Renewals Job Aid For Certified Enrollers

Covered California Renewal

Covered California's renewal period (annual redetermination process), October 1, 2024, through December 15, 2024, is intended to help individuals and families retain health coverage for the 2024 enrollment year. This Job Aid is for Plan-Based Enrollers, Certified Enrollment Counselors (CECs), and Certified Insurance Agents (CIAs) who are assisting Consumers to complete their renewal and illustrates the functionality from the Consumer's perspective.

Who is Qualified for Renewal?

As part of annual renewal, eligibility is re-determined for subsidized and unsubsidized households that are enrolled in a plan and have made their first premium payment (i.e., effectuated) or pending (enrolled in a plan with pending effectuation). Federal Advanced Premium Tax Credit (APTC) and CA Premium Subsidy households, who do not provide consent for verification are auto-renewed into an unsubsidized plan for the upcoming year. Notices are sent to qualifying households to notify them of their opportunity to update information and confirm plan choices for the next benefit year.

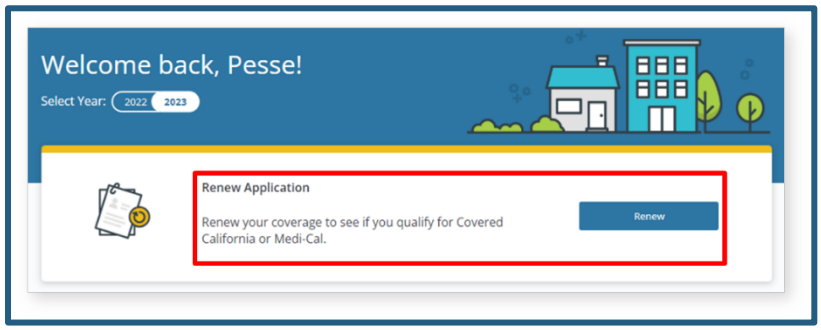
Households Not Eligible For Renewal

- Applications that were withdrawn or terminated
- Cases which opted out of renewal during the renewal timeframe

Renew Mode

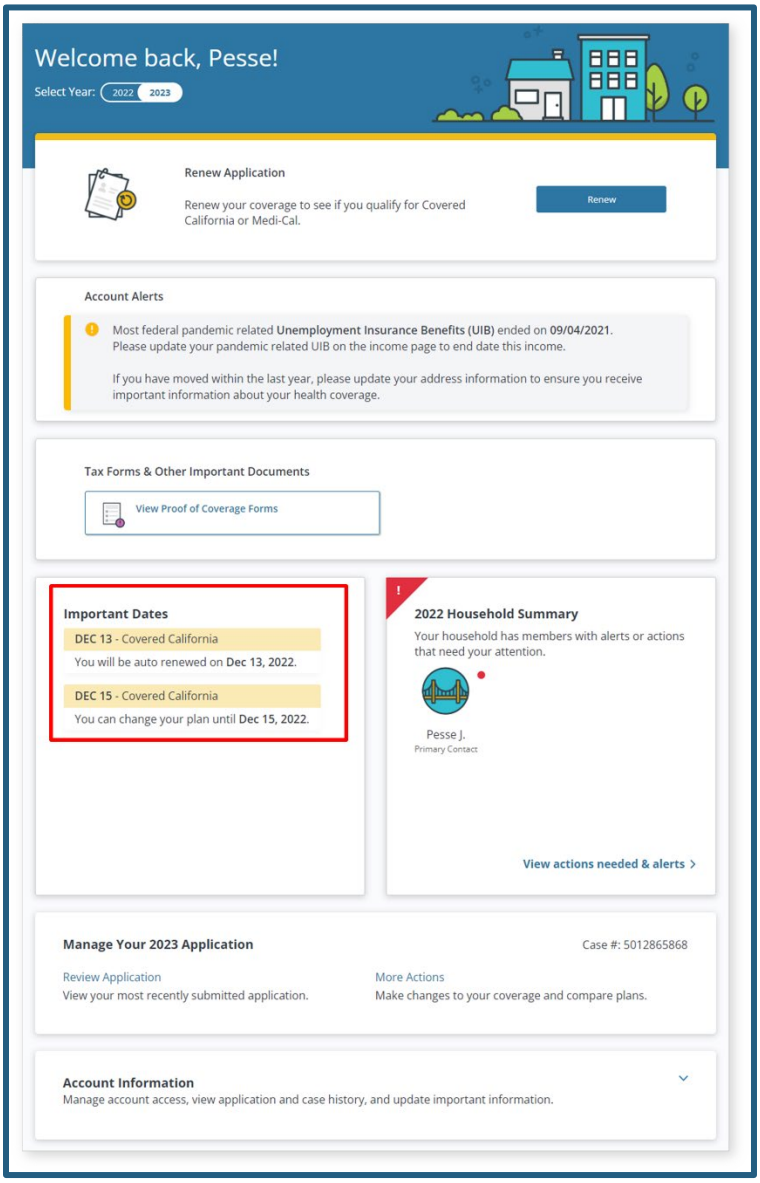
A household (HH) in Renewal mode displays on the Consumer Home page with the message: *Welcome Back, [HHM Name].* The **Select Year:** button displays with the future benefit year selected. Clicking the **Select Year:** button toggles between the future benefit year and the current benefit year. The *Actions* section dynamically displays messaging related to the renewal.

Note: The **Select Year:** button displays only the current benefit year for MAGI Medi-Cal only cases.



Important Points about Renewals

The *Actions* section of the Consumer Home page displays a message: *Renew your coverage to see if you qualify for Covered California or Medi-Cal*. The **Renew** button displays until the renewal is complete.



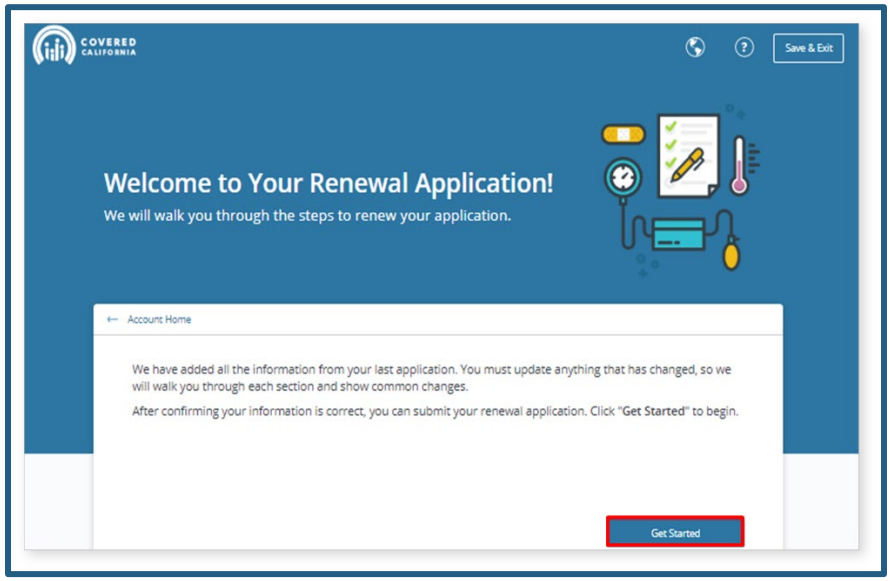
Before continuing the Renewal process, users may review a side-by-side comparison of plans by clicking the **More Actions** link located under the *Manage Your [YYYY] Application* section of the Consumer Home page. The **More Actions** link is dynamically replaced with additional links including the **Shop and Compare** link which allows users to compare plans.

The *Important Dates* section dynamically displays the date by when the Renewal needs to be completed.

The message *You will be auto renewed* displays for active and passive renewals. A renewal due date displays to remind Covered California Consumers that the current plan is set to automatically renew when changes are not submitted before the date listed.

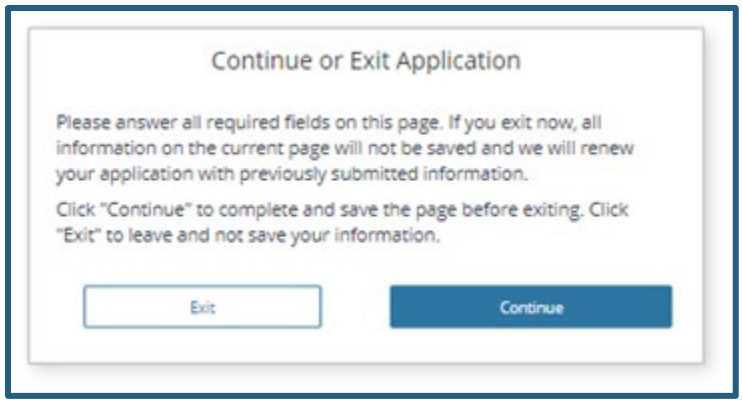
The message *Your county office will contact you during your renewal period if needed* displays for Consumers with Medi-Cal and CCHIP along with date information. Messages under *Important Dates* display in yellow when they are time sensitive, all other messages display in green.

On the *Welcome to Your Renewal Application!* page, text displays informing the user what to expect during the renewal process, while prompting them to begin:



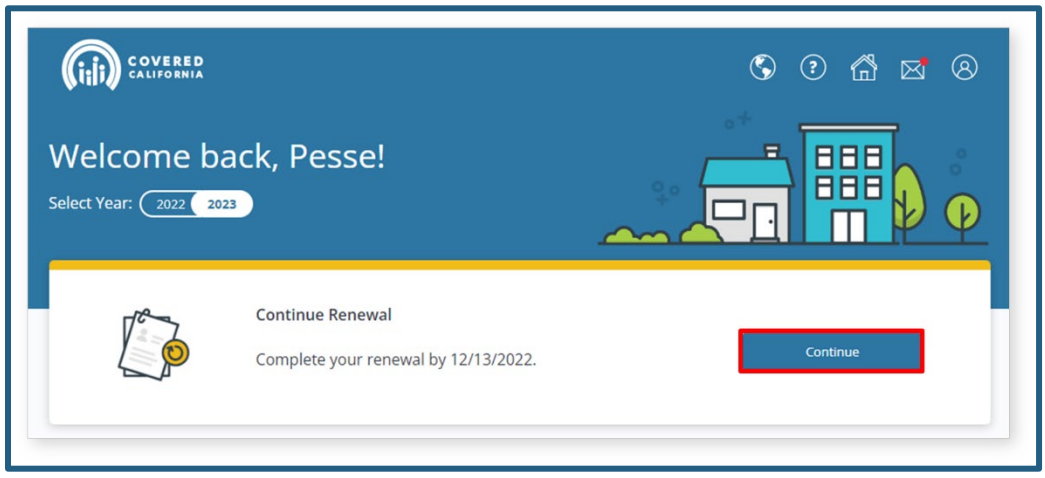
- *We will walk you through the steps to renew your application*
- *We have added all the information from your last application. You must update anything that has changed so we will walk you through each section and highlight common changes*
- *After confirming your information is correct, you can submit your renewal application. Click **Get Started** to begin*

Clicking the **Get Started** button initiates a guided walkthrough for the Consumer to complete the Renewal process.



- Clicking the **Save & Exit** button displays the *Continue or Exit Application* popup reminding the Consumer that all required fields need to be completed; otherwise, the case is renewed with the previously submitted information
  - Clicking the **Exit** button navigates the user to the Consumer Home page
  - Clicking the **Continue** button cancels the action

Clicking the **Exit** button navigates the user to the Consumer Home page where the Action section displays Continue Renewal with the due date reminding the user to complete the application by a specific date. Clicking the **Continue** button resumes the saved renewal application.



Note that the message automatically populates a date that is 30 days from the Renewal application initiation date. During the Open Enrollment period (OE), the expiration date is extended to the day after the OE period ends if it has been 30 days since the initial application date.

Important Note: A household enrolled in a Dental-only plan for the current benefit year can only be auto-renewed to the existing dental plan. A Dental-only plan is not auto-enrolled when it is not available for the next benefit year. Dental-only enrolled households are not eligible for active renewal processing.

Consumers who previously declined financial assistance for health care are presented with the *Last Year, You Did Not Apply for Free or Low Cost Health Care* page. Additional language displays: *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?* The user is given two options:

- *Yes, I would like to see if I qualify for help from one of the available programs*
- *No, I don't want help paying for health care*

Clicking the **Save & Continue** button continues the Renewal process.

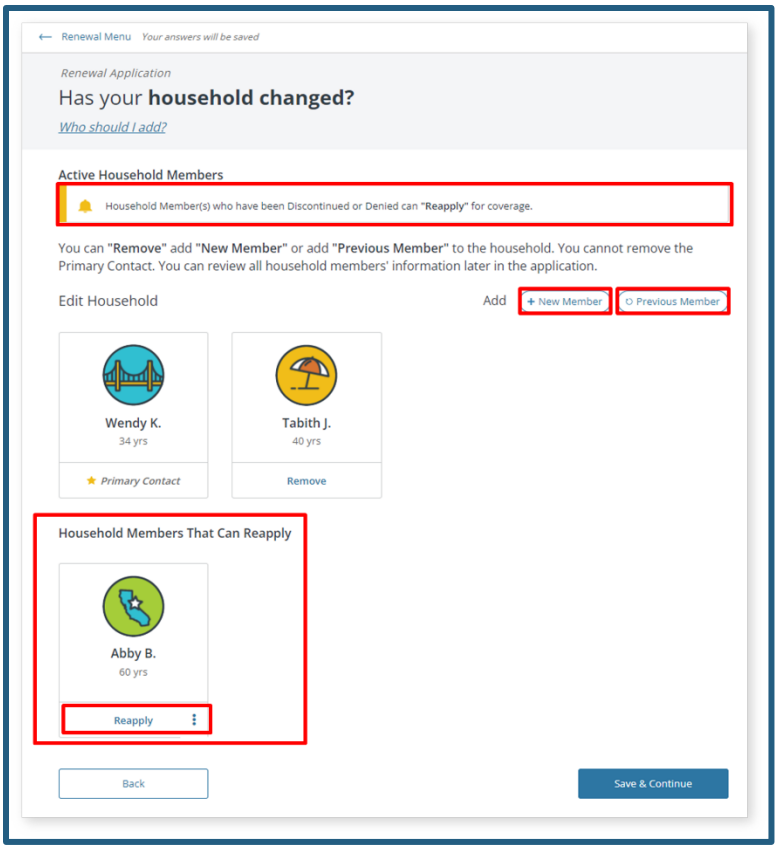
Clicking the **Back** button returns the user to the previous page

Note: The user navigates directly to the Has Your Household Changed? page when the user previously accepted the option for financial assistance.

Review existing household information on a page-by-page basis starting with the *Has Your Household Changed?* page. The Consumer may add, re-apply, or remove a household member (HHM).

Important: The *Primary Contact* (identified with a star icon) cannot be removed.

