



Single Streamlined Application for Enrollers

Overview

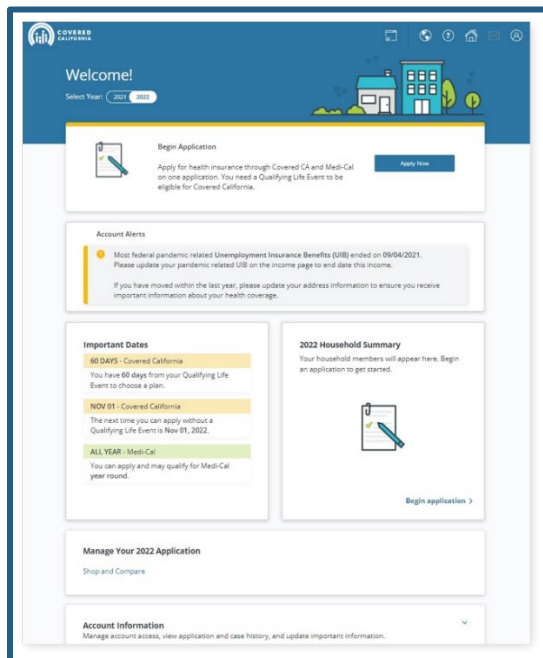
This Quick Guide provides an overview of the SSA, with a focus on highlighting features and pages for Certified Insurance Agents (Agents), Certified Enrollment Counselors (CECs), County Eligibility Workers (CEWs), and Plan Based Enrollers (PBEs).

Background

The Covered California Single Streamlined Application (SSA) is the primary interface for submitting online applications during Open Enrollment and Special Enrollment, and for reporting changes or renewing eligibility to health coverage. The SSA is designed to be accessible via mobile devices like cell phones and tablets. A user may begin an application via their desktop and then continue it via their mobile device. The SSA aims to improve the consumer experience by dynamically displaying only those questions that are relevant to the consumer based on prior data entered.

The SSA is organized into four main sections:

- Introduction
- Household Information
- Individual Information
- Review and Submit



Note: A consumer navigating to CalHEERS from a health plan provider's website, also known as an off-exchange consumer, experiences a different journey to plan selection because they may have an existing affiliation to that health provider. The carrier logo displays in the top left corner of the global header for these applicants and/or Authorized Representative. The carrier's logo no longer displays when at least on HHM is enrolled in a plan.

Covered California

Outreach and Sales Division

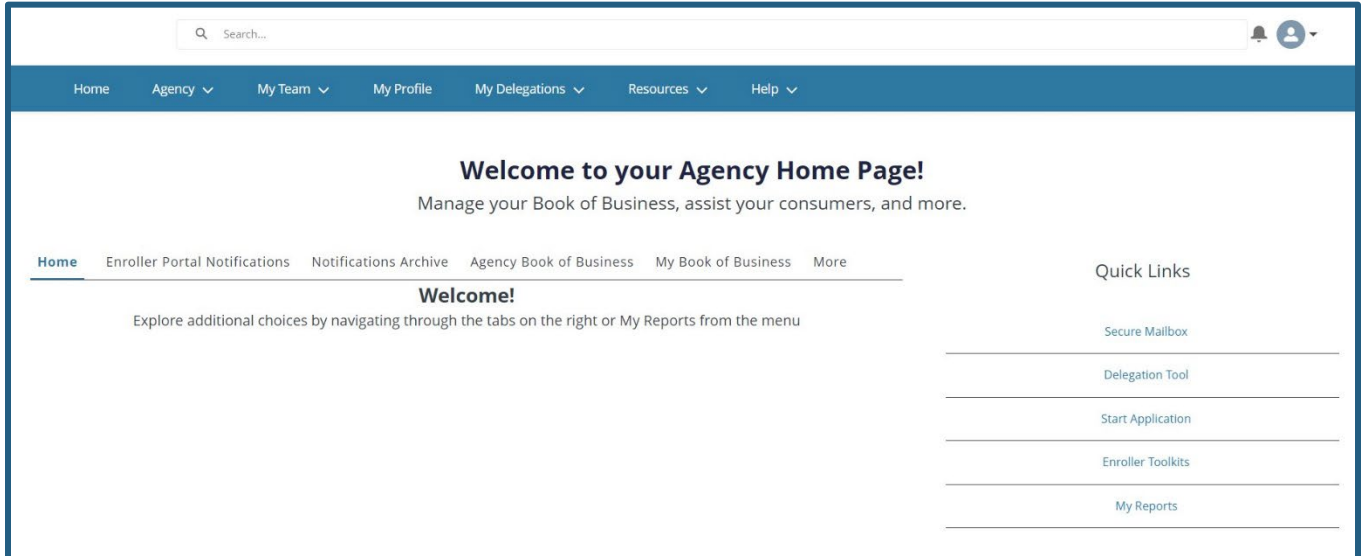
OutreachandSales@covered.ca.gov



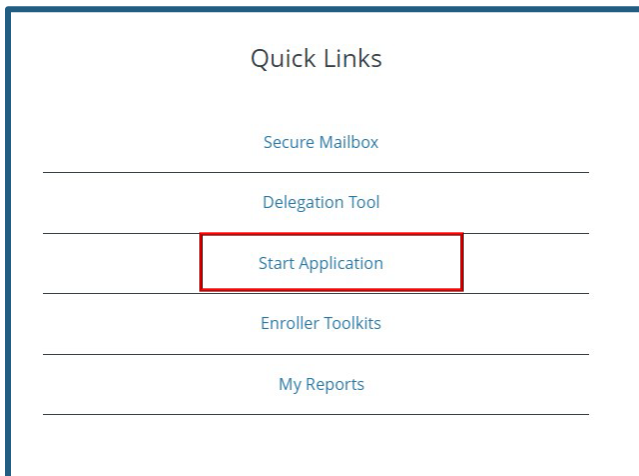
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Starting a New Application from the Enroller Portal

The landing page for Agency and Entity users is the *Welcome to your [Agency/Entity] Home Page!*



From the landing page, navigate to the *Quick Links* section on the right side and select **Start Application**.



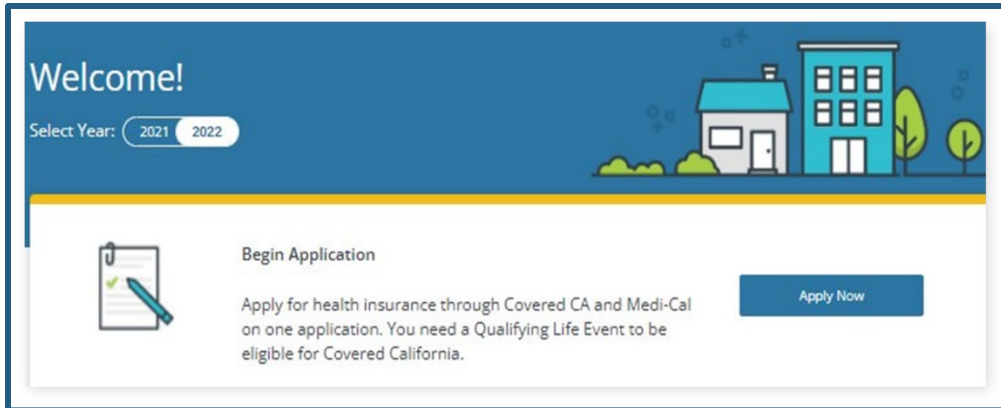
- Displays for AM Level 1 and 2, A level 1 and 2 users

Note: AS, AAS Level 1 and 2 users must start the consumer application from the contact record.



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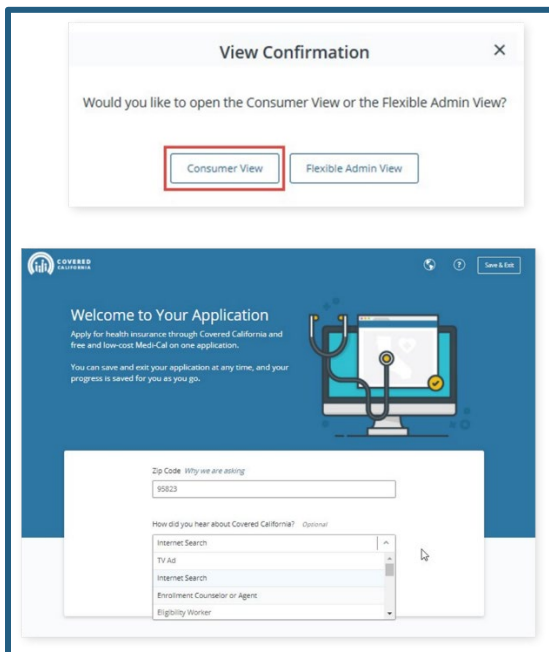
From the Consumer Home page, users start by clicking the **Apply Now** button. SCRs and CEWs have the option to change the year for which to submit an application by clicking the year on the **Select Year:** button. After selecting the correct benefit year and clicking the **Apply Now** button, the *View Confirmation* popup displays. SCRs and CEWs click the **Consumer View** button to launch the Single Streamlined Application.



The Introduction section begins with the *Welcome to Your Application* page. In this first section the SSA confirms some basic information regarding the applicant's:

- Residency
- Consent to verify information submitted
- Qualification for healthcare subsidies

The *Welcome to Your Application* page displays differently for Consumers and only the **Zip Code** is required. The **How did you hear about Covered California?** *Optional.* is an optional dropdown.





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Agents, CECs, CEWs, PBEs, and SCRs users may have additional fields to complete:

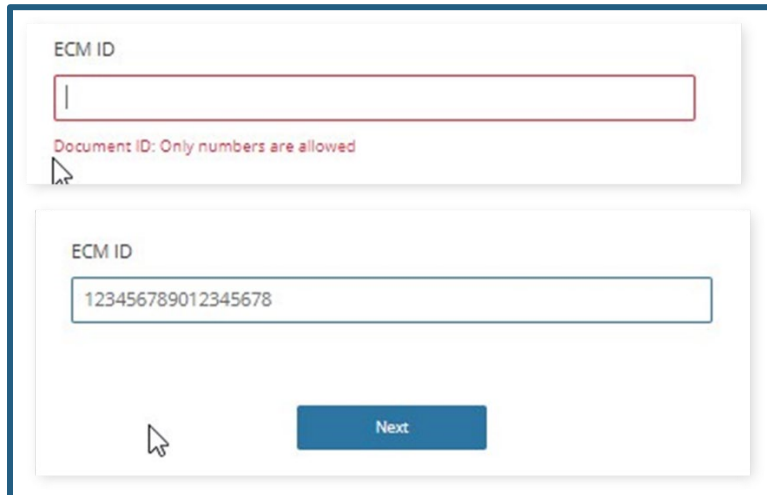
- **Application Date**
- **What is the source of this application?** (*Email, Mail, Fax, Phone, In Person*)
- **ECM ID** (Note: Agents, CECs and PBEs should have no need to enter an **ECM ID**. Selecting the source of *Phone* or *In Person* means the **ECM ID** is optional and can be left blank.)
 - Is optional when the source is *In Person* or *Phone*
 - Is required when the **What is the source of this application?** is *Email, Mail, or Fax*
 - Only allows up to 18 numeric digits

The screenshot shows a web application interface for Covered California. At the top left is the Covered California logo. The main heading is "Welcome to Your Application". Below this, there is a sub-heading and a paragraph: "Apply for health insurance through Covered California and free and low-cost Medi-Cal on one application. You can save and exit your application at any time, and your progress is saved for you as you go." To the right of this text is an illustration of a computer monitor with a stethoscope around it. Below the illustration is a form with several fields: "Zip Code" with the value "93257" and a "Why we are asking" label; "How did you hear about Covered California?" with a dropdown menu showing "TV Ad" and an "Optional" label; "Application Date" with a date picker showing "08/04/2020"; and "What is the source of this application?" with a dropdown menu showing options: "Email", "Mail", "Fax", "Phone", and "In Person". In the top right corner of the application window, there are icons for refresh, help, and a "Save & Exit" button.

- When the **ECM ID** field is not entered, an error message displays, *Document ID: Only numbers are allowed*

The **Next** button enables when the **ECM ID** is entered

Clicking the **Next** button continues to the next step.

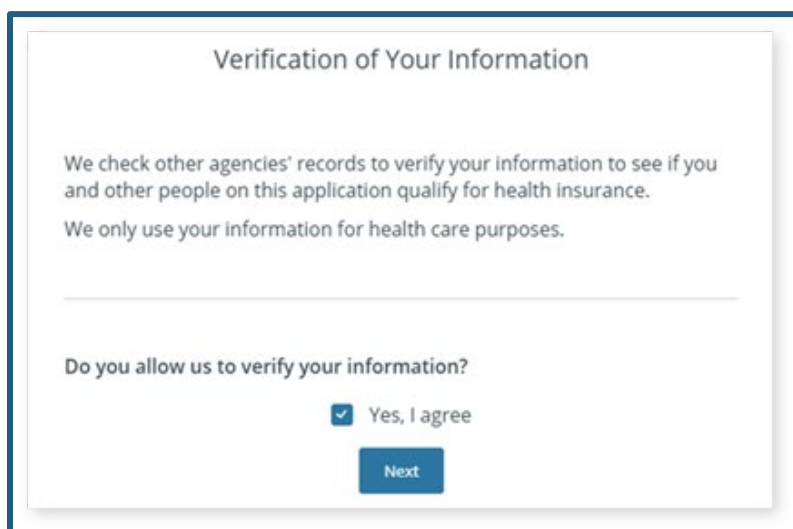


The screenshot shows two instances of the ECM ID input field. The top instance has an empty field and a red error message below it: "Document ID: Only numbers are allowed". The bottom instance has the number "123456789012345678" entered in the field, and the "Next" button is visible and enabled below it.

Consent to Verify

The *Verification of Your Information* popup displays asking the Consumer for consent to verify household information provided during the application process.

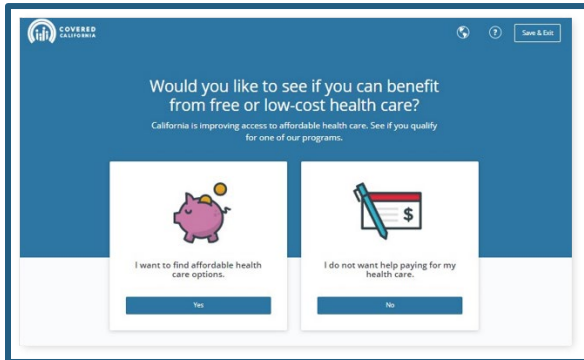
- Selecting the **Yes, I agree** checkbox enables the **Next** button and allows the user to proceed.
- Unchecking the Yes, I agree checkbox disables the Next button and displays a message that the application cannot be processed online without the Consumer's consent.



The screenshot shows a "Verification of Your Information" popup. It contains the following text: "We check other agencies' records to verify your information to see if you and other people on this application qualify for health insurance. We only use your information for health care purposes." Below this is a question: "Do you allow us to verify your information?" with a checked checkbox next to "Yes, I agree". A "Next" button is visible at the bottom.

Financial Help

All users agreeing to let Covered California verify their information proceed to the *Would you like to see if you can benefit from free or low-cost healthcare?* page. Users are encouraged to apply with the message: *California is improving access to affordable health care. See if you qualify for one of our programs.* Users are then presented with the following options to proceed with a subsidized or unsubsidized application:



- **Yes, I want to find affordable health care options.** Users are required to complete all sections of the application
- **No, I do not want help paying for my health care.** All income and tax related questions are suppressed when the users proceed through the application.

Clicking the **Yes** or **No** button navigates to the *Application Menu*.

Save & Exit

Throughout the application, the global **Save & Exit** icon displays at the top of the page for the user to save their progress at any point and exit the application.

Clicking the **Save & Exit** icon when there is unsaved information displays the *Continue or Exit Application* popup as a reminder that the application cannot be saved until all required information is entered. Additionally, the popup notifies the user that the incomplete application expires by a certain date. The message automatically populates a date that is 30 days from the application initiation date.

Continue or Exit Application

Please answer all required fields on this page. If you exit now, all information on the current page will not be saved and your application will not be submitted.

Click "Continue" to complete and save the page before exiting. Click "Exit" to leave and not save your information.

Your incomplete application will expire on 05/06/2021.


Note: During the Open Enrollment period, the expiration date is extended to the day after the Open Enrollment period ends when it has been 30 days since the initial application date.


By clicking the **Exit** button, the user navigates to the Consumer Home Page. Agents, CECs, CEWs, PBEs, and SCRs also use the **Save & Exit** icon.

On the Consumer Home page, the Consumer is reminded again to complete the application by a specific date. Clicking the **Continue** button on the Consumer Home page resumes a saved application.

Welcome back, Johnny!

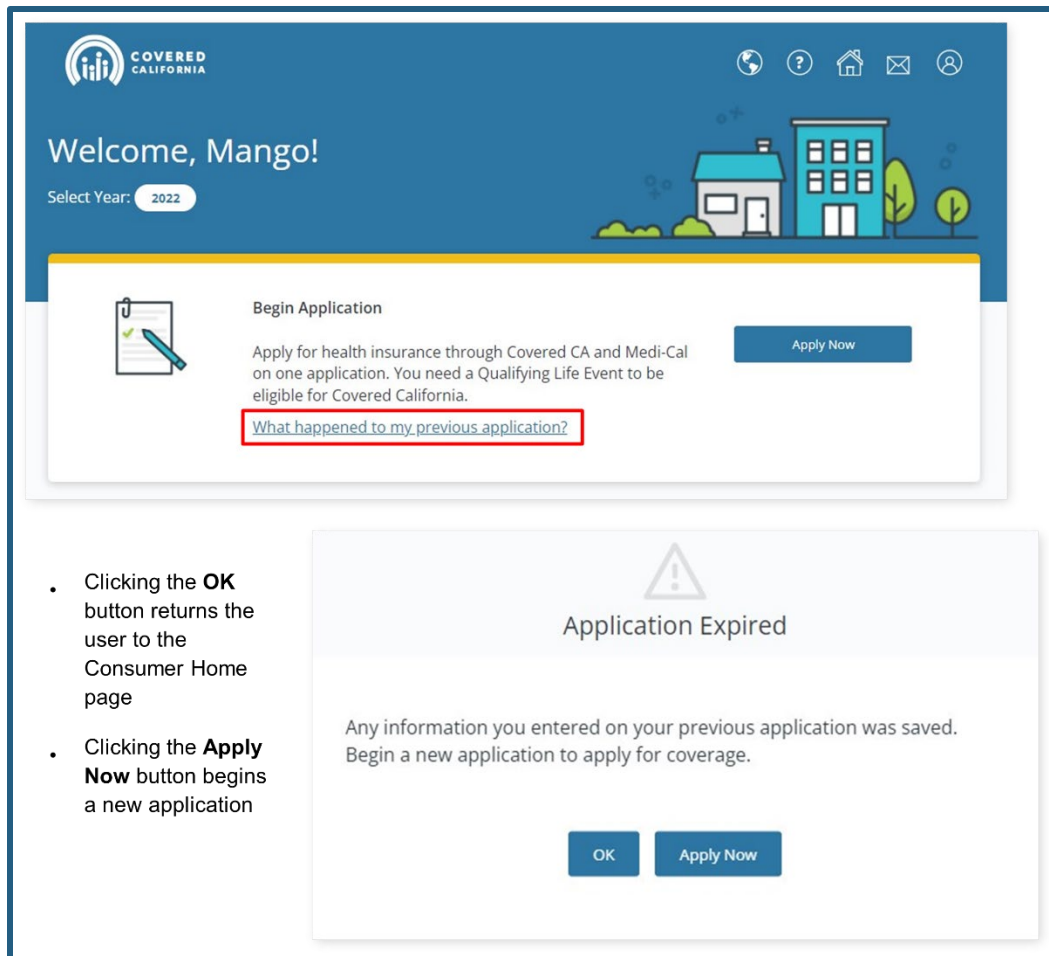
Select Year: 2020 2021



 Continue Application

Complete your application by 05/06/2021.

