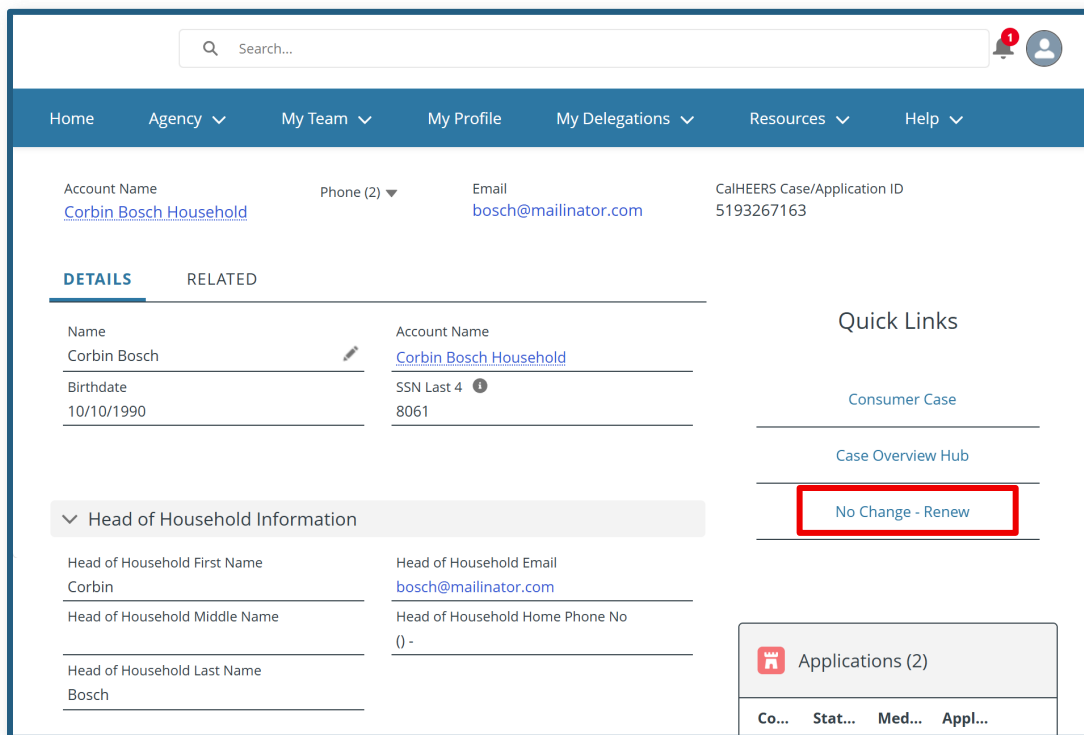


Overview

The **No-Change Renew** button on the Enroller Portal allows enrollers to complete a renewal with no changes for Covered California only eligible cases.

Steps

1. Login to the Enroller Portal
2. Select the consumer contact page
3. Click the **No Change – Renew** button under *Quick Links*



The screenshot shows the Enroller Portal interface. At the top is a search bar and a user profile icon. Below is a navigation bar with links: Home, Agency, My Team, My Profile, My Delegations, Resources, and Help. The main content area displays account information for 'Corbin Bosch Household'. It includes fields for Account Name, Phone, Email, and CalHEERS Case/Application ID. Below this is a 'DETAILS' section with tabs for 'DETAILS' and 'RELATED'. The 'DETAILS' tab shows personal information like Name, Birthdate, and SSN. The 'RELATED' tab shows 'Head of Household Information' with fields for First Name, Middle Name, Last Name, Email, and Home Phone Number. To the right of the details is a 'Quick Links' section with links for 'Consumer Case', 'Case Overview Hub', and 'No Change - Renew' (which is highlighted with a red box). At the bottom right, there is a section for 'Applications (2)' with a table showing columns for Co..., Stat..., Med..., and Appl....

4. The No Change Renewal flow navigates the users to a view of the *Final Household Review* and *Final Individual Review* pages.

Household Information tab:

- Displays read only case information
- **Click here if you have updates to report** link – navigates the user to the active renewal flow
- **Continue to review** button – navigates the user to the Individual Information Review tab



Covered California
Outreach and Sales Division
OutreachandSales@covered.ca.gov



Enroller Portal No Change Renew Link Quick Guide

Final Individual information tab:

- Displays individual information and allows the user to select the individual they would like to review.
- **Proceed to Submit** button – navigates the user to continue the renewal process as described on the *Household Information* tab.

Renewal Application
Final Individual Review
The following information is view-only. Updates can be made in the main application.
[Click here if you have updates to report](#)

James M.
27 yrs
Primary Contact

Basic Information

First name: James
Middle name: —
Last name: McIntyre
Suffix: —
Date of birth: 09/05/1998
Sex: Male
American Indian or Alaska Native? No
Social Security Number (SSN): ••••• 6789 [Show](#)

Contact Information

Cell phone: (916) 545-7890
Opt In: No
Home phone: —
Opt In: —
Work phone: —
Extension: —
Opt In: —
How we send your letters: Online mailbox
How we notify you about new letters: Text message
Email address: —
Preferred written language: —
Preferred spoken language: —
Alternative format needed: No
Alternative format selected: —

Pregnancy Information

Pregnant? No

Health Care

Current health care program(s): None of the above
Offered employer health insurance? No
Wants Medi-Cal to help pay for any medical expenses from the last 3 months? No
Long-Term Care/Home and Community-Based Services? No
Disability? No
Involved in a lawsuit because of an injury or accident? No

Citizenship Information

U.S. citizen or U.S. national? Yes
Naturalized or Derived citizen: No

Optional Demographic Information

Hispanic, Latino or Spanish? No
Race: Asian Indian

[Back](#) [Proceed to Submit](#)

James McIntyre | Application #: 1357198288 | Case #: 5193290758

After clicking the **Proceed to Submit** button CalHEERS will perform a verifications check.