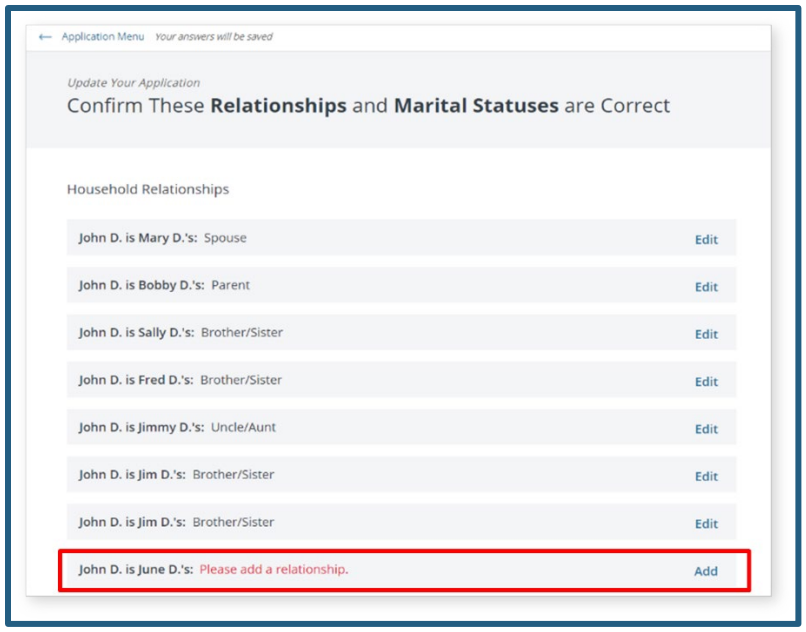
1. Click the Save & Continue button to continue when no updates are needed or all updates have been completed.
    - A banner dynamically displays to inform the user when a HHM can reapply for coverage



- Clicking the **New Member** button adds a new HHM
- Clicking the **Previous Member** button adds a previous HHM
- The *Household Members That Can Reapply* section displays HHMs as individual tiles
- Clicking the **Reapply** button in the *Household Members That Can Reapply* section allows a HHM to reapply for coverage
- Clicking the ellipses icon next to the **Reapply** button displays the **Remove** button. Clicking the **Remove** button removes the selected HHM from the case.

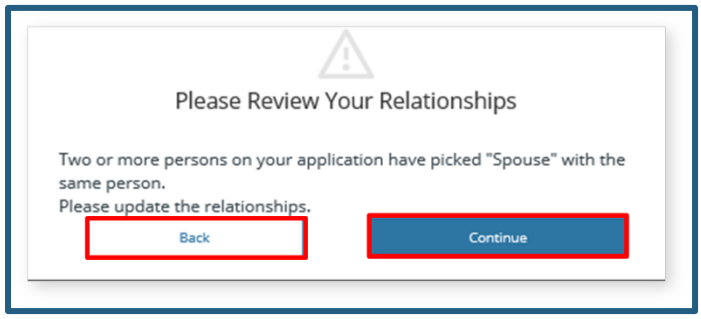
2. The *Confirm These Relationships and Marital Statuses are Correct* page displays for multi-member households or when a HHM has been added to a household of one. Complete or confirm the Household Relationships status by clicking the **Edit** link.

   An exclamation point displays on the Confirm These Relationships and Marital Statuses are Correct page when multiple HHMs have a spousal relationship with the same person in the household or when a HHM is added.

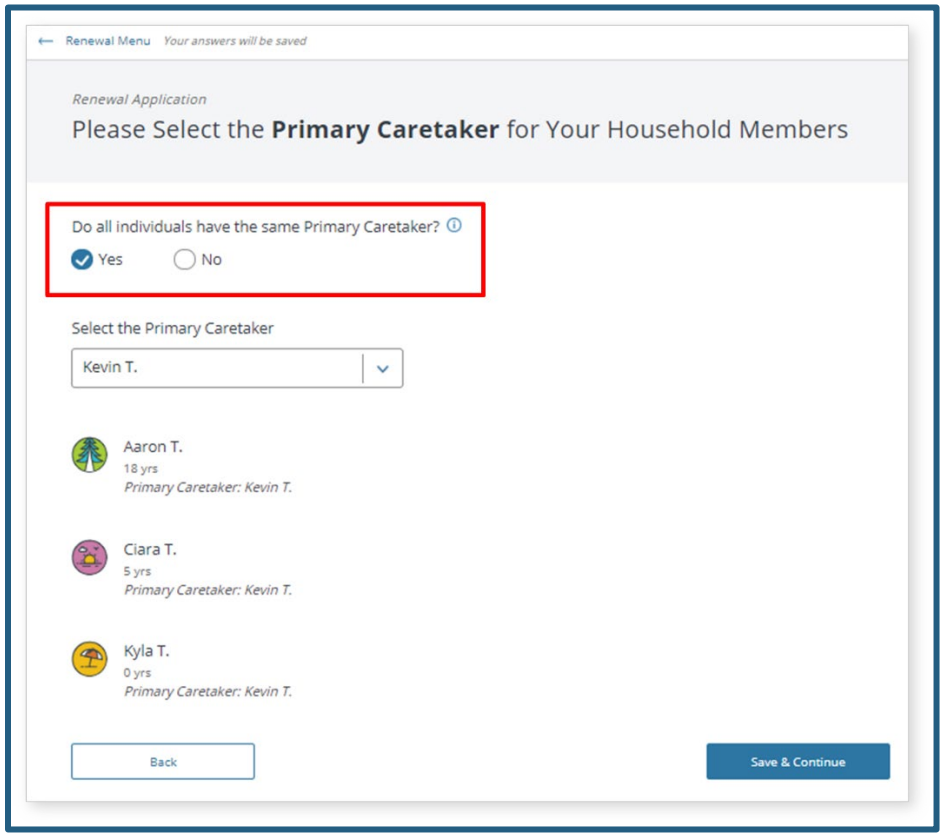


3. Add the relationship between the new member and the household and click the **Save & Continue** button. The *Please Review Your Relationships* popup displays when two or more HHMs have selected the relationship of *Spouse* with the same person.

- Clicking the **Back** button returns the user to the *Add Household Member* page
- Clicking the **Continue** button navigates the user to the next page in the Renewal flow

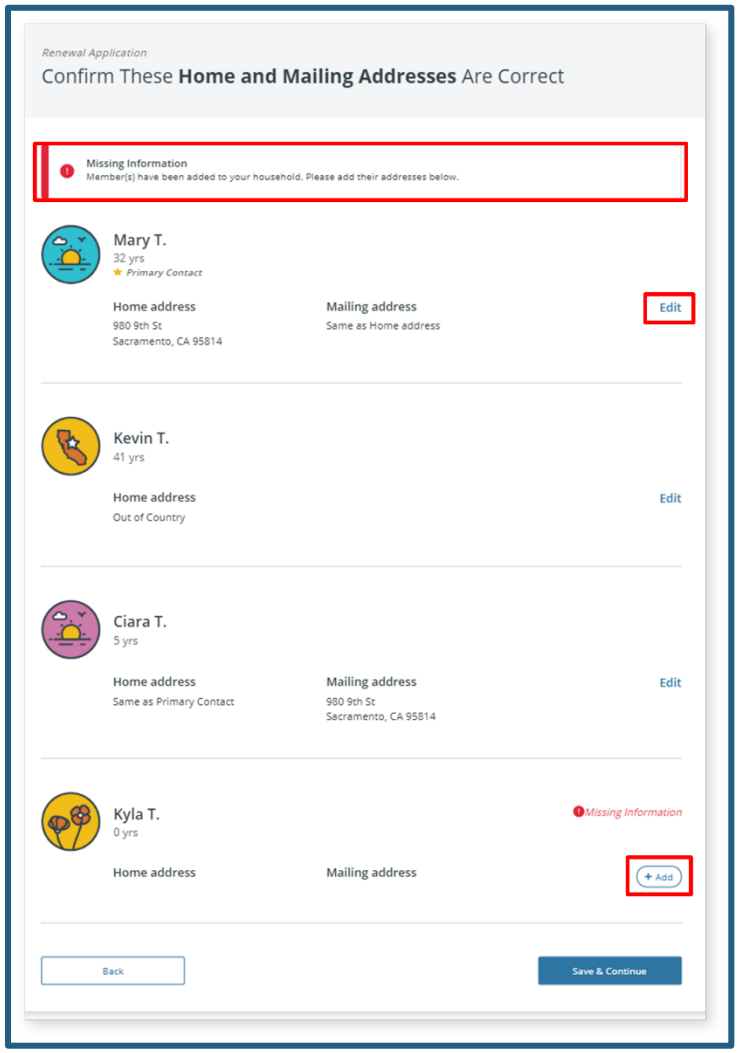


4. The *Please Select the Primary Caretaker for Your Household Members* page displays when an HHM is added.



5. Selecting **Yes** to the question, Do all individuals have the same *Primary Caretaker?* allows the user to select one HHM as the Primary Caretaker. Selecting **No** allows the user to select a different Primary Caretaker for each child. Click the **Save & Continue** button to continue.

6. The *Confirm These Home and Mailing Addresses Are Correct* page displays. The *Home Address* and *Mailing Address* display for each HHM and can be edited individually by clicking the **Edit** link next to the individual whose address is being updated. A red exclamation point with the message Missing Information displays when an HHM has been added during the renewal process. Click the **Add** button next to the newly added HHM to add their address. Click the **Save & Continue** button to continue.



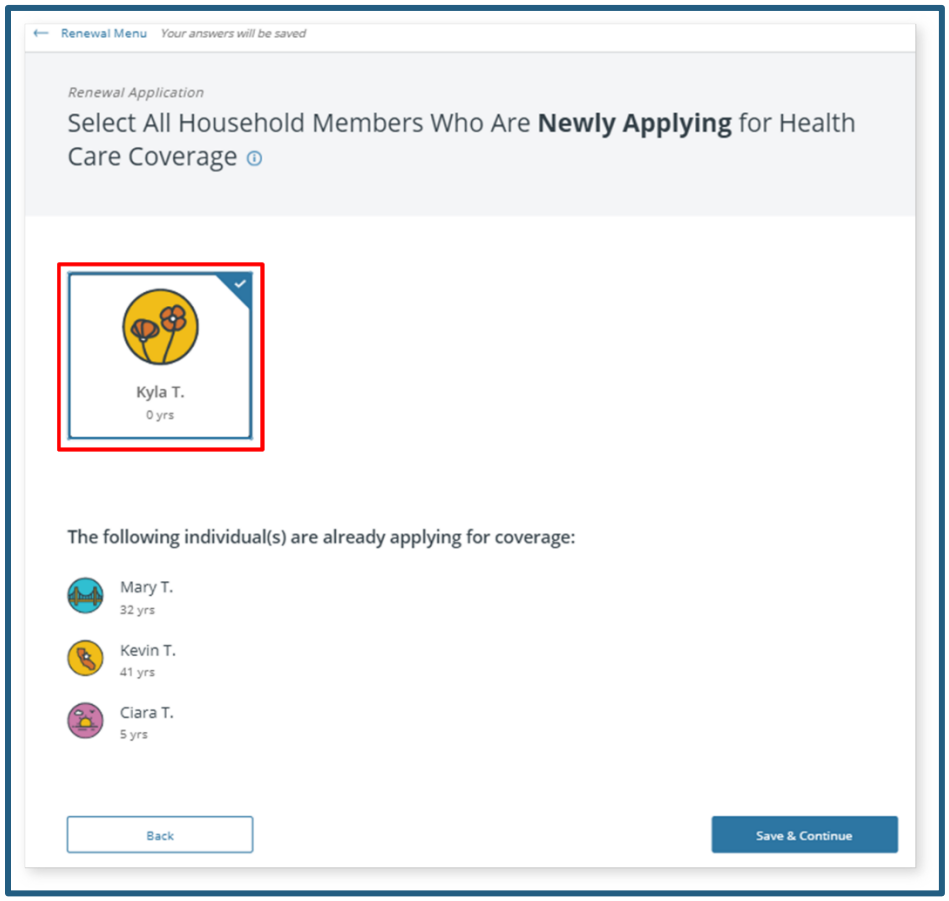
Note: While the address can be changed for each of the individual HHMs, it is the Primary Contact's address that is used for notices. An address that is different than the Primary Contact's address displays the actual address under the address type; otherwise, it displays *Same as Primary Contact. Out of Country* displays when the HHM has an out of country address.

For HHMs who have been identified as having sensitive information:

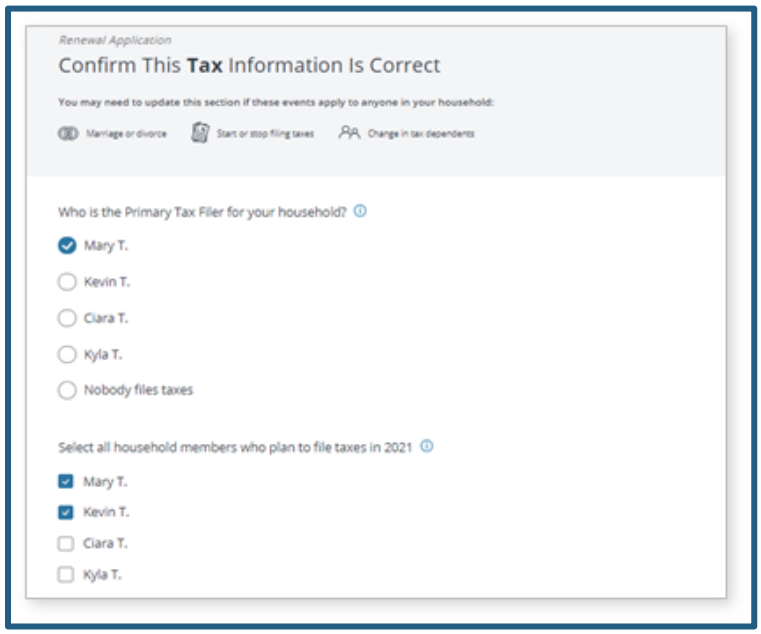
- Address information may only be edited by Admin users with the AdminSensitiveInfo entitlement

- *This information has been blocked from the consumer's view.* message displays informing the Admin user not to disclose sensitive contact information.

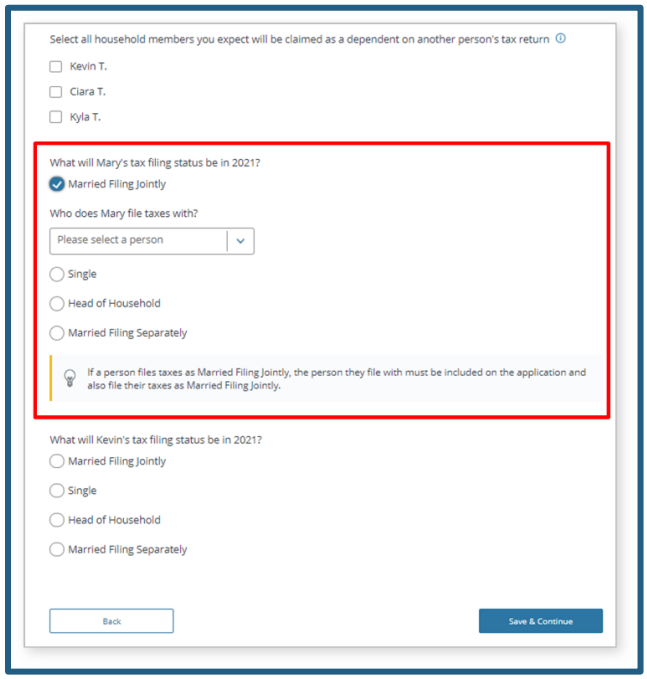
7. The *Select All Household Members Who Are Newly Applying for Health Care Coverage* page displays when a HHM is added during the Renewal process. Select all members who are newly applying for health care coverage. Click the **Save & Continue** button to continue.



