



For the love of Californians

2026 Open Enrollment Period CalHEERS and Enroller Portal Webinar

AGENDA



**COVERED
CALIFORNIA**

Session 1: Enroller Portal Overview & Updates (85 min)

- Consumer Retention Workspace (New!)
- Storefront Application (New!)
- Navigating your Quick Links
- Enroller Portal Communications & Messaging

Break: (10 minutes)

Session 2: CalHEERS Overview & Updates (85 min)

- Application: Walk-through & Updates
- Reminders & Resources
- Questions & Comments

Introduction: Distribution Services Unit

The Outreach and Sales Division (OSD), Distribution Services Unit, plays a vital role in supporting Covered California's mission by ensuring seamless communication, efficient operations, and innovative solutions for external stakeholders and internal staff. Our team is dedicated to empowering our partners and stakeholders with the tools, resources, and information needed to better serve Californians. We achieve this through strategic communication, system enhancements, and operational support. Distribution Services Unit drives collaboration and continuous improvement across the division.

Enroller Portal

Overview & Updates



Consumer Retention Workspace (New!)

Walk-through



Consumer Retention Workspace (CRW)

New Tool Alert!

- The Consumer Retention Workspace (CRW) is a new tool in the Enroller Portal that **helps track and manage consumer renewals** for Plan Year 2026.
- It **identifies consumers** up for renewal, **ranked by risk** for not renewing, and provides a space for enrollers to **monitor and manage renewal** activities.

Consumer Retention Workspace (CRW): Objectives

Identify Consumer Cases

- Covered California will **create cases for currently enrolled consumers** that need to renew.

Assign Risk Categories

- Cases will be assigned a risk category of their likelihood of renewing for 2026 plan year.

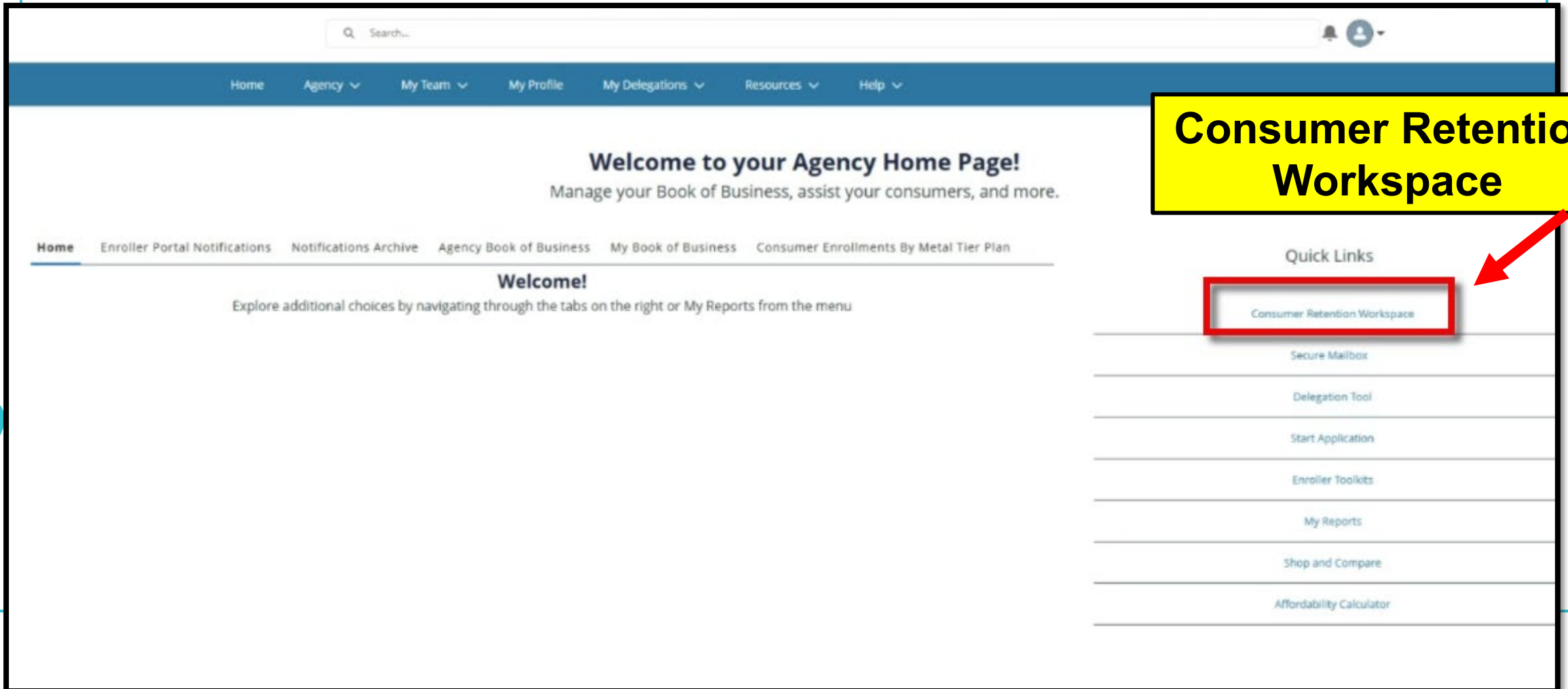
Track and Monitor Cases

- Enrollers could **access the Consumer Retention Workspace to track and monitor** renewal activities.

Access Reports for Agencies/Entities

- **Agency Managers and Entity Primary Contacts have access to reports** of all their enrollers CRW activities

Home Page Access: Quick Links



The screenshot shows the Agency Home Page interface. At the top is a search bar and a navigation menu with links: Home, Agency, My Team, My Profile, My Delegations, Resources, and Help. Below this is a welcome message: "Welcome to your Agency Home Page! Manage your Book of Business, assist your consumers, and more." A secondary navigation bar contains links: Home, Enroller Portal Notifications, Notifications Archive, Agency Book of Business, My Book of Business, and Consumer Enrollments By Metal Tier Plan. The main content area has a "Welcome!" message and a prompt to explore choices. On the right, a "Quick Links" section lists several tools. The "Consumer Retention Workspace" link is highlighted with a red box, and a yellow callout box with a red arrow points to it with the text "Consumer Retention Workspace".

Search...

Home Agency My Team My Profile My Delegations Resources Help

Welcome to your Agency Home Page!
Manage your Book of Business, assist your consumers, and more.

Home Enroller Portal Notifications Notifications Archive Agency Book of Business My Book of Business Consumer Enrollments By Metal Tier Plan

Welcome!
Explore additional choices by navigating through the tabs on the right or My Reports from the menu

Quick Links

- Consumer Retention Workspace
- Secure Mailbox
- Delegation Tool
- Start Application
- Enroller Toolkits
- My Reports
- Shop and Compare
- Affordability Calculator

CRW Cases

Refresh

CRW Dashboard CRW Cases Event Calendar

Dashboard
EP CRW Dashboard
As of Sep 26, 2025, 3:28 PM Viewing as Joe Doe

Open CRW Cases

Open CRW Cases

6

[View Report \(Open CRW Cases\)](#)

As of Sep 26, 2025, 3:28 PM

Open CRW Cases by Group

Group ↑	Record Count
-	1
7	1
10	4

[View Report \(Open CRW Cases by Group\)](#)

CRW Case Average Resolution Time



Average Resolution Time

[View Report \(CRW Case Average Resolution Time\)](#)

As of Sep 26, 2025, 3:28 PM

Aging CRW Cases

Counts for Open Cases ↑

<60

Record Count

Aging CRW Cases <7,<30,<45,<60 Days

[View Report \(Aging CRW Cases\)](#)

As of Sep 26, 2025, 3:28 PM

Open CRW Cases by Priority

1 = Very Low Risk

2 = Low Risk

3 = Medium Risk

4 = High Risk

5 = Very High Risk

All CRW Cases by Reason

Clear Reason

Access to Care

Acquisition

[View Report \(All CRW Cases by Reason\)](#)

As of Sep 26, 2025, 3:28 PM

Understanding Your Assigned Consumer Cases

Consumer Information

Case Enroller

Subject: At-Risk Consumer | Contact Name: Alfred Alfred | Priority: Medium | Status: New | Case Number: 34446409 | Household Eligibility

Details | Related | Task

Contact Name: Alfred Alfred | Case Owner: Don Schmitt

Contact Phone: (123) 123-1234

Contact Email: atriskconsumer@p

Preferred Spoken Language: English

Case Reason: Access to Care

Case Sub-Reason: Non-Urgent

Status: New

Resolution Selection

Status: Closed

Resolution Reason: --None--

Steps to Resolve

Notes

Save

- **Consumer Information:** Phone number, email, and preferred language.
- **Risk Categorization:** Low risk, high risk, or other risk levels.
- **Interaction Documentation:** A space to record details of your interaction.
- **Resolution Selection:** A section to select the resolution reason (details coming next).

Enrollers can track and document their renewal outreach for each consumer case.

And provide

Resolution Information

when closing the case.

IMPORTANT!

- * Indicates **Required** Fields
- Status
- Resolution Reason
- Steps to Resolve

Closing Your Assigned Consumer Cases



Consumer Outreach

* Status
Closed

* Resolution Reason
--None--
--None--
Consumer contacted - Renewed enrollment
Consumer contacted - Changed plans
Consumer contacted - Went to Medi-Cal
Consumer contacted - Denied renewal
Unable to contact consumer

Save

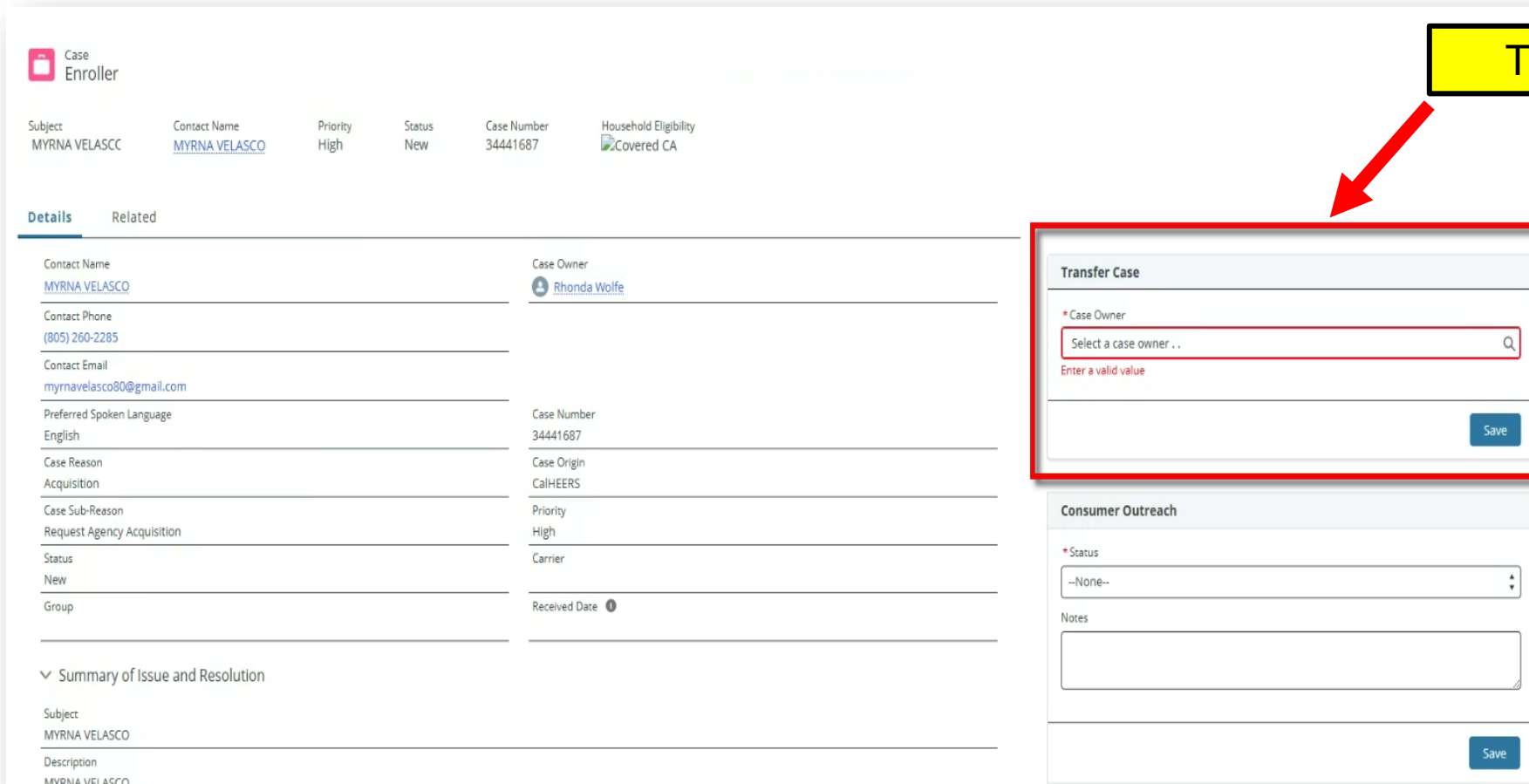
Selecting a Resolution Reason

Enrollers must select the resolution reason that best fits the outcome of their outreach efforts.

Reassigning CRW Cases

Transfer Cases

Agency Managers can **transfer** CRW cases to another **Agent Level 2** within the Agency to complete outreach



The screenshot displays the 'Case Enroller' interface. At the top, a header bar shows 'Case Enroller' with a red icon. Below this, a summary row lists: Subject (MYRNA VELASCO), Contact Name (MYRNA VELASCO), Priority (High), Status (New), Case Number (34441687), and Household Eligibility (Covered CA). The main content area is divided into 'Details' and 'Related' tabs. The 'Details' tab is active, showing a form with fields for Contact Name, Contact Phone, Contact Email, Preferred Spoken Language, Case Reason, Case Sub-Reason, Status, Group, Case Owner, Case Number, Case Origin, Priority, Carrier, and Received Date. A red box highlights the 'Transfer Case' form on the right side of the interface. This form includes a 'Case Owner' dropdown menu with the text 'Select a case owner . . .' and a 'Save' button. Below the 'Transfer Case' form is a 'Consumer Outreach' section with a 'Status' dropdown menu (currently set to '--None--') and a 'Notes' text area. A red arrow points from the 'Transfer Cases' header to the 'Transfer Case' form.

Case Enroller

Subject: MYRNA VELASCO | Contact Name: MYRNA VELASCO | Priority: High | Status: New | Case Number: 34441687 | Household Eligibility: Covered CA

Details | Related

Contact Name: MYRNA VELASCO
Contact Phone: (805) 260-2285
Contact Email: myrnavelasco80@gmail.com
Preferred Spoken Language: English
Case Reason: Acquisition
Case Sub-Reason: Request Agency Acquisition
Status: New
Group:
Case Owner: Rhonda Wolfe
Case Number: 34441687
Case Origin: CalHEERS
Priority: High
Carrier:
Received Date:
Summary of Issue and Resolution
Subject: MYRNA VELASCO
Description: MYRNA VELASCO

Transfer Case

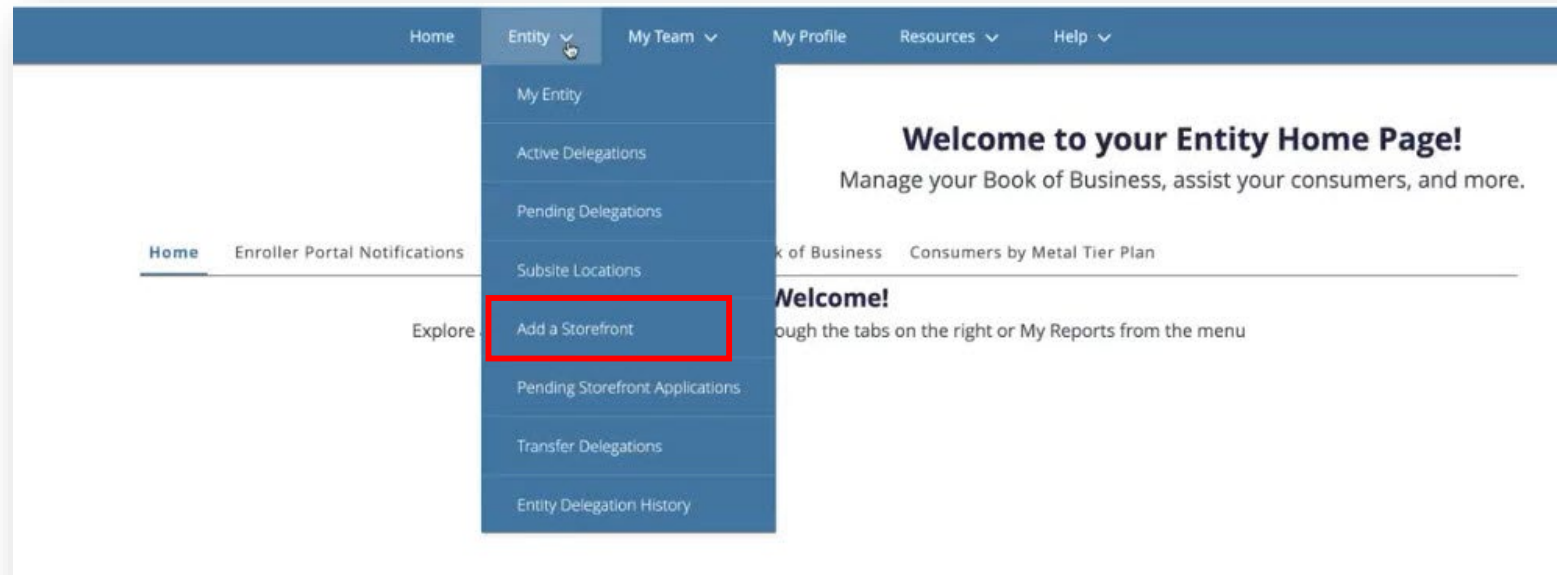
* Case Owner
Select a case owner . . .
Enter a valid value
Save

Consumer Outreach

* Status
--None--
Notes
Save

Storefront Application (New!)

- The **Storefront application** process is now available in the Enroller Portal under the **"Add a Storefront"** option in the **Agency/Entity dropdown** menu.
- **Applications** can be submitted for **new or existing locations**.
- A detailed walkthrough is provided in the **Storefront Toolkit**.



Storefronts: Locate Pending Applications

The screenshot displays the 'Locations' section of the 'All My Applications' page. A red box highlights the 'Pending Storefront Applications' option in the left-hand navigation menu. A red arrow points from this menu item to a dropdown menu that appears when the 'All My Applications' header is clicked. This dropdown menu, also titled 'List Views', contains several options, with 'All My Applications' (marked with a checkmark) being highlighted by a red box. Other options in the list include 'Applications Pending Information', 'Draft Applications', 'Recently Viewed', and 'Submitted Applications'.

Search...

Home Agency My Team My Profile

Locations
All My Applications

2 items • Sorted by Location Name • Filter

	Location Name ↑	Storefront Ap...
1	10700 folsom Blvd	Submitted
2	1601 Exposition Blvd	Submitted

My Agency

Active Delegations

Pending Delegations

Subsite Locations

Add a Storefront

Pending Storefront Applications

Transfer Delegations

Agency Delegation History

Locations
All My Applications

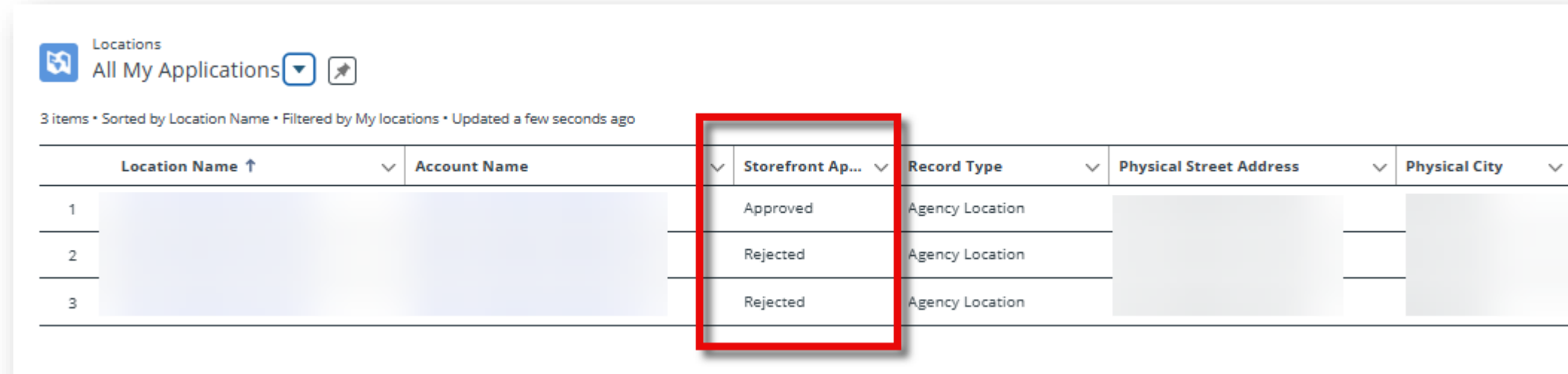
2 items

Search Lists...