A **What happened to my previous application?** link displays when an application is not submitted before the expiration date. Clicking the link displays the Application Expired popup informing the user that the information entered with the previous application was saved and a new application is required to obtain coverage.



Welcome, Mango!
Select Year: 2022

Begin Application

Apply for health insurance through Covered CA and Medi-Cal on one application. You need a Qualifying Life Event to be eligible for Covered California.

[What happened to my previous application?](#)

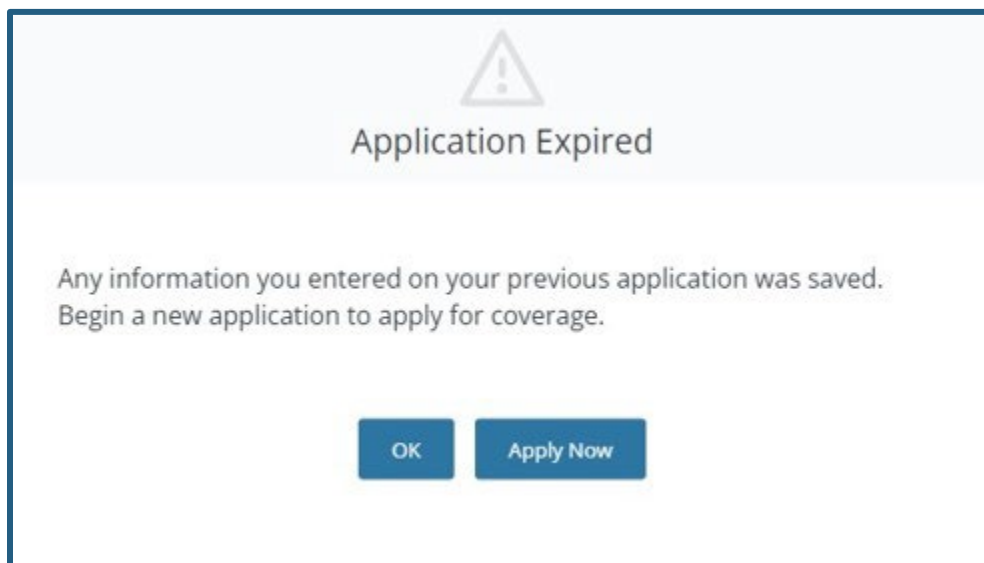
Application Expired

Any information you entered on your previous application was saved. Begin a new application to apply for coverage.

OK Apply Now

- Clicking the **OK** button returns the user to the Consumer Home page
- Clicking the **Apply Now** button begins a new application

- Clicking the **OK** button returns the user to the Consumer Home page.
- Clicking the **Apply Now** button begins a new application



Application Expired

Any information you entered on your previous application was saved. Begin a new application to apply for coverage.

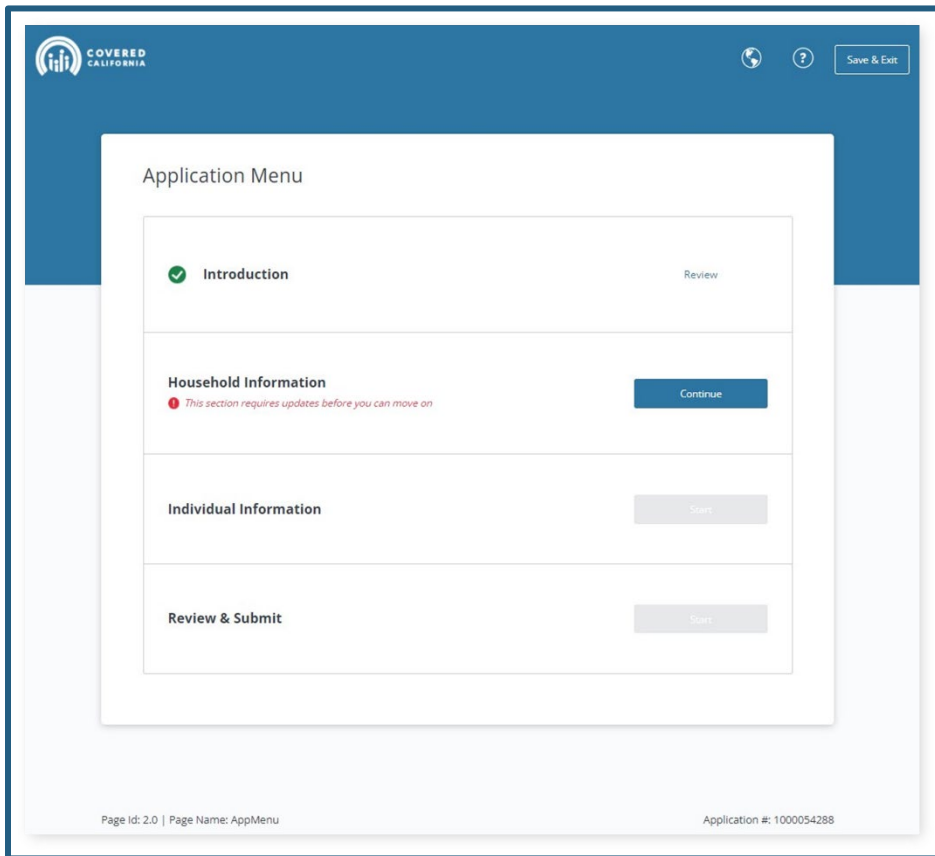
OK Apply Now

Application Menu

After the *Introduction* section, users navigate to the Application Menu which displays the application sections. The *Application Menu* allows consumers to navigate between sections once information is entered in every section.

Each section displays a button or link based on the progress of the application:

- **Review** – this link indicates the section is complete
- **Start** – this button indicates the section has not yet been initiated
- **Continue** – this button indicates the section is incomplete
- **Update** – this button indicates information entered in a previous section now requires updating based on information that was entered in a subsequent section. The following text alerts the user: This section requires updates before you can move on. A checkmark displays next to the section title when a section is complete.



Note: The Application Number displays at the bottom of the right page.



Household Information Section

In the *Household Information* section, users create profiles for each household member (HHM), define relationships, identify roles within the household and input other relevant information such as tax and income data.

From the *Application Menu*, click the **Start** button to navigate to the next *Household Information* section. The *Tell us about the people in your household* page displays. Click the **Add Yourself First** button to begin.

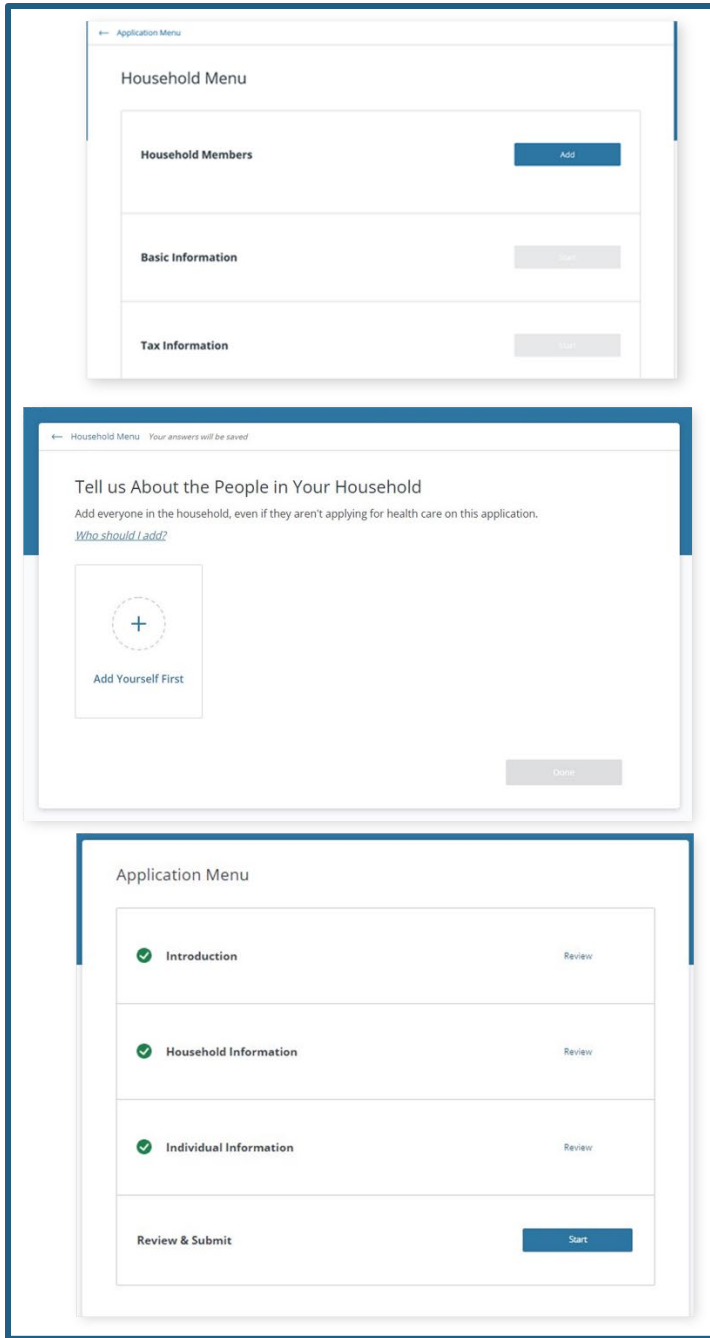
Note: Clicking the **Household Menu** link navigates the Consumer to the *Household Menu* page. This is true when a similar link displays.

The first *Add Household Member* page displays asking for name and date of birth. Applicants are prompted to provide the same type of information for each person added to the household. This includes the following:

- Name/Date of Birth
- Student
- Sex
- Marital Status
- Contact Info
- Contact Preferences
- HHM Relationships
- Origin/Race (optional)
- Optional Sex and Gender Questions



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Note: Clicking the red **Cancel** link on the top of this page removes inputs and returns the user to the previous page without saving changes. A cancellation popup displays to confirm this action. This holds true for all other input pages in the application.

The user is presented with a series of three questions and is required to select the appropriate response after entering the household member's name and date of birth. Questions include:

- *Is [HHM] attending school full-time?*

This displays only for HHM under the age of 18 and for subsidized households with members between the ages of 18 and 21

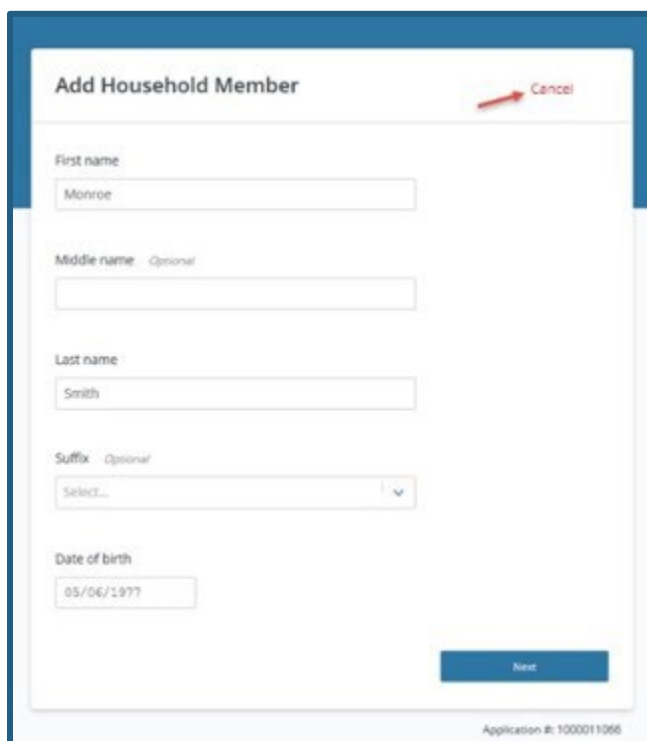
- *What is [HHM's] sex?*

Gender choice includes Transgender options as well as Male and Female

- *What is [HHM's] marital status?*

Optional contact information and language preferences are collected next. Note that there are two choices for language preferences, written and verbal.

The last *Add Household Member* page collects additional information about gender, original birth certificate sex, and sexual orientation for household members 12 years of age and older. This page is optional.



Add Household Member Cancel

First name
Monroe

Middle name Optional

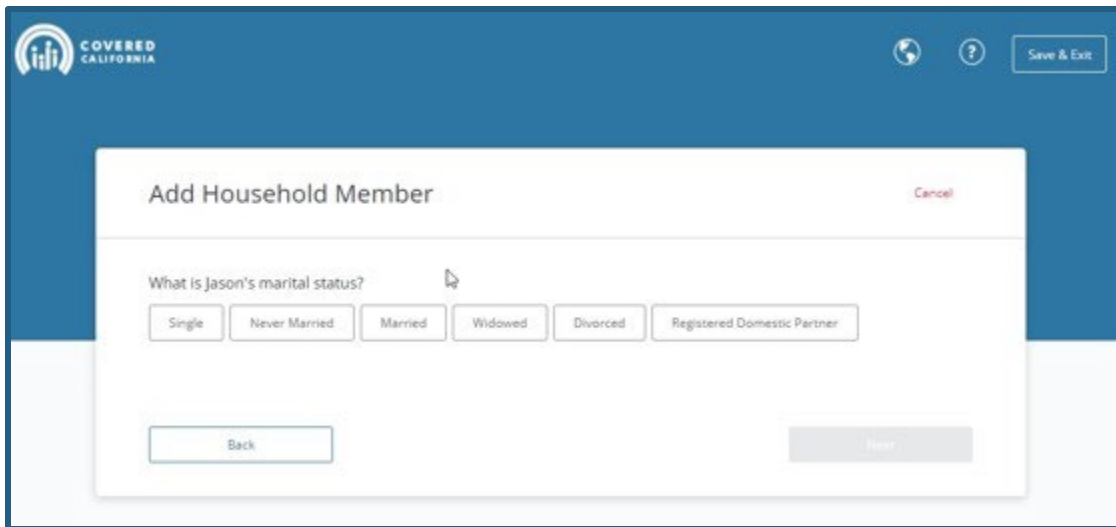
Last name
Smith

Suffix Optional
Select...


Date of birth
05/06/1977

Next

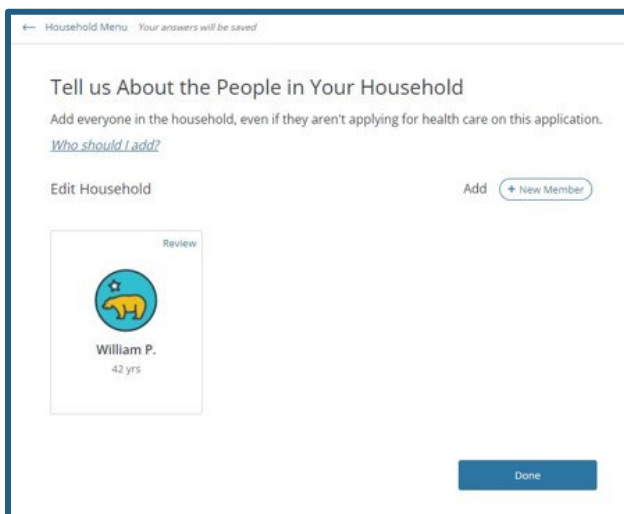
Application #: 1000011065



Note: The applicant's name displays on the bottom of the page to the left of the application number after entering the first household member in the Household section. The name of the first household member entered displays until the Primary Contact is identified in the *Basic Information* section. Once the Basic Information section is complete, the name of the Primary Contact displays next to the Application number.

Next, household relationships are established. Users select the caret  symbol for one of the five categories to display relationship choices.

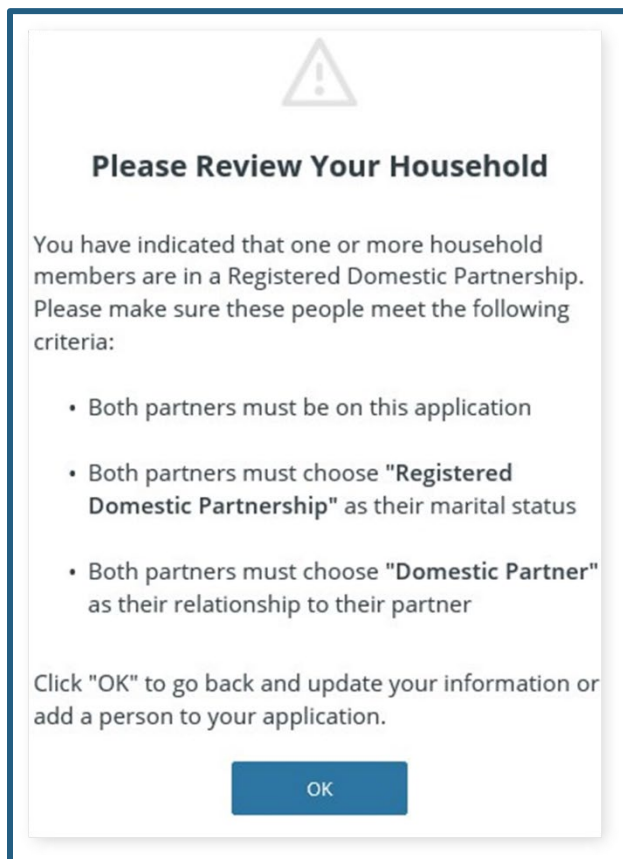
On the *Add Household Members* page, click the **Done** button to return to the *Tell us about the people in your household* page. Users can continue adding members here by clicking the **New Member** button, or review and/or edit any of the prior information entered by clicking the **Review** link on the household member tile.



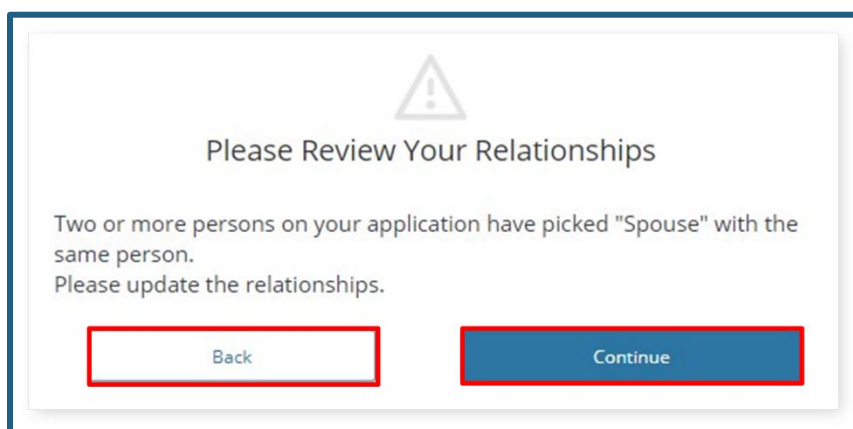
Clicking **Review** displays a detailed page with the name and age of the HHM and a summary of the information previously entered. To change information previously entered, click the **Edit** link within a section.

Informational popups display and assist the user when additional relationship information is needed:

- A *Please Review Your Household* popup displays when a HHM is indicated as a **Domestic Partner**
 - Click the **OK** button to update the relationship field or add the Domestic Partner



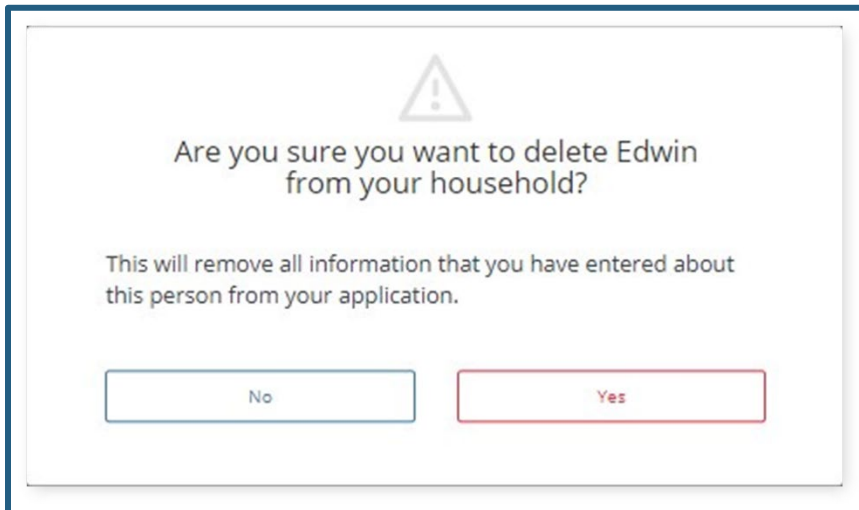
The *Please Review Your Relationships* popup displays when two or more HHMs have selected **Spouse** with the same HHM



Clicking the **Back** button navigates the user to the *Define Relationships* page

Clicking the **Continue** button navigates the user to the *Add Household Member page – Optional Questions* section when there are no remaining relationships to define; otherwise, the new *Define Relationships* page for the next HHM displays.