8. The *Confirm This **Tax** Information Is Correct* page displays for the user to review the existing tax information.



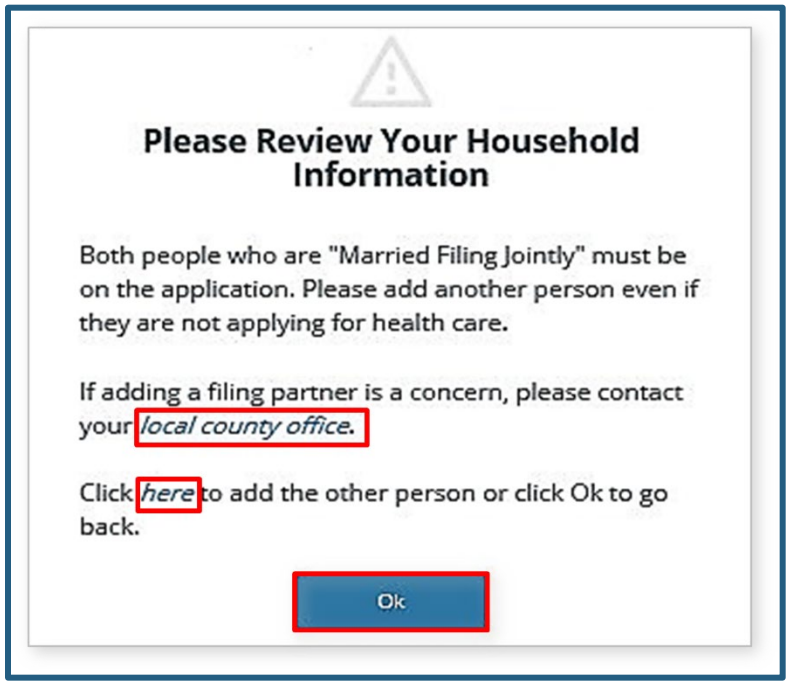
9. Click the **Save & Continue** button or update as necessary.
   - A message displays informing the user; *If you do not file taxes, we cannot offer tax credits to lower the cost of your health plan. You may still be eligible for free Medi-Cal or a health plan through Covered California* when the user selects the **Nobody files taxes** radio button.



- The user is prompted to select the HHM with whom they file taxes with when *Married Filing Jointly* is selected as the tax filing status of an HHM.
- The tax status of the HHM auto-populates and displays a message reminding the user, *If a person files taxes as Married Filing jointly, the person they file with must be included in the application and also file their taxes as Married Filing Jointly.*

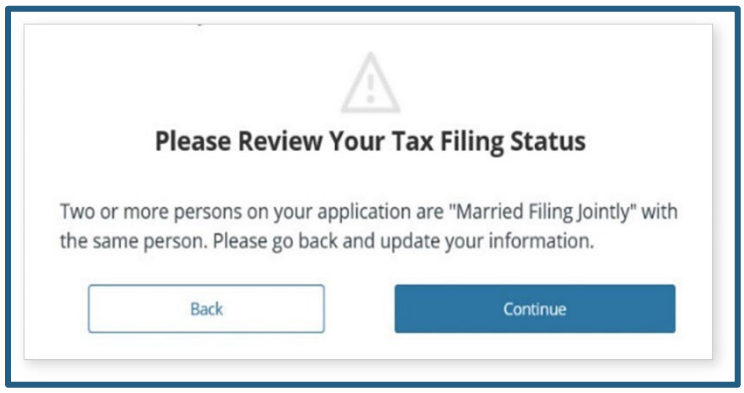
Note: A tooltip displays next to each question with additional information to help in completing the question.

The following popups display, depending on the tax-filing status for each HHM:



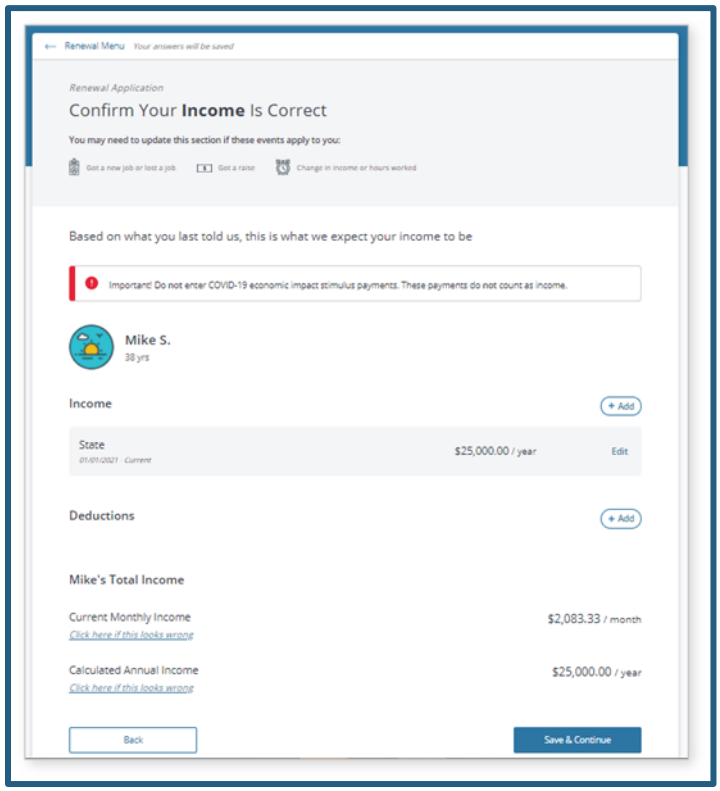
- *Please Review your Household Information* displays when a HHM claims married filing jointly and there is no one else attesting to the same tax filing status
- Clicking the **Ok** button closes the pop-up
- Clicking the **local county office** link navigates the user to a website to locate their county office
- Clicking the **here** link navigates the user to the *Tell us about the people in your household page*

- *Please Review Your Tax Filing Status* displays when two or more HHMs are married filing jointly with the same person

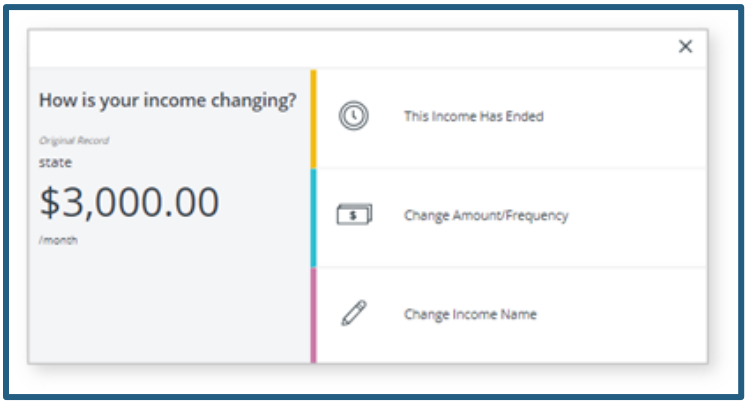


  - Clicking the **Back** button navigates the user to the *Select all household members who plan to file taxes in [current benefit year].* Page
  - Clicking the **Continue** button navigates the user to the *Select all household members you expect will be required to file taxes in [current benefit year].*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

10. The *Confirm This **Income** Information is Correct* page displays with an exclamation point with a message*, Important! Do not enter COVID-19 economic impact stimulus payments. These payments do not count as income*. Income for each HHM displays with a total annual income amount in the *Projected Household Income* section.



11. Income can be edited by clicking the **Edit** button next to the individual's income. Changes include wage increase, ending income, and editing an income record.
    - Clicking the **Edit** link displays popups listing the original income record for the HHM with options for editing the income record
    - Users have three options for editing income independently: ending income, changing the amount/frequency, or changing the income name

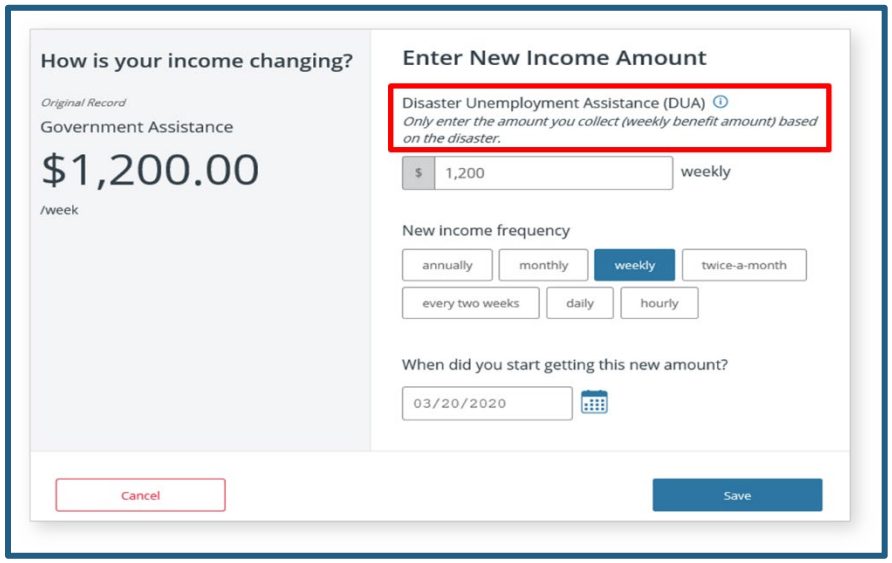


    - A message dynamically displays for the type of income being entered – *Disaster Unemployment Assistance* (DUA) and *Lost Wages Assistance* (LWA) – to assist the user in entering benefit income

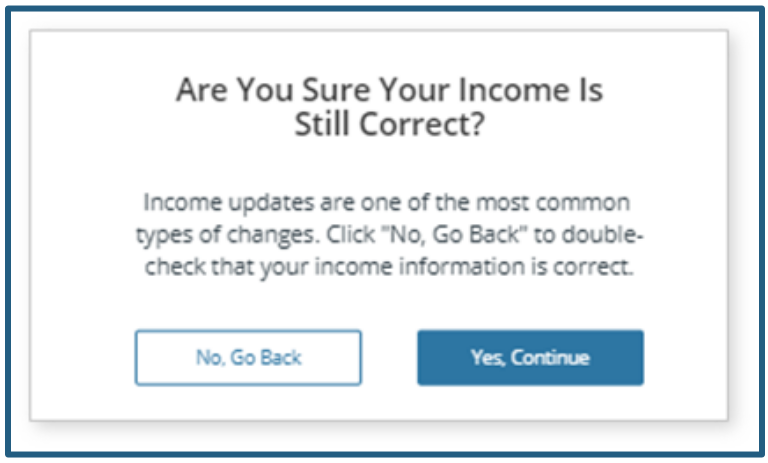
Note: Covered California and MAGI Medi-Cal programs consider DUA as countable income when determining eligibility.

Only the Covered California program considers LWA as countable income in determining eligibility.

Keep this in mind when reviewing either on the *Budget Worksheet.*

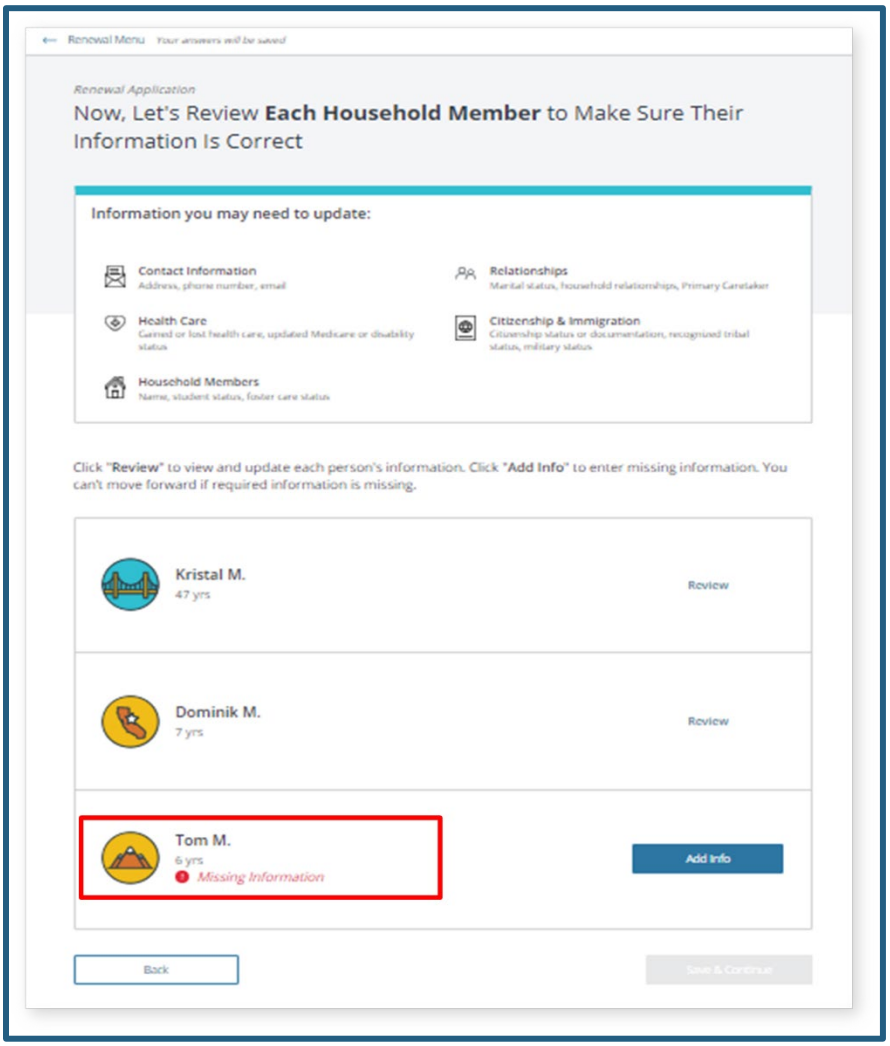


- The *Are You Sure Your Income is Still Correct?* popup displays when clicking the **Save & Continue** button on *Confirm This Income Information is Correct* page