List Views

- ✓ All My Applications
- Applications Pending Information
- Draft Applications
- Recently Viewed
- Submitted Applications

Storefronts: Application Status



Locations
All My Applications

3 items • Sorted by Location Name • Filtered by My locations • Updated a few seconds ago

	Location Name ↑	Account Name	Storefront Ap...	Record Type	Physical Street Address	Physical City
1			Approved	Agency Location		
2			Rejected	Agency Location		
3			Rejected	Agency Location		

Application status can be found for all Storefront applications under “All My Applications”

Status: Approved, Rejected, Pending, Pending Information

Storefronts: Pending Information Requests

When Covered California needs more information or additional photos, your application will be placed in “**Pending Information**” status. You can respond to these requests here.



DETAILS

ADDRESSES

Primary Agency Location

☐

Subsite

☐

Location Details

Account Name

Approver Comments (1)

Approver Comme... ▾	Response ▾	Created Date ▾	
Thank you for your Stor...	picture has two covered...	8/29/2025, 07:17 AM	

Certified Enrollers at this Location (1) ▾

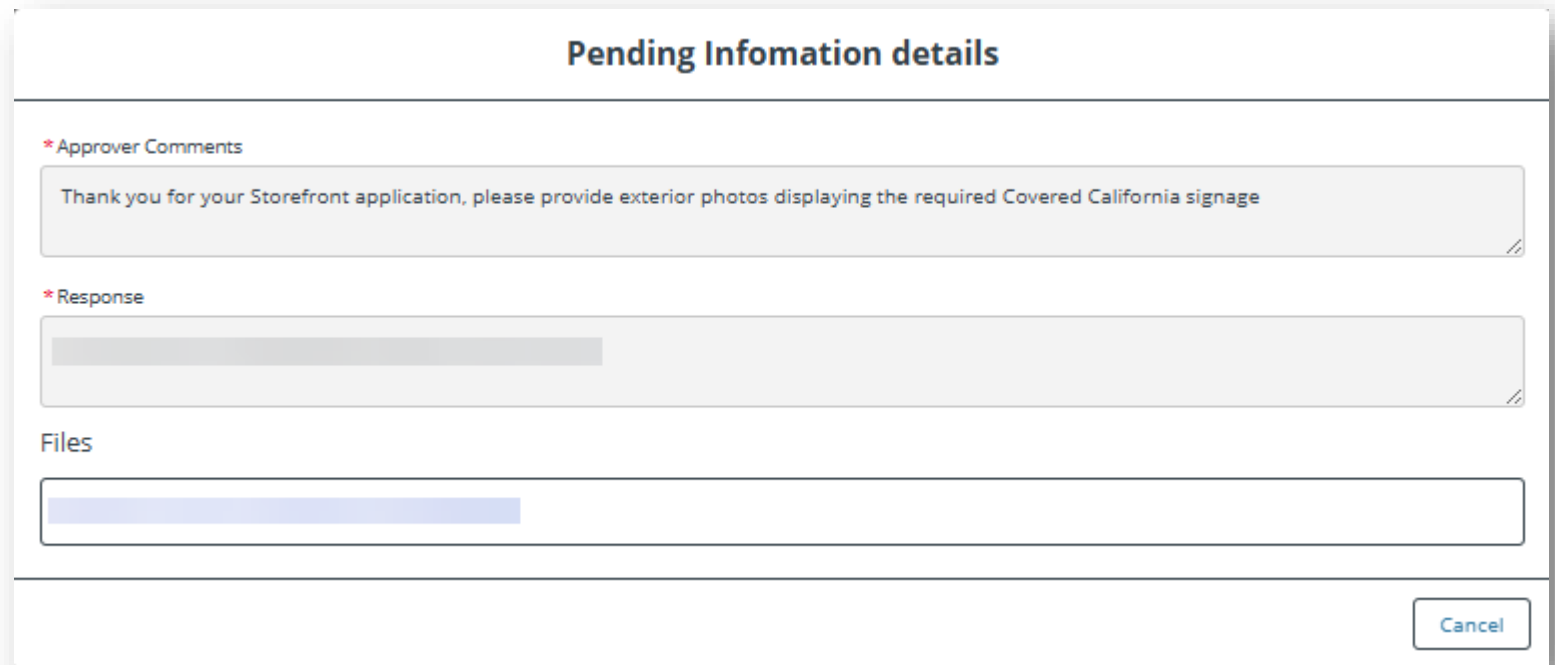
Enroller Contact

Enroller Primary Office Location

Storefronts: Responding to Pending Information Requests

Please respond to **Pending Information** requests as soon as possible.

Please note some information requests may require a file upload.



The screenshot shows a web form titled "Pending Information details". It contains three main sections: "Approver Comments" with a text box containing the message "Thank you for your Storefront application, please provide exterior photos displaying the required Covered California signage"; "Response" with an empty text box; and "Files" with a file upload button. A "Cancel" button is located at the bottom right of the form.

Make Sure Your Storefront is Ready for Open Enrollment

ATTENTION!

- Covered California Storefront Owners who applied before May 2025:
 - A **NEW Storefront Application must be submitted by October 31, 2025** to keep your storefront active and visible in the Find a Local Enroller tool.
 - **Check your email for instructions.** For more information, visit the Storefront Toolkit here:
<https://hbex.coveredca.com/toolkit/downloads/StorefrontToolkit.pdf>

August 19, 2025

Dear Storefront Owner,

To prepare for the upcoming renewals and open enrollment period, it is **mandatory** to submit a new Storefront application for each of your Storefront locations in the Covered California Find an Enroller Portal by **October 31, 2025**. This applies to all storefront owners, whether or not there are changes to your storefront information.

Act Now!

- **Accuracy in Your Storefront Listing:** Consumers searching for enrollment help will see your correct location details, including hours of operation, languages served, and contact information.
- **Avoid Delays:** Early submission ensures your storefront is loaded without errors or disruptions during the Open Enrollment period.

Who Can Submit the Application?

Only users with the following roles in the Covered California Enroller Portal can complete the storefront application:

Agency Roles:

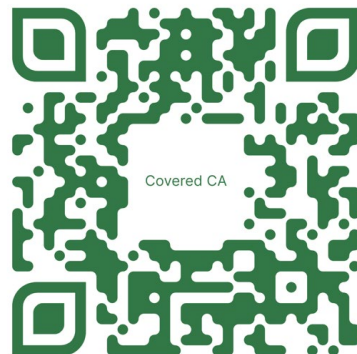
- Agency Manager
- Authorized Contact
- Approved Admin Staff

Certified Enrollment Entity Roles:

- Primary Contact
- Authorized Contact

How to Locate and Submit the Application
Visit the [Storefront Toolkit](#) for step-by-step instructions and submitting the application through the Enroller Portal for each of your Storefront locations.

Storefront owners who operate multiple locations must submit a separate application for each individual location.

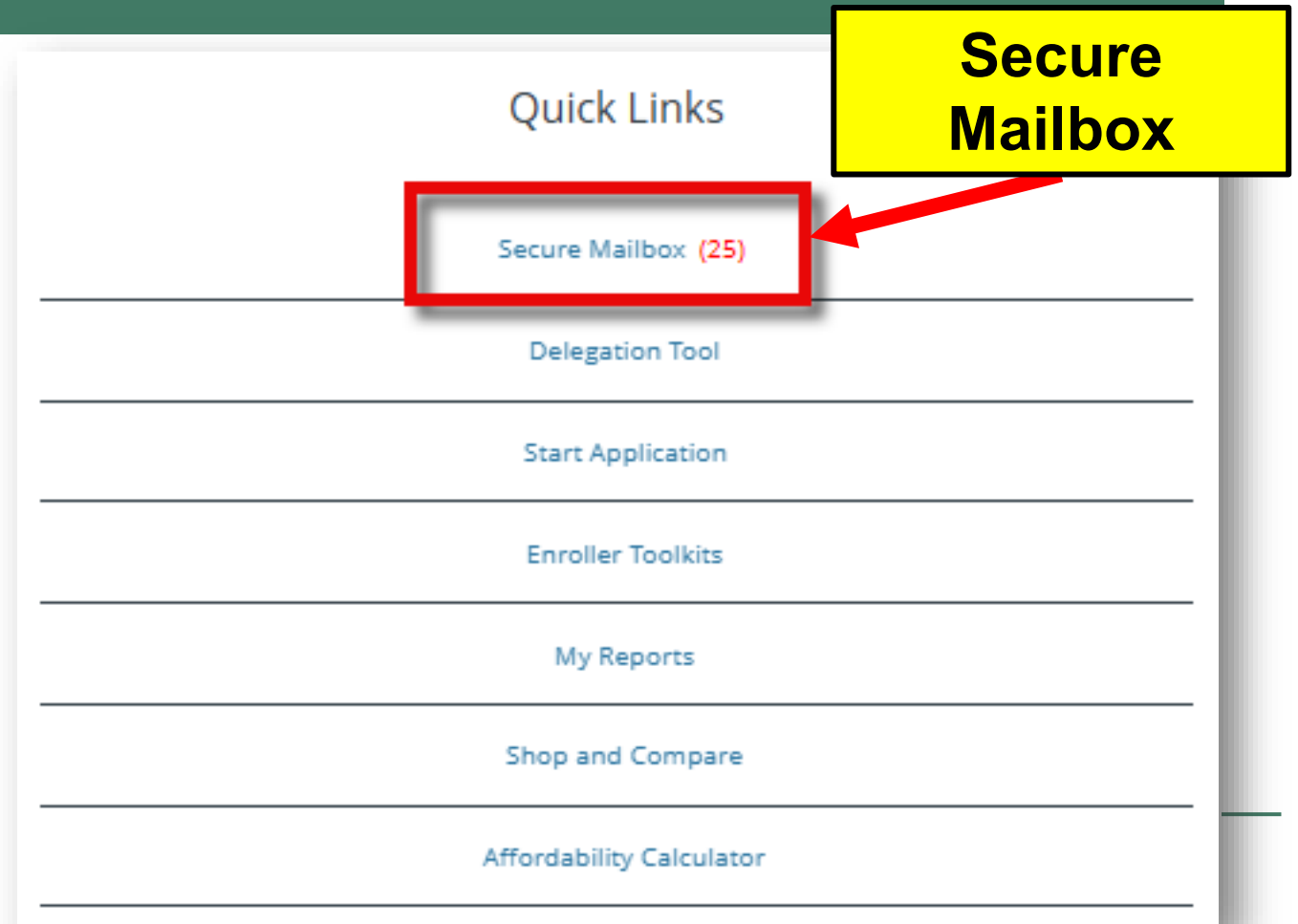


Navigating your Quick Links

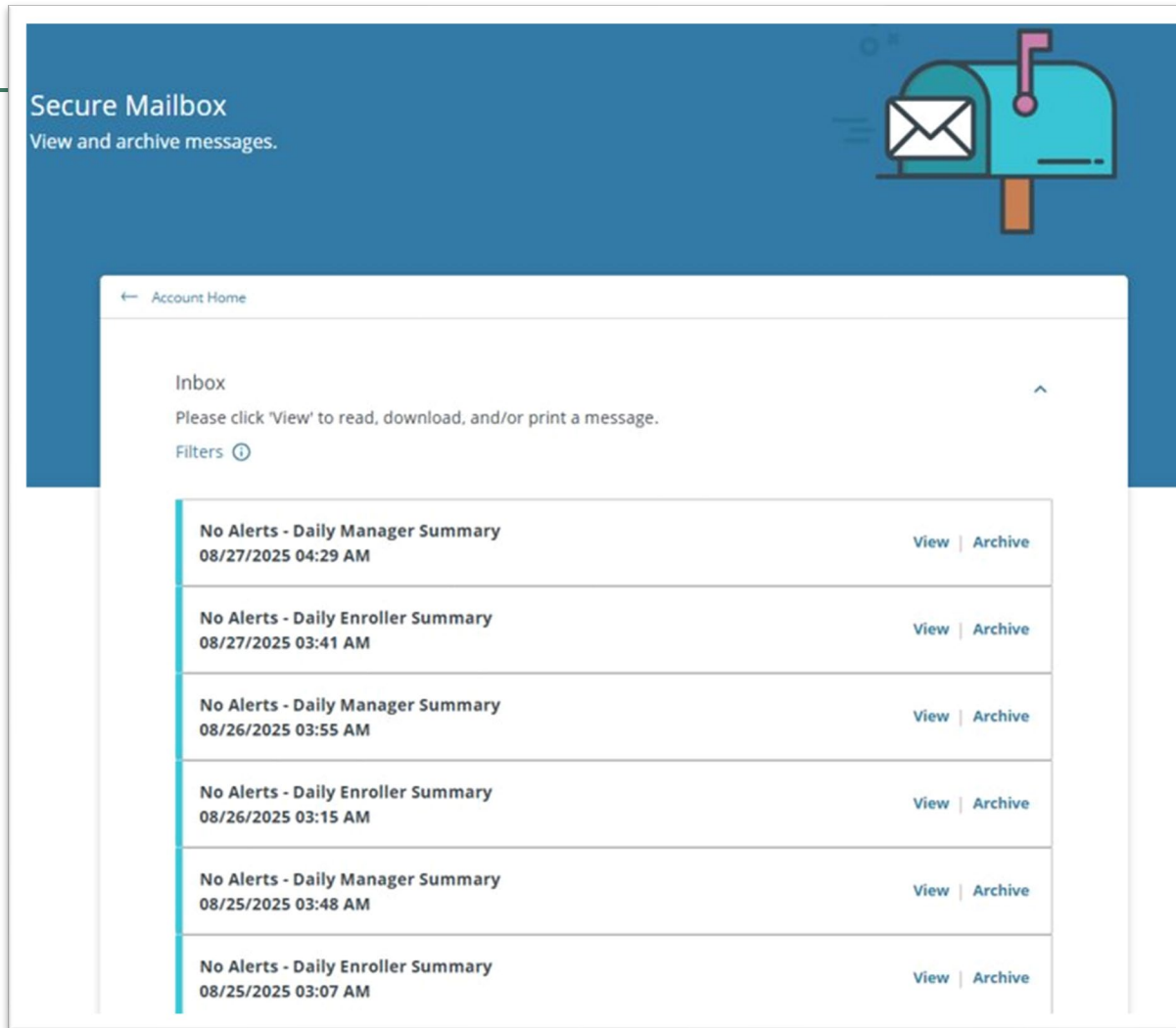


Secure Mailbox

- Your **Daily Summary Email** is available daily in your **Secure Mailbox** from your portal **Home Page**.
- **Agency Managers and Primary Contacts** also receive the Daily Manager Summary.



Daily Summary Email



Subject Lines:

- Daily Summary
- Daily Manager Summary
- No Alerts Daily Summary
- No Alerts Daily Manager Summary
- [Daily Summary Emails](#)

Daily Summary Notification Topics and Frequency

Notification Topic	Frequency
Binder Payment Pending	Every 7 Days while enrollment is Pending
Consent Valid Thru	8/1, 9/1, 10/1 Only
Actions Requested for Consumer	Daily Alert until resolved
NOD Notice	One Time alert when notice is generated
Enrollment Canceled	One Time alert
Enrollment Terminated	One Time alert
Medicare Aged Out	Daily Alert until resolved
Enrollment Updates Pending	Daily Alert until resolved



Information in your Daily Summary Email

HBX_Case_ID	Enrollment Year	First_Name	Last_Name	Home_Phone	Cell_Phone	Household_Email	Notification_Topic
5000000011	2025	John	Smith	916 555-8888	916 888-5555	John.Smith@invalid.com	Binder Payment Pending
5000000012	2025	Lynn	Miller	510 777-6655	510 355-8888	Lynn.miller@invalid.com	Enrollment Terminated
5000000013	2025	James	Johnson	415 333-2222	415 777-8888	James.Johnson@invalid.com	NOD03
5000000014	2025	Nick	Long	530 444-5555	530 999-7777	nick.long@invalid.com	Consent Valid Thru



**Consumer Case
Number**

**Consumer Contact
Information**

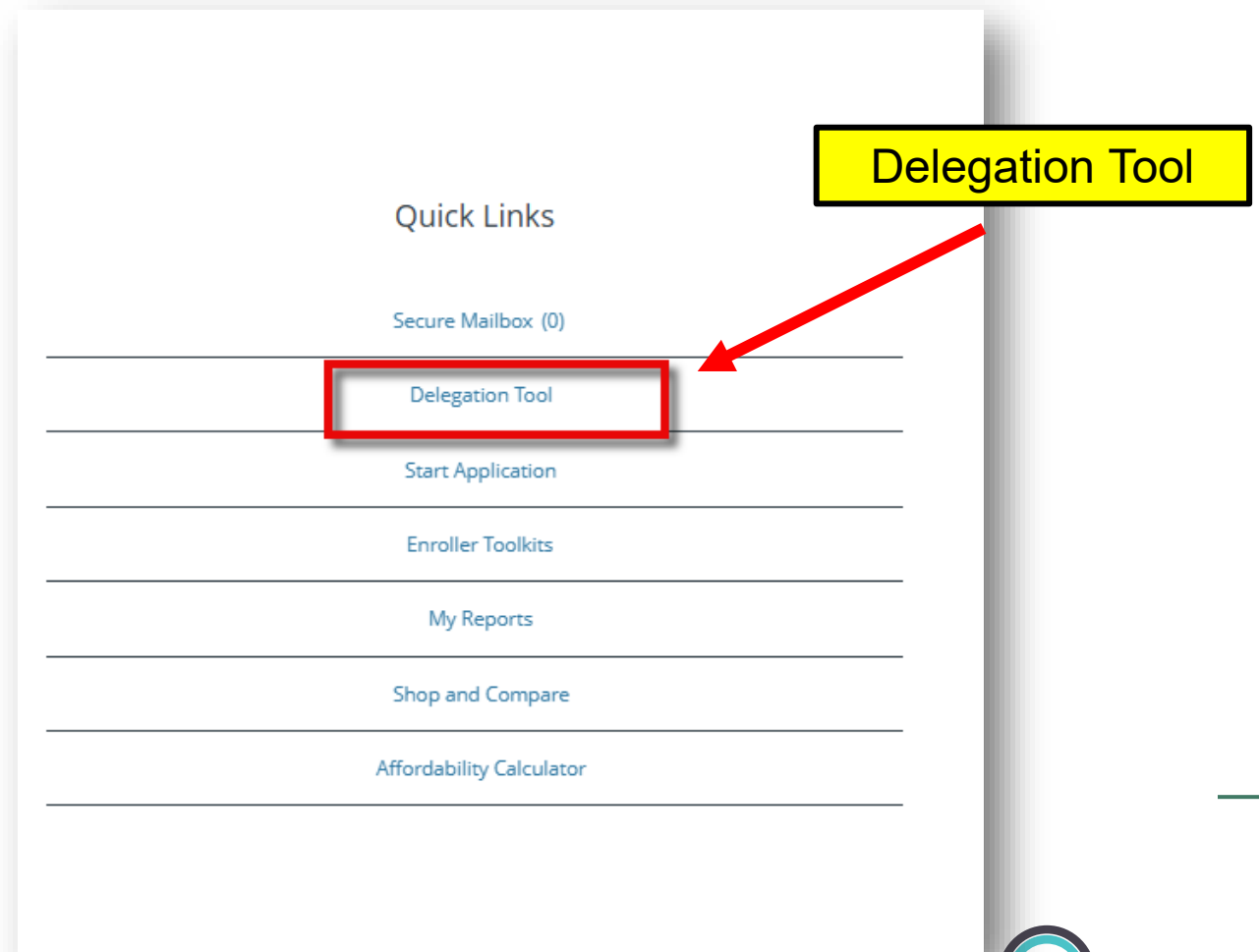
**Notification
Topic**

For more information:

https://hbex.coveredca.com/toolkit/pdfs/Daily_Summary_Email_Notices_Description_Guide.pdf

Delegation Tool

- Allows a self-serve delegation transaction without the aid of Covered California Staff
- Serves as a preliminary search of CalHEERS
- Acts as a method of collecting consumer consent for delegation



Delegation Tool: Step 1

Identifying the Consumer

For best results always include the consumers Social Security Number in the search criteria

Consumer Delegation

We need some very important information about your Consumer so that we can search for them in our database.