Household members can also be removed from the application by clicking the **Remove** button at the bottom of the page. A popup confirming the request to delete the HHM displays.



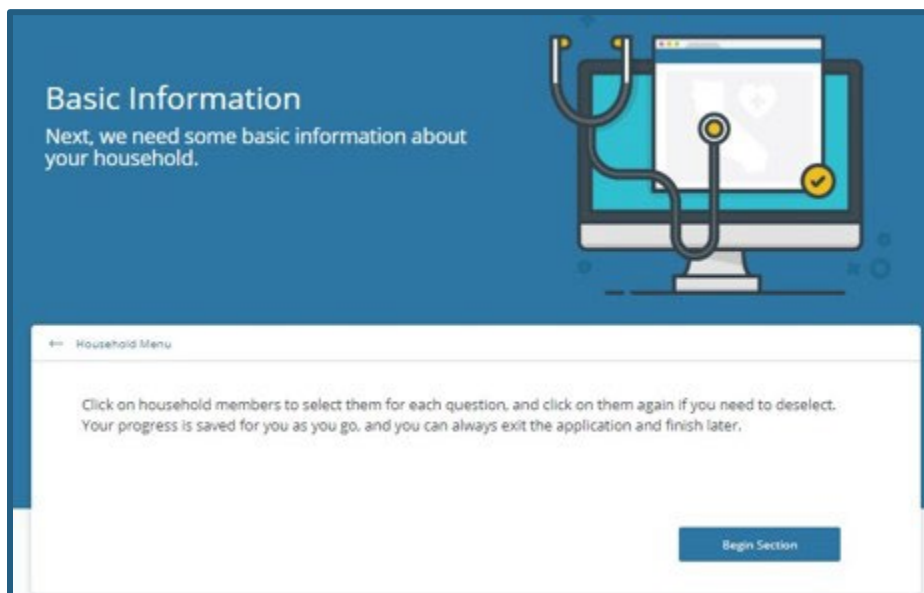
Note: The popup advises that the Primary Contact will need to be reassigned when the HHM being deleted was identified as the Primary Contact. This is done in the *Household Information* section.

Clicking the **Done** button on the *Tell us about the people in your household* page completed this section. Alternatively, clicking the Household Menu link at the top-left of the page navigates the user to the *Household Menu* page.

Basic Information Section

In this section, the applicant is asked to provide additional information about household members. Information collected in this section includes:

- Qualifying Life Events (QLE)
- Primary Contact for your household?
- Confirm your Identity
- HHM not living with the Primary Contact
- Primary Caretaker for any children
- HHM applying for coverage
- HHM 18 years or older and in Foster care
- HHM on Medicare
- HHM who are U.S. Citizens or Nationals
- HHM who are pregnant
- American Indian or Alaska Native HHM



Depending on the information being collected, users select either a single HHM or multiple members. For example, when a user is asked to select a Primary Contact, only one HHM is selected. On the other hand, when asked to select household members that are applying for health care, more than one HHM can be selected.

A check mark displays in the upper-right corner of the HHM tile when a HHM is selected. Clicking the tile again deselects the tile.



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After selecting the appropriate HHM(s) and clicking the **Next** button, users are asked to provide additional details on subsequent pages for many of the categories listed above. Note that portions of these pages may be prepopulated with information previously entered in the application.

Selecting a Qualifying Life Event

The *Basic Information* section begins by displaying a *Special Enrollment* page for Consumers to report life events affecting eligibility. Qualifying Life Events (QLEs) display in a dropdown on the page. Consumers applying during the Special Enrollment period must select a value from the dropdown. Selecting **None of the above** continues to review the Consumer's application for Medi-Cal or MCAP.

Selecting the **Yes, this household qualifies for Special Enrollment** radio button confirms the Household qualifies for a QLE.



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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 qualify for Special Enrollment if one of the following events has happened to anyone in your household in the last 60 days OR if you are a federally recognized American Indian or Alaska Native.

Hint: You can also report some events that you expect to occur in the next 60 days. You only need to report one event per household. ⓘ

Lost or will lose health coverage ▼

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

mm/dd/yyyy

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

Special enrollment expiration date

mm/dd/yyyy

Back

Next



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The *Eligibility Effective Date Category* section on the *Special Enrollment* page and the *Choose an Event that Best Applies to Your Household* page automatically selects a coverage start date for the consumer depending on the life event. Coverage start date options are as follows:

- **Birth/Adoption/Appeals/Mid-Month** – Coverage starts on the date of the life event
- **First of the following month** – Coverage starts on the 1st of the following month after plan selection
- **Loss of Coverage (MEC)** – Coverage starts on the 1st of the month following the date of the QLE or the date the change was reported, whichever is later.

The date of the QLE is entered in the **Enter the date of your qualifying life event** field.

The *Where can I find the date of my qualifying life event?* section displays the list of ways to help identify the QLE date. Click the caret to expand or collapse the section.

The **Special enrollment expiration date** field auto-populates based on the date in the **Enter the date of your qualifying life event** field.

Clicking the **Next** button navigates to the *Who is the Primary Contact for your household?* page.

However, selecting the QLE reason **Lost or will lose health coverage** on the *Special Enrollment* page displays the Strike Lockout Benefit page allowing the user to enter information related to a strike or lockout.

Note: During Open Enrollment the *Strike Lockout Benefit* page displays when clicking the **Begin Section** button on the *Basic Information* page. The Strike Lockout Benefit is configurable and only displays when configured **ON**.



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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 qualify for Special Enrollment if one of the following events has happened to anyone in your household in the last 60 days OR if you are a federally recognized American Indian or Alaska Native.

Hint: You can also report some events that you expect to occur in the next 60 days. You only need to report one event per household. ⓘ

Lost or will lose health coverage ▼

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

mm/dd/yyyy

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

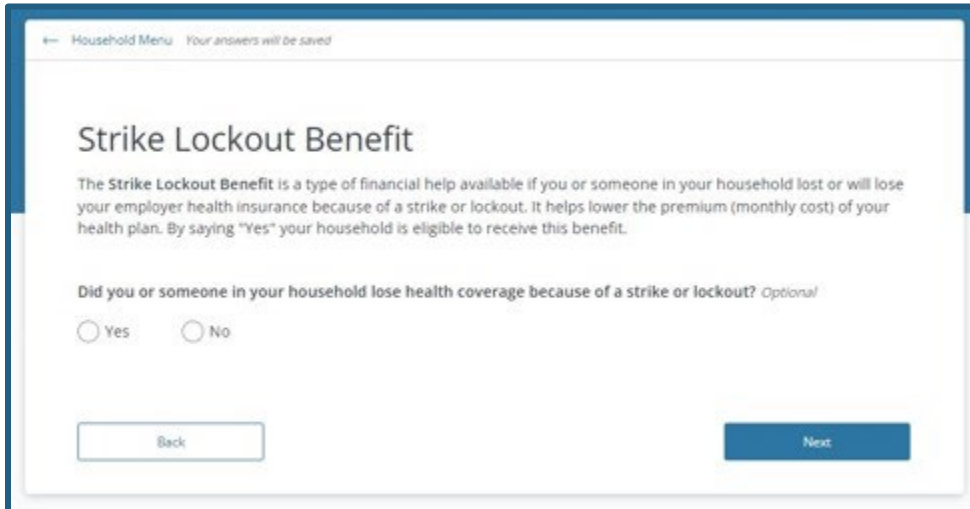
Special enrollment expiration date

mm/dd/yyyy

Back

Next

- Selecting the **Yes** radio button allows the user to select a reason for the strike or lockout
- Selecting the **No** radio button navigates the user to the *Who is the Primary Contact for your household?* Page



Household Menu Your answers will be saved

Strike Lockout Benefit

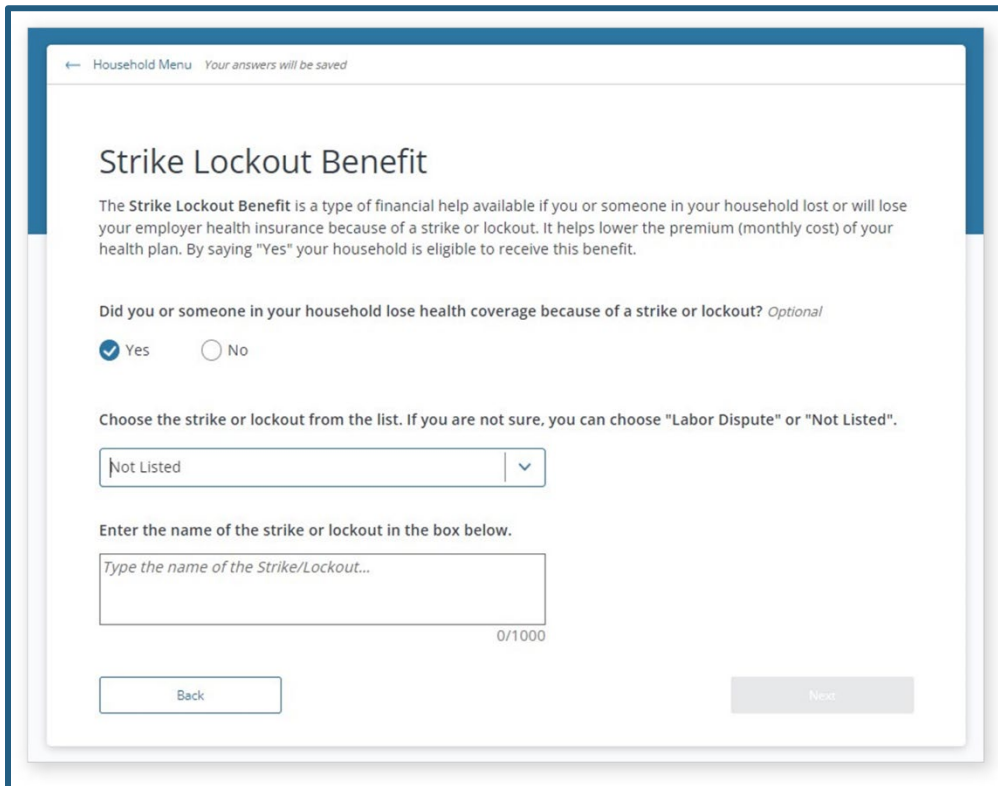
The Strike Lockout Benefit is a type of financial help available if you or someone in your household lost or will lose your employer health insurance because of a strike or lockout. It helps lower the premium (monthly cost) of your health plan. By saying "Yes" your household is eligible to receive this benefit.

Did you or someone in your household lose health coverage because of a strike or lockout? *Optional*

Yes No

Back Next

- Selecting the value **Labor Dispute** or **Not Listed** displays a freeform text field allowing the user to manually enter the name of the strike or lockout



Household Menu Your answers will be saved

Strike Lockout Benefit

The Strike Lockout Benefit is a type of financial help available if you or someone in your household lost or will lose your employer health insurance because of a strike or lockout. It helps lower the premium (monthly cost) of your health plan. By saying "Yes" your household is eligible to receive this benefit.

Did you or someone in your household lose health coverage because of a strike or lockout? *Optional*

Yes No

Choose the strike or lockout from the list. If you are not sure, you can choose "Labor Dispute" or "Not Listed".

Not Listed

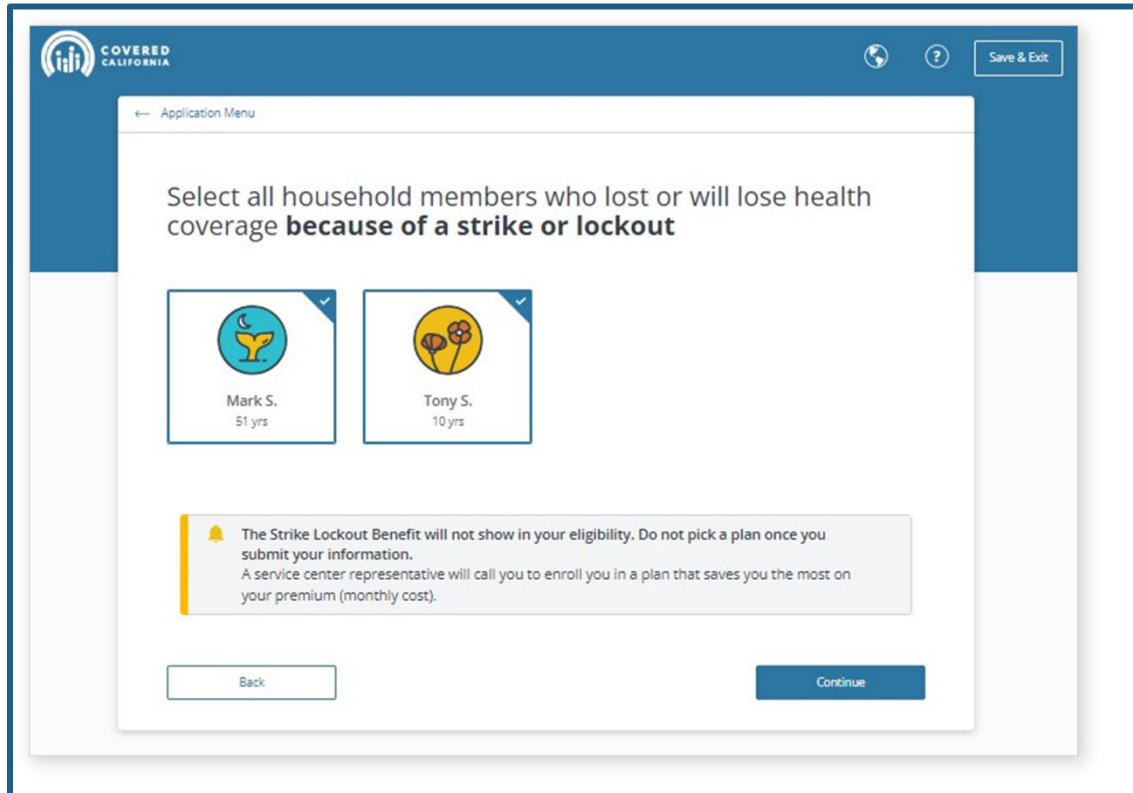
Enter the name of the strike or lockout in the box below.

Type the name of the Strike/Lockout...

0/1000

Back Next

- Clicking the **Next** button displays the *Select all household members who lost or will lose health coverage because of a strike or lockout* page
- Selecting the HHM tiles for those impacted by a strike or lockout enables the **Continue** button



A banner message displays informing the consumer that they will need assistance in selecting their plan.

- Clicking the **Continue** button continues with the application process and navigates the user to the *Who is the Primary Contact for your household?* page.

Selecting Household Primary Contact

Next, the consumer is asked, *Who is the Primary Contact for your household?*. The first household member added is automatically designated as the Primary Contact and can be changed by selecting a different HHM tile.

Clicking a HHM's tile dynamically displays text fields for manually entering a Social Security number (optional), physical address and mailing address.

The **State** field dropdown populates based on the state of residency and allows for an out-of-state address.





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← Household Menu Your answers will be saved

Who is the Primary Contact for your household?

Hint: The Primary Contact is the person who can make changes to your coverage.
[Why are we asking this?](#)



Tell us about Patrick:

Enter Patrick's Social Security number (SSN) Optional

*** ** 9361

Home Address

Street address:

8011 Hummingbird Cir

Apt. or suite number: Optional

City:

La Palma

State:

CA

ZIP Code:

90623

Confirm Your Address

We found addresses that closely match the one you gave us. Choose the option that best matches your address or edit the original address. A mistake in your address could affect your eligibility, your monthly payment, and the county your case is assigned to.

Recommended Address	Original Address
<input checked="" type="radio"/> 8011 Hummingbird Cir La Palma, CA 90623-1925 Orange County	<input type="radio"/> 8011 Hummingbird Cir La Palma, CA 90623

Use Selected Address

Mailing Address

Is this also Patrick's mailing address?

Yes No

Contact Information

Confirm Your Address

We found addresses that closely match the one you gave us. Choose the option that best matches your address or edit the original address. A mistake in your address could affect your eligibility, your monthly payment, and the county your case is assigned to.

Recommended Address	Original Address
<input checked="" type="radio"/> 1234 E Main St Ventura, CA 93001-3104 Ventura County	<input type="radio"/> 1234 e main street Ventura, CA 93001 Ventura County

Use Selected Address

Please choose one and confirm by clicking Use Selected Address.

Would you like to add additional ways to be contacted to your account?

Yes No



Address Validation

CalHEERS validates street and mailing addresses with the SmartyStreets database.

- The *Confirm Your Address* section dynamically displays when an exact match is not found and requires user action. This section displays validation messages based on the following address conditions:
 - Close matches are found
 - No matches are found
 - A unit is missing (such as an apartment or suite)
- The **Recommended Address** radio button defaults with a selection of the closest possible match
- The **Original Address** radio button may be selected to save the user's entered address should they choose
- Only CA zip codes are validated
- Clicking the **Use Selected Address** button confirms and saves the address and closes the display of the *Confirm Your Address* section
- The user must confirm the entered address by selecting the **Recommended Address** or **Original Address** radio button to proceed. Clicking the **Done** button displays an error message in red text under the *Confirm Your Address* section reminding the user an action is required to resolve the validation

Consumers are asked whether the address can also be used as the HHM's Mailing Address once the street address is resolved. Selecting the **Yes** radio button navigates the user to communication preferences. Selecting **No** displays new address fields to complete the mailing address. Consumer's **Communication Preferences** are selected next. The following three choices display for the question, *How would [HHM] like to receive notices and other information?*

- **Email**
- **Phone**
- **Mail**



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Is this also Alex's mailing address?
 Yes No

How would Alex like to receive notices and other information?

Email Phone Mail

Enter Alex's email address
alex@email.com

Re-enter Alex's email address
alex@email.com

Enter Alex's home phone number Optional

Enter Alex's cell phone number Optional

Enter Alex's work phone number Optional

Enter Alex's extension Optional

Consumers who have already selected a preferred contact method at account creation are asked, *Is this still the best way to contact you about this application?* If not, consumers can change it at this time.

Consumers must select one of the three options and enter contact information for that choice before continuing when a contact method has not been previously selected.

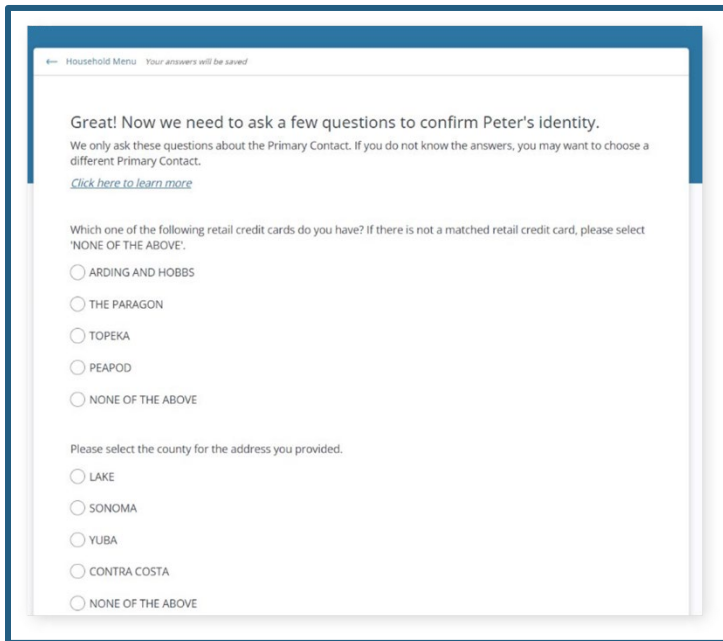
Note: CalHEERS automatically changes the method of communication to **Mail** when a Consumer chooses **Email** as the communication method and an email fails delivery. A notice is mailed to inform the Consumer of the change, with instructions on how to reset the method of communication.