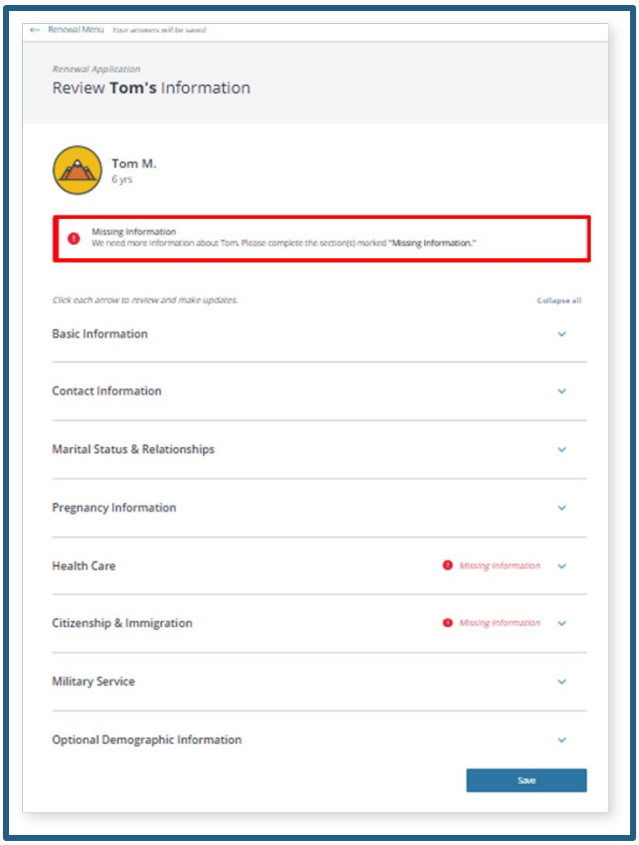


  - Clicking the **No, Go Back** button closes the popup
  - Clicking the **Yes, Continue** button proceeds to the next step in the renewal process

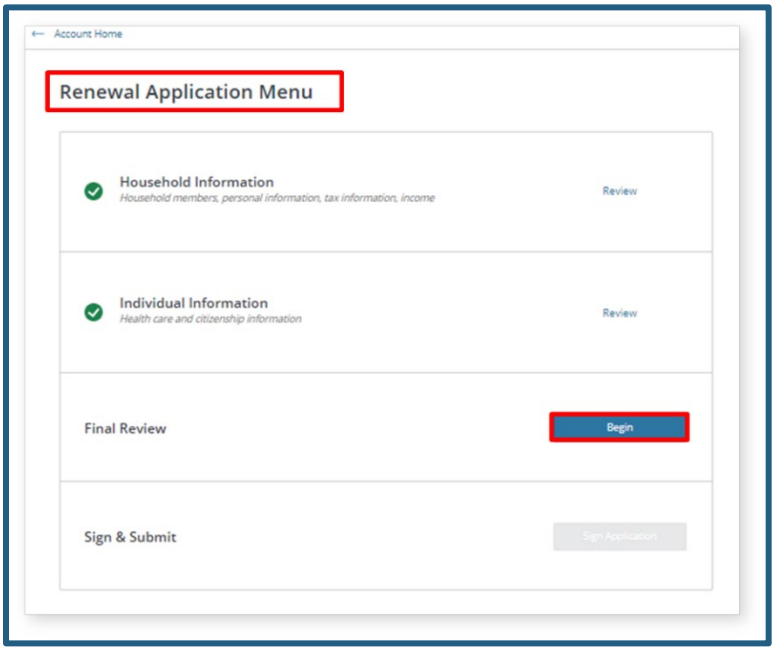
12. The *Now, Let's Review **Each Household Member** to Make Sure Their Information Is Correct* page displays after confirming income information. An exclamation point and message displays next to the HHM's name to prompt the user to add or complete missing information.



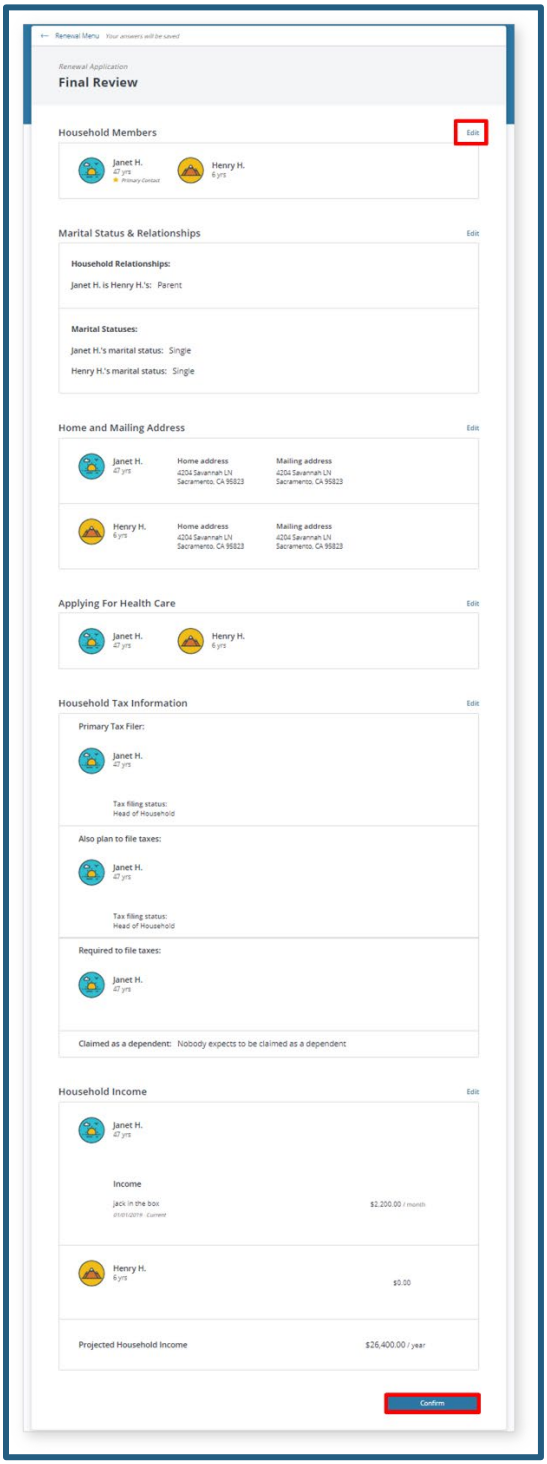
- Clicking the **Add Info** button or **Review** link navigates the user to the Review [HHM] Information page where missing information can be updated
- *Missing Information* messages display at the top of the *Review [HHM]'s Information* page and next to each section when information is required
- The Add Household Member page displays a new Optional Sex and Gender Questions section for HHMs 12 years of age or older, during an intake application.



13. The *Renewal Application Menu* displays after reviewing or updating each HHM's information. The user can review the individual information or continue on to the final review. Click the **Begin** button to proceed to the *Final Household Review* page.



14. The *Final Household Review* page displays all sections of the renewal application with an **Edit** link adjacent to each section. Click the **Edit** link and navigate to the appropriate page to edit information.



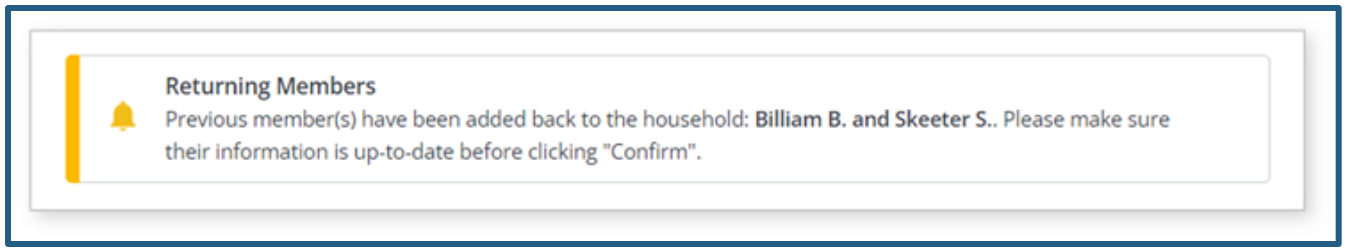
15. Users must acknowledge that there are no changes and that the existing information is correct by clicking the Confirm button on the Final Review page and subsequent Final Review pages. Each section should be reviewed to confirm it is correct as this information is used to determine eligibility for the upcoming year.

Note: Information entered during the renewal impacts eligibility for insurance affordability programs as of January 1 of the upcoming year. Examples of the types of changes that may impact eligibility include:

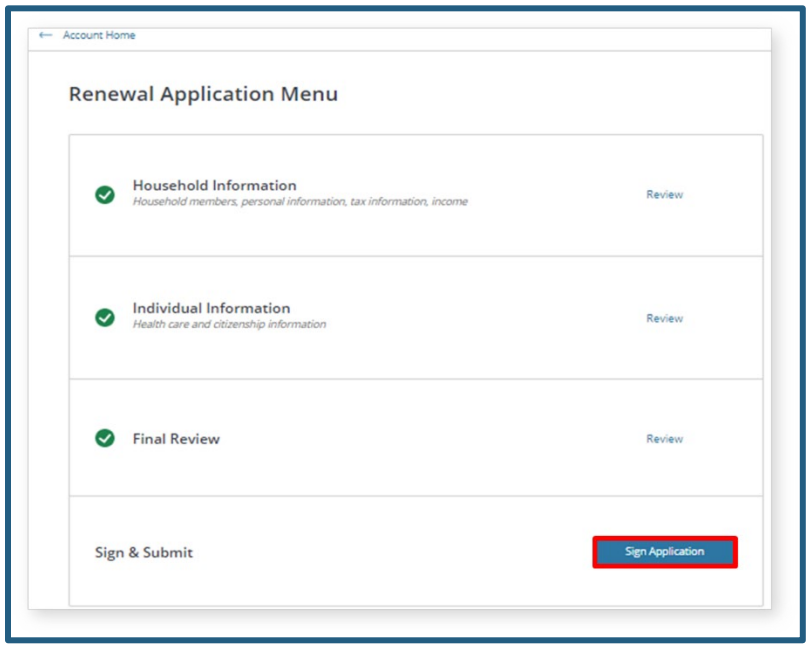
- Change of physical Address (Zip or County)
- Change in Household Income
- Add new, Add previous, Reapply, or Remove a Household Member

16. Click the **Confirm** button to proceed to the *Final Review* page where a final review is completed for each of the HHMs.
17. Users must acknowledge the change and/or that the existing information is correct by clicking the **Confirm** button on the Final Review and subsequent *Final Review* pages.

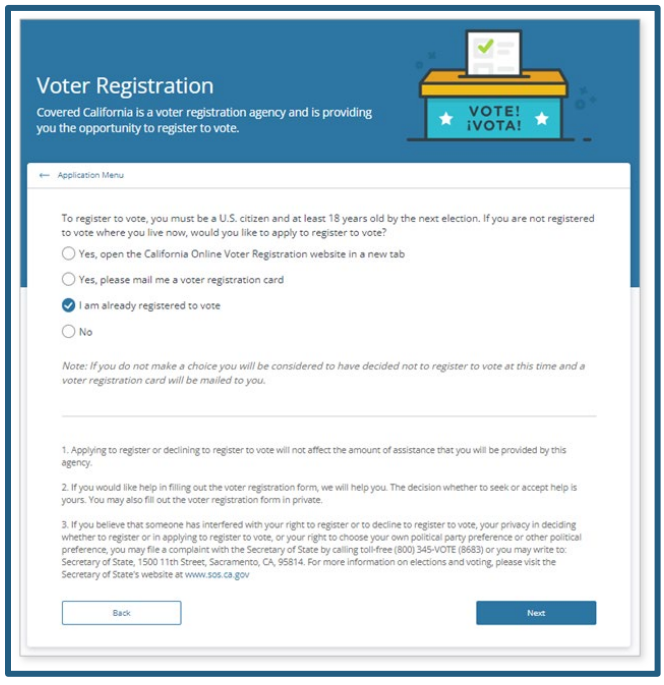
Note: The *Returning Members* banner displays at the top of the *Final Household Review* page when a previous HHM is added back to the household. This banner is a reminder to review the information for all returning HHMs to confirm that it is still current.



18. The *Renewal Application Menu* page displays with a green checkmark next to each completed section including the *Final Review* section. Users can either re-review the Renewal Application sections or continue to the last step of the renewal process.
    - Click the **Sign Application** button



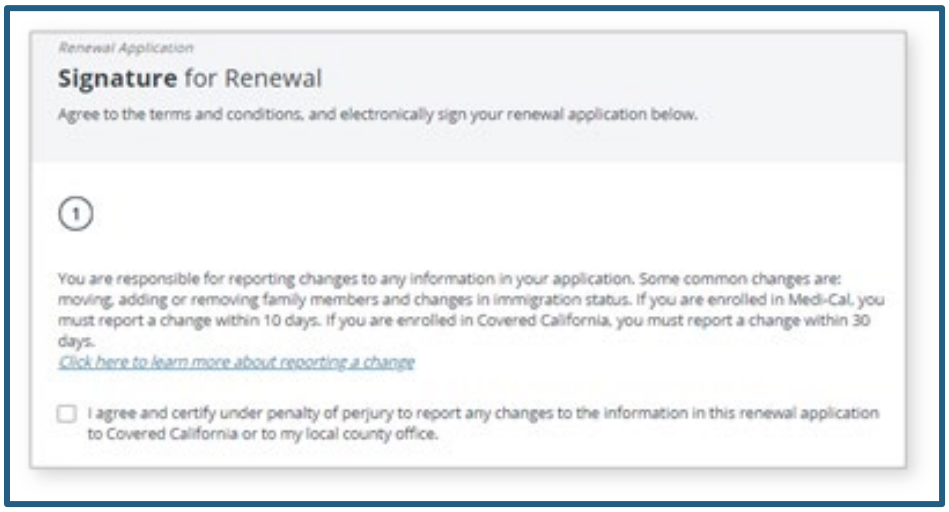
Note: The *Voter Registration* page displays and is optional. Clicking the **Next** button displays the *Signature for Renewal* page.



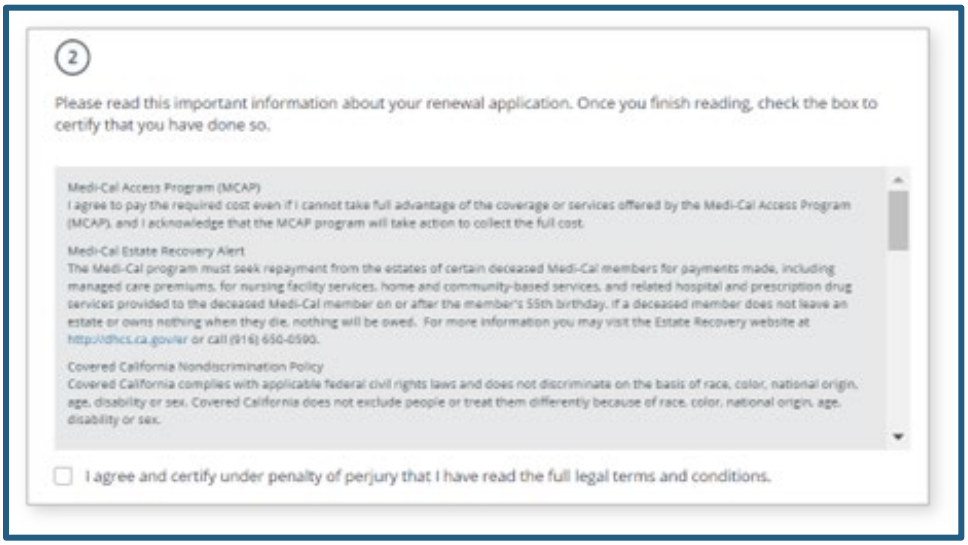
19. Complete the sections of the ***Signature*** *for Renewal* page:

- Section 1 displays: *You are responsible for reporting changes to any information in your application*... with a link **Click here to learn more about reporting a change**

  The user must check the *I agree and certify under penalty*…checkbox on the *Signature for Renewal* page.