Delegation Form

Step 1 of 4

Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.

First name

Last name

Date of birth

Does the Consumer have a Social Security number?

 **Do not enter an ATIN/ITIN. It will not result in a match.** If the Consumer does not have a Social Security number, please select "No" to provide another form of identification.

☒ Yes ☐ No

Social Security number (SSN) *Optional*



Delegation Tool: Step 2

Disclaimers

Enrollers should always read through **all** delegation disclaimers and ensure consumers understand.

Consumer Consent to Delegate Case to Elle Camino.

Step 2 of 4

Please read the below statements to the Consumer for delegation consent. Please select the checkboxes below to provide consent for each statement on behalf of the Consumer.

- ☐ I understand that I must provide my personally identifiable information in order to complete the eligibility and enrollment process. I authorize this Agent to access, enter, and update my personally identifiable information into the online application. I further understand that this Agent may access my personally identifiable information in the future if I request any changes to my health coverage.
- ☐ I understand that I may end my partnership with this Agent at any time through my Account Dashboard or by calling 1-800-300-1506.
- ☐ I grant permission to the Agent to enter payment information in my online account. I understand that the insurance premium that I am quoted will be charged to my account. I further grant permission to the Agent to submit my completed application, including activating an e-signature on my behalf.
- ☐ I authorize this Agent to serve as my Agent of Record. If this Agent is affiliated with an Agency, I understand that the Agency may delegate a new Agent to serve as my Agent of Record in the future. I understand that a newly delegated Agent will have access to my personally identifiable information in order to service my account. I further understand that I may end my partnership with a newly delegated Agent at any time through my Account Dashboard or by calling 1-800-300-1506.

Delegation Tool: Step 3

Search Results – One Match Found

The consumer has been located, and you are able to proceed with delegation.

Enter the **Consumers** Cell Phone Number to receive the one-time passcode

Delegation will be processed when you enter the one-time passcode provided by the consumer here:

One Match Found
Success: Based on the details you provided, one Consumer match has been found.

Step 3 of 4

One Time Text Message Verification

Please enter the phone number that will receive an authentication code.

Cell phone number
(916) 777-9311

Re-enter cell phone number
(916) 777-9311

☒ I acknowledge that the individual for which I am applying has read, understood and agrees to be bound by the Covered California SMS Terms Of Service. Also, the individual for which I am applying has provided consent to receive autodialed and pre-recorded calls and/or text/SMS messages (message frequency varies) at the telephone number I provided (including my cell phone number), from or on behalf of Covered California. The individual for which I am applying understands that this is not a condition of receiving services. Message and data rates may apply.

Send Authentication Code to Consumer

Send One Time Authentication Code

Step 4 of 4

A One Time Authentication Code has been sent to the cell phone number you entered. This Authentication Code is valid for 15 minutes. If you close this window, the Authentication Code will no longer be valid.

Enter One Time Authentication Code

78458 X

Cancel Submit

Delegation Tool: Additional Search Results

No Match Found

Based on the details you provided, we were unable make a match to our database. If you would like to start a new application, please select the Return to Enroller Dashboard button to begin the process. If you would like to try again, please select the Start Over button to re-enter details. If you have questions about the results of your match, please contact the Service Center at [877-453-9198].

[Return to Enroller Dashboard](#) [Start Over](#)

Explanation:

We are unable to locate this consumer on an existing case.

Action:

you should initiate a new application.

Multiple Matches Found

Based on the details you provided, we were not able to find a single match in our database. If you would like to try again, please select the button below. If you have questions about the results of your match, please contact the Service Center at [877-453-9198].

[Return to Enroller Dashboard](#)

Explanation:

This consumer has more than one case, Covered California must review to identify the accurate case.

Action:

Please call the Service Center.

Match Already Delegated

Based on the details you provided, we found a match in our database that is already delegated to your book of business. If you would like to try again, please select the button below. If you have questions about the results of your match, please contact the Service Center at [877-453-9198].

[Return to Enroller Dashboard](#)

Explanation:

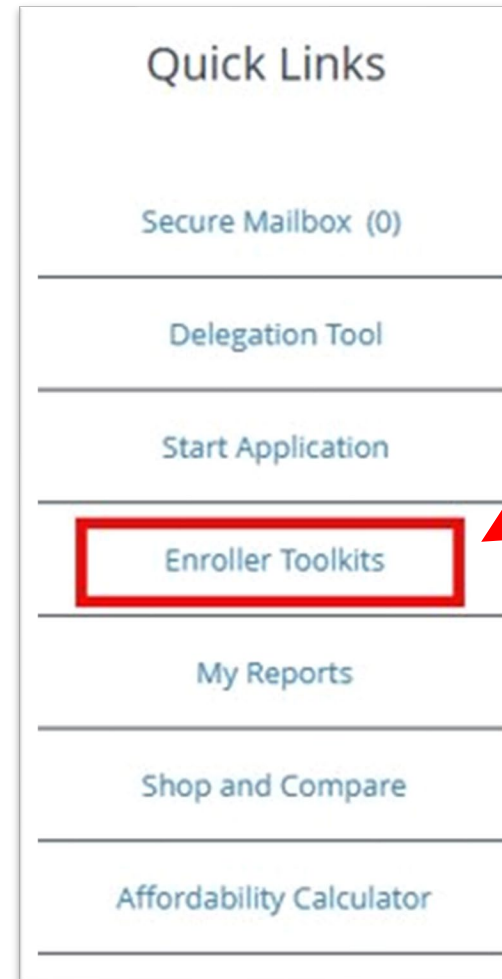
This consumer is already delegated to you.

Action:

Please review your active consumers to find this consumers case.

Enroller Toolkits

- ✓ Toolkits can be found in your **Enroller Portal “Quick Links”** for easier access.
- ✓ The **Toolkits** page and the **Downloads** section are **now searchable** for quick access to the resource you need.



Enroller Toolkits

Enroller Toolkits: New Feature

New Feature: Search the Toolkits for quick access to information!

Toolkits are your one-stop shop for job aids, guides, and release notes.

Coming Soon...

OE and Renewal Toolkit Updates

The screenshot shows the 'Enrollment Partner Toolkits and Resources' page. At the top, there is a search bar labeled 'ENHANCED BY Google' with a magnifying glass icon. A red arrow points to this search bar. Below the search bar, the page is divided into three main sections. On the left, under the heading 'Toolkits for Enrollers', there is a list of toolkits. A red arrow points to the 'Open Enrollment Toolkit' and 'Renewal Toolkit' in this list, which are highlighted with a red box. In the middle section, there are three toolkits: 'Let's Talk Health Toolkit', 'Medi-Cal Transition', and 'Toolkits for Navigators'. On the right, there is a 'Resources' section with a list of links, a 'CEC/PBE Help Line Hours' section with phone and hours information, and an 'Agent Service Center' section with phone, hours, and email information.

HOME | TOOLKIT

ENHANCED BY Google

Enrollment Partner Toolkits and Resources

Toolkits for Enrollers

- [Alerts, Briefings, and Resources](#)
- [Agency Manager Toolkit](#)
- [Approved Admin Staff Role Toolkit](#)
- [CalHEERS and Enroller Portal Release Notes](#)
- [CCSB Toolkit](#)
- [Enroller Portal and Enrollment and Shopping Section Toolkit](#)
- [Family Glitch Fix Toolkit](#)
- [Open Enrollment Toolkit](#)
- [Renewal Toolkit](#)
- [Special Enrollment Period Toolkit](#)
- [Social Media Toolkit](#)
- [Storefront Toolkit](#)
- [1095 Toolkit](#)

Let's Talk Health Toolkit

- [Let's Talk Health Social Press Kit](#)

Medi-Cal Transition

- [Medi-Cal to Covered California Enrollment Program Toolkit](#)

Toolkits for Navigators

- [Primary Care Physician](#)
- [Primary Care Physician \(Spanish\)](#)
- [Navigator Social Toolkit: Sheila's Story](#)
- [Navigator Social Toolkit: Charley's Story](#)

Resources

- [How to contact Covered California](#)
- [Covered California Health Plans](#)
- [Historical Agency Agreements](#)
- [Fact Sheets](#)
- [Real Stories](#)
- [Link to CoveredCA.com](#)
- [Certified Enrollment Counselor](#)
- [Certified Insurance Agent](#)
- [Certified Plan-Based Enroller](#)

CEC/PBE Help Line Hours

Phone: (855) 324-3147 Monday thru Friday, 8:00 a.m. to 6:00 p.m. Saturdays and Sundays, Closed

Agent Service Center

Phone: (877) 453-9198
Monday thru Friday, 8:00 a.m. to 6:00 p.m.
Saturdays and Sundays, Closed
E-mail: Agents@covered.ca.gov

Enroller Toolkits: Examples

Enrollment Partner Toolkits and Resources



Open Enrollment Toolkit

Overview

Open Enrollment is the time of year when everyone can apply for a plan through Covered California, typically from November to January. Use the information and resources below to support consumers through the enrollment process. Check back frequently for updates.

NOTE: For renewal resources, view the Renewal Toolkit [here](#).

Open Enrollment

Resource	Type	Description
Single Streamlined Application	Job Aid	Provides an overview of the Single Streamlined Application, with a focus on highlighting features and pages for Certified Insurance Agents (Agents), Certified Enrollment Counselors (CECs), and Plan Based Enrollers (PBEs).
Open Enrollment 2025 Kickoff Events Slide Deck	Slide Deck	Slides presentation for the 2025 Open Enrollment Statewide Kickoff Meeting. Amended as of 2/19/2025.
Add an Event	Portal	Link to request to add an event to the Covered California Events page so consumers can attend enrollment events in their community.
Open Enrollment Collateral	Portal	Link to downloadable PDFs of Covered California's collateral materials.



Approved Admin Staff Role Toolkit

Overview

To manage their agency, [Agency Managers may add staff to their Agency](#) to assist with consumer support, application entry, and other administrative functions. In the Agency Portal, this new support staff role is referred to as Approved Admin Staff.

Note: The Agency Manager determines the level designation (Level 1 & 2) during the creation of the Approved Admin profile.

Resources include information to assist Approved Admin Staff with online application support, managing Agency delegations (Level 2 only), creating new profiles for Agents (Level 2 only), and much more.

Check back frequently for updates.

Approved Admin Support

Resource	Type	Description
Approved Admin Staff Role Overview for Level 1 & 2	Quick Guide	Overview of Admin Staff Level 1 & 2 access in their CalHEERS portal.
Acting on Behalf of an Agent for Approved Admin Staff	Job Aid	Instructions for Admin Staff, Level 1 & 2 to assist any consumers delegated to an Agent within the Agency.
Transferring Consumers within an Agency for Approved Admin Staff - Level 2	Quick Guide	Instructions for Admin Staff, Level 2, to transfer consumer delegations between Agents with the Agency.
Add a New Agent to an Agency for Approved Admin Staff - Level 2	Job Aid	Instructions for Admin Staff, Level 2, to add new Agents to the Agency. Also, provide steps to guide new Agents through the CalHEERS account creation process.



Agency Manager Toolkit

Overview

Agency Managers act in an administrative and operational role for an agency and must be a certified and licensed insurance agent. This Toolkit is for Covered California's Agency Managers to review resources to assist in navigating the Agency Portal.

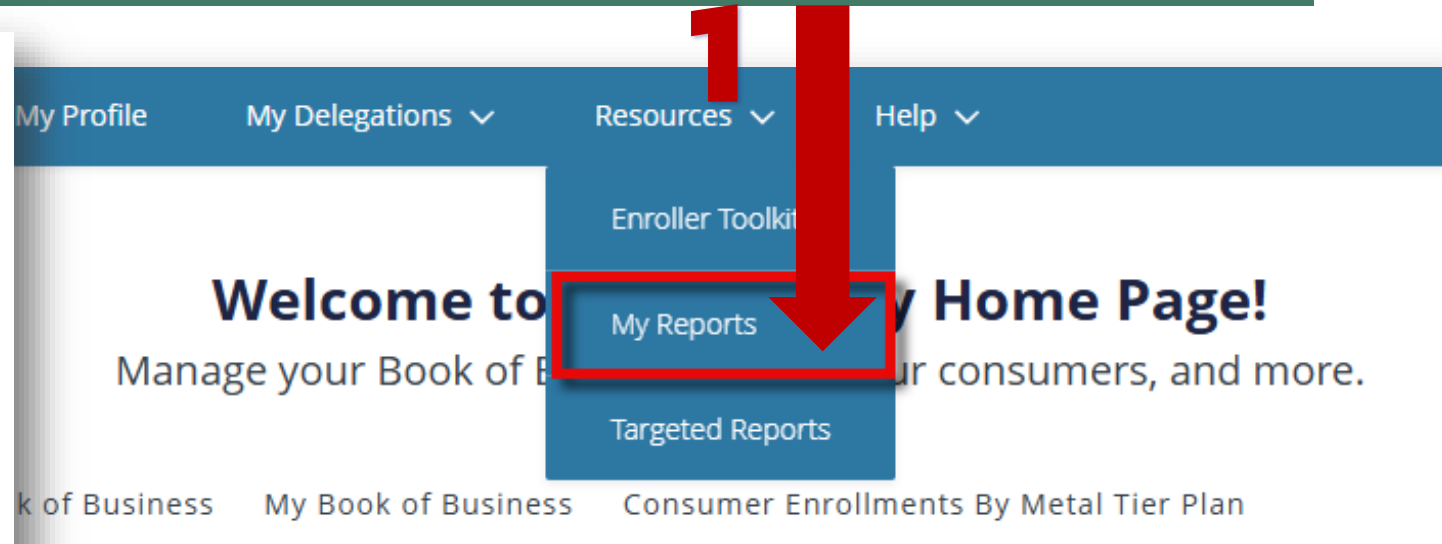
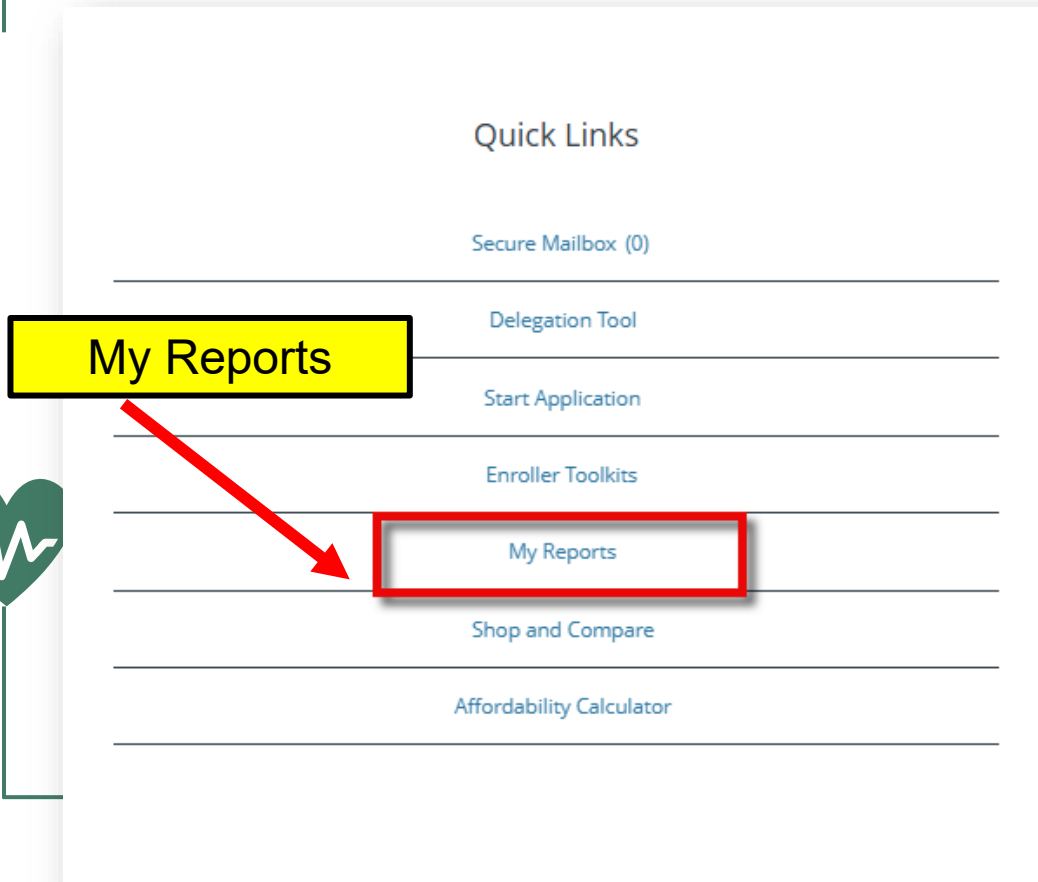
Resources include information to assist Agency Managers Level I and II, Authorized Signers, Agents Level I and II, and Approved Admin Staff (based on user role permissions) with viewing and exporting a Book of Business, transferring delegated consumers within the agency, adding new agents and Admin Staff to the agency, and much more.

Check back frequently for updates.

Agency Support

Resource	Type	Description
Enroller Portal for Agency Users	Task Guide	Introduces Agency Managers, Agents, Authorized Signers, and Approved Admin Staff to the information and tasks they have access to through the Agency Portal.
Agency Manager Portal Walkthrough	Video	Demonstration of the Enroller Portal for Agency Roles.
Agency Manager Portal	Quick Guide	Information for Agency Managers on the Admin Staff Role in the Agency Portal.
Add a New Agent to an Agency	Job Aid	Instructions for Agency Managers to add new Agents in their Agency Portal.
Agency Certification Onboarding	Quick Guide	Onboarding instructions for Sole Proprietors, Corporations, and Partnerships that want to become Certified Insurance Agents with Covered California.
Downline Agent Onboarding	Quick Guide	Instructions for Agency Managers and Authorized Signers to complete the process of adding a downline Agent to their Agency and outlines the steps that the Downline Agent must take to become Certified.

My Reports



- ✓ **View** Reports
- ✓ **Export** your reports
- ✓ **Customize** and **Edit** your reports

Sample Report: My Book of Business



[Home](#) [Agency ▾](#) [My Team ▾](#) [My Profile](#) [My Delegations ▾](#) [Resources ▾](#) [Help ▾](#)

Reports
Recent
4 items

REPORTS	Report Name	Description ▾	Folder	Created By	Created On
Recent	My Book of Business		Book of Business Report	Vinay Bhatia	4/28/2023, 8:01 AM
Created by Me	Copy of My Book of Business		Private Reports	Bob Smith	2/14/2025, 12:00 PM
Private Reports	Copy of Book of Business by Enroller		Private Reports	Bob Smith	2/14/2025, 2:00 PM
All Reports	Book of Business by Enroller Contact		Book of Business Report	Vinay Bhatia	4/28/2023, 8:01 AM

FOLDERS

All Folders

Created by Me

Shared with Me

FAVORITES

All Favorites

2

My Book of Business



Editing Your Report

3

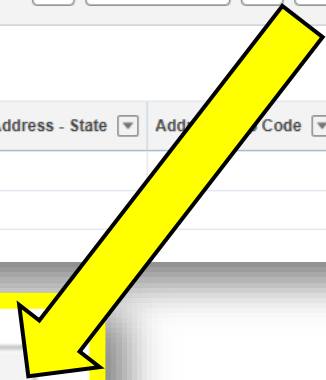


Home Agency ▾ My Team ▾ My Profile My Delegations ▾ Resources ▾ Help ▾

 Report: Contact Application and Enrollees
My Book of Business

Total Records
2

☐ CalHEERS Case ID ↑ ▾	Year of Application ▾	First Name ▾	Middle Name ▾	Last Name ▾	Customer DOB ▾	SSN Last 4 ▾	Residence Address Line 1 ▾	Residence Address Line 2 ▾	Address - City ▾	Address - State ▾	Address - Zip Code ▾	Customer Phone ▾
☐ - (2)	2023	jane	-	smith	3/1/1981	-	-	-	-	-	-	📞 -
	2025	Mike	-	Williams	1/1/1980	-	-	-	-	-	-	📞 -



My Reports: Choose Your Fields

4 →
Select **“Outline”**
display the list of
columns.