Confirming Primary Contact Identity

Clicking the **Next** button displays a page to confirm the Primary Contact's identity. Confirming the Primary Contact's identity is required. Note that this page displays slightly different for Consumers than Agents, CECs, CEWs, PBEs and SCR.

Several methods are available for confirming the Primary Contact's identity. They include:

- Online
- Phone
- Electronic Upload
- In Person
- Mail
- Fax



The screenshot shows a mobile application interface with a blue header bar. Below the header, there is a back arrow and the text "Household Menu" and "Your answers will be saved". The main content area has a white background with a blue border. It starts with the text "Great! Now we need to ask a few questions to confirm Peter's identity." followed by "We only ask these questions about the Primary Contact. If you do not know the answers, you may want to choose a different Primary Contact." and a link "Click here to learn more". Below this is a question: "Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'." with five radio button options: "ARDING AND HOBBS", "THE PARAGON", "TOPEKA", "PEAPOD", and "NONE OF THE ABOVE". The next question is "Please select the county for the address you provided." with four radio button options: "LAKE", "SONOMA", "YUBA", and "CONTRA COSTA", and a "NONE OF THE ABOVE" option.

Agents, CECs, CEWs, PBEs and SCR can attest that they have visually identified the person's identity with the use of acceptable documentation.

Agents, CECs, CEWs, PBEs, and SCR can also access a Remote Identity Proofing (RIDP) service to confirm a Consumer's identity. The page presents 3 to 5 unique questions that the Consumer must answer when selecting the RIDP option.

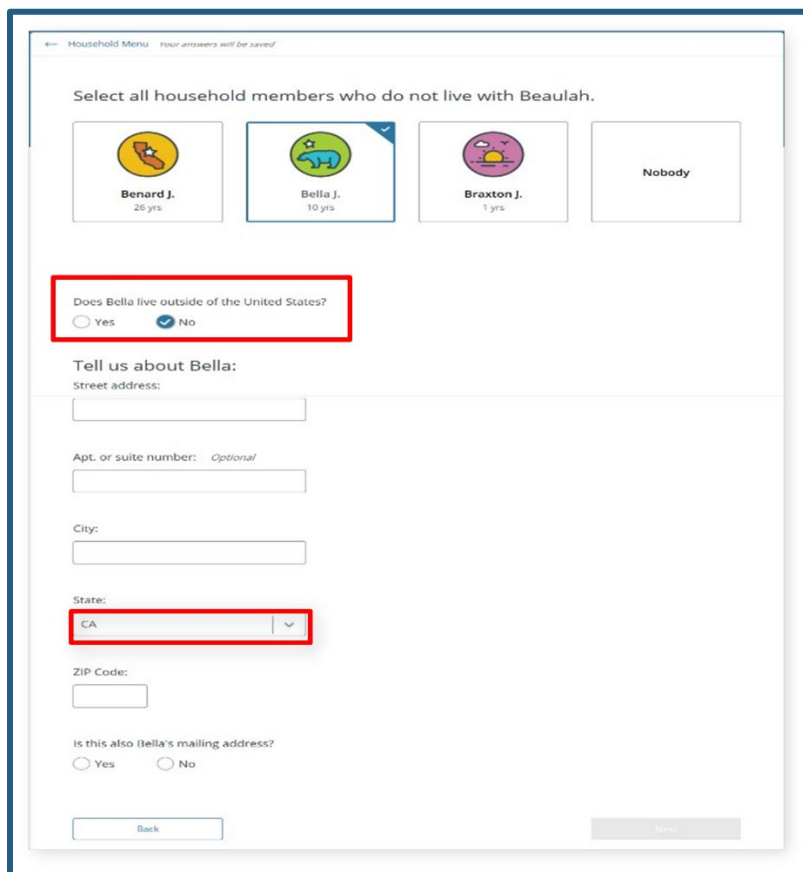
HHMs Not Living with Primary Contact

Next, Consumers are asked: *Select all household members who do not live with [Primary Contact].*

For the question: *Does [HHM] live outside of the United States?*

- The **Yes** radio button disables the address fields
- The **No** radio button requires the physical and mailing address and allows for an out of state address to be entered

The physical and mailing address must be entered for any member not living with the Primary Contact. Selecting the **Nobody** tile and clicking the **Next** button continues to the next section.



The screenshot shows a mobile application interface for selecting household members. At the top, it says "Household Menu" and "your answers will be saved". The main heading is "Select all household members who do not live with Beulah." Below this are four tiles: "Benard J. 26 yrs.", "Bella J. 10 yrs.", "Braxton J. 1 yr.", and "Nobody". The "Bella J." tile is selected. Below the tiles is a question: "Does Bella live outside of the United States?" with radio buttons for "Yes" and "No". The "No" button is selected. Below this is a section titled "Tell us about Bella:" with fields for "Street address:", "Apt. or suite number: Optional", "City:", "State:" (with a dropdown menu showing "CA"), and "ZIP Code:". At the bottom, there is a question "is this also Bella's mailing address?" with radio buttons for "Yes" and "No". There are "Back" and "Next" buttons at the bottom of the form.

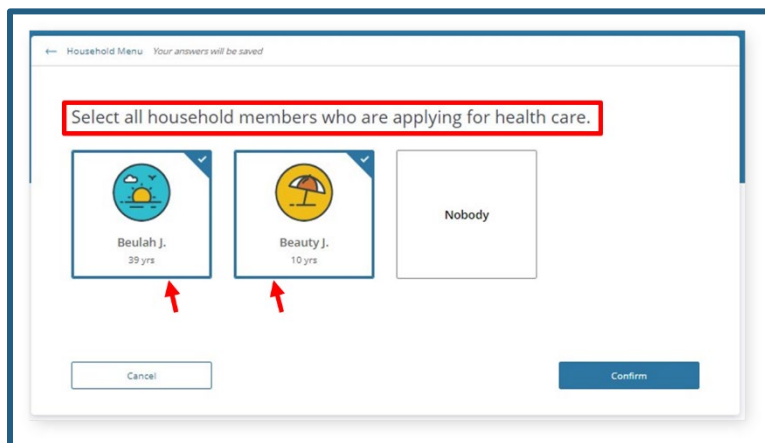
Primary Caretaker

The *Primary Caretaker* page displays when the household has more than one member 20 years old or younger. When this is the case, names of the children are listed, and the user is asked if they all have the same Primary Caretaker.

- If **Yes**, the user clicks one of the adult household member tiles listed or clicks **Someone else** and enters their name and phone number.
- If **No** is selected a Primary Caretaker will need to be selected individually for each of the household members 20 years old and under. When complete, the **Next** button becomes active, and the user may continue to the next page.

HHMs Applying for Care

Users are asked to select all HHMs that would like to apply for health care next. At least one HHM must be selected to continue, but users can select multiple members.

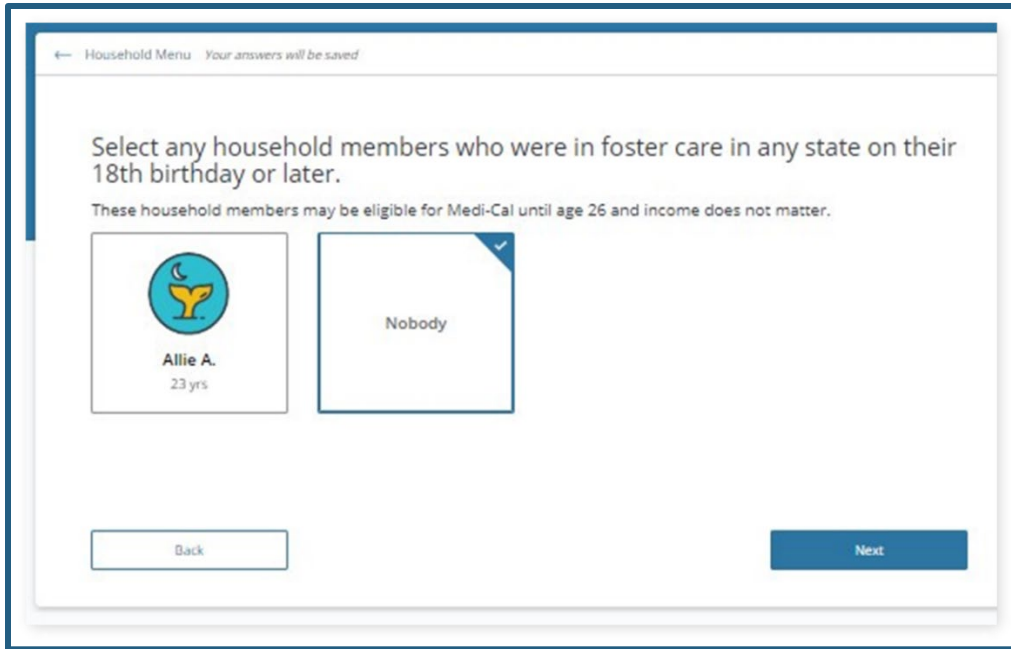


Former Foster Youth

Next, users are asked to select household members that are Former Foster Youth (FFY). Household member tiles display for anyone between the ages of 18 and 26, as of the current system date. Text on the page explains that Foster Care could have been provided in any state and that qualifying individuals could be eligible for free Medi-Cal up to age 26 respective of income.

Selecting any of the HHMs that qualify or selecting the **Nobody** tile is required to continue.



Note: The page only displays when there are HHMs within this age range.



← Household Menu Your answers will be saved

Select any household members who were in foster care in any state on their 18th birthday or later.

These household members may be eligible for Medi-Cal until age 26 and income does not matter.

Allie A.
23 yrs

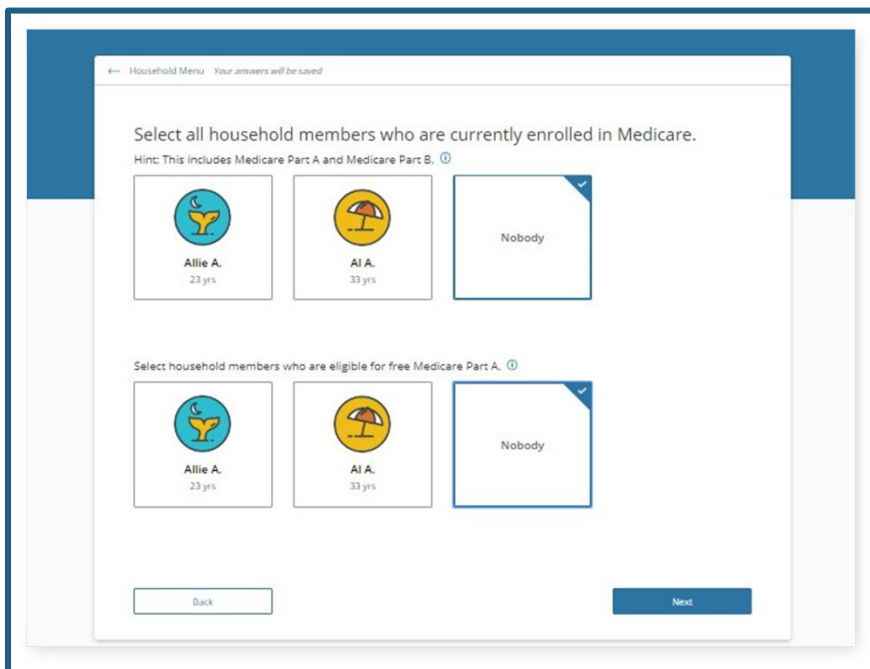
Nobody

Back Next

Medicare

Household members currently enrolled in Medicare Part A or Part B are completed next. Users choose from the list of HHMs on the page.

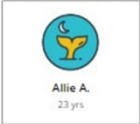


- Selecting the **Nobody** tile for Part B when no one is enrolled
- Selecting the **Nobody** tile for Part A when no one is enrolled



← Household Menu Your answers will be saved

Select all household members who are currently enrolled in Medicare.

Hint: This includes Medicare Part A and Medicare Part B. ⓘ

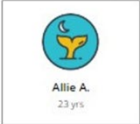


  

Allie A.
23 yrs

Al A.
33 yrs

Nobody

Select household members who are eligible for free Medicare Part A. ⓘ

Allie A.
23 yrs

Al A.
33 yrs

Nobody

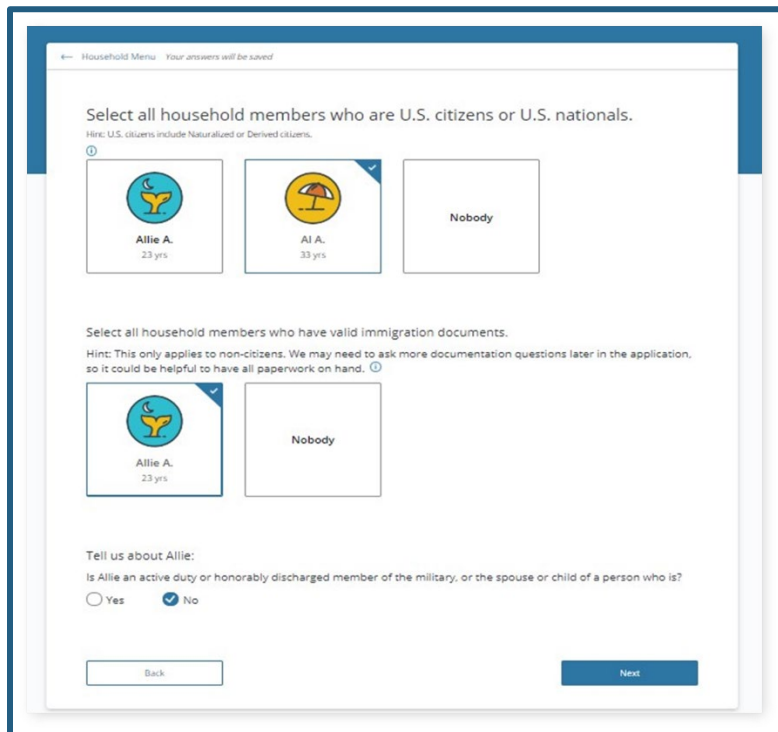
Back Next

Citizenship

Next, users are asked to select household members who are U.S. citizens or U.S. nationals.

Only HHMs applying for care display. The **Next** button enables when all HHMs are selected.

The page expands and asks the user to *Select all household members who have valid immigration documents* when none of the HHMs are selected, or the **Nobody** tile is selected.



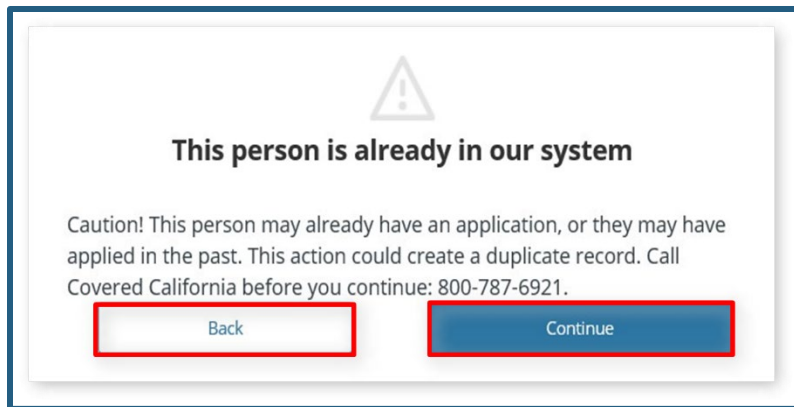
The screenshot shows a mobile application interface for selecting household members. At the top, it says "Household Menu" and "Your answers will be saved". The main heading is "Select all household members who are U.S. citizens or U.S. nationals." Below this, there is a hint: "U.S. citizens include Naturalized or Derived citizens." There are three tiles: "Allie A. 23 yrs" (selected), "Al A. 33 yrs" (selected), and "Nobody". Below this, there is another heading: "Select all household members who have valid immigration documents." with a hint: "This only applies to non-citizens. We may need to ask more documentation questions later in the application, so it could be helpful to have all paperwork on hand." There are two tiles: "Allie A. 23 yrs" (selected) and "Nobody". At the bottom, there is a question: "Tell us about Allie: Is Allie an active duty or honorably discharged member of the military, or the spouse or child of a person who is?" with radio buttons for "Yes" and "No" (selected). There are "Back" and "Next" buttons at the bottom.

In addition, non-citizens over the age of 16 years old are asked: *Is [HHM] an active duty or honorably discharged member of the military, or the spouse or child of a person who is?*

Clicking the **Next** button continues to the next section.

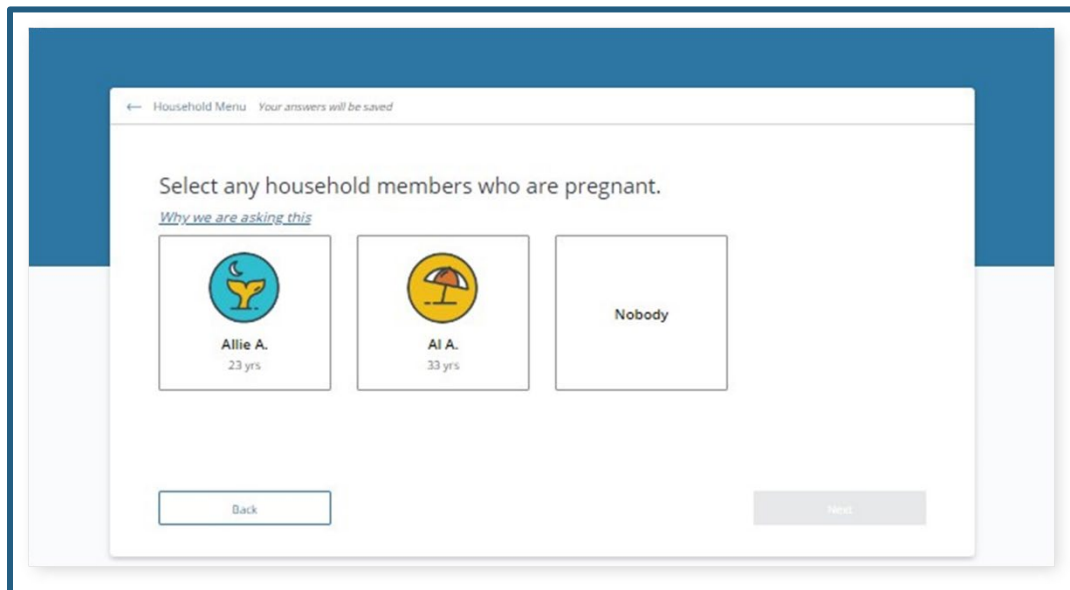
This person is already in our system popup displays for all users except SCRs and CEWs when either one of the following occurs:

- A match of SSN and DOB
- A match of First, Last Name, DOB and at least one of the following: Physical Address, Cell Phone Number, or Email
 - Clicking the **Back** button navigates the user to the HHM Social Security Number page
 - Clicking the **Continue** button navigates user to:
 - Individual Menu if user is a U.S. citizen, national, or not-applying
 - Non-Citizen Info page if user is a non-citizen or non-national



Pregnancy

Select any household members who are pregnant next. Clicking an HHM tile prompts the user to provide the expected due date and the number of babies expected for each household member selected.



American Indian/Alaska Native Household Members

Next users are asked which HHMs are American Indian or Alaska Native (AI/AN).