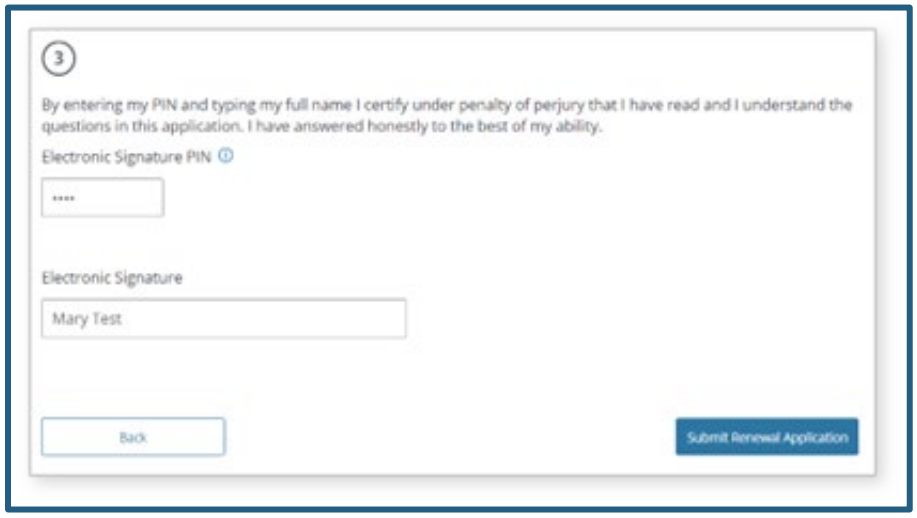


- Section 2 displays: *Please read this important information about your application.* This section requires reading and scrolling through the text in its entirety before the attestation checkbox can be checked

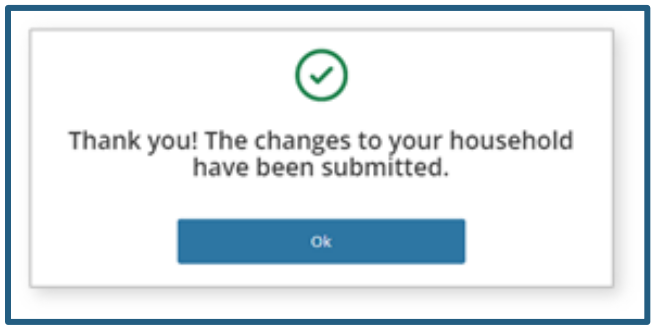


Note: The user must scroll to the bottom of this field, answer all questions and check all boxes to enable the **Submit Renewal Application** button.

- Section 3 displays the *Electronic Signature PIN* and *Electronic Signature* fields. The user is required to enter their **Electronic Signature PIN** and type their name before the renewal application can be submitted.



Clicking the **Submit Renewal Application** button navigates the user to the *Welcome to Your Household Eligibility Results Summary* page and displays the *Thank you! The changes to your household have been submitted* popup.

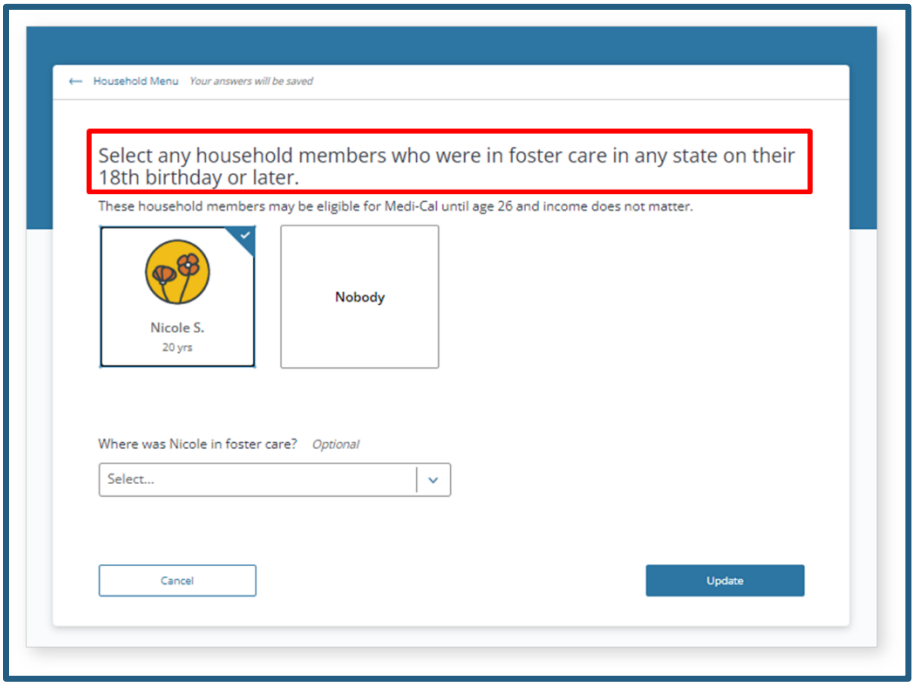


.

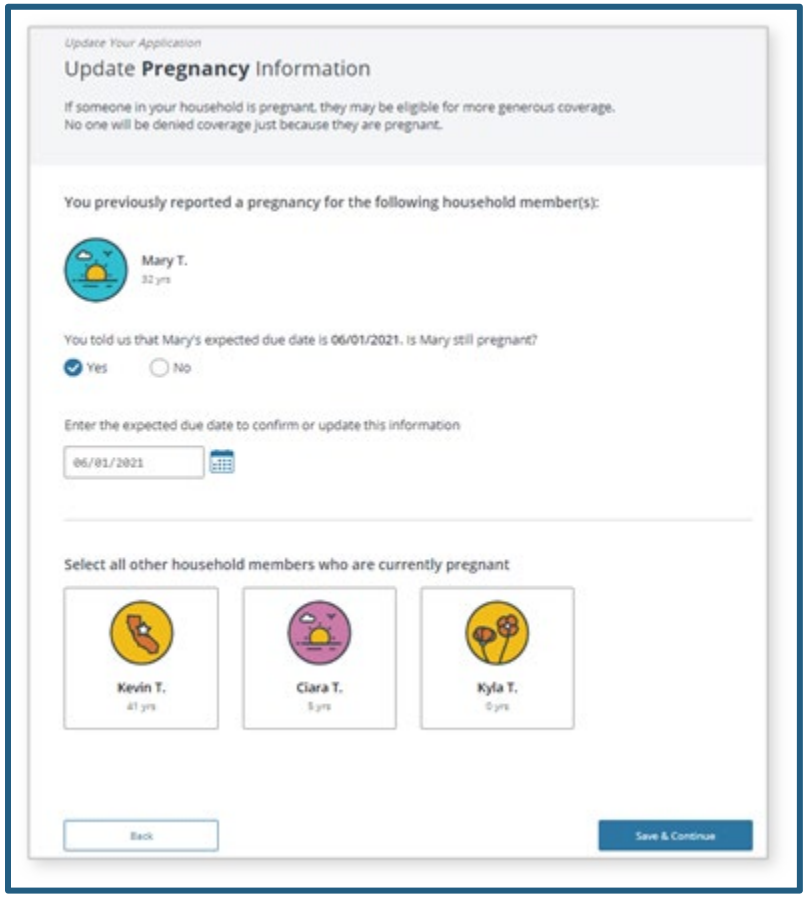
The following list of pages dynamically displays based on the household size and information on the prior application:

- *Please Select the Primary Caretaker for your Household members*
- *Select All Household Members Who Are Newly Applying for Health Care Coverage*
- *Select any household members who were in foster care in any state on their 18th birthday or later*

Note: This question dynamically displays for cases when at least one HHM is between the ages of 18 and 26 as of the current date.

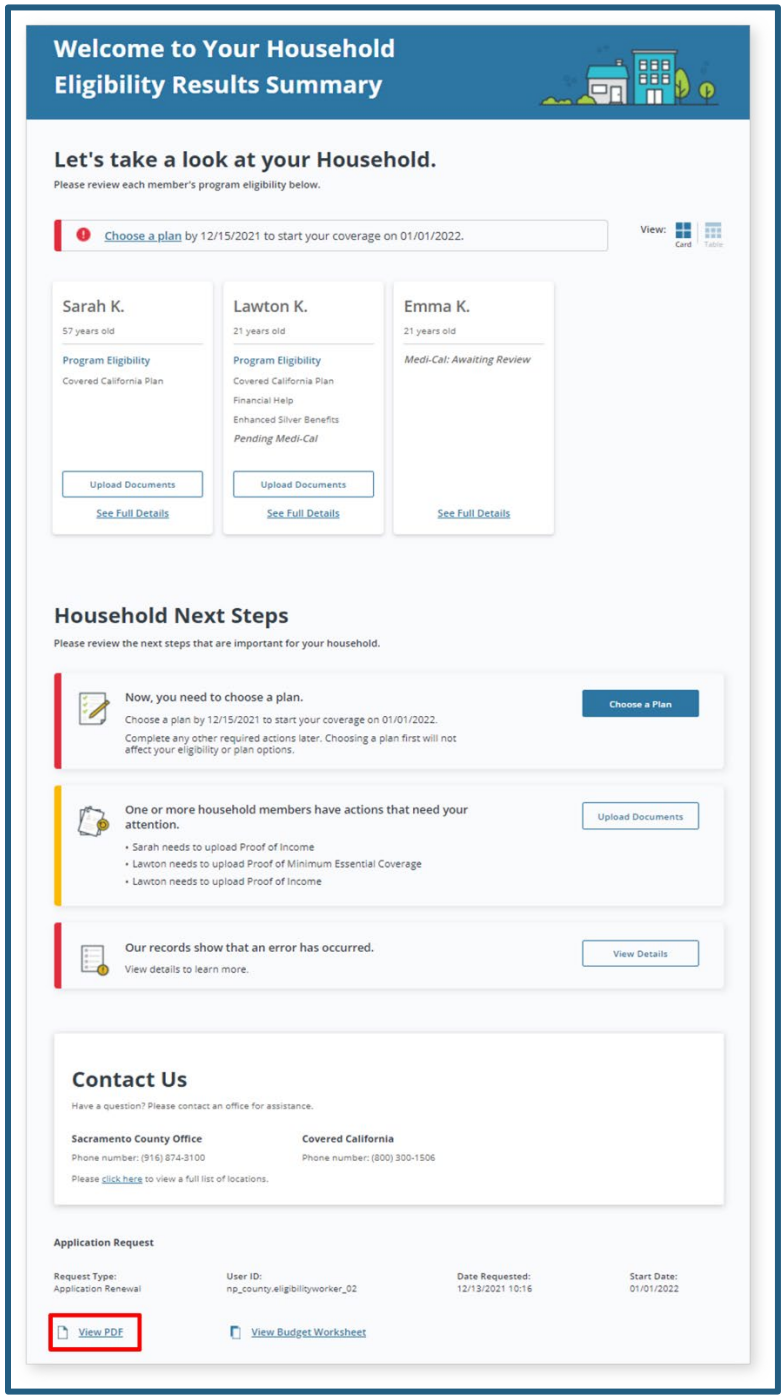


- The *Update **Pregnancy** Information* page dynamically displays for multi-member households that reported a pregnancy on their last application



Renewal Results

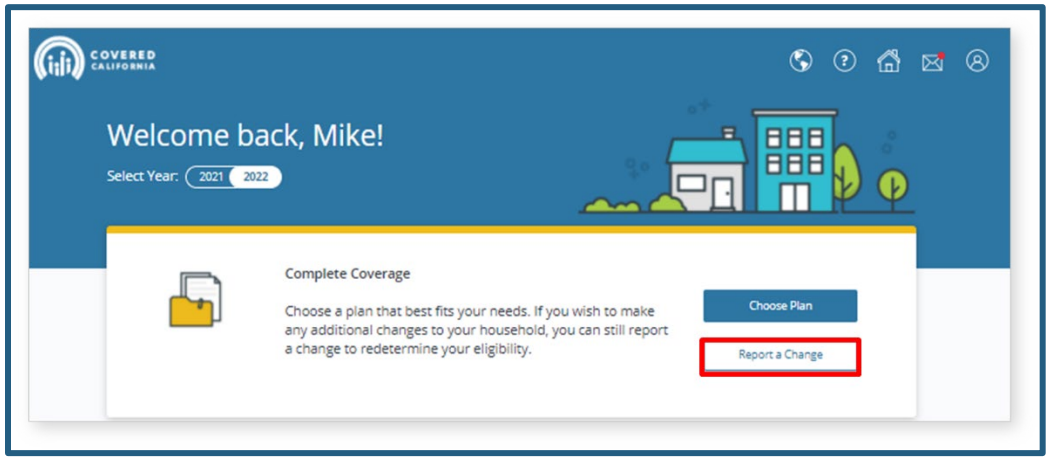
The *Welcome to Your Household Eligibility Results Summary* page displays when the Renewal application is submitted which includes a summary of health care programs the household is eligible for in the upcoming coverage year.



Carefully review the eligibility information summary pages with the user when eligibility is re-determined. The household may be Eligible for different programs or required to provide documentation to ensure the household obtains or retains coverage for the upcoming year.

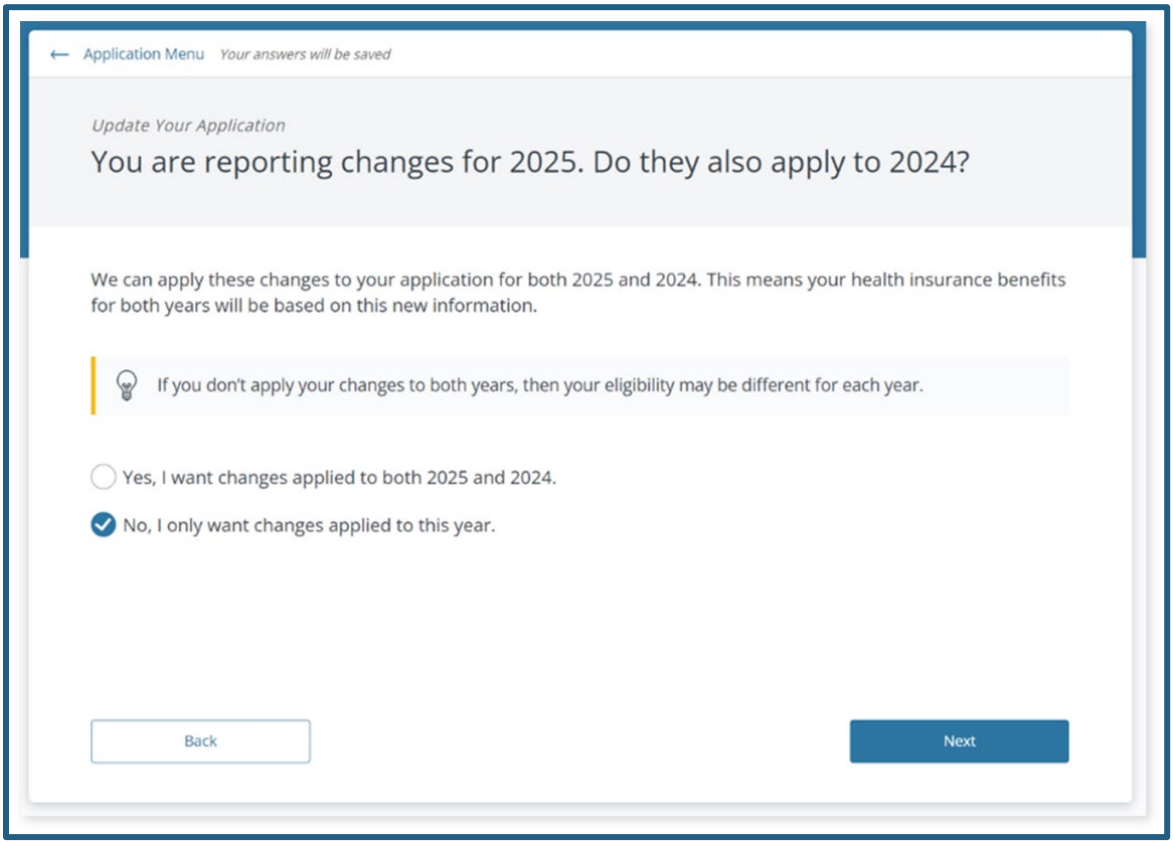
To view a PDF version of the submitted renewal application, click the **View PDF** link at the bottom of the *Welcome to Your Household Eligibility Results Summary* page.