 **5** →
Remove
“Columns” here
as needed.

REPORT ▼
My Book of Business ✎ Contact Application and Enrollees

Outline Filters 2

Previewing a limited number of records. Run the report to see everything.

CalHEERS Case ID	Year of Application	First Name	Middle Name	Last Name	Customer DOB	SSN Last 4	Residence Address
- (2)	2023	jane	-	smith	3/1/1981	-	-
	2025	Mike	-	Williams	1/1/1980	-	-

Columns

- Year of Application X
- First Name X
- Middle Name X
- Last Name X
- Customer DOB X
- SSN Last 4 X
- Residence Address Line 1 X
- Residence Address Line 2 X

My Reports: Filter Your Content

6



REPORT ▼
My Book of Business ✎ Contact Application and Enrollees

Filters 2

Previewing a limited number of records. Run the report to see everything.

CONTACT APPLICATIONS Case ID ▼	Year of Application ▼	First Name ▼	Middle Name ▼	Last Name ▼	Customer DOB ▼	SSN ▼
- (2)	2023	jane	-	smith	3/1/1981	-
	2025					

Filters

Add filter...

CONTACT APPLICATIONS

- Account: Account Name
- Application: Application Case Number
- Consumer Name
- Contact Application ID
- Contact Application Name
- Health Enrollment: Enrollment Name
- Eligibility Program: Program
- Enroller Contact

- Account Name
- Application Case Number
- Consumer Name
- Contact Application ID
- Contact Application Name
- Health Enrollment Name
- Eligibility Program
- Enroller Contact
- Year of Application

Run Your Customized Report

8

Run



REPORT ▼

My Book of Business Contact Application and Enrollees

◀ ▶ Add Chart Save ▼ Close **Run**

> Outline Filters 2

Previewing a limited number of records. Run the report to see everything. Update Preview Automatically ☐

Filters

Add filter...

Show Me
All contact applications

Application: Created Date
All Time

Enroller is Current User
equals True

Year of Application
equals 2025

Filter By

Field
Year of Application

Operator
equals

Value
Show Selected (1)

2023

2024

✓ 2025

2026

☐ Locked Cancel **Apply**

Filter: Consumers with Active 2025 Cases

Apply

7

First Name	Middle Name	Last Name	Customer DOB	SSN Last 4	Residence Address Line 1	Residence Address Line 2	Address - City	Address - State
ce	-	Williams	1/1/1980	-	-	-	-	-

Save Your Customized Report 1 of 2

Save As



Report: Contact Application and Enrollees
My Book of Business

Total Records
1

☐ CalHEERS Case ID ↑	Year of Application	First Name	Middle Name	Last Name	Customer DOB	SSN Last 4	Residence Address Line 1	Residence Address Line 2	Address - City	Address - State	Address - Zip Code	Customer Phone
☐ - (1)	2025	Mike	-	Williams	1/1/1980	-	-	-	-	-	-	-

Save Your Customized Report 2 of 2

10

Enter Report Name

12

All Folders



Select Folder

All Folders > Book of Business Report

Search folders...

Report Name:
"2025 only"

Select Folder

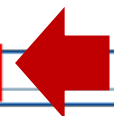
11



Select Folder

13

Private Reports



Select Folder

Private Reports

Search folders...

All Folders

Created by Me

Shared with Me

Private Reports

Public Reports

14

Select Folder



Select Folder

Access Your Saved Reports

Home Agency ▾ My Team ▾ My Profile My Delegations ▾ Resources ▾ Help ▾

Reports
Recent
5 items

1 **Recent**

3 **2025 only**

2 **Private Reports**

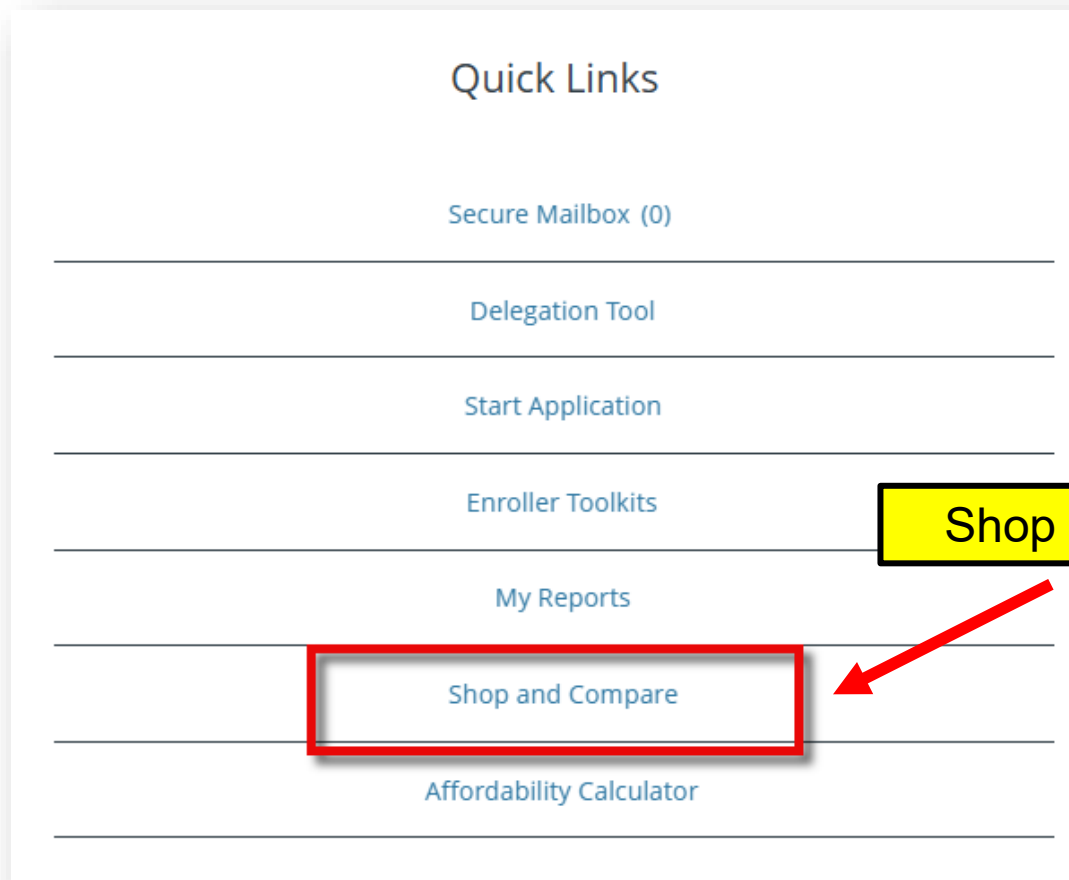
REPORTS	Report Name	Description	Folder	Created By	Created On	Subscri
Recent	2025 only		Private Reports	Bob Smith	3/13/2025, 12:55 PM	
Created by Me	My Book of Business		Book of Business Report	Vinay Bhatia	4/28/2023, 8:07 PM	
Private Reports	Copy of My Book of Business		Private Reports	Bob Smith	2/14/2025, 12:01 PM	
All Reports	Copy of Book of Business by Enroller		Private Reports	Bob Smith	2/14/2025, 2:35 PM	
FOLDERS	Book of Business by Enroller Contact		Book of Business Report	Vinay Bhatia	4/28/2023, 8:07 PM	
All Folders						
Created by Me						
Shared with Me						
FAVORITES						
All Favorites						

Shop and Compare: Enroller Portal Access

Access a logged in version of Shop and Compare through the Enroller Portal

Benefits of enroller portal **Shop and Compare version:**

- Quick access to Shop and Compare
- Shop and Compare Printable Page will populate delegated enroller contact information



Shop and Compare: Delegated Enroller Information

Enroller Name
Enroller License/Certification
Number
Enroller Phone Number
Enroller Email Address



Coverage Year: 2025

Health Plan Details

Enroller: Polly Rollins
License: 3P12345

Email: ccaenrollerportal+polly@gmail.com
Phone: 916-355-2468

Household Information

ZIP Code: 95815
County: Sacramento County
Annual Income: \$40,000

Estimated Financial Help
\$344.95/month
Choose a plan by 04/29/2025 to start your coverage on 03/01/2025.

1 Household Members Applying for Coverage

Jak Marquez
Head of household
Age: 34

Eligibility Status:
Eligible

Program Eligibility:
Covered CA
Financial Help
Enhanced Silver Benefits

Healthcare Preferences
Medical Service Use: Medium
Prescription Drug Use: Medium

Filters Added
Metal Tiers
Silver
Silver CSR

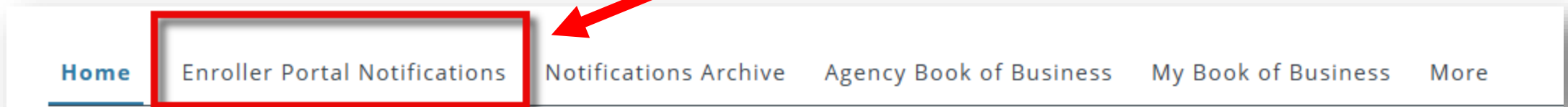
blue of california

Blue Shield
Silver 73 Trio HMO

Communications: Enroller Portal

Covered California may communicate via messaging within the Enroller Portal.

Enroller Portal Notifications



Bell Notifications

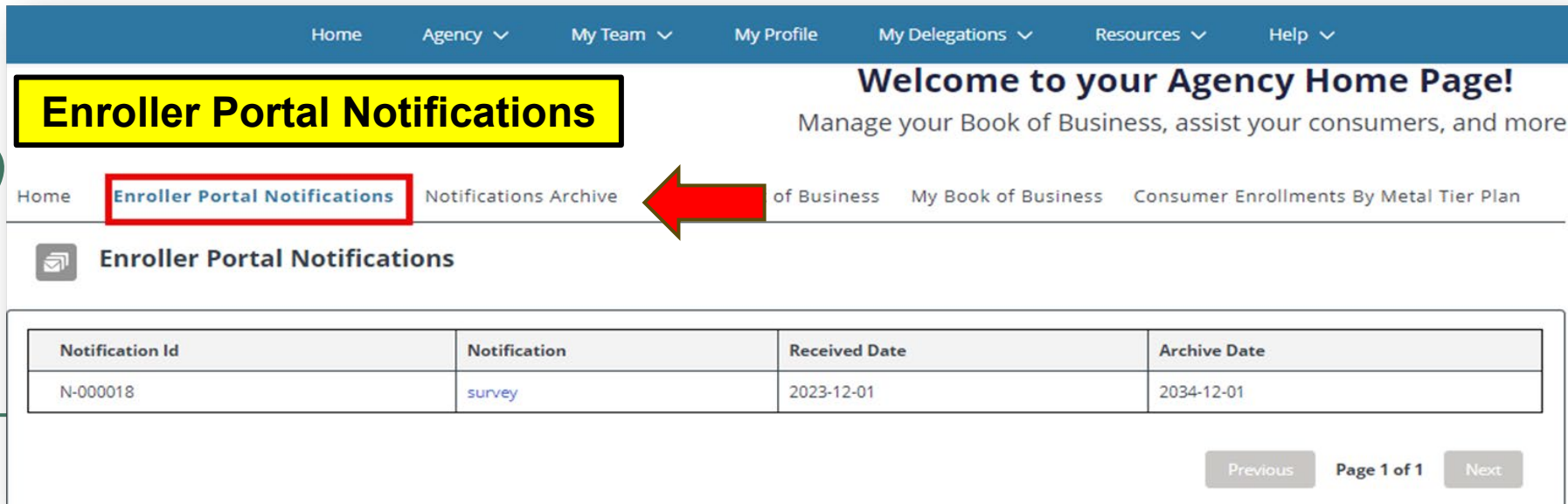


Enroller Portal Notifications

Clicking the **Enroller Portal Notification** tab displays the Agency and Entity users' active notifications sent by Outreach and Sales. The most recent notification displays at the top of the list.

Check here daily for quick updates and reminders from Covered California Such as:

- **Outage reminders**
- **Urgent updates**
- **New release notes**
- **Event notifications**



The screenshot shows the 'Enroller Portal Notifications' tab selected in the top navigation bar. A red box highlights the tab, and a red arrow points to it from the right. Below the navigation bar, the page title is 'Welcome to your Agency Home Page!' with the subtitle 'Manage your Book of Business, assist your consumers, and more.' The main content area is titled 'Enroller Portal Notifications' and contains a table with the following data:

Notification Id	Notification	Received Date	Archive Date
N-000018	survey	2023-12-01	2034-12-01

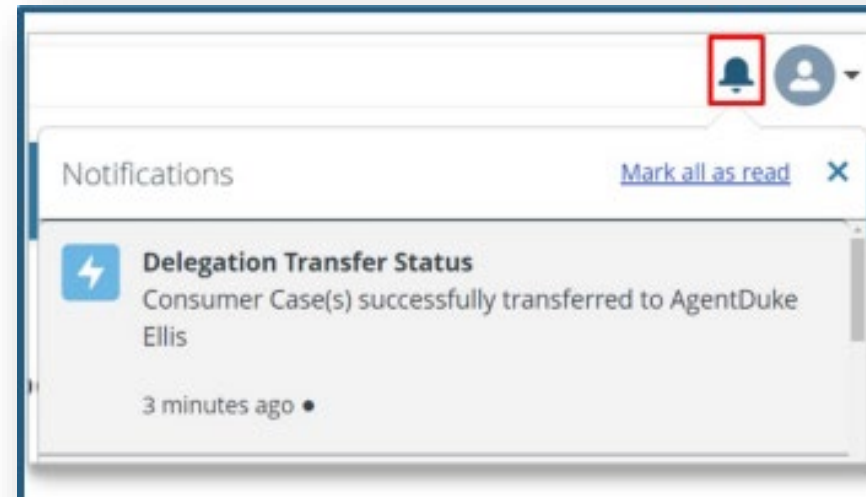
At the bottom right of the table, there are buttons for 'Previous', 'Page 1 of 1', and 'Next'.

Bell Notifications

Bell notifications populate in the top right corner of your Enroller Portal for specific transactions

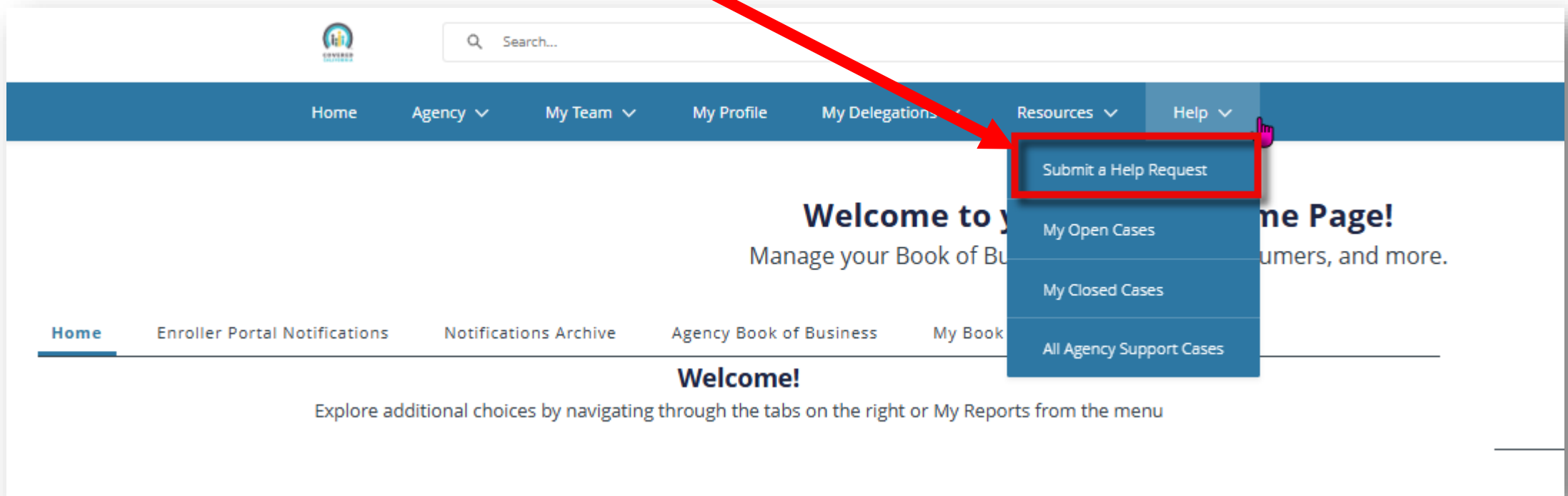
Including:

- ✓ **Pending Delegations**
- ✓ **Delegation Transfer Status**
- ✓ **Error Messaging**
- ✓ **System Outage**
- ✓ **Holiday Closures**
- ✓ **Custom Messaging**



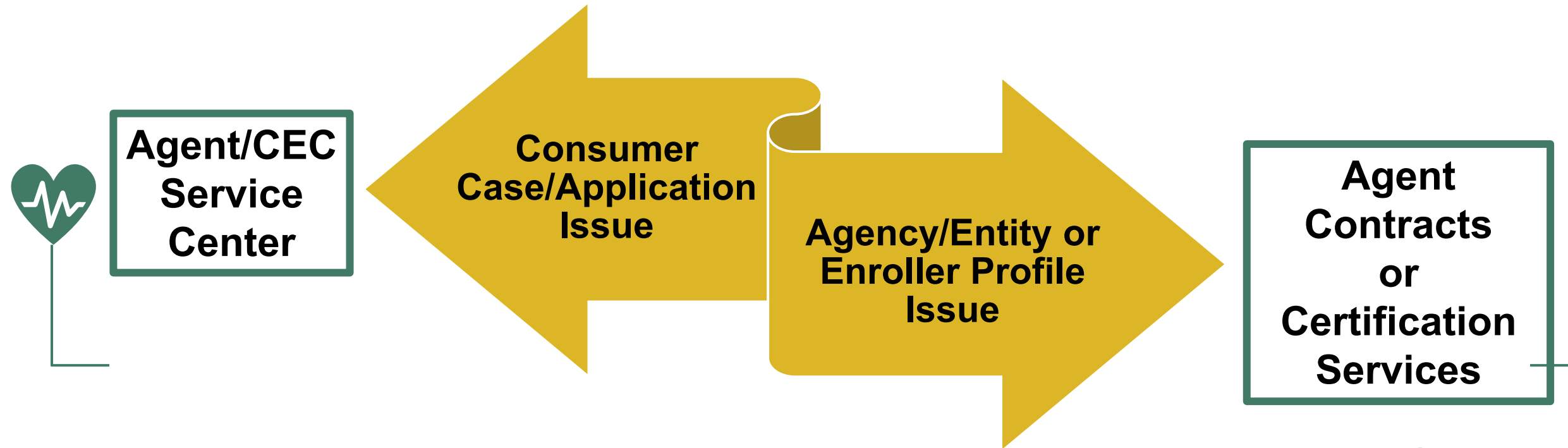
Help Request Feature

Enrollers can **submit a Help Request** in their portal any time!



Best Practices for Submitting a Help Request

Choose the appropriate **category** to ensure cases will be **routed to the correct team** for processing.



Creating a Help Request

1

What do you need help with?

- ☐ 1095-A
- ☐ Acquisition
- ☐ Book of Business
- ☐ CCSB Sales
- ☐ CalHEERS Application Error
- ☐ Change to Enroller/Staff
- ☐ Change to My Agency
- ☐ Commission Issue
- ☒ Eligibility
- ☐ Email Change
- ☐ Enroller Portal
- ☐ Enrollment
- ☐ Feed Request
- ☐ Following up on an Escalation
- ☐ Onboarding
- ☐ Other
- ☐ Password Reset
- ☐ Qualifying Life Events
- ☐ ROP Inconsistencies
- ☐ Reinstatement
- ☐ Report a Change
- ☐ Request Role Change
- ☐ Technical Issues
- ☐ Termination Request

Step 1: Select a **topic** that best describes the issue
Step 2: Provide additional **information** and **details**

2

* Please specify what type of eligibility question you have

- ☒ APTC Inquiry
- ☐ Eligibility Documents
- ☐ Medi-Cal and Mixed Households

Please choose this selection if you have questions on the consumer's APTC eligibility or amounts

* Please describe the issue you are facing below:

Case 500000014
Consumer is not getting eligibility for APTC though it seems like they should. Need help figuring out if the eligibility is correct.