Note: A tooltip displays providing information regarding federally recognized tribes along with an external link for users to learn more.

- Selecting **No**: Users click the **Done** button to continue
- Selecting **Yes** dynamically displays additional dropdown menus:
 - The state in which the tribe is recognized



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- The name of the tribe

Note: If the name is not listed, users select **Tribe not Listed**

The screenshot shows a mobile application interface for a household menu. The main question is "Who is an American Indian or Alaska Native?" with the instruction "(Select all that apply)". There are two options: a profile card for "Austin D. 34 yrs" with a Native American icon, and a "Nobody" option. A tooltip explains that a federally recognized tribe is one eligible for funding from the Bureau of Indian Affairs, with a link to "Learn more". Below this, a question asks "Is Austin a member of a federally recognized American Indian or Alaska Native (Native American) tribe?" with "Yes" selected. The next section asks "Tell us about Austin:" and "In which state does Austin's tribe reside?" with "California" selected. The final section asks "Select Austin's tribe." with "Barona Group of Capitan Grande Band of Mission Indians" selected. A "Back" button is at the bottom left and a "Done" button is at the bottom right.

Household Menu Your answers will be saved

Who is an American Indian or Alaska Native?
(Select all that apply)

Austin D.
34 yrs

Nobody

A federally recognized tribe is one of tribal entities eligible for funding and services from the Bureau of Indian Affairs.
[Learn more](#) about federally recognized tribes.

Is Austin a member of a federally recognized American Indian or Alaska Native (Native American) tribe?

Yes No

Tell us about Austin:
In which state does Austin's tribe reside?

California

Select Austin's tribe.
(Only federally recognized tribes are included. If your tribe is not listed, it could be because it is not federally recognized.)

Barona Group of Capitan Grande Band of Mission Indians

Back Done

Application Menu

Household Menu

Household Members Edit

MARIBEL A.
21 yrs

Basic Information Review

Tax Information Start

Income Information Add Income

Done

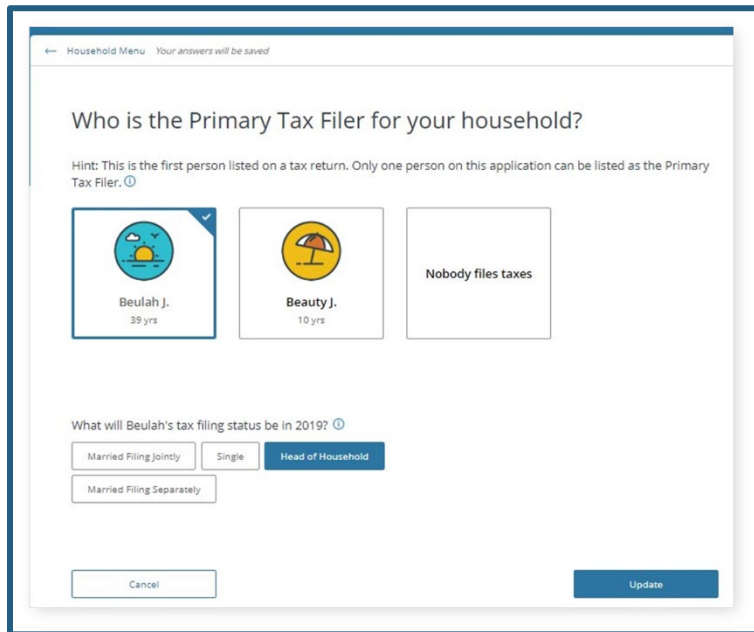
Clicking the **Done** button from the *Who is an American Indian or Alaska Native?* page navigates the user back to the Household Menu and completes the *Basic Information* section.

From the *Household Menu* page, users may review and edit any of the information previously entered by clicking the **Review** link adjacent to the *Basic Information* section.

The users are returned to the *Household Menu* by clicking the **Done** button from the *Basic Information Review* page.

Tax Information Section

Users begin the *Tax Information* section next by clicking the **Start** button from the Household Menu page. The *Tax Information* page displays with a brief overview of the section, information on what to expect and a helpful tip on the documentation needed.



Household Menu Your answers will be saved

Who is the Primary Tax Filer for your household?

Hint: This is the first person listed on a tax return. Only one person on this application can be listed as the Primary Tax Filer. ⓘ

Beulah J. 39 yrs

Beauty J. 10 yrs

Nobody files taxes

What will Beulah's tax filing status be in 2019? ⓘ

Married Filing Jointly Single **Head of Household** Married Filing Separately

Cancel Update

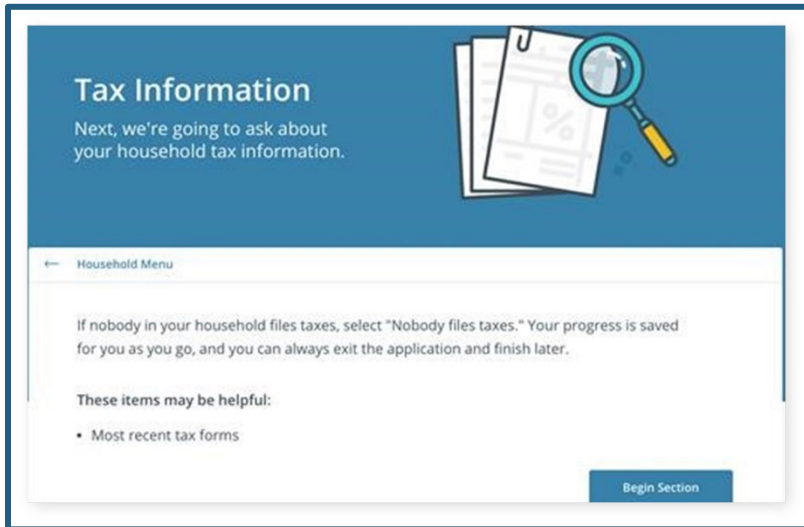
Clicking the **Begin Section** button begins the process. The question, *Who is the Primary Tax Filer for your household?* displays. Users are reminded that this is typically the first person listed on the tax return. Selecting a HHM as the Primary Tax Filer or the **Nobody files taxes** tile when no one in the household plans to file taxes is required.

Note: To be eligible for tax credits, a Primary Tax Filer must be selected.

The filing status must be selected after assigning the Primary Tax Filer. Choices include:

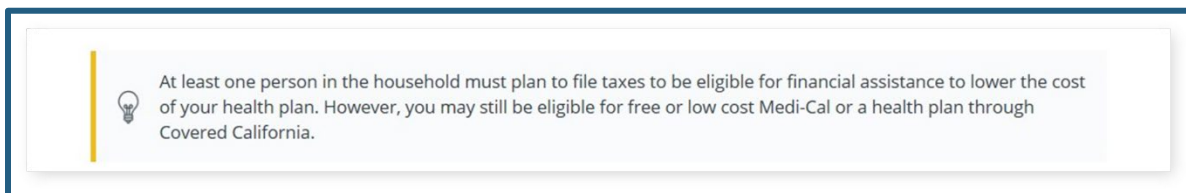
- **Married Filing Jointly (MFJ)**
- **Single**
- **Head of Household**
- **Married Filing Separately**

Note: Married applicants filing taxes separately are not eligible for financial assistance.



- Users are asked to Select all household members who plan to file taxes in [current year]. Clicking any of the **HMM** tiles to indicate that they plan to file taxes or clicking the **Nobody files taxes** tile continues to the next section. For each of the HHMs selected, users are asked to select the filing status of that person as described above

Note: Selecting the **Nobody files taxes** tile results in an informational message informing the user that financial assistance will not be available to help lower health plan costs.



- Select household members required to file taxes. To help users understand which HHMs to select, helpful messages displays when:
 - Clicking the **Married Filing Jointly** radio button displays:

If a person files taxes as Married Filing Jointly, the person they file with must be included on the application and also file their taxes as Married Filing Jointly. Select an HHM in the Who does [HHM] file taxes with? dropdown
 - Clicking the **Married Filing Separately** radio button displays:

Married applicants and their spouse must file taxes jointly to get help paying for Covered California health plan. If married applicants file their taxes separately, they are not eligible for financial assistance.
 - Selecting married filing jointly with more than one person displays an error message in red text:



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Please choose a different person who has a tax filing status of “Married Filing Jointly”.

- Clicking the **Next** button continues to the next section

Household Members Your answers will be saved

Select all household members who plan to file taxes in 2020.

Peter R. 29 yrs

Bree R. 20 yrs

Baby R. 2 yrs

Phonda R. 30 yrs

If a person files taxes as Married Filing Jointly, the person they file with must be included on the application and also file their taxes as Married Filing Jointly.

Tell us about Bree:

What will Bree's tax filing status be in 2020?

Married Filing Jointly

Tell us about John:

What will John's tax filing status be in 2020?

Married Filing Jointly

Single

Head of Household

Married Filing Separately

Married applicants and their spouse must file taxes jointly to get help paying for a Covered California health plan. If married applicants file their taxes separately, they are not eligible for financial assistance.

Cancel Update

Tell us about John:

What will John's tax filing status be in 2020?

Married Filing Jointly

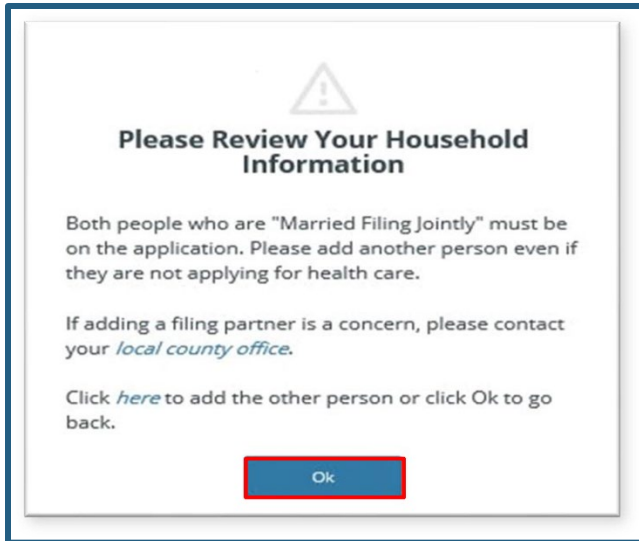
Who does John file taxes with?

Please select a person

Please choose a different person who has a tax filing status of “Married Filing Jointly”.

In addition to the helpful messages that display when entering tax filing information, helpful popups display when entering the tax filing status for HHMs:

- The *Please Review your Household Information* displays when an HHM claims married filing jointly and there is no other HHM attesting to another tax filing status

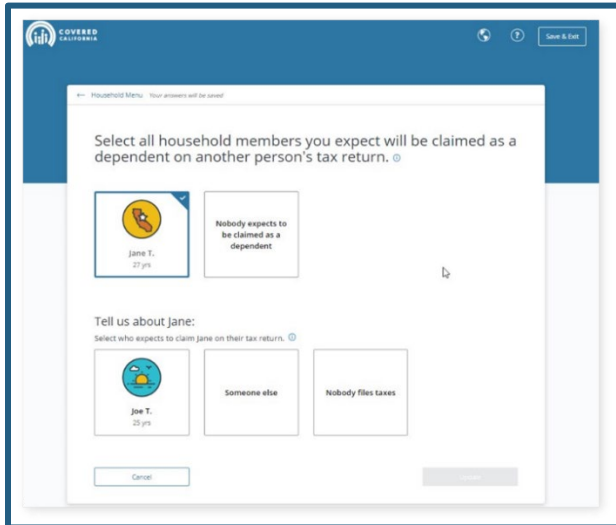


- Clicking the **OK** button closes the popup
- The **local county office** link navigates the user to a website to locate their county office.
- The **here** link navigates the user to the *Tell us about the people in your household* page
- The *Please Review your Tax Filing Status* displays when two or more HHMs are married filing jointly with the same person

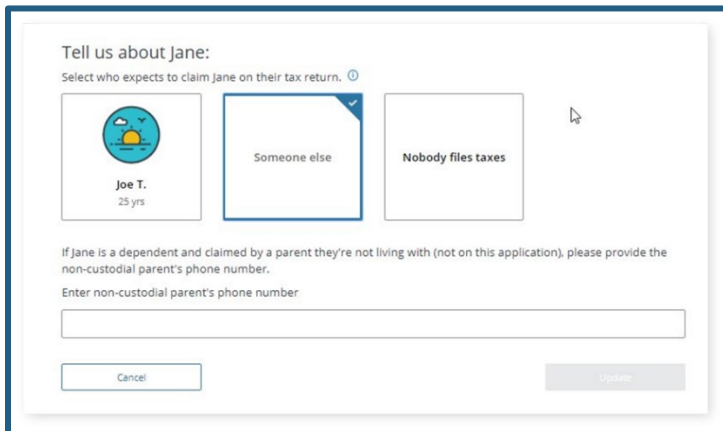


- Clicking the **Back** button navigates the user to the Select all household members who plan to file taxes in [YYYY] page
- Clicking the **Continue** button navigates the user to the Select all household members you expect will be required to file taxes in [YYYY] page

The *Select all household members you expect will be claimed as a dependent on another person's tax return* page displays a list of HHMs on the case (excluding the Primary Tax Filer)



- Clicking a HHM tile selects the HHM that can be claimed as a dependent on another person's tax return
- The user is prompted with the question: *Tell us about [HHM]: Select who expects to claim [HHM] on their tax return* when selecting a HHM tile. The user can select one of the following tiles:
 - **The Primary Contact**
 - **Someone else**
 - **Nobody files taxes**
- The **Enter non-custodial parent's phone number** field displays when the **Someone else** tile is selected
- Selecting the **Nobody expects to be claimed as a dependent** tile when none of the HHM listed are expected to be a tax dependent

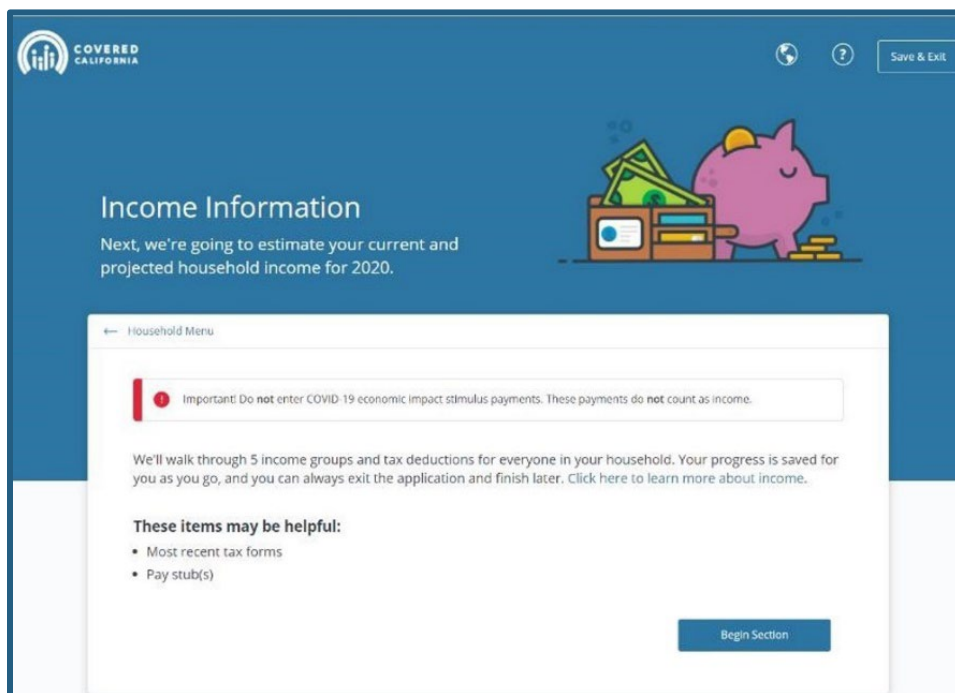


Household Income Pages

Household Income pages collect data used to determine eligibility for help paying for coverage. Note that Income pages do not display on the application for a one-person household that identifies as Former Foster Youth.

Note: A banner displays on the *Income Information* page: *Important! Do not enter COVID-19 economic impact stimulus payments. These payments do not count as income*

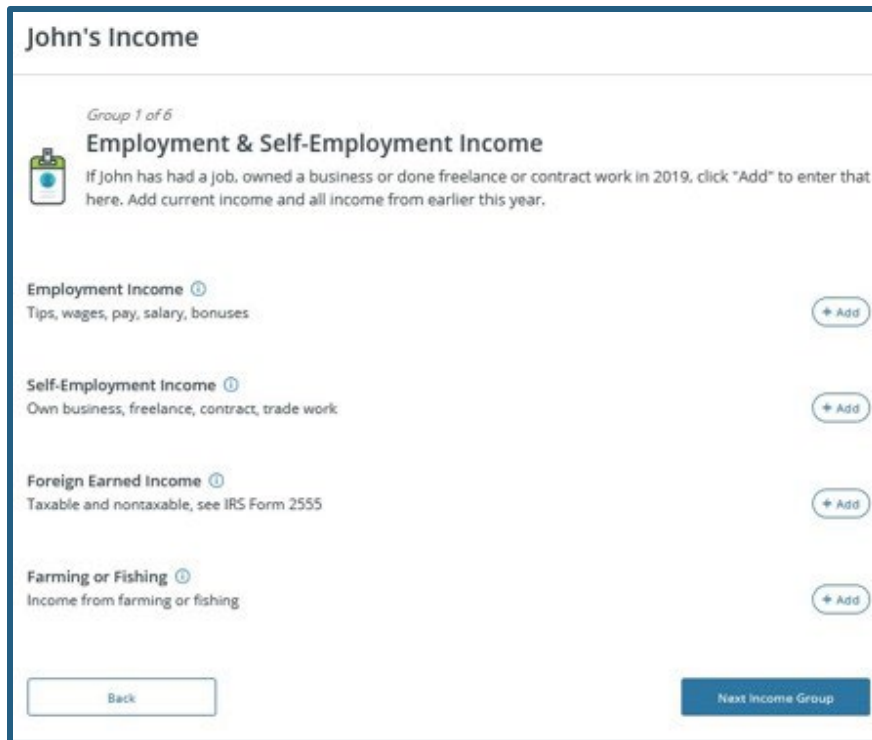
Clicking the Begin Section button navigates users to the *Estimate [year] Household Income* page. From the *Estimate [year] Household Income* page, users select individual household members to view, add, or edit income information.



Users navigate through six income groups when adding income. These groups include:

- Employment & Self-Employment Income
- Government & Assistance Income
- Investment & Interest Income
- Retirement Income
- Education Scholarships, Awards, & Grants
- Other Taxable Income

Note: AI/AN Income type only appears as an option if HHM has identified as a member of a recognized tribe



John's Income

Group 1 of 6

Employment & Self-Employment Income

If John has had a job, owned a business or done freelance or contract work in 2019, click "Add" to enter that here. Add current income and all income from earlier this year.