The user has the option to update information after the Renewal application is submitted. Clicking the **Report a Change** button in the *Complete Coverage* section of the Consumer Home page initiates the RAC application where additional information can be added or existing information updated.



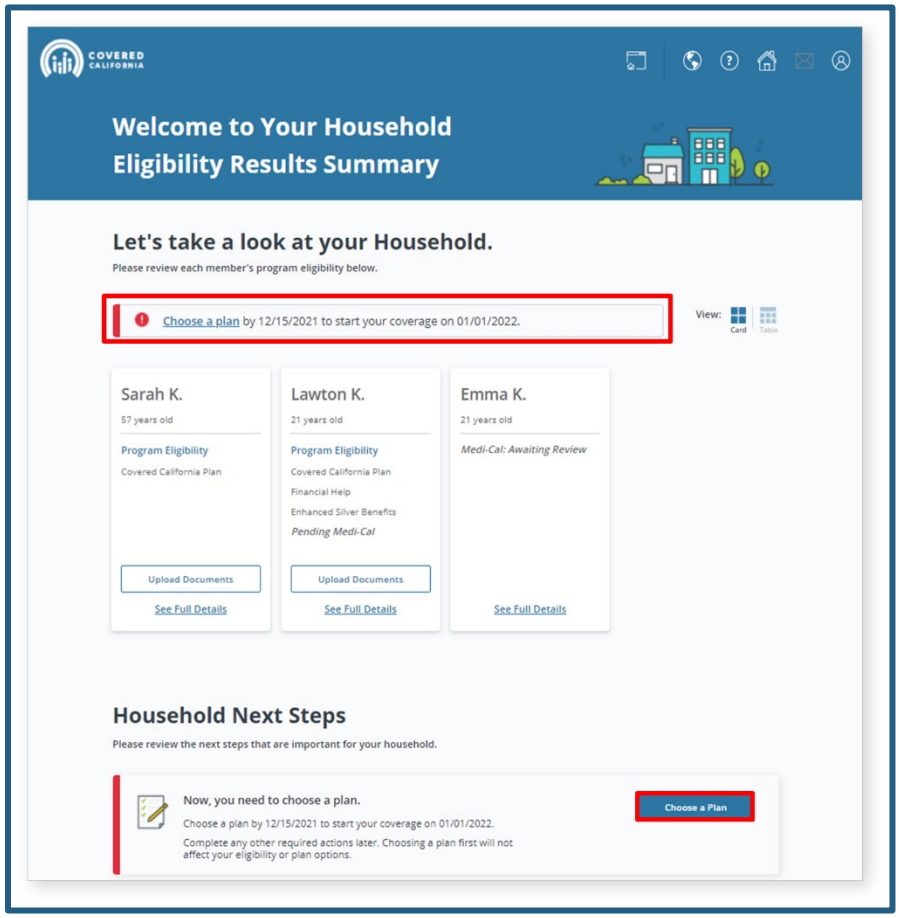
Note: The user can also complete plan selection by clicking the **Choose Plan** button on the Consumer Home page.

The *You are reporting changes for [YYYY]. Do they also apply to [YYYY]?* page displays allowing the Consumer to select the year the change applies to. The update may be applied to both the current and future benefit years or only the current benefit year using the available radio buttons.



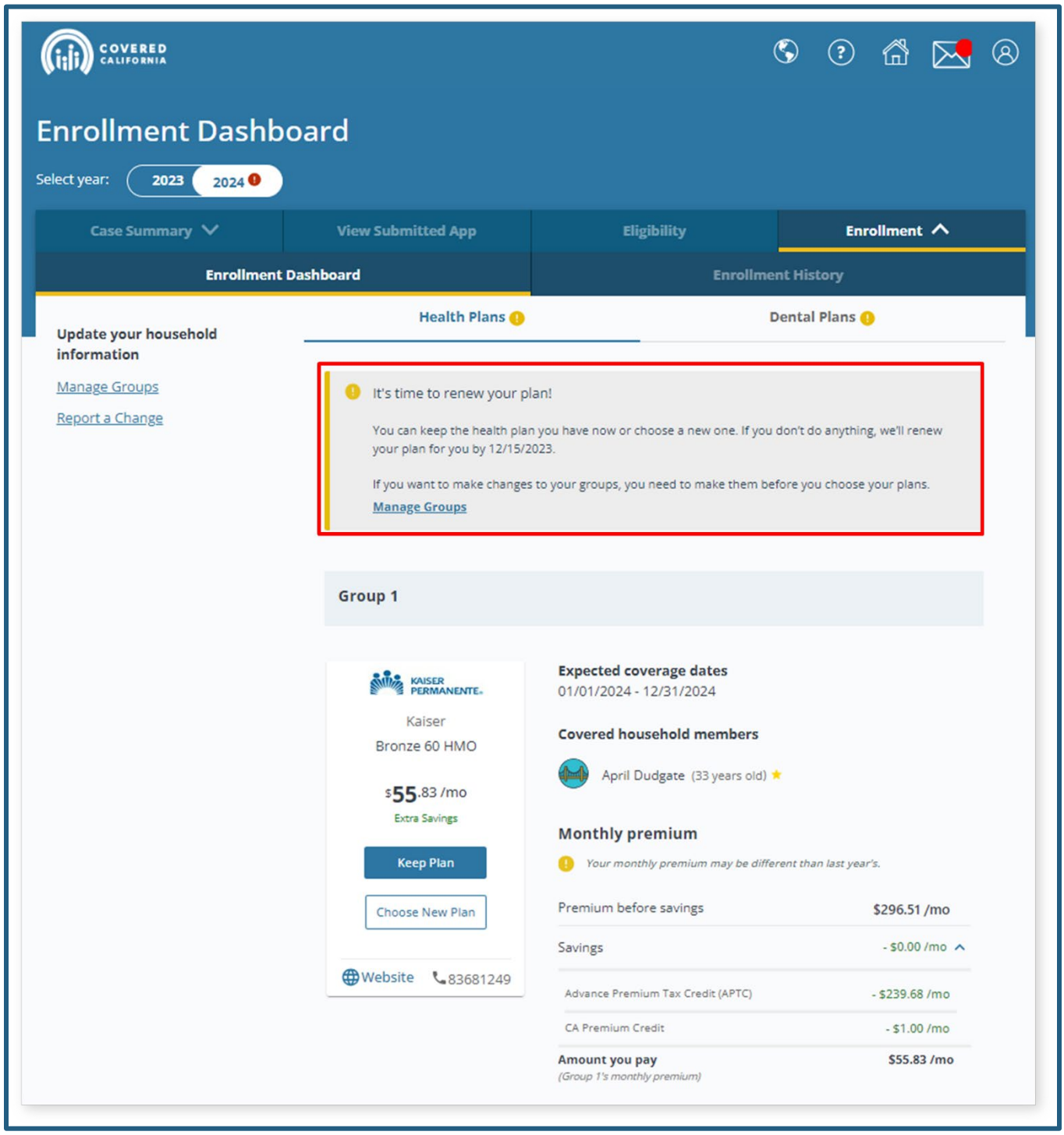
Plan Selection during Renewal

1. Click **the Choose a plan** link next to the exclamation point or the **Choose a Plan** button on the *Welcome to Your Household Eligibility Results Summary* page to proceed with the enrollment part of the renewal process. The *Enrollment Dashboard* displays.



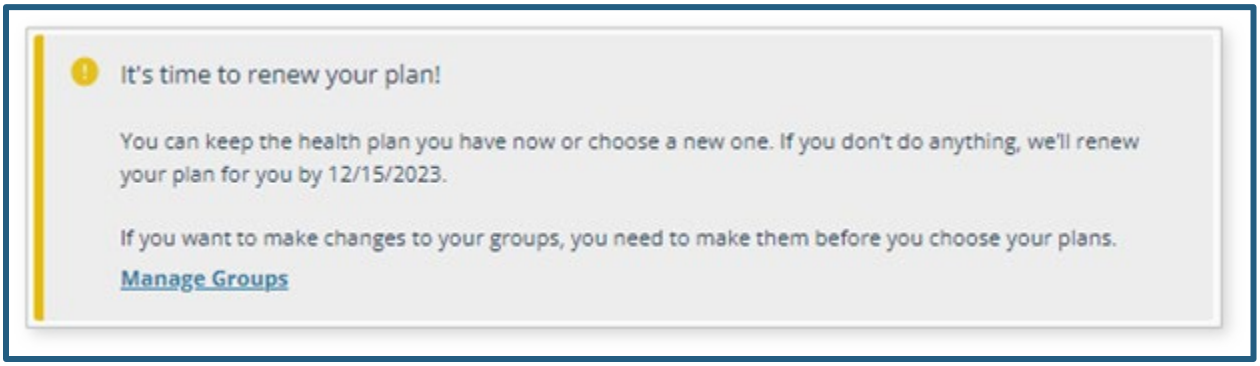
Note: The *More Employer Information is Required* page displays to confirm employer information prior to finalizing the plan selection process.

The *Enrollment Dashboard* displays the current Health Plan and the *Monthly premium* information for each group.



Important messaging with a yellow banner dynamically displays:

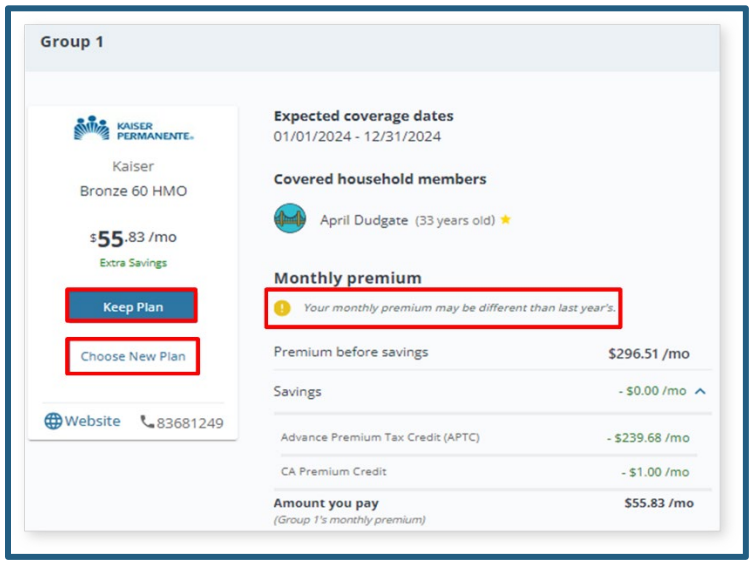
- *It's time to renew your plan! You can keep the health plan you have now or choose a new one. If you don't do anything, we'll renew your plan for you by [MM/DD/YYYY].* when at least one group is enrolled in a Qualified Health Plan (QHP) that is available for renewal



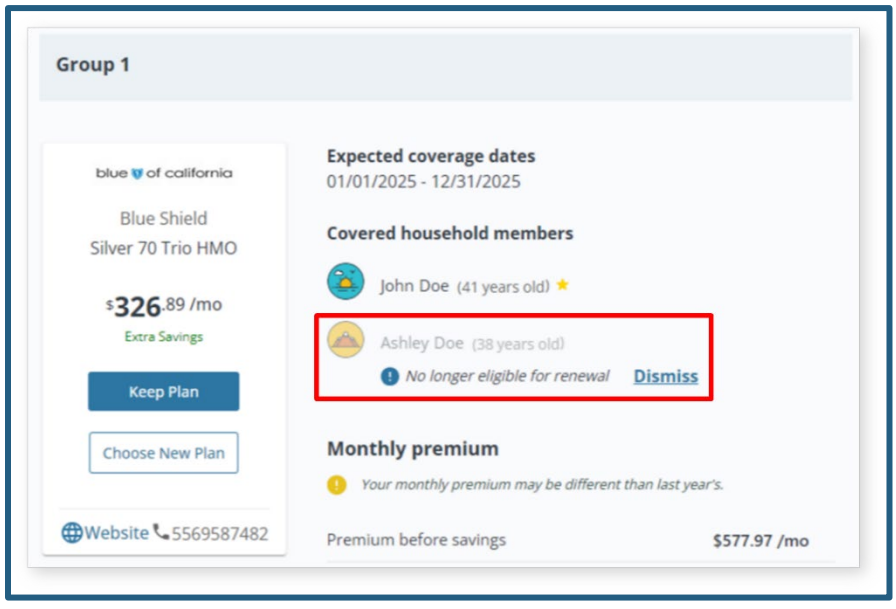
- *If you want to make changes to your groups, you need to make them before you choose your plans*. Manage groups when there is more than one HHM in the household
- *You can change your health plan for Group(s) [#, #, and #] until [MM/DD/YYYY].* when a plan has been selected for the next benefit year for at least one group in the household
- *Group [#]'s health plan is no longer available. You have until [MM/DD/YYYY] to choose a new plan. If you don't, we'll choose one for them based on their preferences*. when at least one group is enrolled in a QHP that is unavailable for renewal

Note: HHMs that are not assigned to a group due to having different eligibility than the other HHMs display in the *Non-assigned Household Members* section with the message*: Has been moved out of their group because their eligibility changed.*

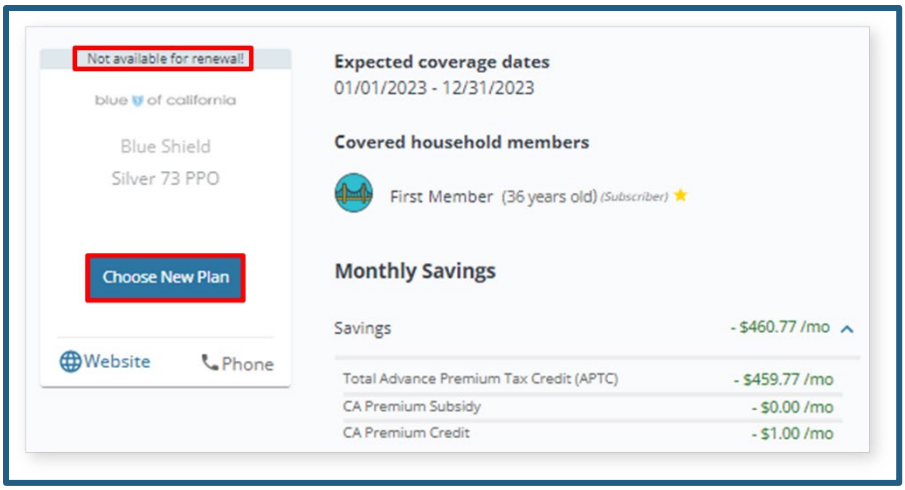
2. Each group section displays the current QHP information, the expected coverage dates, the HHMs in the group, and the monthly premium information:
    - Clicking the **Keep Plan** button keeps the current Health Plan for the group and navigates the user to the *Renew Your Group [#]'s Plan* page



    - HHMs that are not eligible to renew display is grayed-out text with the No longer eligible for renewal. message and a **Dismiss** link.