Previous

Help Request: Review and Submit

Step 3:
Review and **submit**.
If applicable, **upload**
files

3

Enroller Portal Help

Please verify your selections and submit your Help request.

What do you need help with?

- Eligibility

Please specify what type of eligibility question you have

- APTC Inquiry

Please describe the issue you are facing below:

- Case 500000014Consumer is not getting eligibility for APTC though it seems like they should. Need help figuring out if the eligibility is correct.

Previous

Start Chat

Proceed to File Upload

Help Request: Access Open Cases

Home Agency My Team My Profile My Delegations Resources Help

Submit a Help Request
My Open Cases
My Closed Cases
All Agency Support Cases

Welcome to the Home Page!
Manage your Book of Business, your customers, and more.

Home Enroller Portal Notifications Notifications Archive Agency Book of Business My Book of Business Metal Tier Plan

Welcome!
Explore additional choices by navigating through the tabs on the right or My Reports from the menu

Quick Links
Secure Mailbox (31)
Delegation Tool
Start Application

Cases
My Open Help Cases

2 Items • Sorted by Case Number • Filtered by All cases - Closed, Case formula checkbox, Case Record Type • Updated a few seconds ago

	Case Number ↑	Contact Name	Account Name	Status	Date/Time Opened	Case Reason	Case Sub-Reason	Subject
1	40346313		ZHIJUN ZHANG	Pending Carrier	4/28/2025 5:33 PM	Reinstatement Request		<ASC> Reinstatement - Non-Payment
2	40466618		ZHIJUN ZHANG	New	5/9/2025 5:37 PM	Enrollment	Status	<ASC> Enrollment Status Change

Enroller Portal Demo

Quick Guide:
[Enroller Portal Overview](#)



CalHEERS

Single Streamlined Application



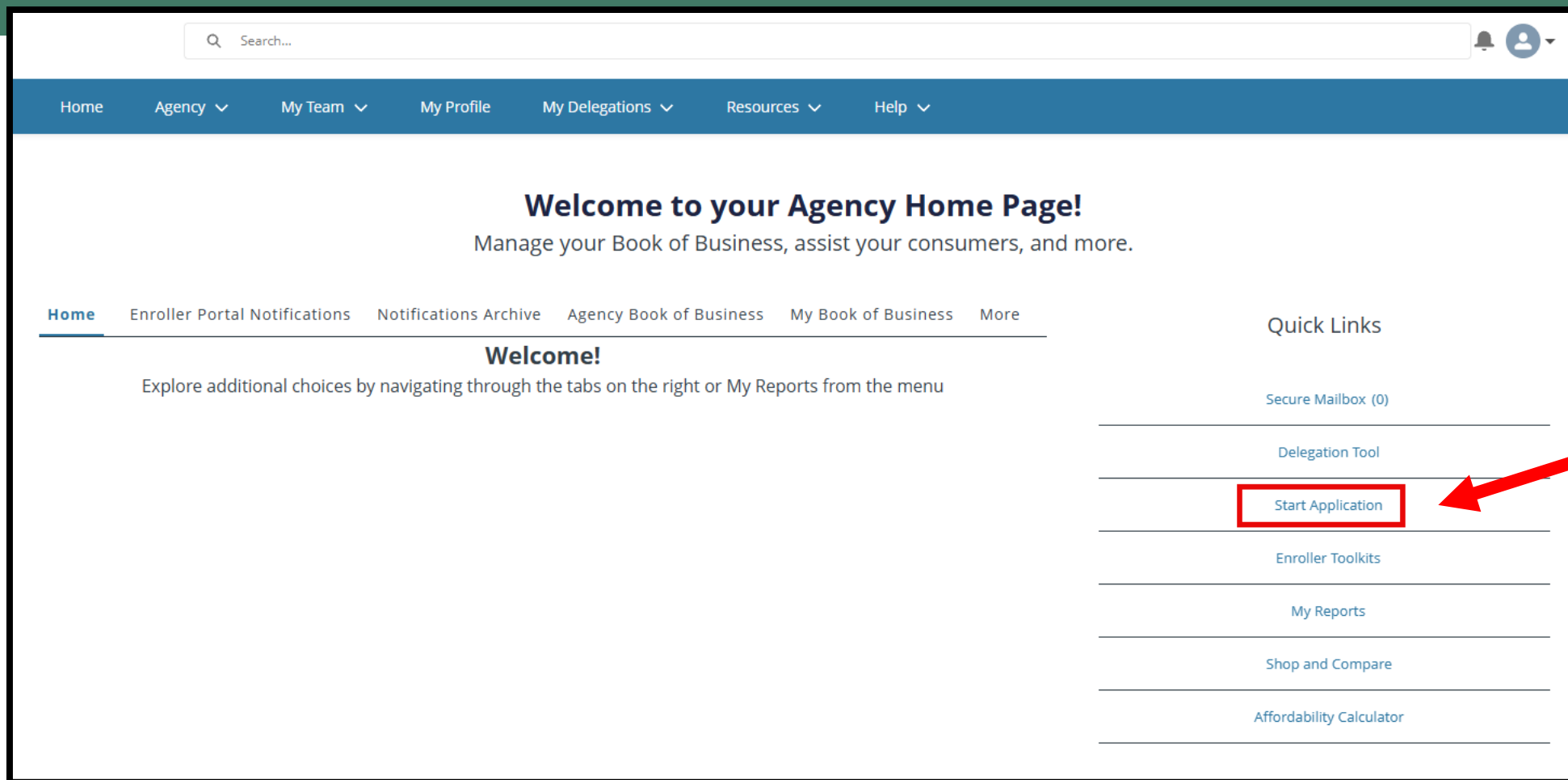
Demo Application



Job Aid:

[Single Streamlined
Application Job Aid for Enrollers](#)

Start New Application



The screenshot shows the 'Agency Home Page' interface. At the top is a search bar and a navigation menu with links: Home, Agency, My Team, My Profile, My Delegations, Resources, and Help. The main heading reads 'Welcome to your Agency Home Page!' followed by the subtext 'Manage your Book of Business, assist your consumers, and more.' Below this is a horizontal tab bar with 'Home' selected, and other tabs: Enroller Portal Notifications, Notifications Archive, Agency Book of Business, My Book of Business, and More. The main content area says 'Welcome!' and 'Explore additional choices by navigating through the tabs on the right or My Reports from the menu'. On the right side, there is a 'Quick Links' section with a list of links: Secure Mailbox (0), Delegation Tool, Start Application (highlighted with a red box and a red arrow), Enroller Toolkits, My Reports, Shop and Compare, and Affordability Calculator.

Welcome Page!

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.

Apply Now

Important Dates

SPECIAL ENROLLMENT - Covered California

With a valid qualifying life event you may qualify to enroll in a plan during the special enrollment period.

NOV 01 - Covered California

The next time you can apply without a Qualifying Life Event is **Nov 01, 2025**.

ALL YEAR - Medi-Cal

You can apply and may qualify for Medi-Cal year round.

Household Summary

Your household members will appear here. Begin an application to get started.

Begin application >

Manage Your Application

More Actions
Make changes to your coverage and compare plans.

Account Information
Manage account access, view application and case history, and update important information.

Important Dates
section

Begin a new
application here

Financial Help Options

Financial Help section provides applicants the option to apply and determine eligibility for financial support.

Subsidized
Application



I want to find affordable health care options.

Yes

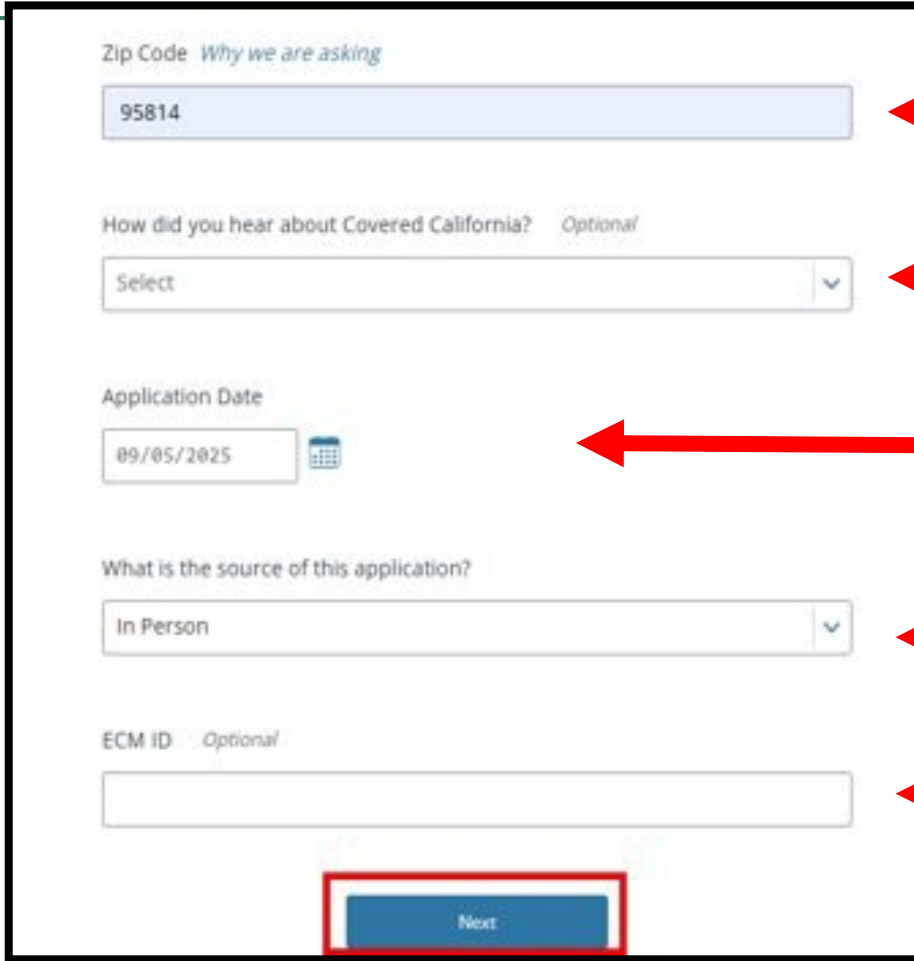
Unsubsidized
Application



I do not want help paying for my health care.

No

Introduction Section



Zip Code *Why we are asking*

95814

How did you hear about Covered California? *Optional*

Select

Application Date

09/05/2025

What is the source of this application?

In Person

ECM ID *Optional*

Next

ZIP Code – ensures consumer lives in California

Optional: How did you hear about Covered California

Application Date

Source of application drop down menu

ECM ID – **Internal CCA Staff field only**

Verification of Your Information

Verification of Your Information

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.

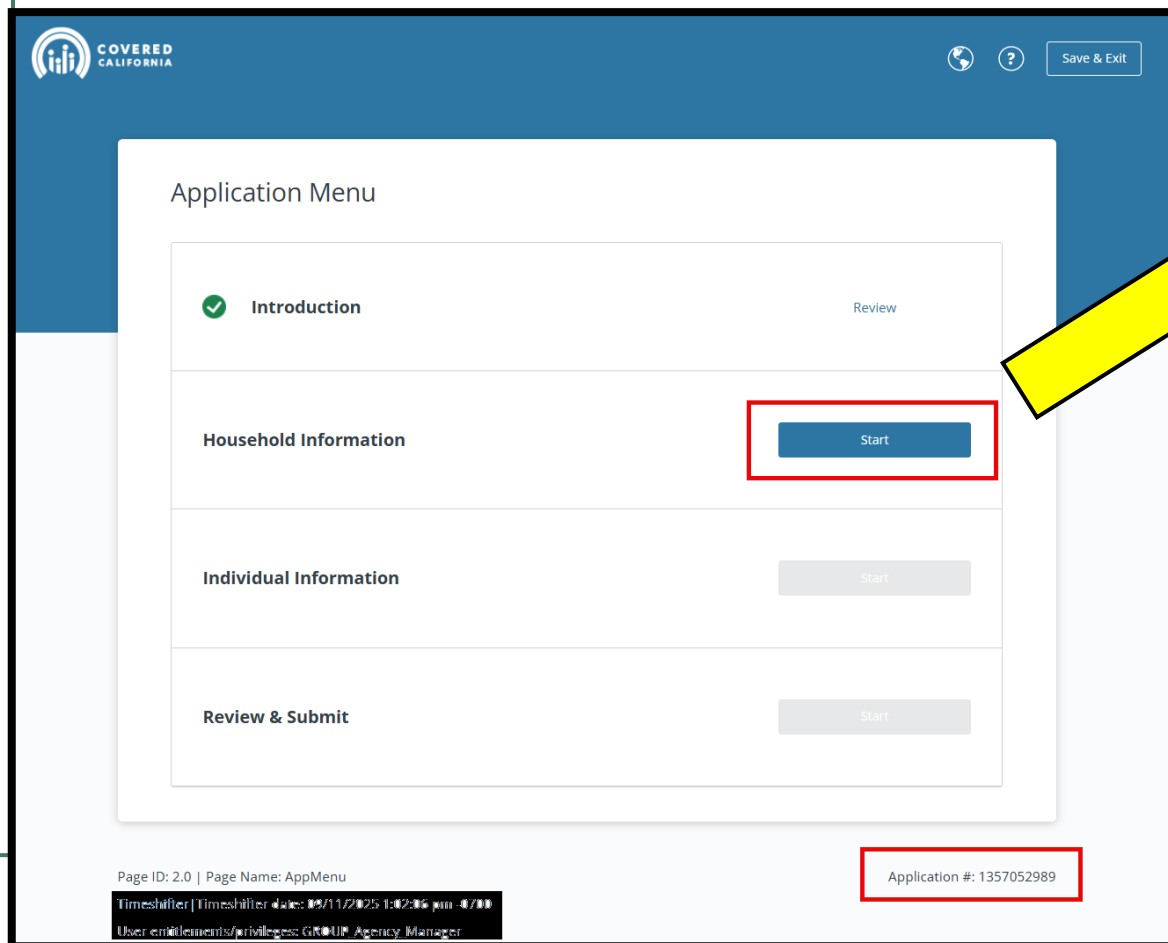
Do you allow us to verify your information?

☒ Yes, I agree

Next

Consumer must agree to allow Covered California to use electronic data sources in order to determine if they are eligible for Covered California Programs.

Application Menu



COVERED CALIFORNIA

Application Menu

Introduction Review

Household Information Start

Individual Information Start

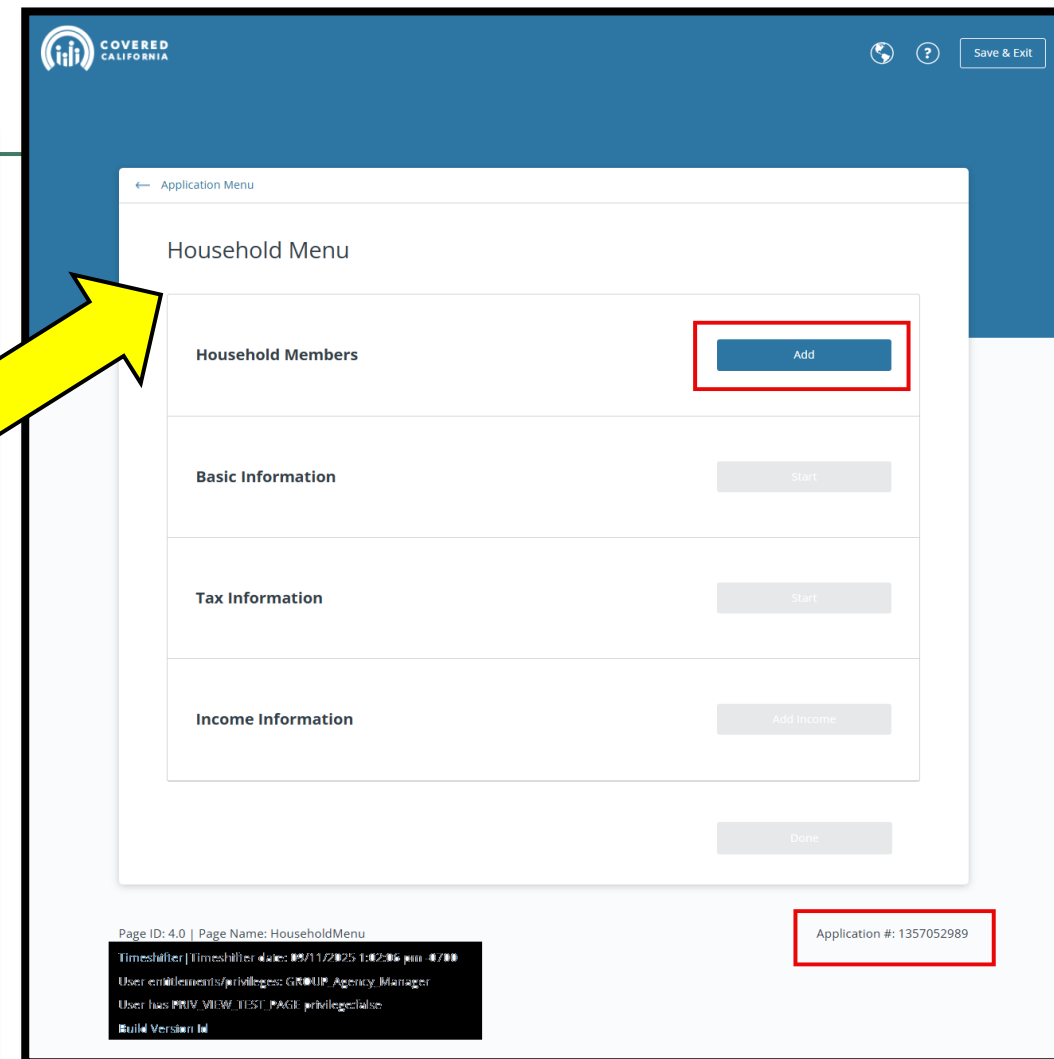
Review & Submit Start

Page ID: 2.0 | Page Name: AppMenu

Timeshift | Timeshift Date: 09/11/2025 1:02:06 pm -0700

User entitlements/privileges: GROUP_Agency Manager

Application #: 1357052989



COVERED CALIFORNIA

Household Menu

Household Members Add

Basic Information Start

Tax Information Start

Income Information Add Income

Done

Page ID: 4.0 | Page Name: HouseholdMenu

Timeshift | Timeshift Date: 09/11/2025 1:02:06 pm -0700

User entitlements/privileges: GROUP_Agency Manager

User has PRIV_VIEW_TEST_PAGE_privilegefalse

Build Version 1.0

Application #: 1357052989

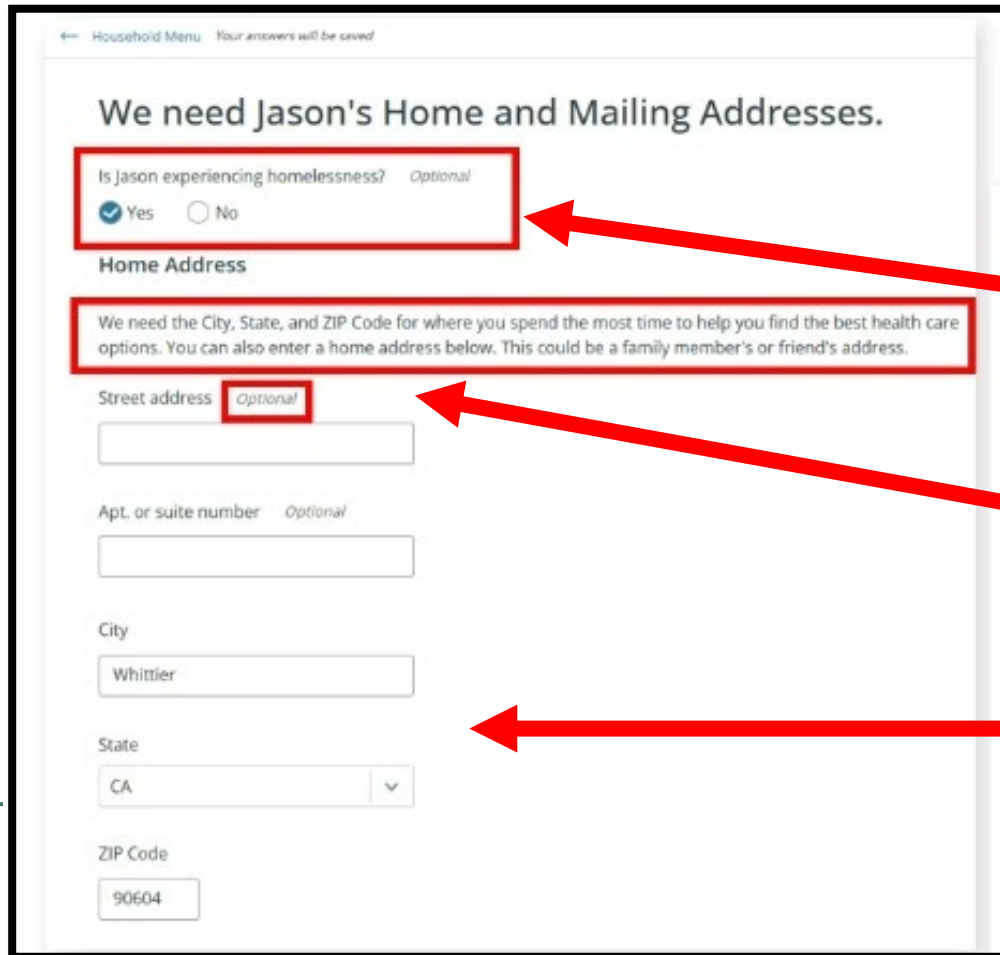
Add Household Member: Additional Questions

- Gender Question
- Marital Status

Optional questions:

- Phone: Home, Cell or Work
- Email
- Language: Written and spoken
- Alternative Formats
- Race
- Optional Sex and Gender questions

Primary Contact: **NEW** Home / Mailing Address Guidance for Unhoused Consumers



Household Menu Your answers will be saved

We need Jason's Home and Mailing Addresses.