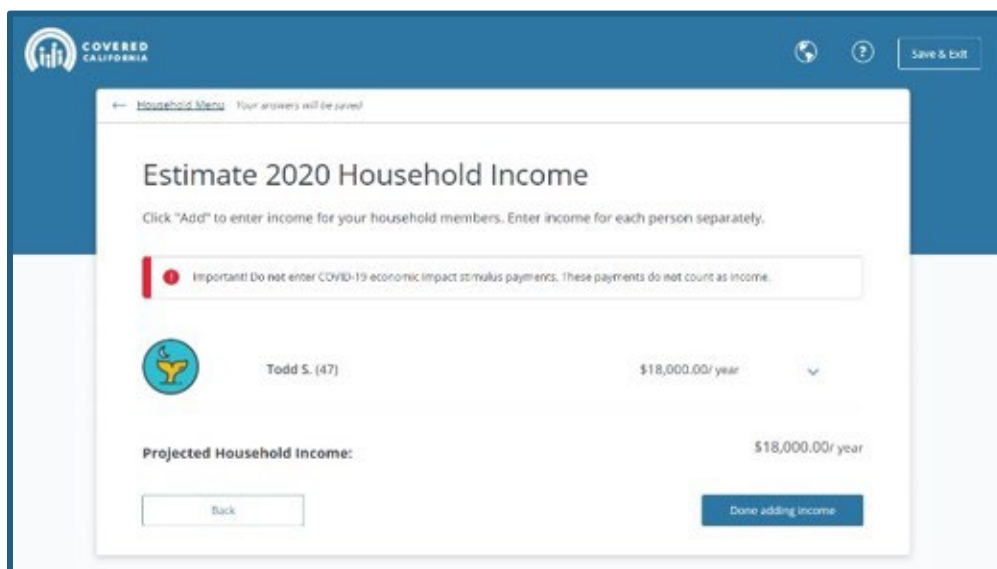
- Employment Income** ⓘ
 Tips, wages, pay, salary, bonuses + Add
- Self-Employment Income** ⓘ
 Own business, freelance, contract, trade work + Add
- Foreign Earned Income** ⓘ
 Taxable and nontaxable, see IRS Form 2555 + Add
- Farming or Fishing** ⓘ
 Income from farming or fishing + Add

Back Next Income Group

Each of these groups contain a list of the most common types of income. The user must navigate through each group when first adding income for a household member.

Selecting the **+ Add** button from the *Estimate [year] Household Income* page for a household member navigates the user to that individual's Income page starting with the *Employment & Self-Employment Income* page.

Note: A banner displays on the *Income Information* page: *Important! Do not enter COVID-19 economic impact stimulus payments. These payments do not count as income.*




COVERED CALIFORNIA

← Household Menu Your answers will be saved

Estimate 2020 Household Income

Click "Add" to enter income for your household members. Enter income for each person separately.

Important! Do not enter COVID-19 economic impact stimulus payments. These payments do not count as income.

	Todd S. (47)	\$18,000.00/ year
---	--------------	-------------------

Projected Household Income: \$18,000.00/ year

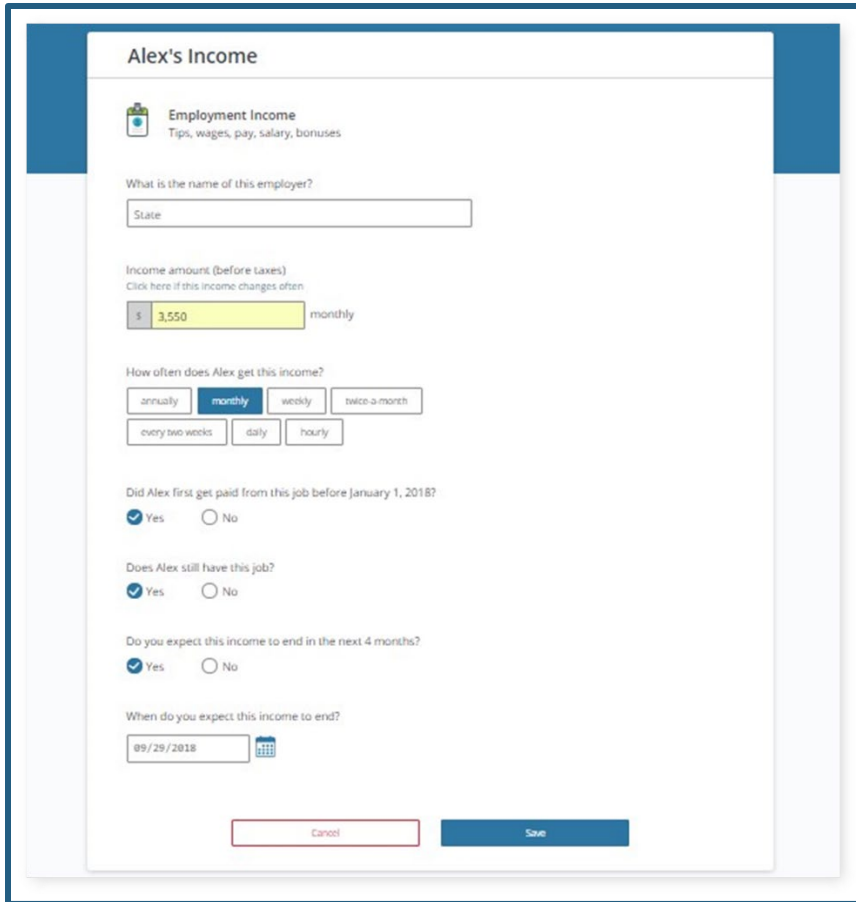
Back Done adding income



Employment & Self-Employment Income


Within the *Employment & Self-Employment Income* page, users select appropriate subcategories to complete the income entry form. Income entry form fields vary depending on the subcategories chosen and the data entered. From the *Employment & Self-Employment Income* page select a subcategory by clicking the **+ Add** button. The subcategory income entry form displays asking for the name of the employer or the income source. Additional income questions dynamically display when adding a name. For example, the *Employment Income* page would include the following questions:

- *Income amount (before taxes)*
- *How often does [name] get this income?*
- *Did [HHM] first get paid from this job before Jan 1 [year]?*
 - **Yes** – Displays next question
 - **No** – Displays the question: *When did [name] first get paid from this job?* and a *date* field displays
- *Does [HHM] still have this job?*
 - **Yes** – Displays next question
 - **No** – Displays the question: *When was the last time [HHM] got paid from this job?* and a *date* field displays.
- *Do you expect this income to end in the next 4 months?*
 - **Yes** – Displays the question: *When do you expect this income to end?* and a *date* field.
 - **No** – Enables the **Save** button



Note: A required field displays to capture the number of hours or days per week when the Consumer reports they are paid hourly or daily. The question “*Is this community or shared income with a Registered Domestic Partner?*” displays when a HHM is a Registered Domestic Partner.

- Clicking **Yes** or **No** enables the **Save** button
- Clicking the **Save** button displays the *Employment & Self-Employment Income* page with the income added and an **Edit** link in case further changes are needed



- Clicking the **Next Income Group** button navigates the user to the next group, *Government & Assistance Income*.

Government & Assistance Income

From the *Government & Assistance Income* page users continue to navigate through each income group before completing this section of the application. The income reporting process described here is similar for each income group. Skip it by clicking the **Next Income Group** button when there is no income to report for a group.

Tina's Income

Group 2 of 6

Government & Assistance Income

If Tina has received government benefits or payments in 2021, click "Add" to enter that here. Add current income and all income from earlier this year.

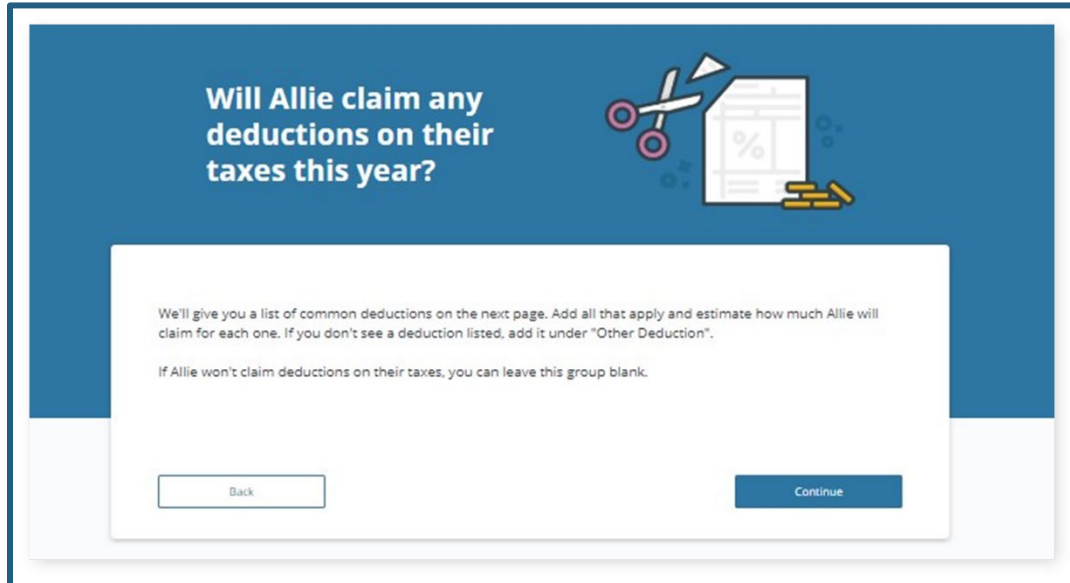
- Social Security Retirement** ⓘ
Benefits paid to people 62 years and older + Add
- Social Security Disability** ⓘ
Benefits paid to disabled people under 65 years old + Add
- Social Security Survivors** ⓘ
Benefits paid to surviving family of a deceased worker + Add
- Unemployment** ⓘ
Federal or state government unemployment income, and State Disability Insurance (SDI) you get in place of unemployment benefits + Add
- Disaster Unemployment Assistance** ⓘ
The Disaster Unemployment Assistance (DUA) program provides unemployment benefits to individuals who have become unemployed as a direct result of a Presidentially declared major disaster. + Add
- Jury Duty Pay** ⓘ
Money earned serving on a jury + Add

Do not enter child support or Supplemental Security Income (SSI). They are not counted toward your total household income. Do not include State Disability Insurance (SDI) unless it is received in place of unemployment benefits.

Back Next Income Group

Tax Deductions Page

Once all income is reported, a message displays asking if the household member would like to claim any tax deductions. Click the **Continue** button. The *Tax Deductions* page displays for the same household member.



The screenshot shows a blue header with the question "Will Allie claim any deductions on their taxes this year?" and an illustration of a document with a percentage sign, scissors, and a pencil. Below the header is a white box containing the following text:

We'll give you a list of common deductions on the next page. Add all that apply and estimate how much Allie will claim for each one. If you don't see a deduction listed, add it under "Other Deduction".

If Allie won't claim deductions on their taxes, you can leave this group blank.

At the bottom of the white box are two buttons: "Back" and "Continue".

To claim deductions for the current tax year, the user clicks the **+ Add** button for an applicable deduction category and completes the deduction entry form. Navigation to complete this form is very similar to reporting income, as described above

Users may skip this page by clicking the **Save** button without selecting a tax deduction type when there are no deductions to claim. Either way, clicking the **Save** button navigates the user to the *Review [HHM]'s Income* page.



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Derf's Deductions

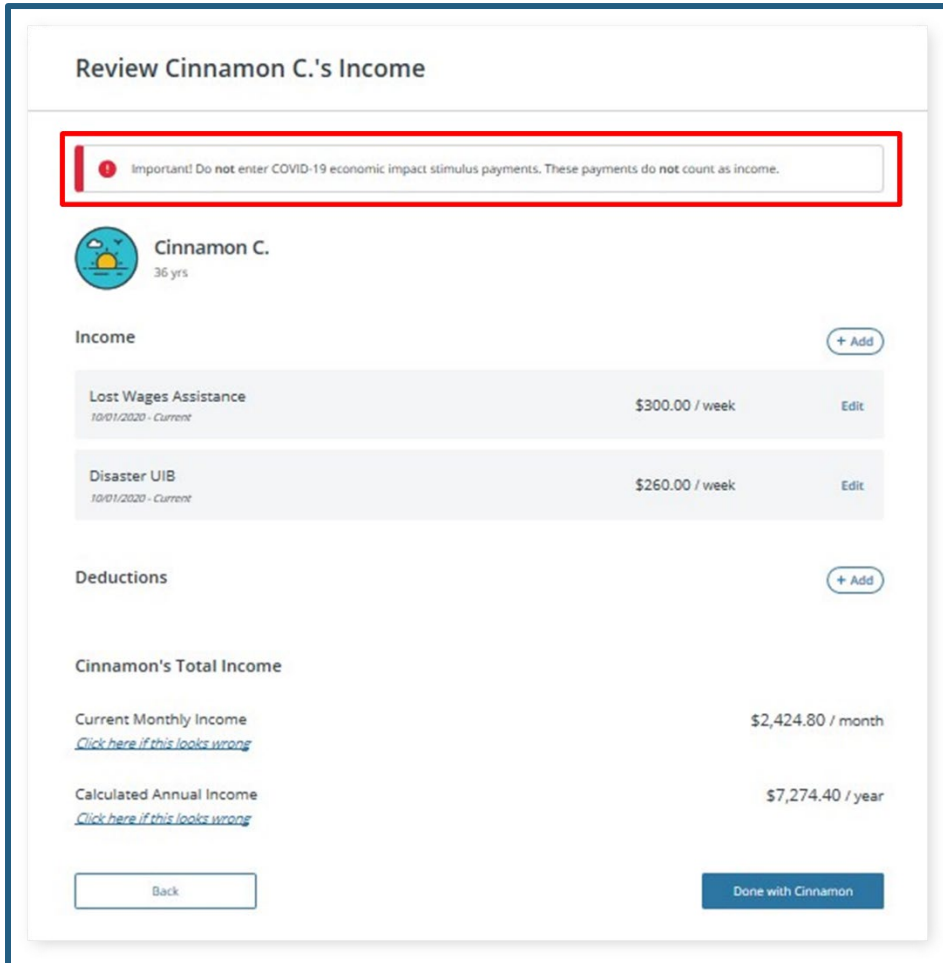
Tax Deductions
Many deductions are rare, so if you're not familiar with a deduction it probably doesn't apply to you.

- Student Loan Interest Paid
- Alimony Paid
- Tuition and Fees Paid
- Business Expenses
 - gas \$500.00/ month
- Health Savings Account Contributions
- Self-Employed Health Insurance Premiums
- Moving Expenses
- Educator Expenses
- Self-Employment Taxes
- IRA Contributions
- Hobby Income Expenses
- Rental Property Expenses
- Self-Employed SEP / Simple / Qualified Deductions
- Penalty on Early Withdrawal of Savings
- Domestic Production Activities
- Other Deductions

Review [HHM] Income Page


Review the information on the *Review [HHM]'s Income* page. If the information looks complete and accurate click the **Done with [HHM]** button to navigate back to the *Estimate [year] Household Income* page.

Note: A banner displays on the *Confirm Your Income is Correct* page: *Important! Do not enter COVID-19 economic impact stimulus payments. These payments do not count as income.*



Review Cinnamon C.'s Income

Important! Do not enter COVID-19 economic impact stimulus payments. These payments do not count as income.

 Cinnamon C.
36 yrs

Income + Add

Lost Wages Assistance <small>10/01/2020 - Current</small>	\$300.00 / week	Edit
Disaster UIB <small>10/01/2020 - Current</small>	\$260.00 / week	Edit

Deductions + Add

Cinnamon's Total Income

Current Monthly Income Click here if this looks wrong	\$2,424.80 / month
Calculated Annual Income Click here if this looks wrong	\$7,274.40 / year

Back Done with Cinnamon

If changes are still needed, the **+ Add** button and **Edit** link for both *Income* and *Deductions* can be used before continuing.

The *Review [HHM] Income* page also displays the calculated *Current Monthly Income* and *Projected Annual Income* amounts based on the input provided.

Current Monthly and Projected Annual Income

When the *Current Monthly Income (CMI)* or *Calculated Annual Income* amounts do not align with a Consumer's expectations:

1. Select the **Click here if this looks wrong** link under *Current Monthly Income*. This displays a popup with instructions for updating *Current Monthly Income, (CMI)*.
2. Alternatively, select the **Click here if this looks wrong** link under *Calculated Annual Income* to adjust the *Projected Annual Income, (PAI)* amount. The *Adjust Projected Annual Income* popup displays. Enter a new PAI amount and click **Update** to save changes and to navigate back to *Review [HHM] Income* page.



3. After reviewing income, click the **Done with [HHM]** button to navigate back to the *Estimate (Current Year) Household Income* page. **Important notes about income:**
 - CalHEERS prorates income with a mid-month begin and end date
 - *Current Monthly Income* displays only the income items with date ranges in the current month from each income type (Employment, Self-Employment, Other)

Adjust Projected Annual Income (PAI)

Projected Annual Income (PAI) is how much we expect your income to be for 2018, based on what you reported.

PAI helps us determine which health plan we can offer and how much we can lower the price.

To calculate PAI, we add your current, past and expected income for 2018, and get a monthly average. Then, we project that monthly average over a full year. If the PAI we calculated doesn't look right, update it to what you expect your income to be in 2018.

Based on what you've told us, we expect your PAI to be \$30,513.30 in 2018. If you expect this number to be different, update it here.

\$ 30,513.3 in 2018

Upon returning to the *Estimate (Current Year) Household Income* page household members with income will have a caret [] next to the income amount reported. Clicking the caret symbol expands the income section for that member and displays an **Edit** button.

Clicking the **Edit** button displays the Review [HHM]'s Income page. An **Edit** link on the *Review [HHM]'s Income* page displays the *Edit [HHM] Income* popup where users can make further income changes or delete income.

Clicking the **Delete** button displays a popup asking if the user is sure about deleting the income previously entered.

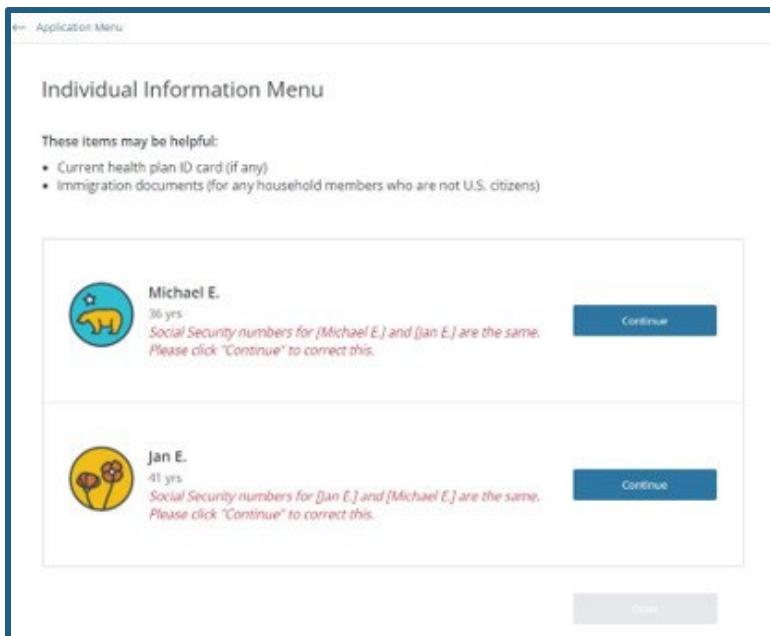
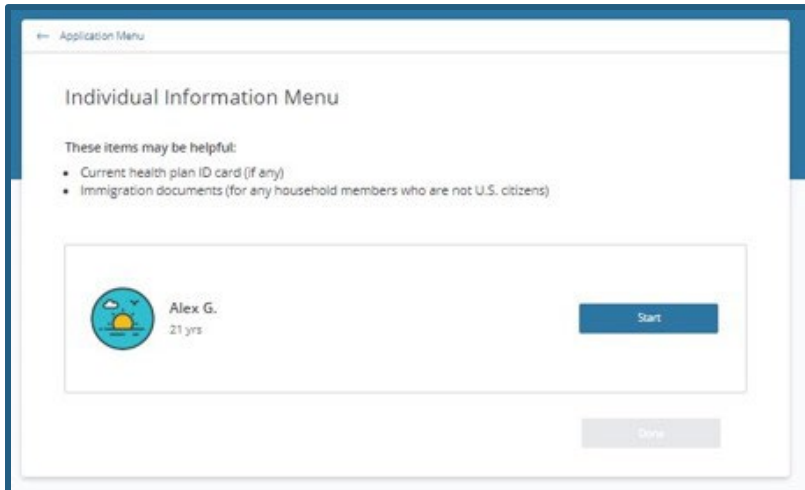
4. Click the **Done adding income** button on the *Estimate (Current Year) Household Income* page when no further income changes are needed.

The *Household Menu* page displays. Users may view or update information previously entered using a **Review** link or click the **Done** button to complete the section and return to the *Application Menu*.

Individual Information Section

In the Individual Information section users submit information about current healthcare enrollment, existing healthcare needs and citizenship status.