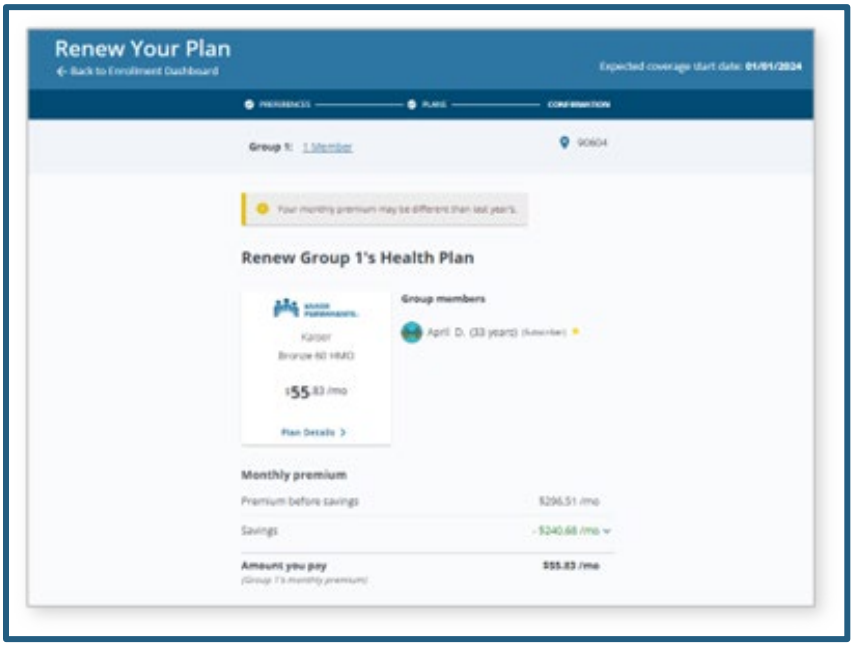
    - Clicking the **Choose New Plan** button changes plans for the group, navigates the user to the *Health Plan Preferences* page and begins the plan shopping process.



The Health Plan tile dynamically displays a *Not available for renewal!* message when the current health plan is not available for the next benefit year

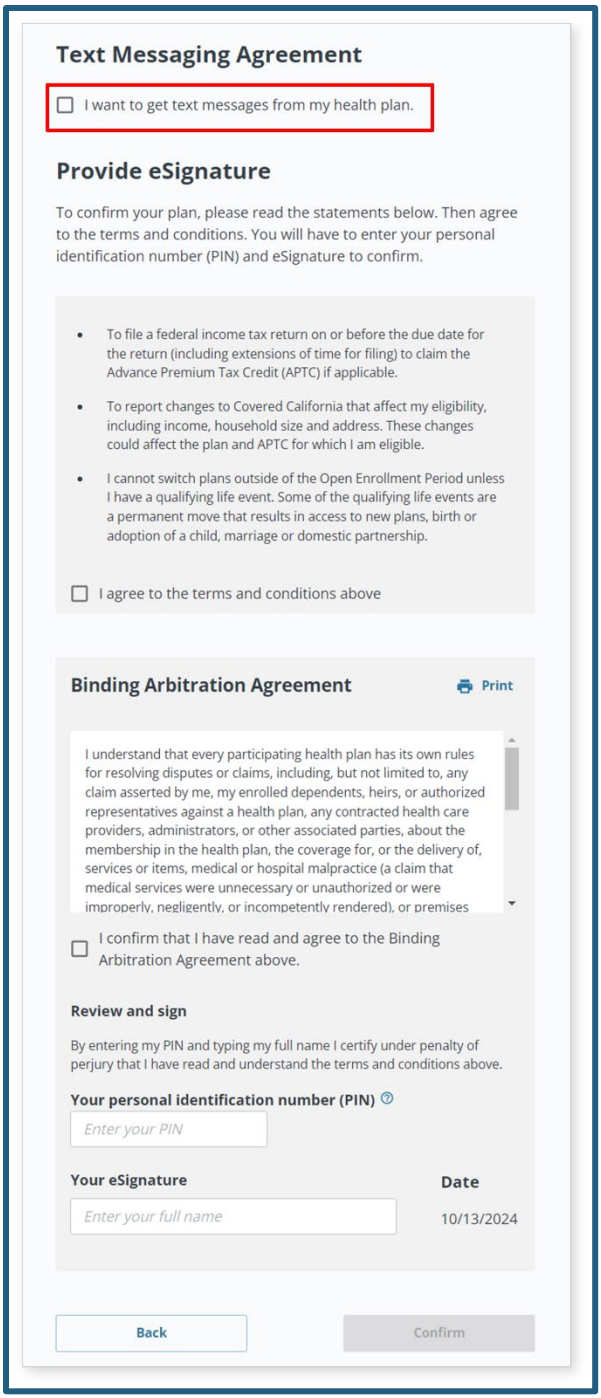
- Click the **Keep Plan** button. The *Renew Your Plan* page displays monthly premium information for the upcoming year.

Note: Changes to groups are completed prior to choosing or keeping a plan for any group.

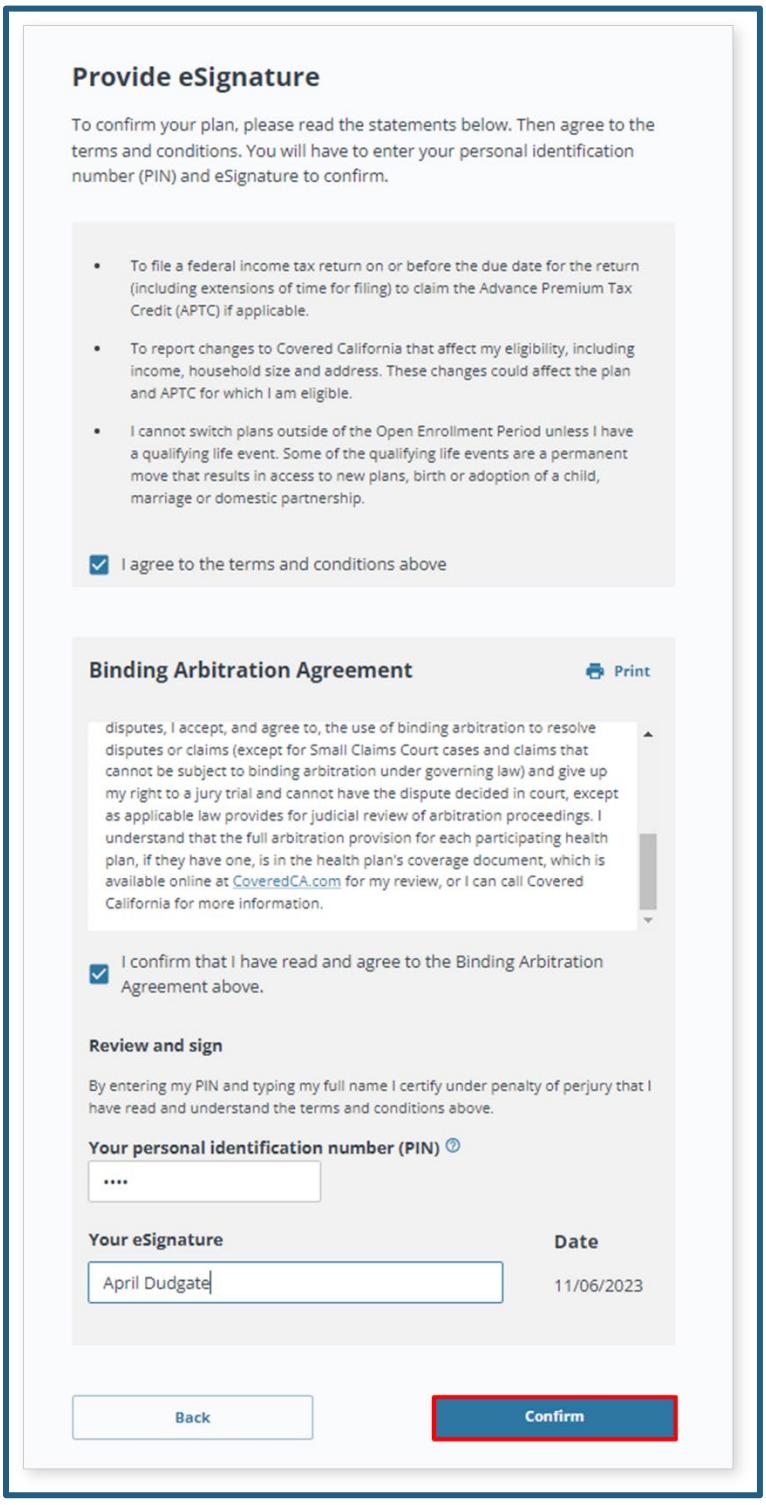


3. Enroll in text message updates from the health plan by selecting the I want to get text messages from my health plan. checkbox. This checkbox remained checked when renewing the same plan and consent was already given.

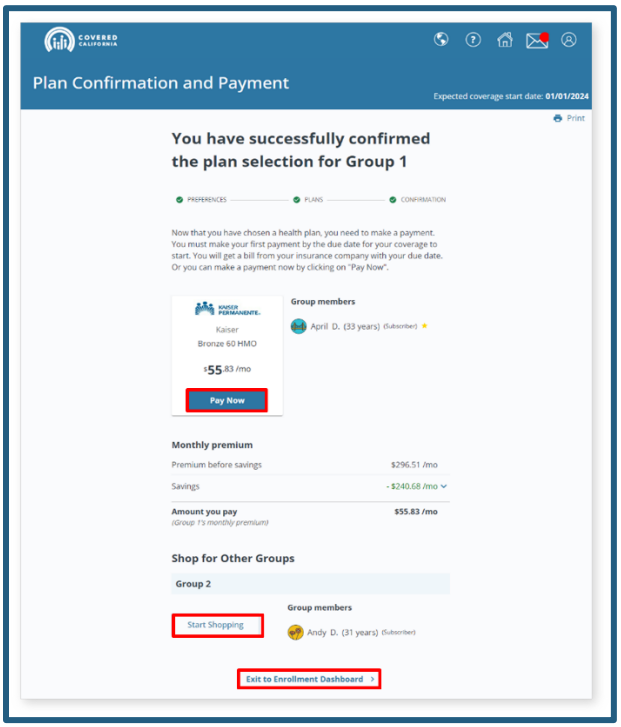
Note: This section dynamically displays when the subscriber of the plan adds a cell phone number on the application.



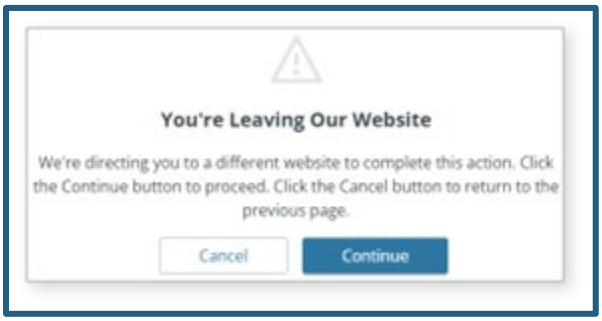
4. Click the checkbox to agree to the terms and conditions in the *Provide eSignature* section.
5. Click the checkbox to agree to the *Binding Arbitration Agreement.*



6. Enter a PIN in the *Your personal identification number (PIN)* field.
7. Enter the Consumer's name in the *Your eSignature* field.
8. Click the **Confirm** button. The *Plan Confirmation and Payment* page displays.
9. The You have successfully confirmed the plan selection for Group [#] message displays:

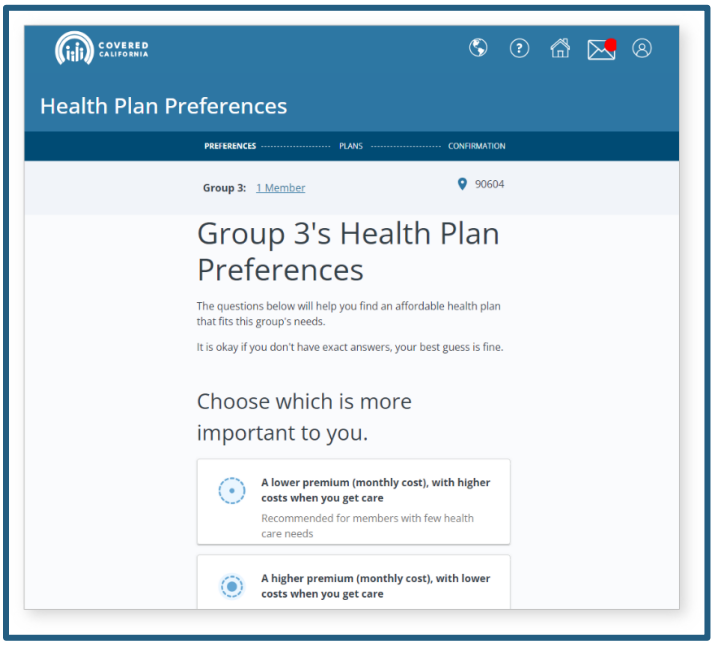


- Clicking the **Pay Now** button displays the *You're Leaving Our Website* popup informing the user that they are being redirected to a different website