Is Jason experiencing homelessness? *Optional*

☒ Yes ☐ No

Home Address

We need the City, State, and ZIP Code for where you spend the most time to help you find the best health care options. You can also enter a home address below. This could be a family member's or friend's address.

Street address *Optional*

Apt. or suite number *Optional*

City

Whittier

State

CA

ZIP Code

90604

The screenshot shows a web form for collecting address information. A red box highlights the question 'Is Jason experiencing homelessness?' with 'Yes' selected. Another red box highlights the instruction 'We need the City, State, and ZIP Code...' and a third red box highlights the 'Street address' field, which is marked as optional. Red arrows point from the text on the right to these specific form elements.

New question added in the home address section:

- “Is (consumer name) experiencing homelessness?”

For consumers answering “**yes**” the street address fields are now optional.

Consumers are asked to provide the **City**, **State**, and **ZIP Code** where they spend the most time.

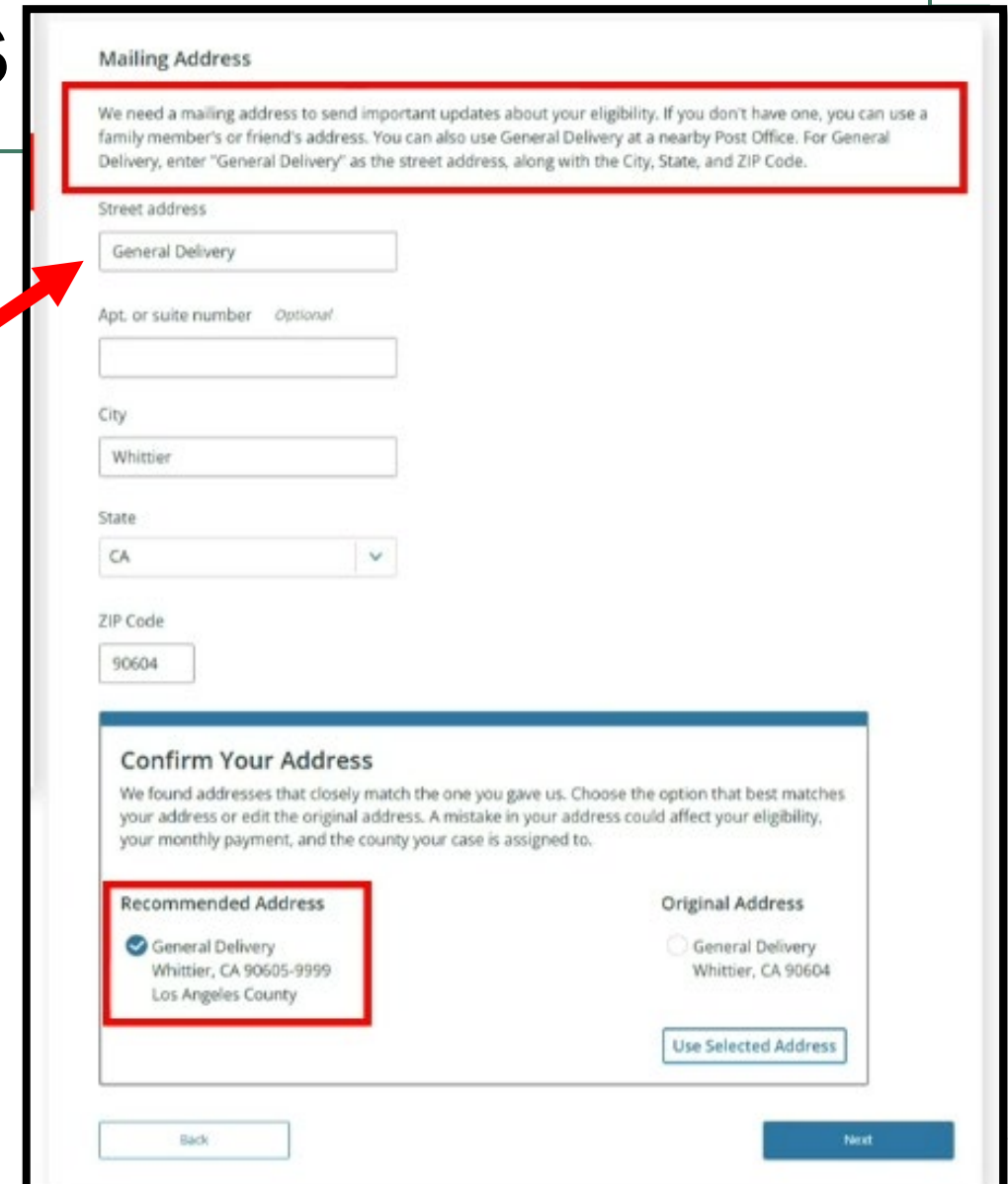
Mailing Address Guidance for Unhoused Consumers

Users will be prompted to provide a mailing address with instructions for using **General Delivery**

Enter Mailing Address as:

- General Delivery
- City
- State
- ZIP Code

Enrollers must **never** use an Agent/Entity business address in place of a consumer's mailing address.



Mailing Address

We need a mailing address to send important updates about your eligibility. If you don't have one, you can use a family member's or friend's address. You can also use General Delivery at a nearby Post Office. For General Delivery, enter "General Delivery" as the street address, along with the City, State, and ZIP Code.

Street address
General Delivery

Apt. or suite number *Optional*

City
Whittier

State
CA

ZIP Code
90604

Confirm Your Address

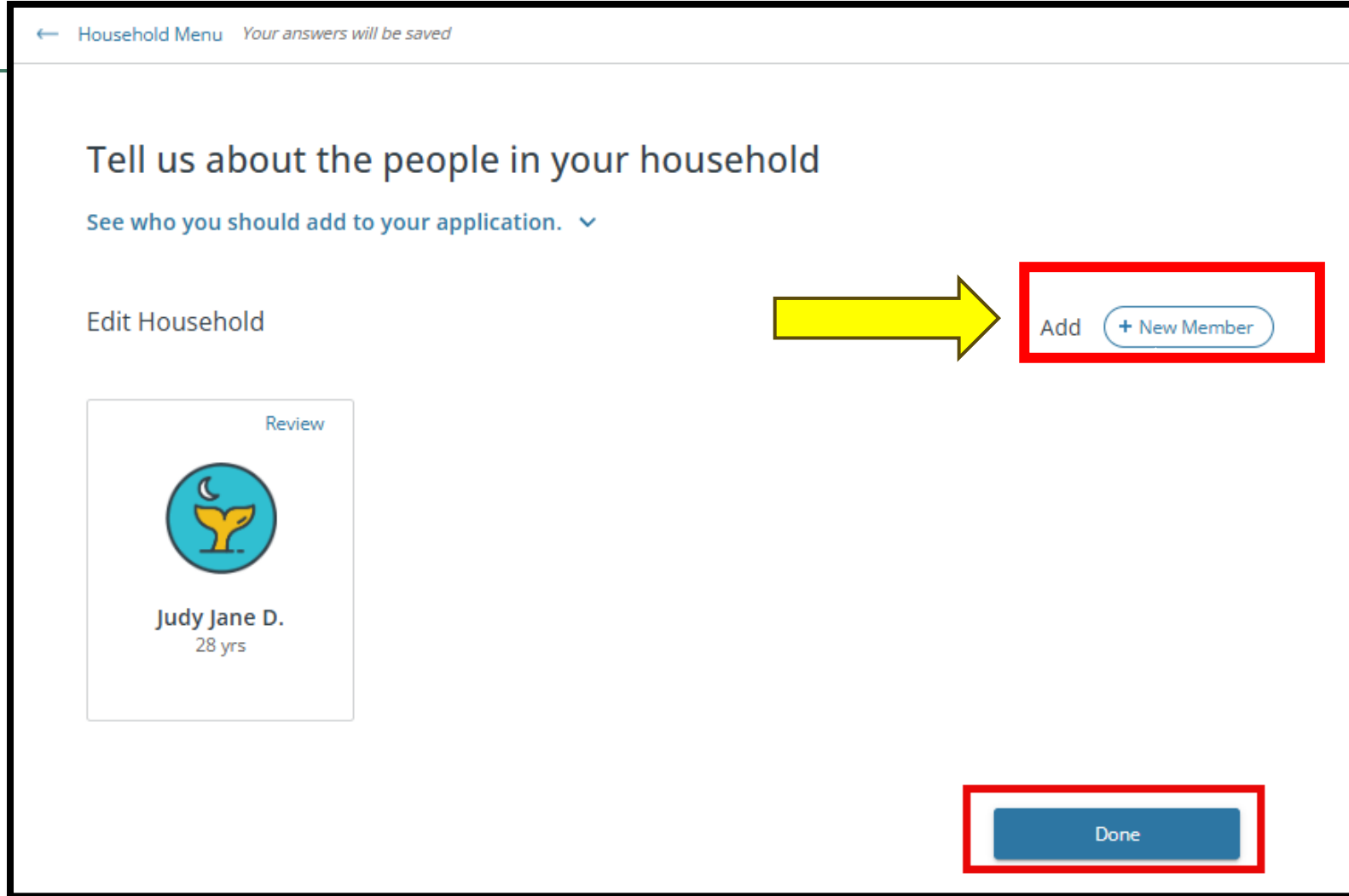
We found addresses that closely match the one you gave us. Choose the option that best matches your address or edit the original address. A mistake in your address could affect your eligibility, your monthly payment, and the county your case is assigned to.

Recommended Address	Original Address
☒ General Delivery Whittier, CA 90605-9999 Los Angeles County	☐ General Delivery Whittier, CA 90604

Use Selected Address

Back Next

Household Menu: Add New Member



← Household Menu Your answers will be saved

Tell us about the people in your household

See who you should add to your application. ▾

Edit Household

Review

Judy Jane D.
28 yrs

Add + New Member

Done

- After the optional questions you will “**Add**” additional household members.
- If there are no other household members you can select the “**Done**”.

Household Menu: Updated Guidance

Additional Guidance has been added to the “**Household Section**”

to provide clearer context on who should be included in the application.

← Household Menu Your answers will be saved

Tell us about the people in your household

See who you should add to your application. ^

Add these people on your application, even if they do not want to apply for health coverage:

- A spouse or registered domestic partner of anyone in the home
- Any children under 21 who live with you, including stepchildren
- Any parents or stepparents who live in the home with their children under 21
- Anyone on your federal income tax return, if you file one
- All members of the tax filing household and any family members living with you, if you are claimed as a dependent on someone else's tax return

Anyone else who lives with you will need to file their own application if they want health insurance. (For example: a boyfriend, girlfriend, or roommate)



Add Yourself First

Add Household Member Cancel

To help us verify household member's identity correctly, please make sure to fill out these fields as they show on your birth certificate or a government issued document.

First name

Middle name Optional

Last name

Suffix Optional

Date of birth

Household Menu: Basic Information

← Application Menu

Household Menu

Household Members Edit


Judy Jane D.
28 yrs

Basic Information Start

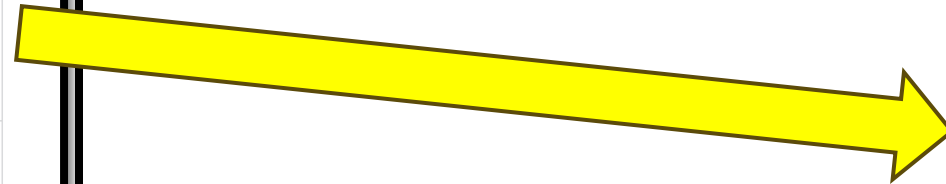
Tax Information Start

Income Information Add Income

← Household Menu

Click on household members to select them for each question, and click on them again if you need to deselect. Your progress is saved for you as you go, and you can always exit the application and finish later.

Begin Section



Special Enrollment Period: Select QLE

Note:

While a Qualifying Life Event is not required to enroll during Open Enrollment, Consumers that do have a qualifying life event may be eligible to enroll with an earlier effective date

For more information:

[Major Life Events](#)



← Household Menu Your answers will be saved

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 may qualify for [special enrollment](#) if one of the following events has happened to you or someone in your household recently or expect to experience in the near future. Federally recognized American Indian or Alaska Natives can enroll any time. [See full list of qualifying life events.](#) ⓘ

Select... 

Back Next

Special Enrollment Period: Callout

CalHEERS provides subsidy savings for consumers affected by an approved **strike, lockout, or labor dispute**.

Consumers who attest to a strike lockout receive the same premium assistance and Cost-Sharing Reductions (CSR) as a consumer with a household income of 138.1% of the Federal Poverty Level (FPL).

← 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*

Answer "Yes" if:

- You lost your employer health coverage because of a strike or lockout with your employer
- Someone in your household lost their employer health coverage because of a strike or lockout with their employer, and you were covered under their plan
- You lost your union health coverage because of a strike or lockout with the union providing you coverage
- Someone in your household lost their union health coverage because of a strike or lockout with the union providing them coverage, and you were covered under their plan

☐ Yes ☒ No

Back Next

Household Menu: Primary Contact

← 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 we're asking this](#)



Judy Jane D.
28 yrs

Tell us about Judy Jane:

Enter Judy Jane's Social Security number (SSN) *Optional*

Contact Information

How would Judy Jane like to receive notices and other information?



Email



Phone



Mail

Enter Judy Jane's email address

By entering in your email address, you may receive emails about health information and your account from Covered California.

Re-enter Judy Jane's email address

Primary Contact: Identity Verification - Remote Identity Proofing (RIDP) Option #1 (best results)

Can automatically verify identity with databases without further actions.

Great! Now we need to verify Julie's identity.

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.

I attest that I have visually confirmed this person's identity.

☐ Yes ☒ No

"I attest that I have visually confirmed this person's identity."

- Answering "No" routes to "Remote Identity Proofing"

Background on Remote Identity Proofing (RIDP)

- RIDP allows the applicant to use the Federal Remote Identity Proofing (RIDP) services over the phone to which CalHEERS connects online; if assisting the applicant, the enroller must obtain the applicant's consent to access their identity information over RIDP.
- CalHEERS implements the Socure RIDP service to perform identity verification in compliance with Minimum Acceptable Risk Standards for Exchanges (MARS-E).
- This will lead to an improvement to the success rate and reduction of applicants abandoning an application.

Quick Guide: [Remote Identity Proofing \(RIDP\)](#)

Primary Contact: Remote Identity Proofing (RIDP)



← Household Menu Your answers will be saved

Great! Now we need to verify Jane Judy's identity.

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.

I attest that I have visually confirmed this person's identity.

☐ Yes ☒ No

Consent

Covered California uses a third-party contractor, Socure, to assist with identify verification and they will only use your personal information for that purpose. Covered California requires your express consent to send your personal information to Socure for identify verification.

If you do not provide consent to Covered California to send your information to Socure for identity verification, you can verify your identity in-person with a certified enroller or your local county welfare office or by submitting a paper application.

I have informed the consumer about the identity verification process, including the disclosure of their Personal Identifiable Information (PII) to a third-party service, Socure, specifically for the purpose of verifying their identity. I have thoroughly explained the necessity of sharing their PII with Socure and, after doing so, have obtained the consumer's explicit consent for Covered California to proceed with sending their personal information to Socure for identity verification purposes.

☒ Yes ☐ No

[Back](#) [Next](#)

- Selecting '**No**' will prompt for consent to third party contractor who will assist with identifying verification.
- It is important that the **Name** spelling and **DOB** are entered accurately for a successful result on the first step.

Primary Contact: Identity Verification Identity Proofing (IDP) Option #2

User is attesting they have visually verified identification of the person in front of them and uploads the identity document provided.

Great! Now we need to verify Julie's identity.

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.

I attest that I have visually confirmed this person's identity.

☒ Yes

☐ No

Upload one document from List A or two documents from List B to confirm Julie's identity. You can only upload one document at a time.

"I attest that I have visually confirmed this person's identity."

- Answering "Yes" routes to "Identity Proofing" process for document upload.

Quick Guide: [Identity Acceptable Documents](#)

Primary Contact: Visual Verification Identity Proofing (IDP) Option #2

← Household Menu Your answers will be saved

Great! Now we need to verify Judy Jane's identity.

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.

I attest that I have visually confirmed this person's identity.

☒ Yes ☐ No

Upload one document from List A or List B. You can only upload one document a

List A
Upload 1 document from

- Driver's license issued by
- Identification card issued by government
- U.S. passport
- Foreign passport
- Identification card issued by a foreign embassy or consulate that contains a photograph (Consular ID Card)

List B
You can only

- U.S. Public Birth Certificate
- Employer identification card
- Marriage certificate



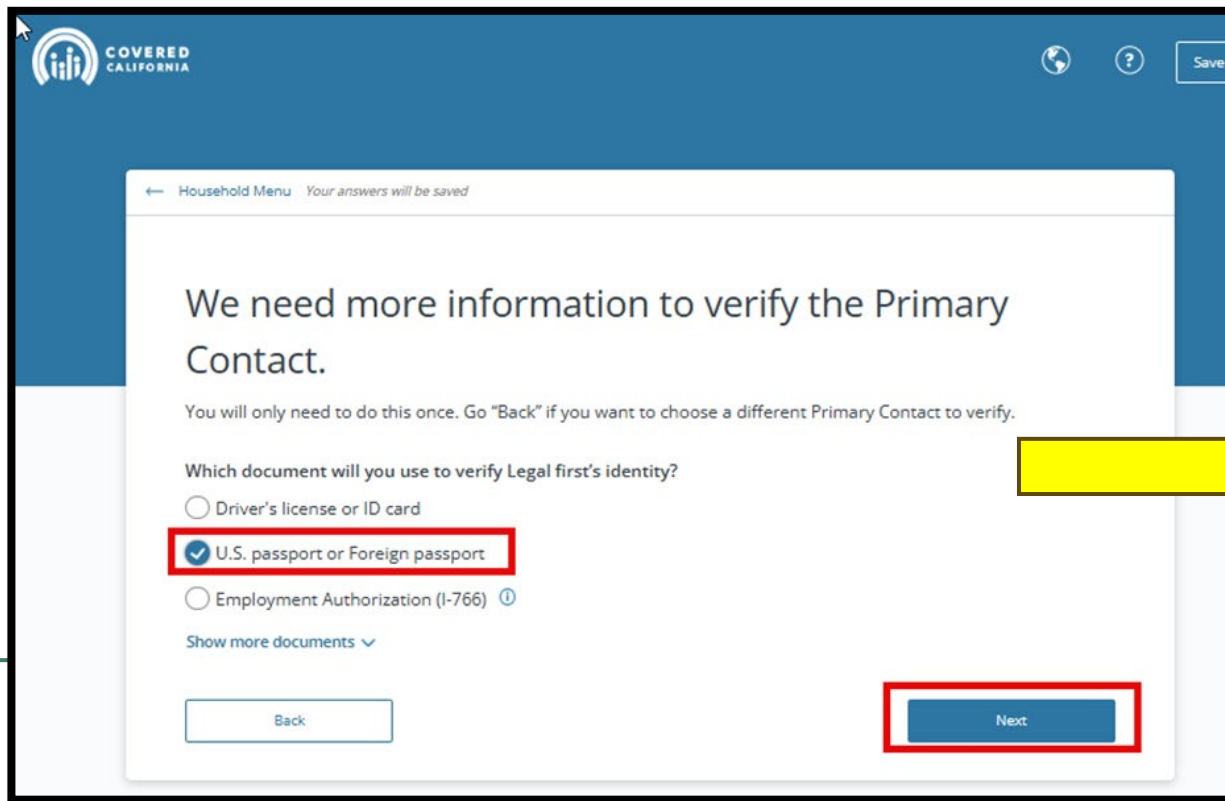
We have successfully verified Judy Jane's identity.