1. Click the **Start** button on the *Application Menu* page adjacent to the *Individual Information* section. The *Individual Information Menu* page displays listing the HHMs added earlier.
2. Click the **Start** button for each HHM and answer the questions presented.



Note: A message displays when the same SSN is entered for two HHMs: *Social Security number for [HHM] and [HHM] are the same. Please click "Continue" to correct this.*

Clicking the **Continue** button prompts the consumer to resolve the error.



Single Streamlined Application for Enrollers

Current Healthcare Enrollment

A **Yes** or **No** question displays next for each HHM asking if they have ever served in the United States military. This question is optional but helps determine if household members have, or may be eligible for, health insurance through the military or veteran health system.

Does Derf expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

Yes No

Enter the expected end date of Derf's health care.

Users are required to select health care programs that they are currently enrolled in. The Medicare checkbox is dynamically marked as checked if **Medicare** was selected earlier in the application.

- Applicants select one or more of the plans listed or the **None of the above** checkbox

Does Derf expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

Yes No

You may be able to enroll in a Covered California health plan today with this coverage. You will not qualify for financial help to lower the cost.

If you end this coverage in the future, you may qualify for financial help. You will get more information on your choices when you submit your application.

This does not impact your ability to qualify for free or low cost Medi-Cal.

Individual Information Menu
Your answers will be saved

Has Derf ever served in the United States military? ⓘ

Yes No

Has Derf's spouse or parent ever served in the United States military? ⓘ

Yes No

Is Derf currently enrolled in any of the following health care programs? ⓘ

- State high risk pools
- Student health plans
- Some TRICARE coverage
- Coverage for Veterans (VA plans)
- COBRA coverage
- Retiree coverage
- Employer-sponsored coverage
- Medicare
- Peace Corps
- Nonappropriated Fund Health Benefits from the Department of Defense
- None of the above

Has any employer, including a spouse or parent's employer, offered Derf health insurance? This does not include COBRA and Retiree health plan. ⓘ

Yes No



Single Streamlined Application for Enrollers

Users are presented with the following question after choosing any of the listed plans:

Does [HJM] expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

- Selecting **Yes** to this question displays a required date field to enter the expected end date for that coverage

Note: Consumers are self-attesting to being enrolled in and eligible for **Medicare** when selecting the Medicare checkbox. Also, selecting plans from this list does not preclude users from applying for coverage.

- Selecting **No** displays a message that the applicant may still enroll in a Covered California plan but they will not be eligible for financial assistance

Note: Questions display dynamically on the page based on how the initial questions were answered. As such, users are guided through the page and prompted to answer subsequent questions according to their previous responses.

For most applicants, including those choosing **None of the above**, the next question displays:

Has any employer, including a spouse or parent's employer, offered [HJM] health insurance? This does not include COBRA and Retiree health plan.

Has any employer, including a spouse or parent's employer, offered Jason health insurance? This does not include COBRA and Retiree health plan. ⓘ

Yes No

Does this plan meet minimum value standards? ⓘ

Yes No

Does this plan meet affordability standards? ⓘ

The rules for how to calculate affordability of employer sponsored insurance have changed. Use our [affordability tool](#) to see if yours is considered affordable.

Yes No

Back Next

Note: This question displays for non-Medi-Cal eligible applicants only, or when the HJM is not eligible for free Medicare Part A.

- Selecting **No** enables the **Next** button
- Selecting **Yes** dynamically displays the next two questions which include:
 - *Does this plan meet the minimum value standards?*
 - *Does this plan meet affordability standards?*



Single Streamlined Application for Enrollers

The rules for how to calculate affordability of employer sponsored insurance have changed. Use our [affordability tool](#) to see if yours is considered affordable.

Note: Clicking the affordability tool link navigates the user to the Covered California Financial Help website.

Selecting either **Yes** or **No** for both questions enable the **Next** button. Clicking **Next** navigates the user to the next page.

It is important to note that Consumers with certain types of Minimum Essential Coverage (MEC) may be eligible to receive APTC/CSR if they have been offered but turned down enrollment in these MECs, or if their enrollment will be terminated before their coverage in a subsidized Covered California plan starts.

Users must answer the following **Yes** or **No** questions to complete the section:

- *Has [HHM] ever gotten a service from the Indian Health Service, a tribal health program, or an urban Indian health program or through a referral from one of these programs? (For households without AI/AN members this question will not display)*
- *If [HHM] is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months?*

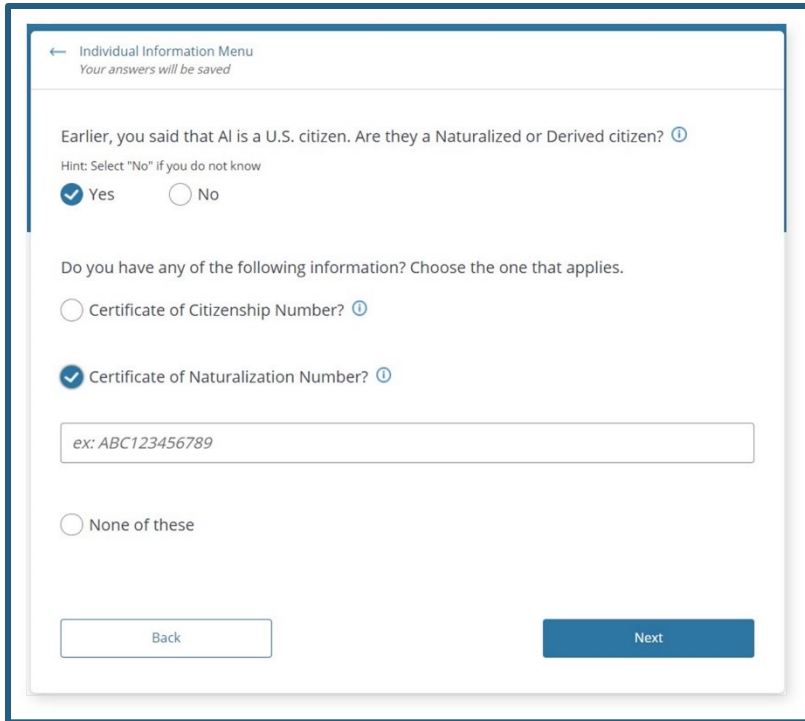
← Individual Information Menu *Your answers will be saved*

If Jane is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months? ⓘ

Yes No

Back Next

- *Does [HHM] need help with Long Term Care or Home and Community Based Services?*
- *Does [HHM] have a physical, mental, emotional, or developmental disability?*
- *Earlier, you said that [HHM] is a U.S. citizen. Are they a Naturalized or Derived citizen?*
- *Is [HHM] involved in a lawsuit because of injury or accident?*
- *Does [HHM] have a Social Security number (SSN)?*



Social Security Number (SSN)

Social Security numbers are used to check income and other information when determining eligibility. Household members applying for health coverage must provide an SSN.

The radio button defaults to **Yes** for the question: *Does [HHM] have a Social Security number (SSN)?*

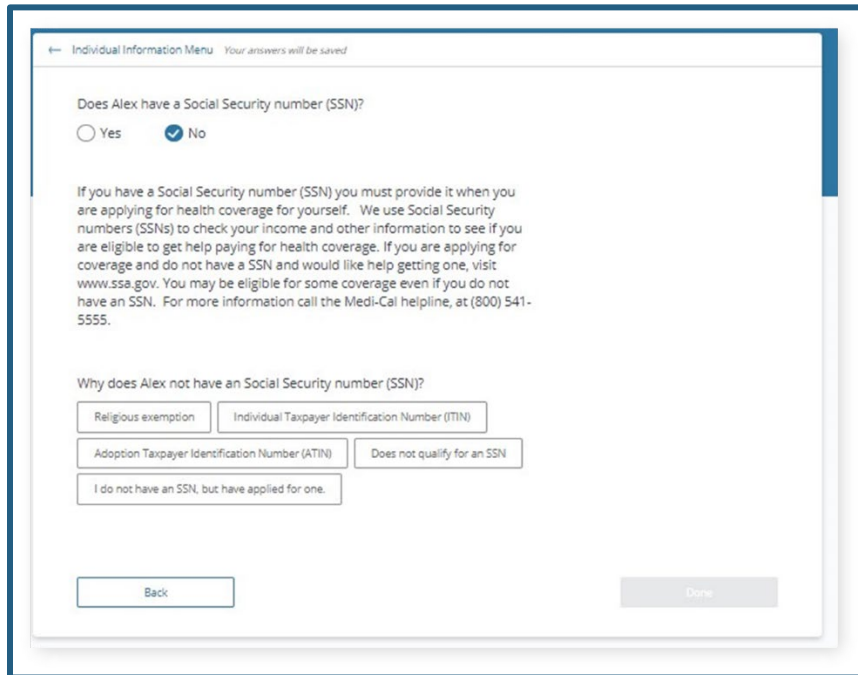
- The applicant is prompted to enter their SSN when the response is **Yes**

Note: The SSN is pre-populated if the SSN was entered previously during account creation or for the Primary Contact.

- Selecting **No** requires a response to the question: *Why does [HHM] not have a Social Security number (SSN)?* Choices Include:
 - **Religious exemption**
 - **Individual Taxpayer Identification Number (ITIN)**
 - **Adoption Taxpayer Identification Number (ATIN)**

Note: Selecting an ITIN or ATIN requires users to enter an ID number to continue.

- **Does not qualify for an SSN**
- **I do not have an SSN, but have applied for one**



← Individual Information Menu *Your answers will be saved*

Does Alex have a Social Security number (SSN)?

Yes No

If you have a Social Security number (SSN) you must provide it when you are applying for health coverage for yourself. We use Social Security numbers (SSNs) to check your income and other information to see if you are eligible to get help paying for health coverage. If you are applying for coverage and do not have a SSN and would like help getting one, visit www.ssa.gov. You may be eligible for some coverage even if you do not have an SSN. For more information call the Medi-Cal helpline, at (800) 541-5555.

Why does Alex not have a Social Security number (SSN)?

Religious exemption Individual Taxpayer Identification Number (ITIN)

Adoption Taxpayer Identification Number (ATIN) Does not qualify for an SSN

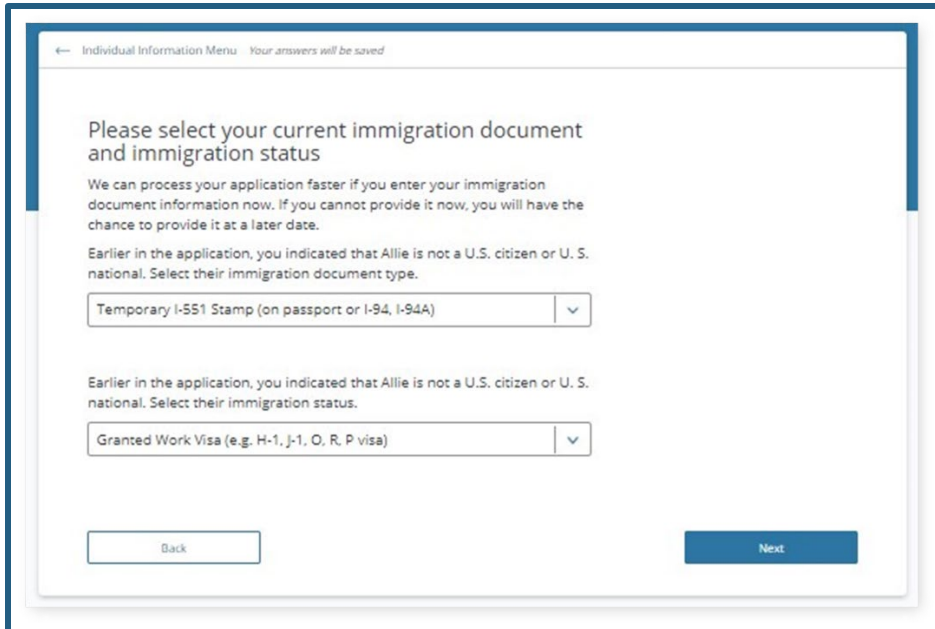
I do not have an SSN, but have applied for one.

Back Done

Citizenship and Immigration Status

Immigration documentation and Immigration status details for household members who are not U.S. Citizen or U.S. Nationals

- Select an option from the **Document Type** and **Immigration Status** dropdown lists
- Users may be prompted to enter additional information in the fields that display based on the immigrant document selected



← Individual Information Menu *Your answers will be saved*

Please select your current immigration document and immigration status

We can process your application faster if you enter your immigration document information now. If you cannot provide it now, you will have the chance to provide it at a later date.

Earlier in the application, you indicated that Allie is not a U.S. citizen or U. S. national. Select their immigration document type.

Temporary I-551 Stamp (on passport or I-94, I-94A) ▼

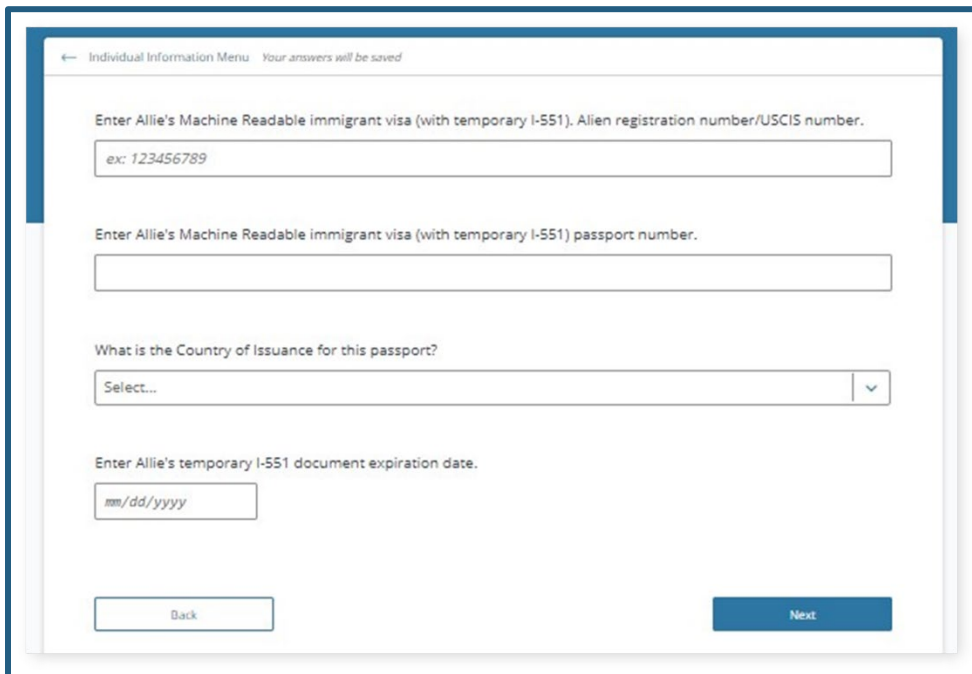
Earlier in the application, you indicated that Allie is not a U.S. citizen or U. S. national. Select their immigration status.

Granted Work Visa (e.g. H-1, J-1, O, R, P visa) ▼

Back Next

A set of questions/fields displays specific to PRUCOL eligibility when **Document or status not listed** is selected from the **Document Type** dropdown.

Examples of other changes in the Citizen Information section that may display based on **Document Type** selection are listed in the table below.



← Individual Information Menu *Your answers will be saved*

Enter Allie's Machine Readable immigrant visa (with temporary I-551). Alien registration number/USCIS number.

ex: 123456789

Enter Allie's Machine Readable immigrant visa (with temporary I-551) passport number.

What is the Country of Issuance for this passport?

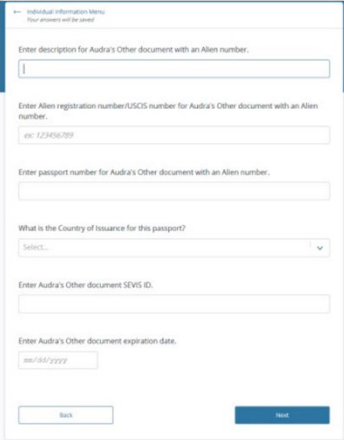

Select... ▼

Enter Allie's temporary I-551 document expiration date.

mm/dd/yyyy

Back Next

Page Feature	Description
<p>What is the Country of Issuance for this passport?</p> <div data-bbox="178 367 812 567"> <input type="text" value="Select..."/> <ul style="list-style-type: none"> Afghanistan Albania Algeria American Samoa </div> <div data-bbox="178 619 812 798"> <input type="text" value="Select..."/> <ul style="list-style-type: none"> Western Sahara Yemen Zambia Zimbabwe </div>	<p>Country of Issuance is required when selecting the following Document types and/or entering a Passport Number:</p> <ul style="list-style-type: none"> • Temporary I-551 Stamp (on passport or I94, I-94A) • Unexpired Foreign Passport • Machine Readable Immigrant Visa (with Temporary I-551 Language) • Arrival/Departure Record in Unexpired Foreign Passport (I-94) • Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) • Document indicating American Indian born in Canada – LPR – I-55 • Document indicating member of a federally-recognized Indian tribe • Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee • Office of Refugee Resettlement (ORR) eligibility letter • Cuban/Haitian Entrant, Document indicating withholding of removal • Resident of American Samoa • Resident of Commonwealth of the Northern Mariana Islands • Notice of Action (I-797)

Page Feature	Description
	<ul style="list-style-type: none"> • Other document with an Alien Number/USCIS Number • Other document with I-94 document <p>The Country of Issuance dropdown list includes the 196 countries recognized by the Department of Health Services, in alphabetical order.</p>
	<p>The Card Number</p> <p>Consumers who may have applied but not received their Permanent Resident card can enter their receipt number instead of a card number.</p> <p>The Document Expiration Date field is optional for some document types such as the <i>Permanent Resident Card (Green Card)</i> but required for others, such as the <i>Employment Authorization Card (I-766)</i>.</p>
	<p>This question displays for HHMs who indicate they are not a U.S. Citizen or National. This question is optional for non-applicants and required for applicants. It allows Individuals to attest to qualified non-citizen status.</p> <p>Tooltip text descriptions give more information. Qualified non-citizenship status does not affect eligibility at this time.</p>

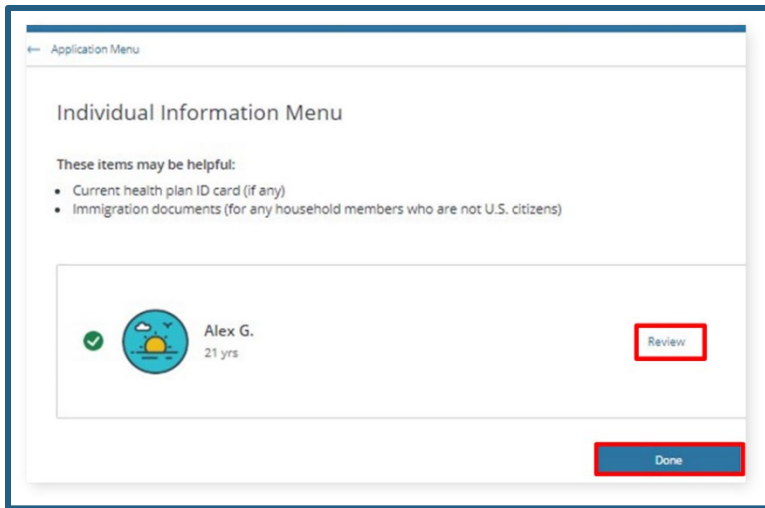
Clicking the **Done** button to navigates the user to the *Health Care Information* page.

Clicking the **Done** button navigates the user to the *Individual Information Menu* page.

The *Individual Information Menu* page displays a **Review** link next to the HHM's name when the section is complete.