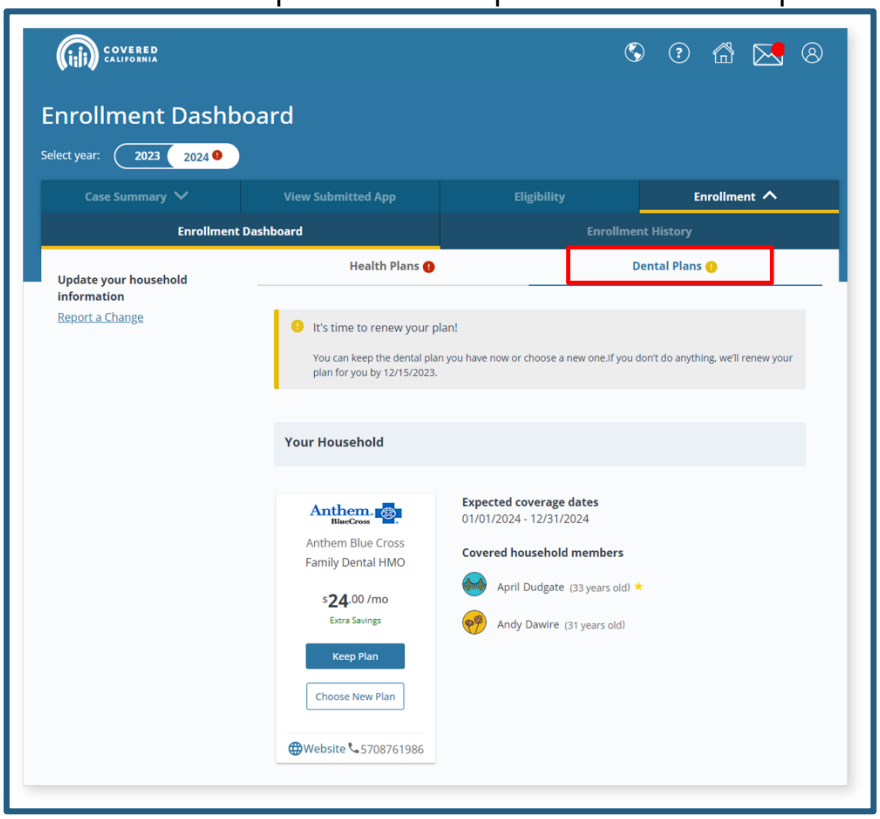


- Clicking the **Start Shopping** button navigates the user to the *Health Plan Preferences* page to begin the plan shopping process for another group
- Clicking the **Exit to Enrollment Dashboard** link navigates the user to *the Enrollment Dashboard*

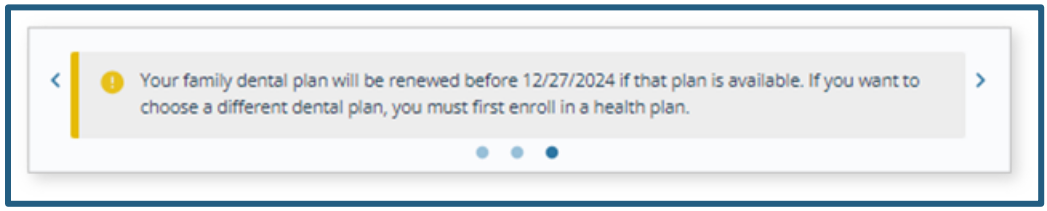
10. Renew the plans for all groups by repeating steps two through seven



11. To renew a Dental Plan, click the **Dental Plans** tab on the *Enrollment Dashboard* and follow the same steps to either keep the current dental plan or choose a new dental plan.



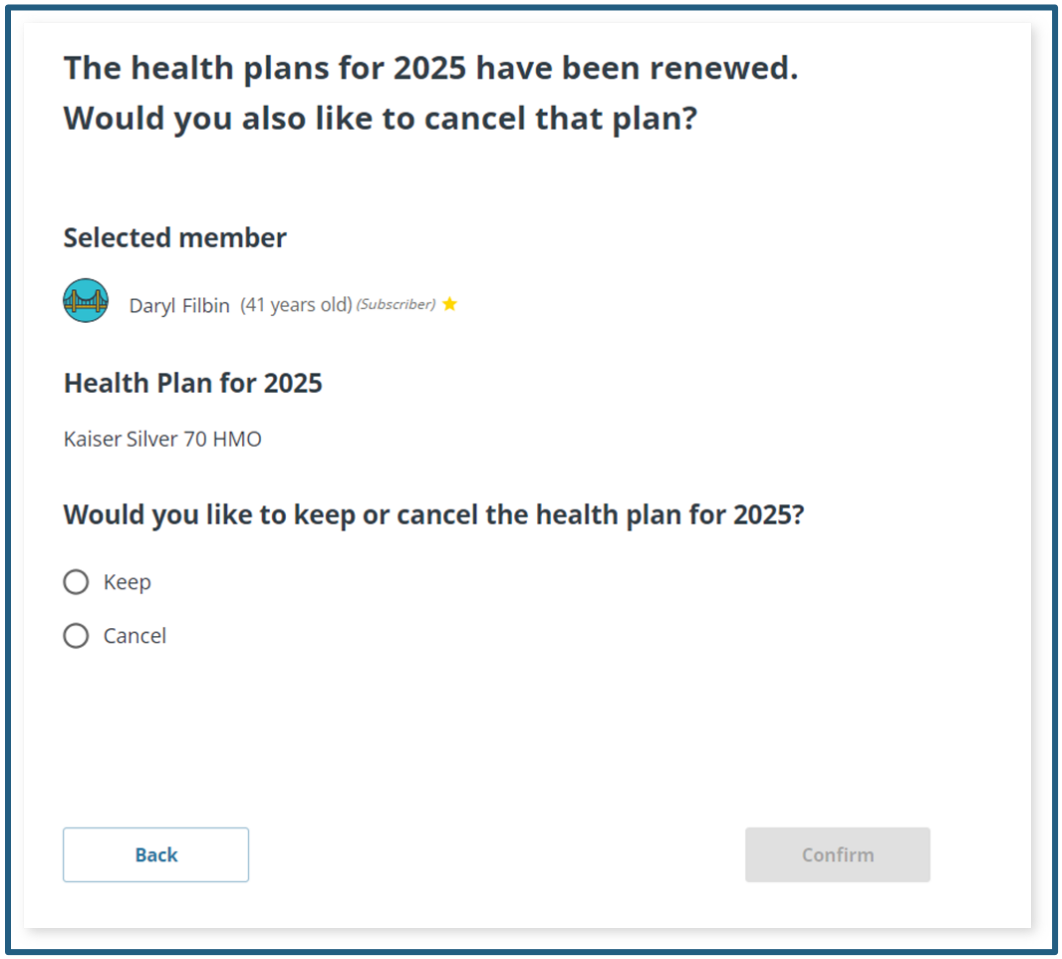
Note: A banner dynamically displays for Consumers that are only enrolled in a dental plan to inform them that their dental plan will passively renew by the end of the renewal period. Dental-only Consumers must first enroll in a health plan to change their dental plan.



The *[health/dental] plans for [future benefit year] have been renewed. Would you also like to cancel that plan?* page displays when renewal is complete, and the Consumer chooses to cancel the plan. The following radio button options allow the Consumer to:

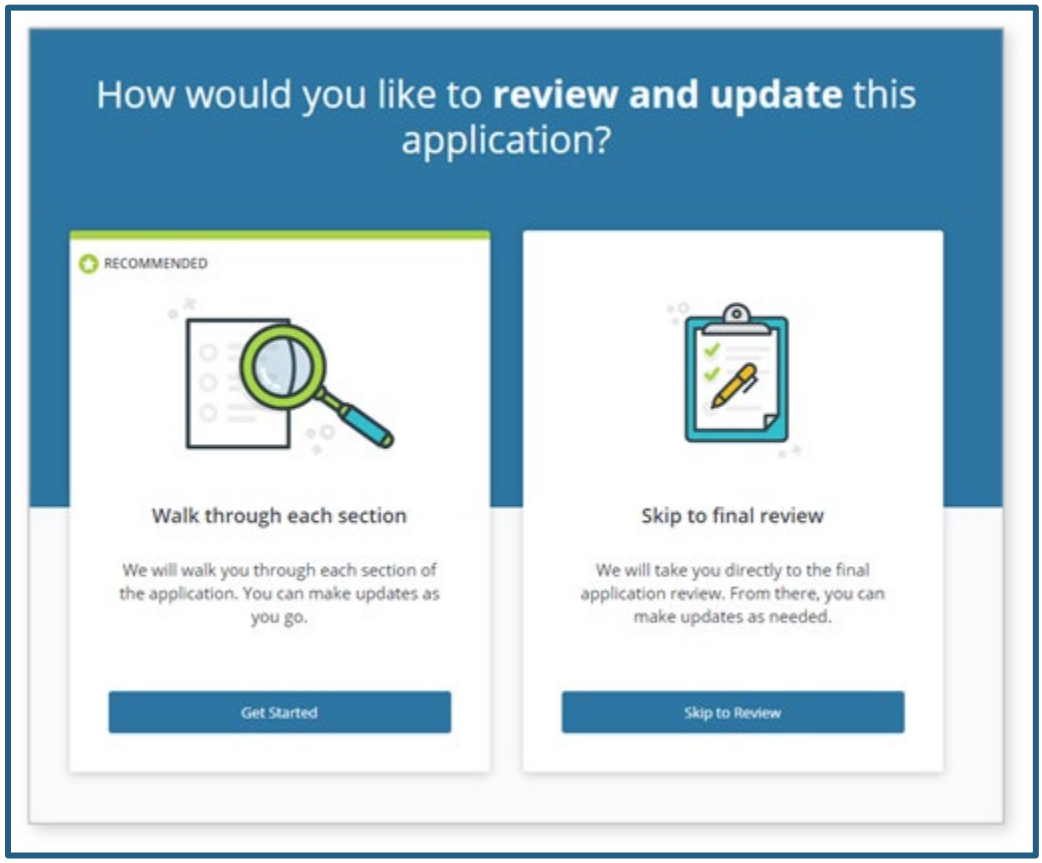
- **Keep**
- **Cancel**

Note: **Keep** or **Cancel** must be completed.



Enroller Skip to Final Review Option

Similar to Report a Change applications, Enrollers are presented an option to either walk through each section of the renewal application process or *Skip to final review*. While the **Get Started** button initiates a renewal flow that guides the user through each and every section of the renewal application, the **Skip to Review** button skips to the *Final Review* page where a specific section can be updated. This option allows Enrollers to quickly complete a renewal with no changes and/or update a specific change without having to click through all the sections of the application process.



Covered California Plan Auto-Enrollment

Covered California automatically enrolls eligible HHMs in their current health plan or similar plan if the user does not select a new plan by the date displayed on the Consumer Home page. Auto-Enrollment is a batch process that automatically re-enrolls an eligible household in the same plan for the upcoming coverage year if they have not confirmed their current plan or selected a new plan by the due date indicated on the Health Enrollment Summary page.

Health insurance carriers notify user of an upcoming year plan substitution to a similar plan if their current year plan is no longer available. If the current plan is not available for the upcoming year, the user must take action and select a new plan no later than December 15 of the current year to prevent a break in coverage.

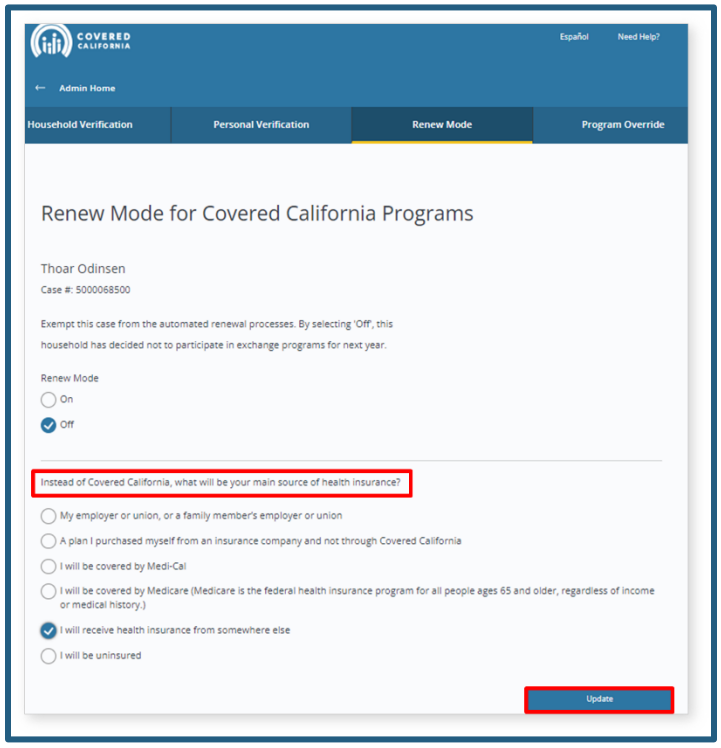
Note: The following cases are not eligible for auto-renewal:

- MAGI Medi-Cal only cases
- Cases in renewal mode terminated before October 31, 2024

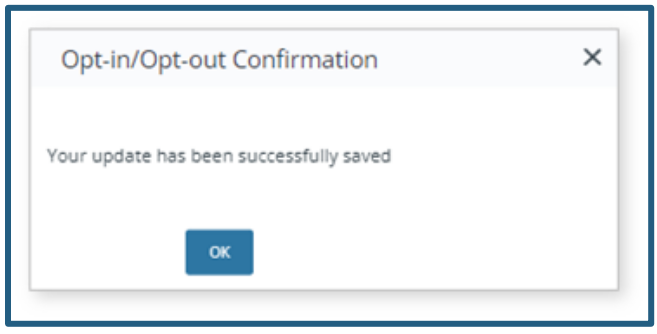
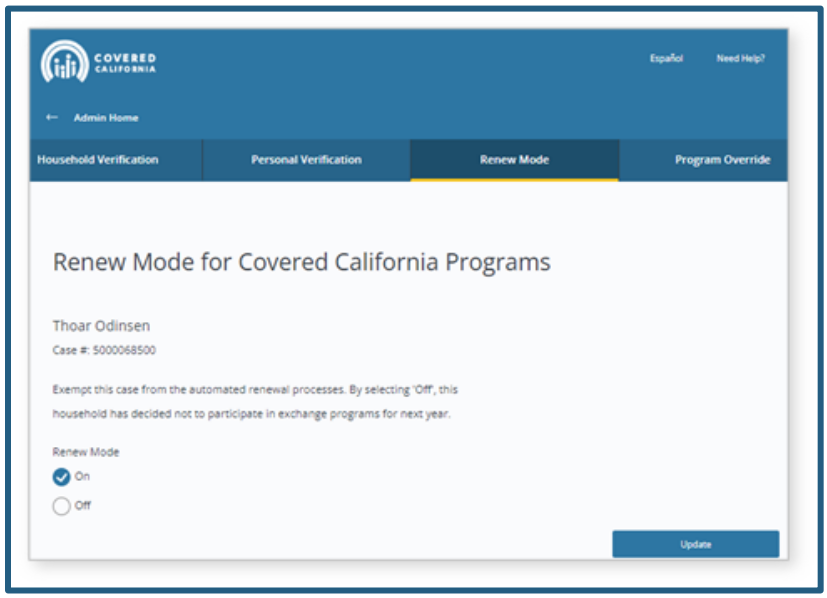
.

Exempt Case Renewal

1. Select the **Off** radio button to move the case out of Renewal mode. The page dynamically displays the question: *Instead of Covered California, what will be your main source of health insurance?*



2. Select the radio button as it applies to the main source of health insurance question.
3. Click the **Update** button. An *Opt-in/Opt-out Confirmation* popup displays with the *Your update has been successfully saved* message.



4. To move the consumer back into *Renew* mode, repeat the above steps, but select the **On** radio button on the *Renew Mode for Covered California Programs* page.