You can continue with the rest of the application.

Continue

Primary Contact: Next steps of RIDP

Consumer self serve option for **unsuccessful** RIDP



COVERED CALIFORNIA

Household Menu Your answers will be saved

We need more information to verify the Primary Contact.

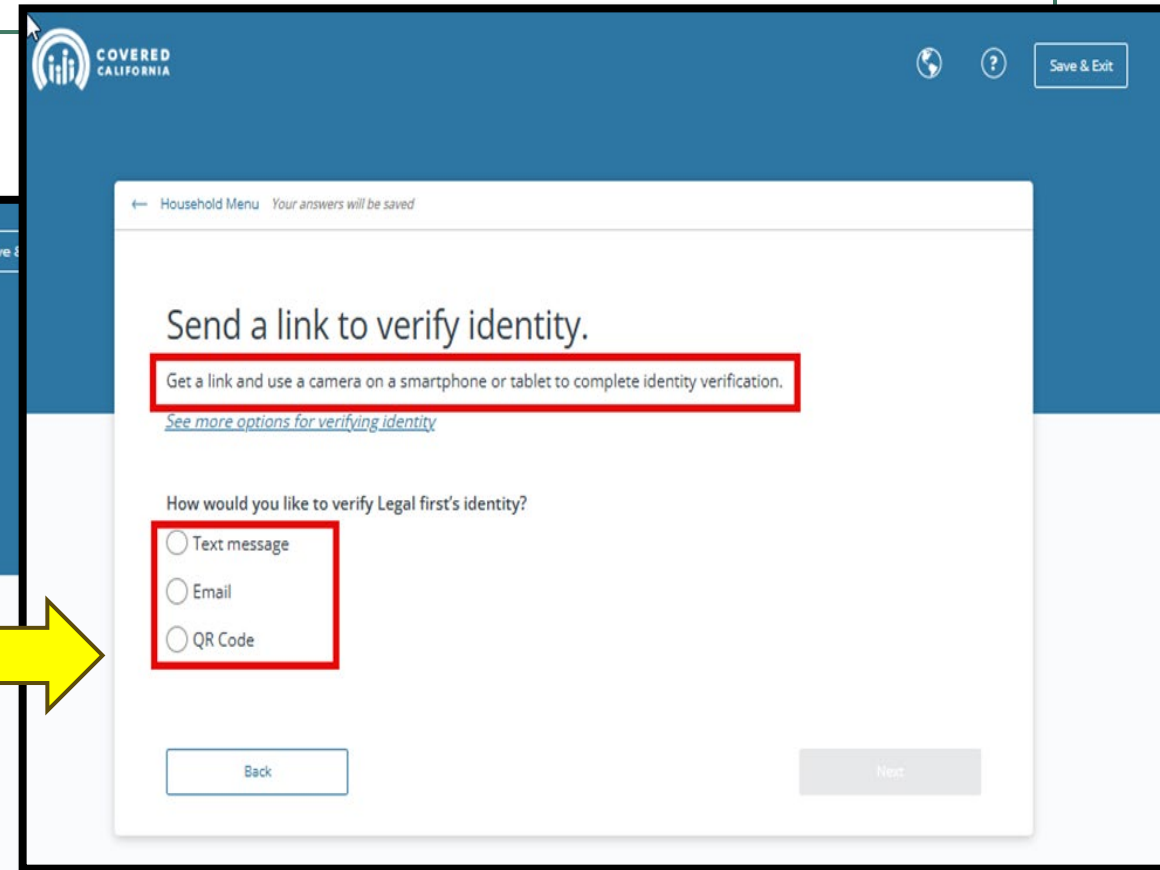
You will only need to do this once. Go "Back" if you want to choose a different Primary Contact to verify.

Which document will you use to verify Legal first's identity?

- ☐ Driver's license or ID card
- ☒ U.S. passport or Foreign passport
- ☐ Employment Authorization (I-766) ⓘ

Show more documents ▾

Back Next



COVERED CALIFORNIA

Household Menu Your answers will be saved

Send a link to verify identity.

Get a link and use a camera on a smartphone or tablet to complete identity verification.

[See more options for verifying identity](#)

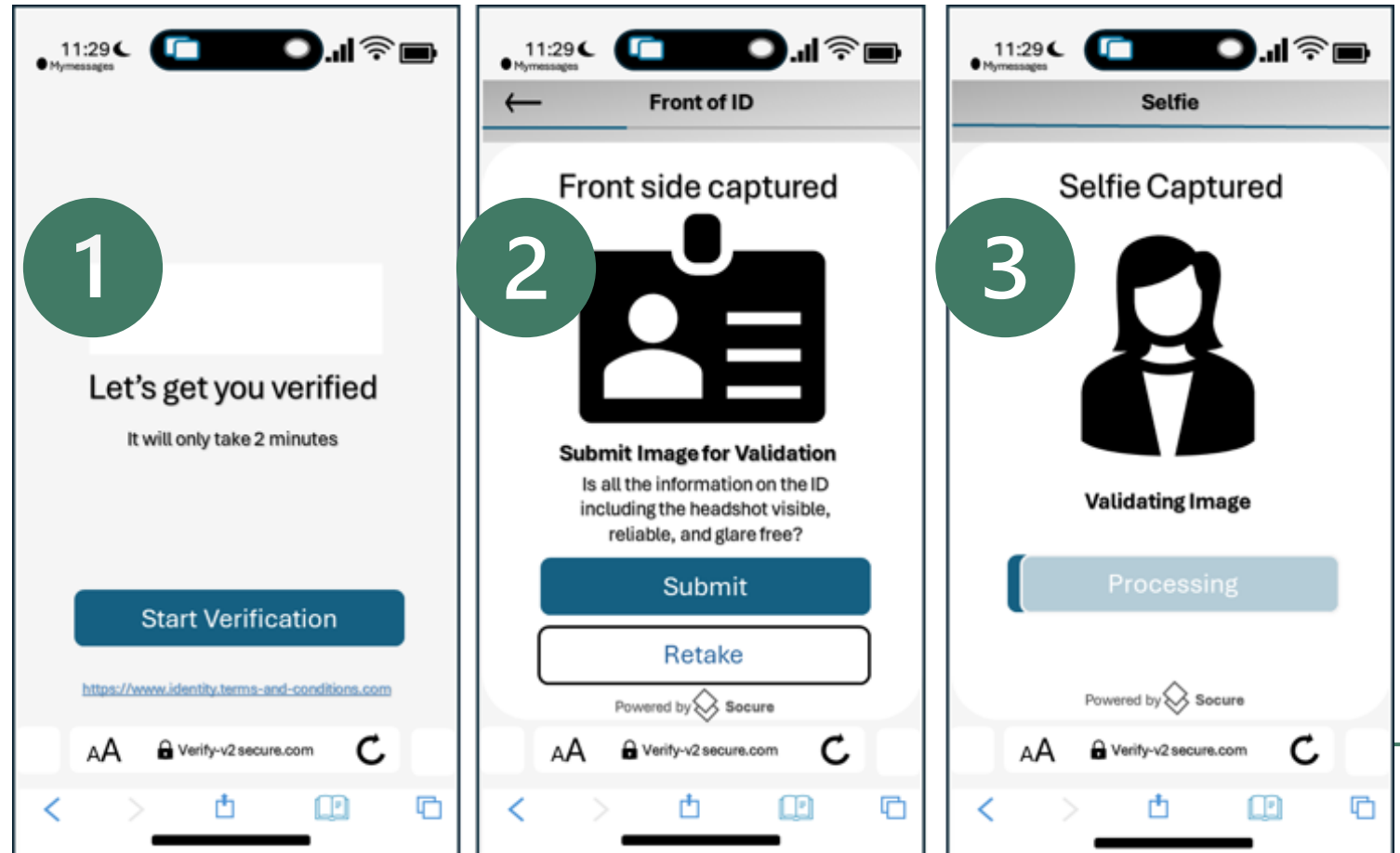
How would you like to verify Legal first's identity?

- ☒ Text message
- ☐ Email
- ☐ QR Code

Back Next

Primary Contact: Identity Verification: Self Serve, Option #3

Consumers that do not pass remote identity proofing step 1 or identity proofing can automatically self serve



Primary Contact: Identity Verification: Self Serve, Option #3

Choose a method for how the consumer will receive a link to verify identity:

- Text Message: Enter consumer's phone number, device must be able to receive text messages
- Email: Enter consumer's email address
- QR Code: QR Code will be displayed



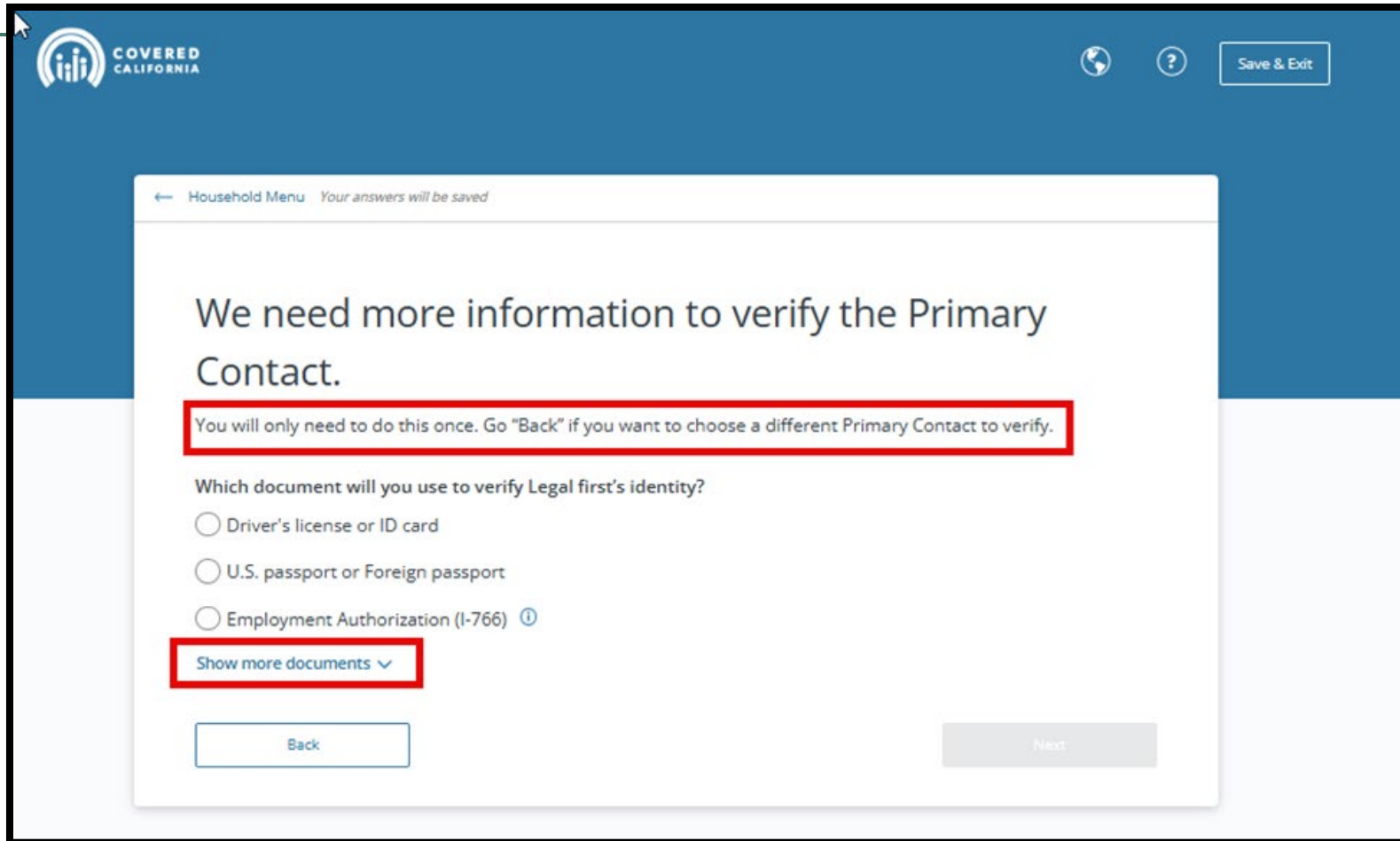
Primary Contact will receive link which must be accessed via a smart phone or tablet

Instructions to upload the document that was selected

Take selfie, validate identity

Successful notification will be sent to continue

If RIDP Does Not Succeed?



The screenshot shows the Covered California website interface. At the top, there is a blue header with the Covered California logo on the left and a 'Save & Exit' button on the right. Below the header, a white box contains the following text:

← Household Menu Your answers will be saved

We need more information to verify the Primary Contact.

You will only need to do this once. Go "Back" if you want to choose a different Primary Contact to verify.

Which document will you use to verify Legal first's identity?

- ☐ Driver's license or ID card
- ☐ U.S. passport or Foreign passport
- ☐ Employment Authorization (I-766) ⓘ

Show more documents ▾

Back Next

An unsuccessful result will prompt for more information

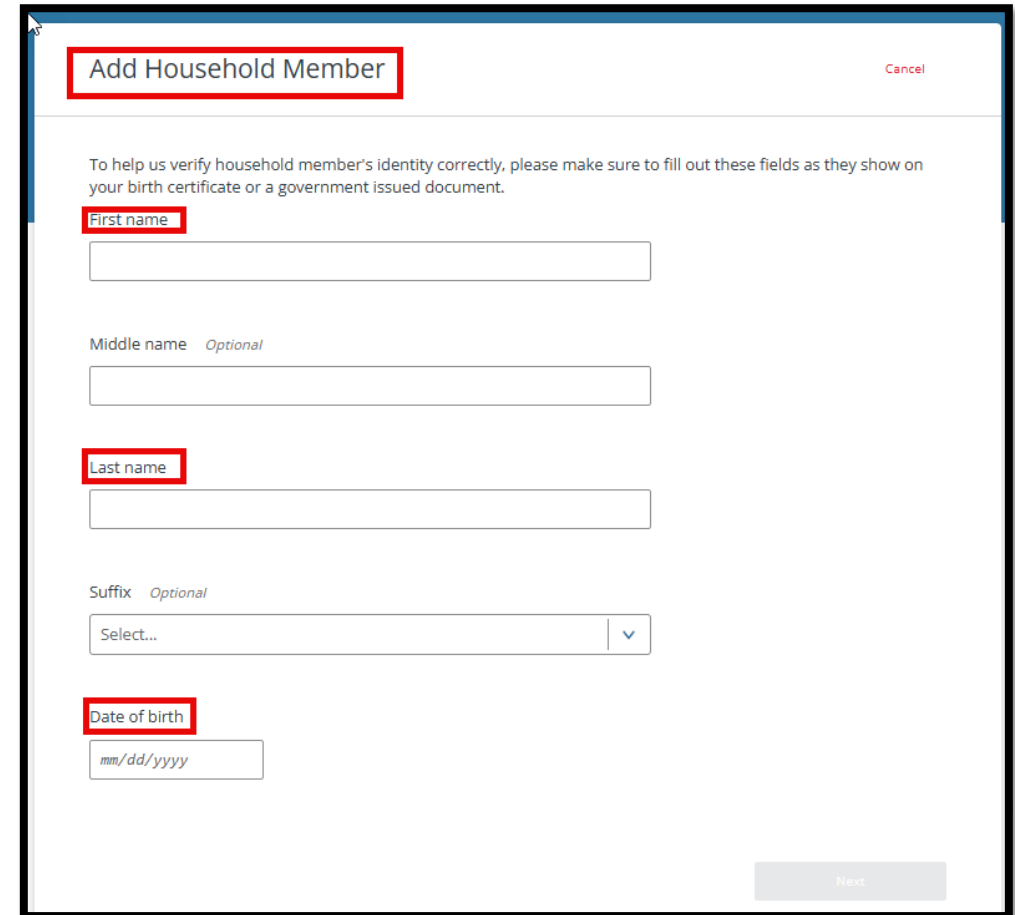
A List of document choices to use to verify identity will be provided.

Visual Verification (IDP) and Remote Identity Proofing (RIDP) Tips

Tips for Successful Identity Verification:

Primary Contact should be complete and include the following:

- Legal first and last name
- Date of birth
- Current address
- Valid phone number
- Email address
- Social security number (optional). This field is optional in the application, but if available and included, the identification verification process is improved.



The screenshot shows a web form titled "Add Household Member" with a "Cancel" link in the top right. Below the title, a message states: "To help us verify household member's identity correctly, please make sure to fill out these fields as they show on your birth certificate or a government issued document." The form contains several input fields: "First name" (highlighted with a red box), "Middle name" (optional, with a placeholder text "Optional"), "Last name" (highlighted with a red box), "Suffix" (optional, with a dropdown menu showing "Select..." and a blue arrow), and "Date of birth" (highlighted with a red box, with a placeholder text "mm/dd/yyyy"). A "Next" button is located at the bottom right of the form.

Household Menu: Continue After Identity Verification

- Answer the following and proceed through the application:
 - Members applying for coverage
 - Medicare questions
 - US Citizen question-New optional field for Alien /USCIS number Naturalized or Derived citizen
 - Pregnancy question
 - American Indian(AI) or Alaska Native(AN)-Updated drop down for AI/AN
 - Tax filing status

Income

Judy's Income

 **Employment Income**
Tips, wages, pay, salary, bonuses

What is the name of this employer?

Astro Beers

Income amount (before taxes) [Click here for more info](#)
If your income changes month-to-month, enter an average amount.

\$ 2,500 monthly

How often does Judy get this income?

annually **monthly** weekly twice-a-month every two weeks
daily hourly

Did Judy first get paid from this job before January 1, 2025?

☐ Yes ☒ No

When did Judy first get paid from this job? ⓘ

03/01/2025

Does Judy still have this job?

☒ Yes ☐ No

Do you expect this income to end in the next 12 months?

☐ Yes ☒ No

Cancel Save

Do you expect this income to end in the next 12 months?

☐ Yes ☒ No

Cancel Save

After answering the tax filing questions you will answer income related questions.

Update from 25.9 release: ***“Do you expect this income to end in the next 12 months?”***
Previously it was “next 4 months.”

Income

- Updated look of the income summary.
- Now includes the *Current Monthly Income*, the **Next 12-month Income** and the *Calculated Yearly Income*.
- Projected Annual Income (PIA) can still be edited by clicking “*Click here if this looks wrong.*”

Review Judy D.'s Income



Judy D.
28 yrs

Income

+ Add

Astro Beers 03/01/2025 - Current	\$2,500.00 / month	Edit
IHSS 01/01/2025 - Current	\$400.00 / month	Edit

Deductions

+ Add

Judy's Total Income

Current Monthly Income ⓘ \$2,900.00 / month

Next 12-Month Income ⓘ \$34,800.00 / next 12-months
Variable earnings starting this month

Calculated Yearly Income ⓘ \$29,800.00 / year
January - December

[Click here if this looks wrong](#)

Back

Done with Judy

Income

Judy's Income



In-Home Support Services

Money earned providing in-home services to people who would otherwise require care in a hospital, nursing, or intermediate care facility.

Name this income

IHSS

Income amount (before taxes) [Click here for more info](#)

If your income changes month-to-month, enter an average amount.

\$ 400

monthly

How often does Judy get this income?

annually

monthly

weekly

twice-a-month

every two weeks

daily

hourly

one-time payment

Did Judy first get this income before January 1, 2025?

☒ Yes

☐ No

Does Judy still get this income?

☒ Yes

☐ No

Do you expect this income to end in the next 12 months?

☐ Yes

☒ No

Does Judy live with the individual that they provide care for?

☒ Yes

☐ No

Cancel

Save

Does Judy live with the individual that they provide care for?