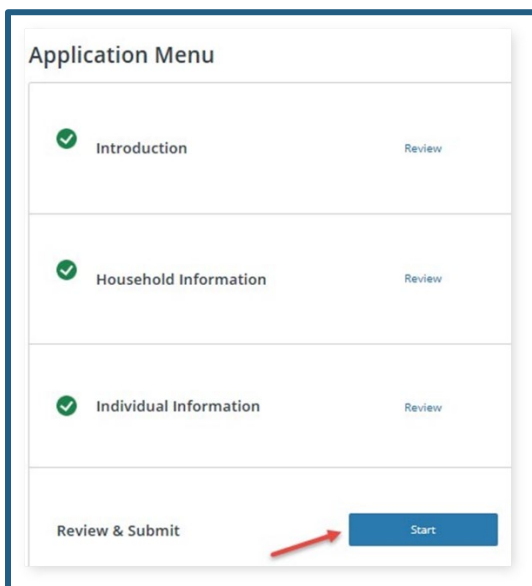
Clicking the **Review** link allows the user to revisit or edit the information previously entered.

Clicking the **Done** button completes the section and returns the user to the *Application Menu*.



Review & Submit Section

The *Review & Submit* section summarizes information entered from all the application pages (click the **Review** link to review all information entered). Users are asked to review the information provided before submitting the application. Updates can still be made by clicking an **Edit** link adjacent to the information.



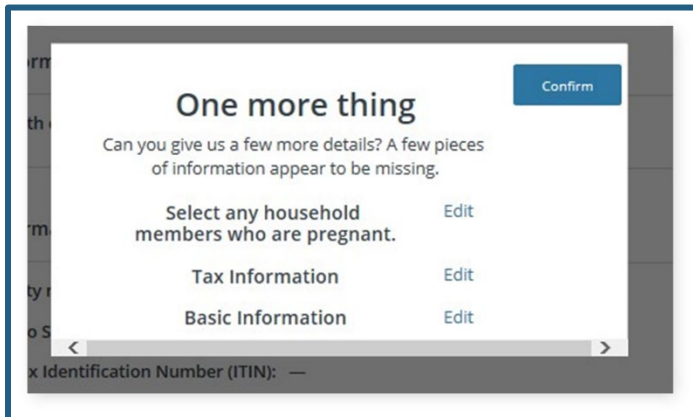
For each section of the application, clicking the **Confirm** button acknowledges that the information is correct and that the review is complete. Review sections include:

- *Review Household Information*
- *Review Tax Information*
- *Review Household Income*
- *Review Individual Information*

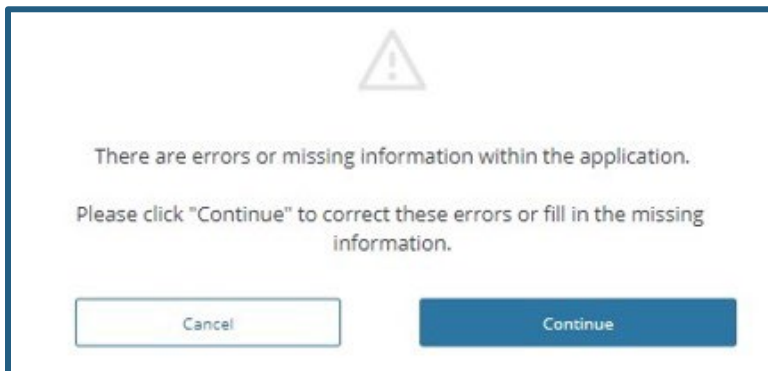
Note: Editing previously entered information after completing a section can have downstream impacts to other areas of the application.

The following popups may display as the user proceeds through the application:

- Before navigating to the *Final Review* section, CalHEERS performs a data check to see if it is missing information needed to determine eligibility. The *One more thing* popup displays when required data is missing. Information identified as needed is listed alongside an **Edit** link. Clicking the Edit link navigates the user to the applicable page where updates can be made. CalHEERS navigates the user to the One more thing popup to repeat the process until all information is updated. After updating the necessary information, users continue through the *Final Review* section.



- A missing information popup displays when a user clicks **Cancel** on the popup, or closes it, and required fields are incomplete





Single Streamlined Application for Enrollers

- The *Updates are required for HHM* popup may display when the member's personal information cannot be verified by the Federal Hub. The consumer is required to confirm or update information provided.

A screenshot of a web form titled "Updates are required for Alex". The form contains the following fields and text:

Updates are required for Alex

We cannot verify Alex's personal information. Please check that their information is correct, and click "Confirm"

First name
Alex

Last name
G

Date of birth
01/01/1997

Social Security number (SSN)
*** ** 5640

Confirm



Single Streamlined Application for Enrollers

Voter Registration

The *Voter Registration* page displays once the last **Confirm** button in the Application Review section is clicked. Completing the Voter Registration page is optional. Clicking the **Next** button navigates the user to the *Sign and Submit Your Application* page.

Voter Registration

Covered California is a voter registration agency and is providing you the opportunity to register to vote.

← Application Menu

To register to vote, you must be a U.S. citizen and at least 18 years old by the next election. If you are not registered to vote where you live now, would you like to apply to register to vote?

Yes, open the California Online Voter Registration website in a new tab

Yes, please mail me a voter registration card

I am already registered to vote

No

Note: If you do not make a choice you will be considered to have decided not to register to vote at this time and a voter registration card will be mailed to you.

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may also fill out the voter registration form in private.

3. If you believe that someone has interfered with your right to register or to decline to register to vote, your privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov

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Single Streamlined Application for Enrollers

Sign and Submit Your Application

The *Sign and Submit Your Application* page includes four legal points to be addressed before submitting the application:

- An agreement to report any changes to the information given in the application
- The applicant's consent to allow CalHEERS to verify household information for up to 5 years by an identity proofing service
- The AGENT/BROKER ASSIGNMENT allows applicants or Authorized Representatives to consent to the automatic transfer of their currently delegated agent or broker to their Covered California enrollment
 - Clicking the **Yes** button transfers the previous agent information to CalHEERS (via a nightly batch process)
 - Clicking the **No** radio button does not transfer the agent information
- A message displays with a Note: that the transfer is dependent on agent's Certification with CCA and how to manage delegations
- An agreement to the terms and conditions of the application
- Certifying, by electronic PIN and electronic signature, that the questions in the application have been read, understood, and answered honestly

Note: The Electronic Signature PIN field does not display for Admin users.

Clicking the **Submit Application** button at the bottom of the page submits the application.



Single Streamlined Application for Enrollers

← Application Menu Your answers will be saved

Sign and Submit Your Application

There are just a few legal points we need to cover before you submit your application.

1

I agree to report any changes to the information in this application to Covered California or to the local county office.

You are responsible for reporting changes to any information in your application. Some common changes are: moving, adding or removing family members and changes in immigration status. 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.
[Click here to learn more about reporting a change](#)

I agree and certify under penalty of perjury that I have read the reporting requirements.

2

We can maintain your consent to verify your information for up to 5 years. How many years would you like us to do so? ⓘ

5 years

3

AGENT/BROKER ASSIGNMENT: I provide consent to the automatic transfer of my currently-delegated agent/broker to my Covered California enrollment so they may continue to serve me in my new enrollment.

Yes No

Note: Delegation transfer is dependent on your agent's current Certification with Covered California and receipt of information from your health insurance carrier. Once the agent/broker has been added to your enrollment, you can remove their delegation at any time by clicking "Manage Delegates" in your Account Home or by calling the Service Center at (800) 300-1506.

4

Please read this important information about your application. Once you finish reading, check the box to certify that you have done so.

Medi-Cal Estate Recovery Alert
The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members for payments made, including managed care premiums, for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday, if a deceased member does not leave an estate or owns nothing when they die, nothing will be owed. For more information you may visit the Estate Recovery website at <http://dhcs.ca.gov/er> or call (916) 650-0590.

Covered California Nondiscrimination Policy
Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats).

Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters

I agree and certify that I have read the full legal terms and conditions.

5

By entering my PIN and typing my full name I certify under penalty of perjury that I have read and I understand the questions in this application. I have answered honestly to the best of my ability.

Electronic Signature PIN ⓘ

....

Electronic Signature

Kaiser Guy

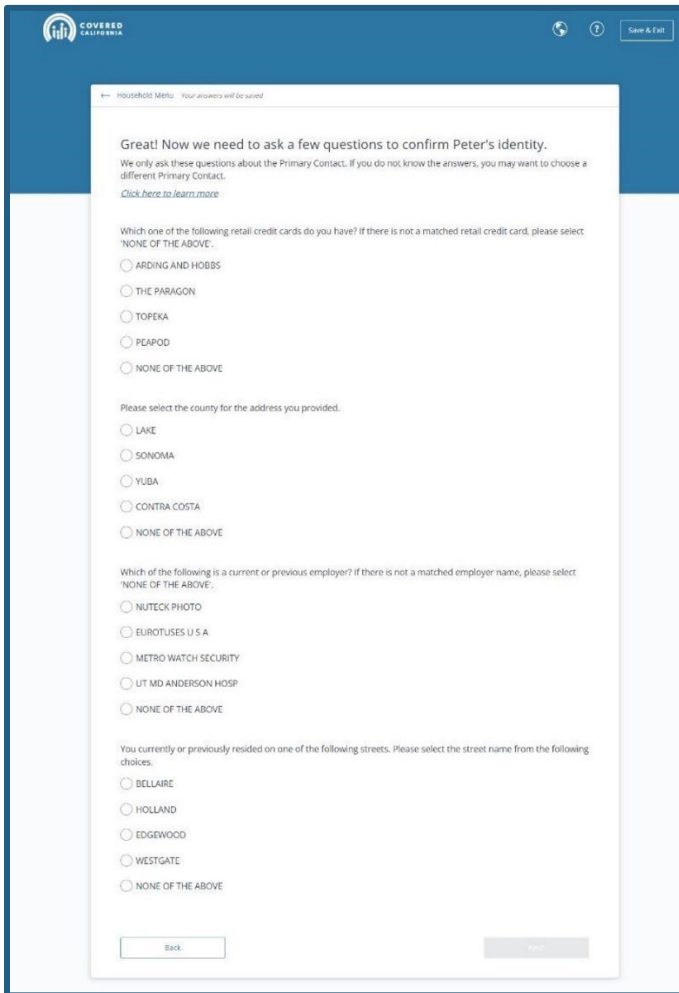
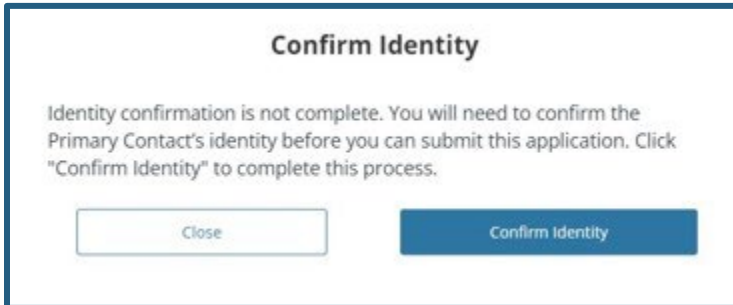
Back Submit Application



Single Streamlined Application for Enrollers

Note: The application cannot be submitted until the Primary Contact's identity is confirmed. The Confirm Identity popup displays after clicking the **Submit Application** button and the Primary Contact's identity is not complete:

- Clicking the **Close** button closes the popup
- Clicking the **Confirm Identity** button navigates the user to *the Great! Now we need to ask a few questions to confirm [HHM's] identity* page. The identity confirmation questions must be completed





Single Streamlined Application for Enrollers

Note: CalHEERS runs daily eligibility remediation from 6 a.m. to 8 p.m. for initial applications, or when adding a person for a RAC, or adding a person for active Renewal on the same day the initial eligibility result is received. CalHEERS uses the last eligibility determination of the day when generating notices, 834 transactions, and sending MEDS transactions.

The *Welcome to Your Household Eligibility Results Summary* page displays a summary of eligibility for the household.

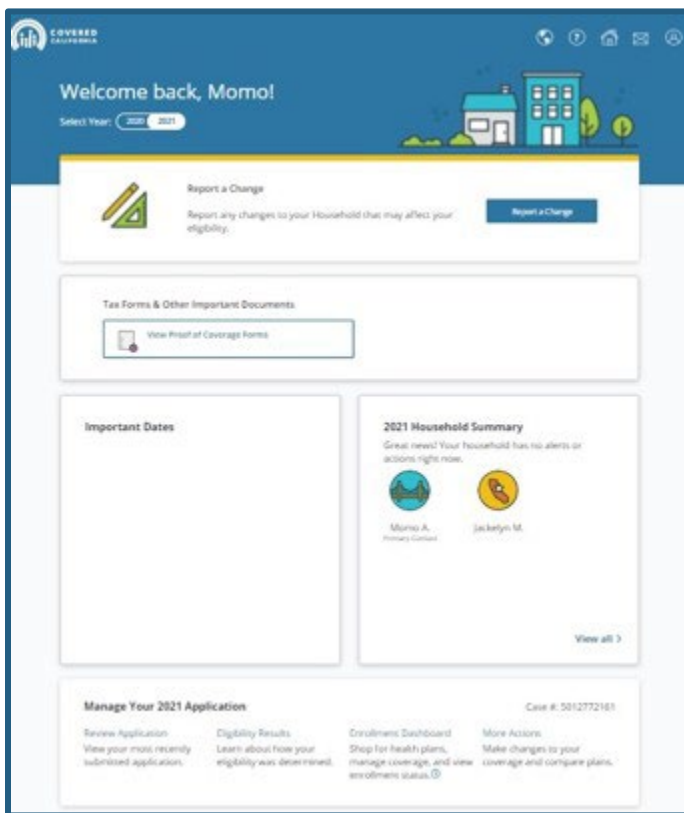
The user can continue to the plan selection and enrollment by clicking the **Choose a Plan** link which includes the date by which choosing a plan needs to be complete for the given coverage start date.

The *Household Next Steps* section displays a list of items required to complete the application with a message that required next steps may be completed later or after plan selection.

Note: The *More Employer Information is Required* page displays when at least one member in the household is employed, and eligible or conditionally eligible for APTC. The user is required to provide employer address information before continuing with plan selection.

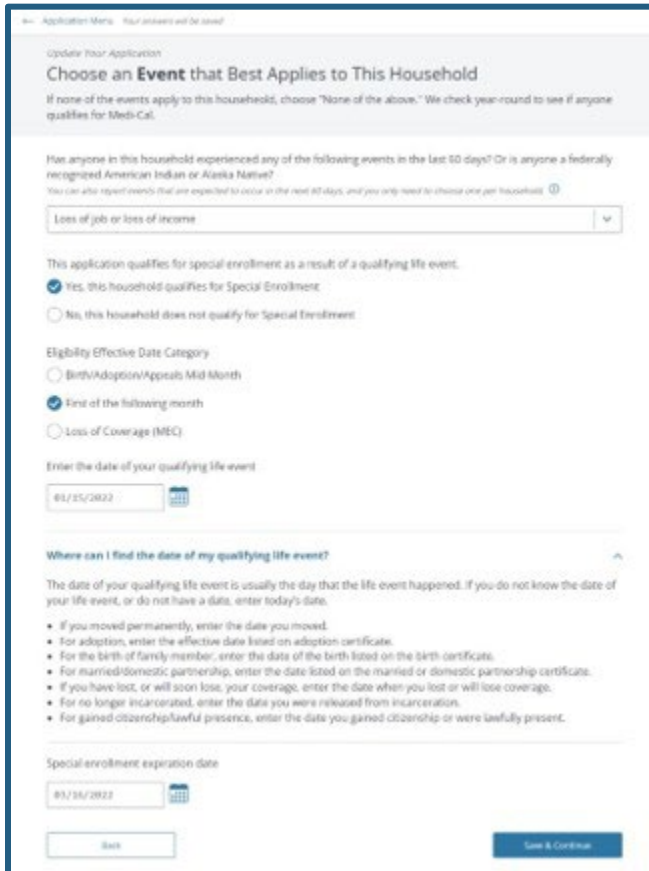
Report a Change

To report a change, click the **Report a Change** button on the Consumer Home page. Administrative users (CEWs and SCRs) may choose to open an application in Consumer View (Single Streamlined Application) or the *Flexible Admin View*.

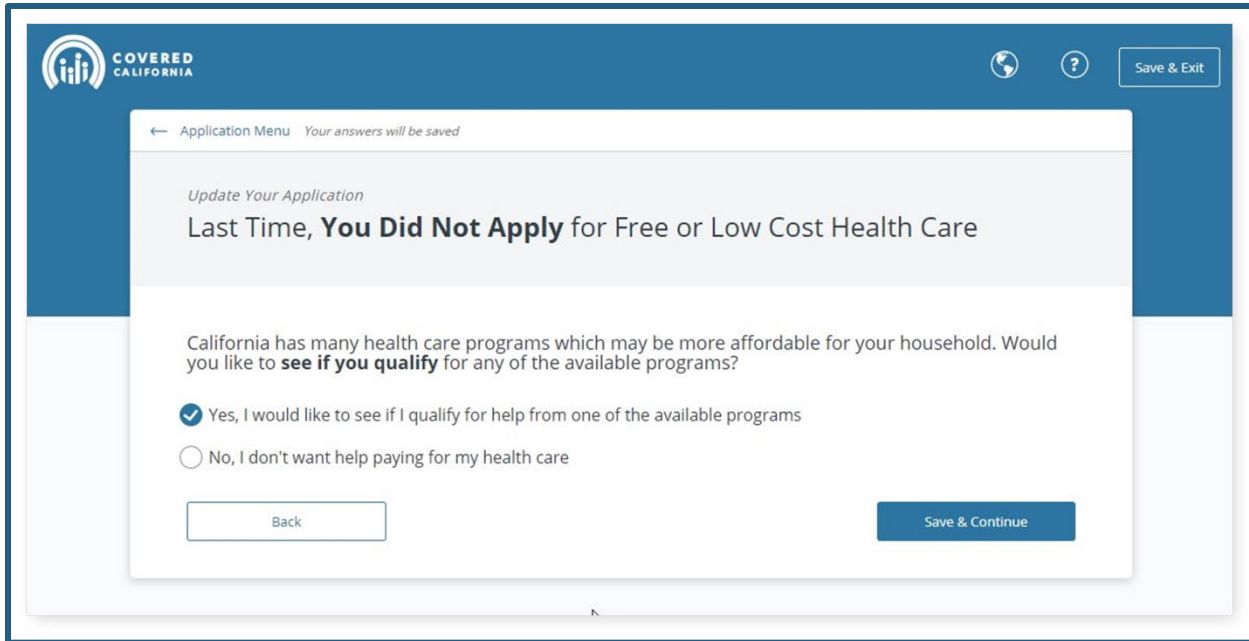


Change Application Type

Users can change application type when the application submitted is unsubsidized (without premium tax credits or Medi-Cal):



- Use the **Report a Change** button on the Consumer Home page
- Click the **Consumer View** button from the **View Confirmation** popup
- On the *Choose an Event that Best Applies to This Household* page:
 - Select the event from the **Qualifying Life Event** dropdown and complete the subsequent questions
- On the *Last Time, You Did Not Apply for Free or Low Cost Health Care* page, click the **Yes....**radio button



The screenshot shows the Covered California application interface. At the top left is the Covered California logo. The main header area contains a globe icon, a question mark icon, and a "Save & Exit" button. Below this is a white modal window titled "Application Menu" with a sub-header "Your answers will be saved". The modal content includes the text "Update Your Application" and a bold heading "Last Time, **You Did Not Apply** for Free or Low Cost Health Care". The main question is: "California has many health care programs which may be more affordable for your household. Would you like to **see if you qualify** for any of the available programs?". There are two radio button options: "Yes, I would like to see if I qualify for help from one of the available programs" (which is selected) and "No, I don't want help paying for my health care". At the bottom of the modal are two buttons: "Back" and "Save & Continue".

Changing the application type from unsubsidized to subsidized requires additional information that was not required for a subsidized application. Submitting the RAC application completes the process.

Reapply

A consumer reapplying in CalHEERS has a similar experience as one applying for the first time. However, CalHEERS retains case information as of the last case closing which aims to simplify the time spent in compiling the Household information.