The Verification check populates the Mini Assessment allowing information to be edited or documents uploaded for attributes that may result conditional eligibility prior to signing and submitting the application. If any details are edited, the quick renew flow will no longer be available and the enroller will need to complete the application for each page. If there are no inconsistencies found a success message appears.

Let's check your application to make sure you are ready to submit!



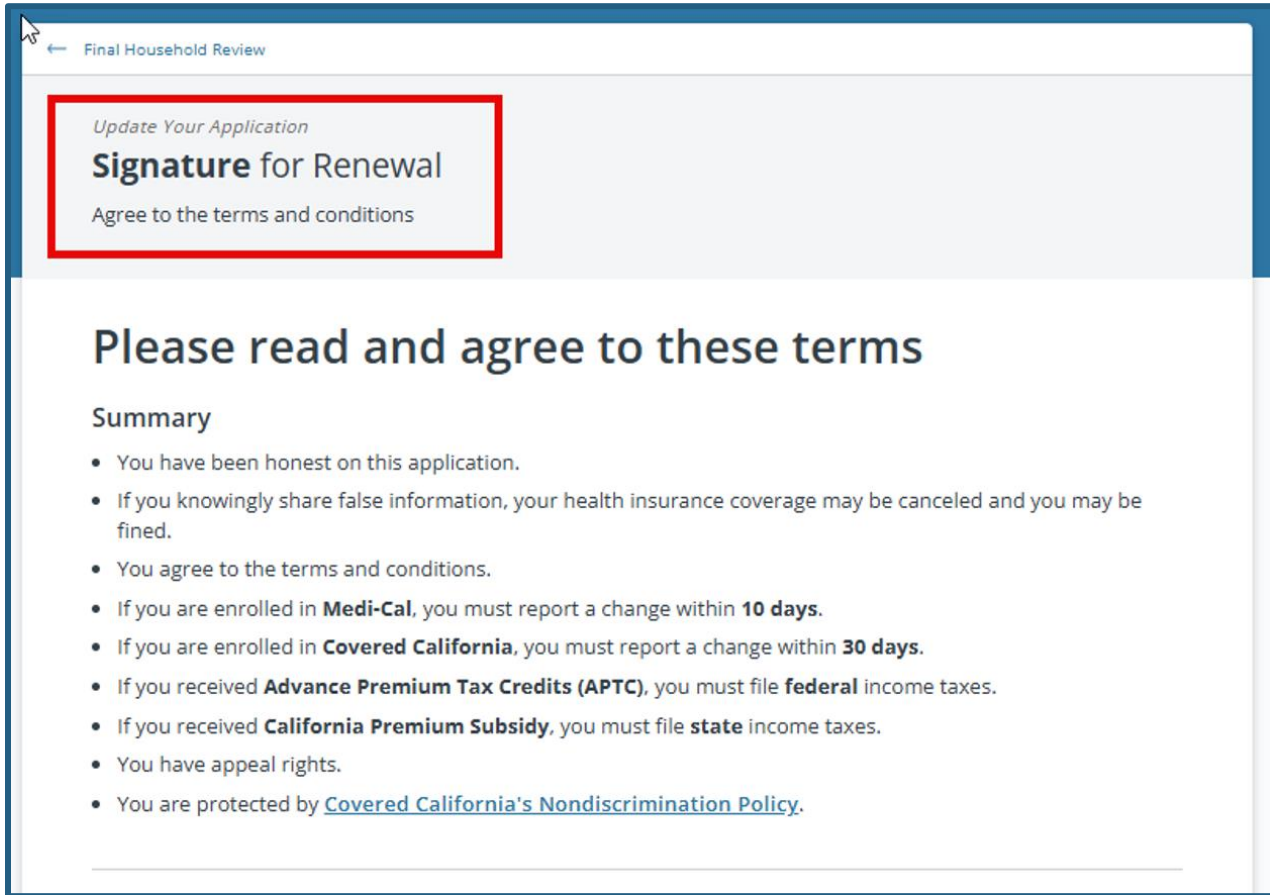
We want to verify your information with our records to make sure that your application is ready to submit.

You can go back and review your information. When you're ready, continue and we'll check your application.

Back

Check my application

After the application check and no edits were needed for the application, the Signature for Renewal populates with a Summary of terms and conditions.



← Final Household Review

Update Your Application

Signature for Renewal

Agree to the terms and conditions

Please read and agree to these terms

Summary

- You have been honest on this application.
- If you knowingly share false information, your health insurance coverage may be canceled and you may be fined.
- You agree to the terms and conditions.
- If you are enrolled in **Medi-Cal**, you must report a change within **10 days**.
- If you are enrolled in **Covered California**, you must report a change within **30 days**.
- If you received **Advance Premium Tax Credits (APTC)**, you must file **federal** income taxes.
- If you received **California Premium Subsidy**, you must file **state** income taxes.
- You have appeal rights.
- You are protected by [Covered California's Nondiscrimination Policy](#).

Upon completion of the Signature for Renewal and agreement to terms and conditions, eligibility results will populate and plan renewal becomes available to keep or change plan.