☒ Yes

☐ No

Cancel

Save

NEW: In Home Support Services (IHSS)
Income

Individual Information

- Answer the following and proceed through the application:
 - Other coverage: Medicare, Employer sponsored, Cobra or None of the above.
 - Continue through the next questions that if answered **yes** and eligible for Medi-Cal, may provide other benefits.



Individual Information



← Individual Information Menu Your answers will be saved

Do you 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 Hayden not have a Social Security number (SSN)?

Select...

- Religious exemption
- Individual Taxpayer Identification Number (ITIN)
- Adoption Taxpayer Identification Number (ATIN)
- Does not qualify for SSN, or may only be issued one for a valid non-work reason
- I do not have an SSN, but have applied for one.

Update

Page ID: 5.0.7 | Page Name: CitizenInfo

Hayden Hogan | Application #: 1357052950

Consumers that do not have a Social Security Number to provide must select the corresponding reason for failing to provide a SSN

Review Application

← Application Menu Your answers will be saved

 **Hayden H.**
48 yrs

Basic Information

First name: Hayden	Edit
Middle name: —	
Last name: Hogan	
Suffix: —	
Date of birth: 05/19/1977	
Sex: Male	Edit
Marital status: Single	Edit

Contact Information

Home phone number: —	Edit
Opt-in:	
Cell phone number: —	
Opt-in:	
Work phone number: —	
Extension: —	
Opt-in:	
Email address: hogan@email.com	
Preferred written language: English	Edit
Preferred spoken language: English	
Alternative format needed: No	Edit
Alternative format selected: —	

Optional Demographic Information

Hispanic, Latino, or Spanish: —	Edit
Race: —	

Optional Sex and Gender Details

Gender identity: —	Edit
Birth certificate sex: —	
Sexual orientation: —	

Health Care Information

Served in the United States military? No	Edit
Spouse or parent served in the United States military? No	
Current health care program(s): None of the above	
Would like help paying for medical expenses from the last 3 months? Yes	Edit
Long-Term Care/Home and Community-Based Services? No	Edit
Disability: No	Edit
Involved in a lawsuit because of an injury or accident? No	Edit

Citizenship Information

Naturalized or Derived citizen: No	Edit
Social Security number (SSN): •••••9988 Show	Edit

[Back](#) [Confirm](#)

Users will then be prompted to review the application information for accuracy

Application: Sign and Submit

← 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

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

benefit year, I must have filed or will file a federal income tax return for that benefit year.

I understand that if I have received California Premium Subsidy for health coverage through Covered California during the previous benefit year, I must have filed or will file a state income tax return for that benefit year.

I understand that I must cooperate with the state or county to get any health coverage that me or my family may be entitled to through an absent parent. I do not need to do this if I am currently pregnant or have good cause to not cooperate. I understand I can get more information about good cause from my local county or program office.

I consent to the Medi-Cal program/DHCS transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for 12 months.

By entering my full name below, I agree that this digital signature shall have the same force and effect as if I signed this application by my own hand.

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

4

I certify that I have the permission of the Applicant to complete this Application on their behalf, have explained to them their Rights and Responsibilities in entering the Exchange, and obtained their signature or been previously granted the right to sign on their behalf.

☒ I confirm I have permission.

Back

Submit Application

Access Code: Alert

Access Code Alert

The 6 character, case sensitive access code is shown below. The code has been associated to the individual's application. A notice has been generated and sent to the individual.

Access Code: G0dEM2

Ok

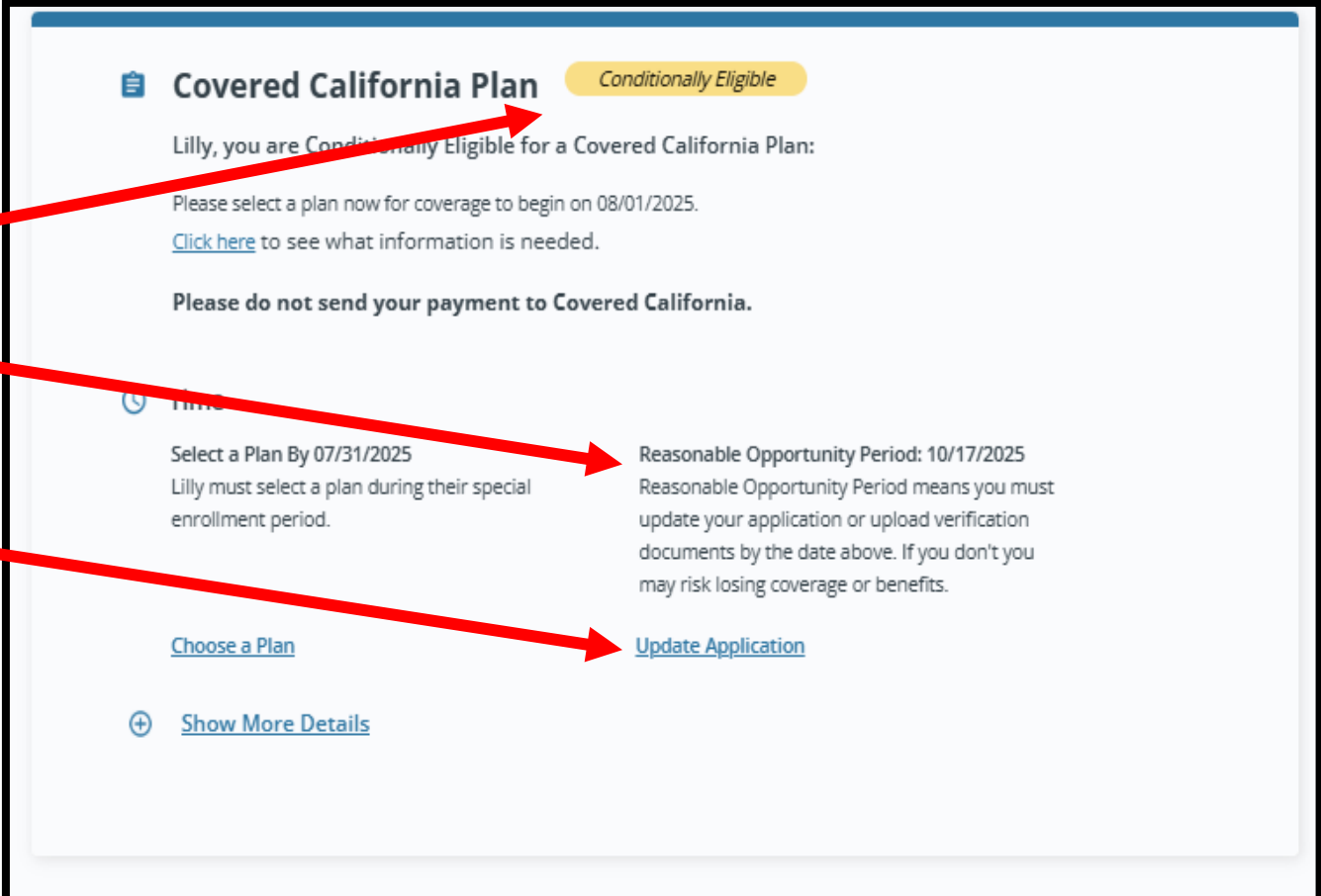
Access codes are provided for consumers to create their individual user account to link to the application you just submitted.

Eligibility Results: Conditional Eligibility

Eligibility results will populate after submitting application.

If the eligibility is **conditional**, there will be information about the **reasonable opportunity period (ROP)** timeline.

NEW: **Update Application** link will appear when consumer is required to provide proof of social security number (SSN) in the following sections: Plan section, Financial Help section



The screenshot displays the 'Covered California Plan' selection interface. At the top, a yellow banner indicates 'Conditionally Eligible'. The main heading is 'Covered California Plan'. Below this, a message states: 'Lilly, you are Conditionally Eligible for a Covered California Plan: Please select a plan now for coverage to begin on 08/01/2025. Click here to see what information is needed. Please do not send your payment to Covered California.' A section titled 'Time' contains the text: 'Select a Plan By 07/31/2025 Lilly must select a plan during their special enrollment period.' To the right of this, a box specifies the 'Reasonable Opportunity Period: 10/17/2025' and explains that the user must update their application or upload verification documents by this date. At the bottom, there are two links: 'Choose a Plan' and 'Update Application'. A plus icon and 'Show More Details' link are also visible.

Covered California Plan Conditionally Eligible

Lilly, you are Conditionally Eligible for a Covered California Plan:

Please select a plan now for coverage to begin on 08/01/2025.
[Click here](#) to see what information is needed.

Please do not send your payment to Covered California.

Time

Select a Plan By 07/31/2025
Lilly must select a plan during their special enrollment period.

Reasonable Opportunity Period: 10/17/2025
Reasonable Opportunity Period means you must update your application or upload verification documents by the date above. If you don't you may risk losing coverage or benefits.

[Choose a Plan](#) [Update Application](#)

[Show More Details](#)

Eligibility Results: Financial Help

On the eligibility results for each enrollee information is provided about the financial help.

In the example,

- consumer is **conditionally eligible**.
- Information is provided for reasonable opportunity(ROP) expiration and includes link to upload documents.
- The financial information provides the amount of financial assistance and click here link that explains the information needed and allows upload of documents required.

Financial Help Conditionally Eligible

Lilly, you are Conditionally Eligible for Financial Help:

Lilly is conditionally eligible for financial help. Please select a plan now for coverage to begin 08/01/2025.
[Click here](#) to see what information needs to be verified and upload required documents.

Financial help can be used to lower your monthly payment.

Note about Financial Help
The new amounts below are based on an expected coverage start date of 08/01/2025 for your current plan, if you have one. If you wait to confirm your plan, or if your plan changes, these amounts may be different.
To see how much financial help you have received so far, visit the [Enrollment Dashboard](#).

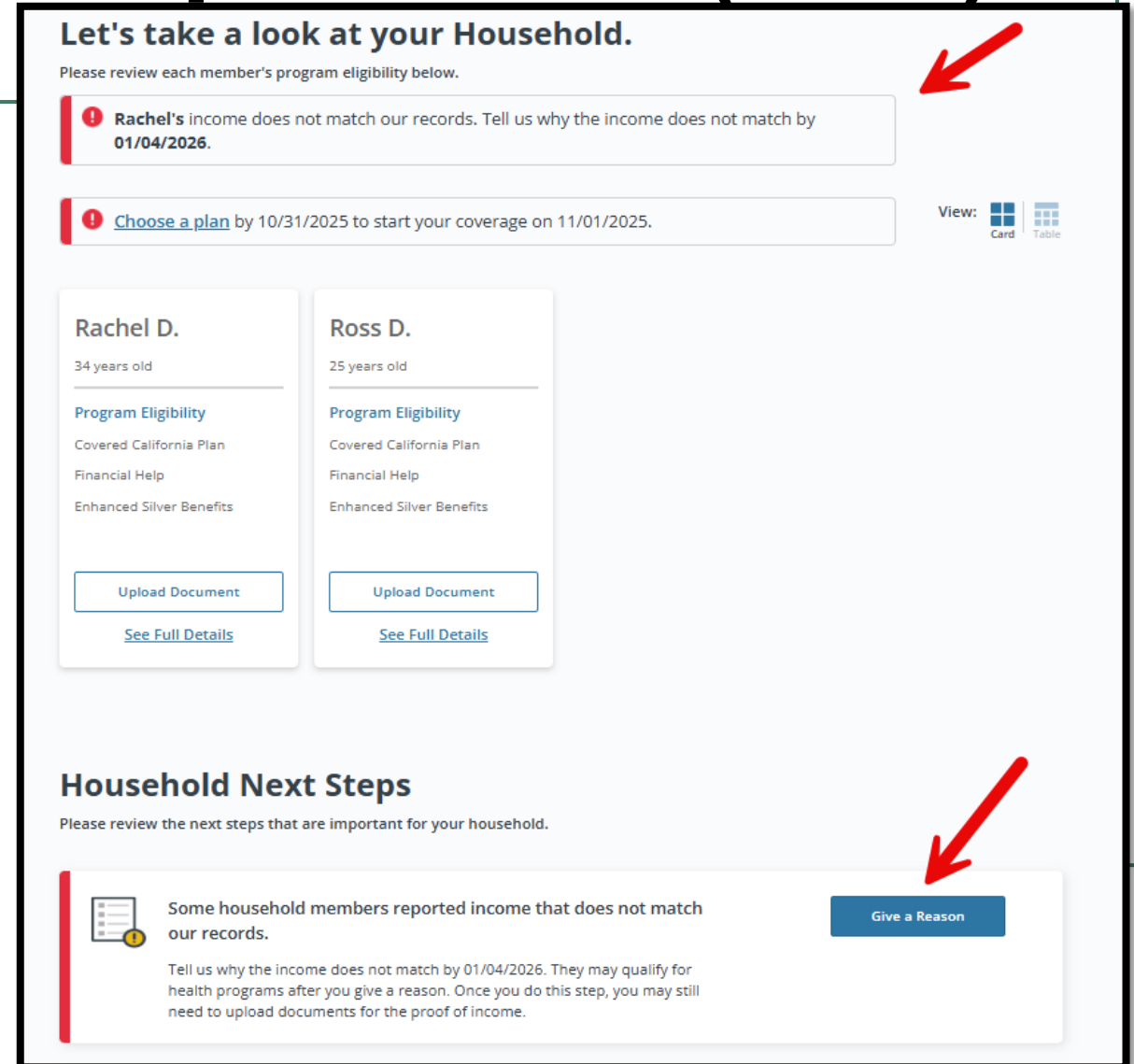
Time
Reasonable Opportunity Period: 10/17/2025
Reasonable Opportunity Period means you must update your application or upload verification documents by the date above. If you don't you may risk losing coverage or benefits.
[Update Application](#)

Financial Information
Federal Advance Premium Tax Credit (APTC)
You are eligible for up to \$396.12 per month and up to \$1980.58 in Federal Advance Premium Tax Credit for 2025.
[Click here](#) to see what information needs to be verified and upload required documents.

[Show More Details](#)

NEW: Reasonable Explanation (REX)

- New Page: ***Tell us why the income does not match***
 - Eligibility results will include a banner highlighted in red.
 - The Household next steps provides the opportunity to Give a Reason.
 - This allows the consumer to select a Reasonable Explanation when attested income could not be electronically verified.



Let's take a look at your Household.

Please review each member's program eligibility below.

1 Rachel's income does not match our records. Tell us why the income does not match by 01/04/2026.

1 [Choose a plan](#) by 10/31/2025 to start your coverage on 11/01/2025.

View:   Card Table

Rachel D. 34 years old Program Eligibility Covered California Plan Financial Help Enhanced Silver Benefits Upload Document See Full Details	Ross D. 25 years old Program Eligibility Covered California Plan Financial Help Enhanced Silver Benefits Upload Document See Full Details
--	--

Household Next Steps

Please review the next steps that are important for your household.



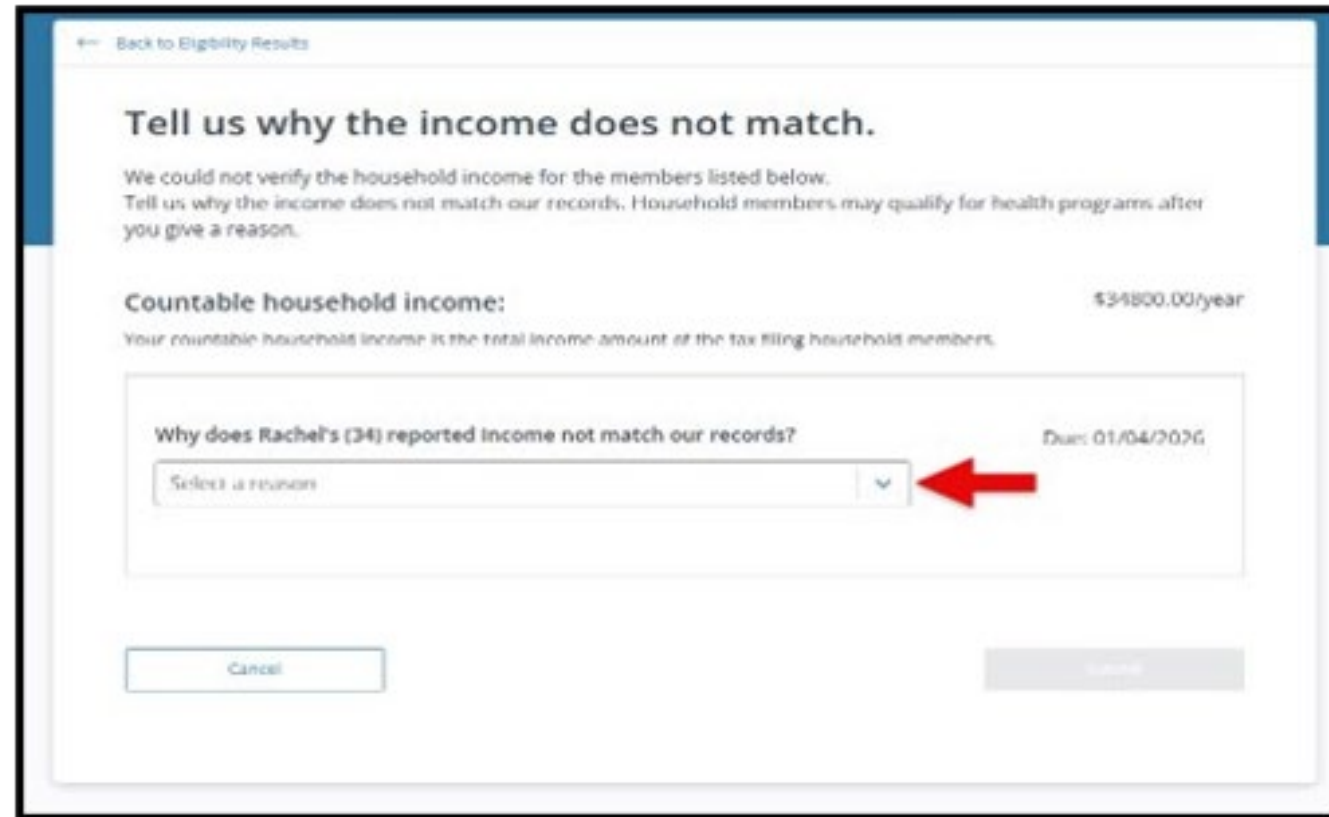
Some household members reported income that does not match our records.

Tell us why the income does not match by 01/04/2026. They may qualify for health programs after you give a reason. Once you do this step, you may still need to upload documents for the proof of income.

[Give a Reason](#)

Reasonable Explanation: Choose Reason

- The link will provide a drop down of reason or other can be selected.
- Choosing other allows user to provide explanation.
- If users select from drop down list and submit, then CalHEERS will accept the consumer's attestation, clear the inconsistency, and pass the income verification. Eligibility will be redetermined.
- If the 'Other' option selected, REX-Other will trigger tasks for Exchange-only cases. REX-Other for Mixed Households and MAGI Medi-Cal cases will trigger communication to their respective Medi-Cal Office.



The screenshot shows a web form titled "Tell us why the income does not match." with a back arrow and "Back to Eligibility Results" link. The text explains that household income could not be verified and asks for a reason. It shows a "Countable household income" of \$34800.00/year. A specific question asks why Rachel's (34) reported income does not match, with a due date of 01/04/2026. A dropdown menu labeled "Select a reason" is highlighted with a red arrow. At the bottom are "Cancel" and "Submit" buttons.

How to Access your Enrollment Dashboard

- [Enrollment Dashboard for Enrollers Task Guide](#)
- The Home page of the application provides a link to the enrollment dashboard.
- Scroll down to the Manage Your 2025 Application section.
- Click the link to the Enrollment Dashboard



Manage Your 2025 Application

Case #: 5193957389

Review Application View your most recently submitted application.	Eligibility Results Learn about how your eligibility was determined.	Enrollment Dashboard Shop for health plans, manage coverage, and view enrollment status. ⓘ	Shop and Compare Terminate Application
--	---	---	---

Enrollment Dashboard: Home Page

- Enrollment Dashboard tabs allows the user to navigate to other sections of the application. For example, Eligibility Results.
- The dashboard defaults to Health Plans. Dental plan tab can be selected to shop.

Enrollment Dashboard

Select year: **2025**

Case Summary **View Submitted App** **Eligibility** **Enrollment**

Enrollment Dashboard **Enrollment History**

Your Agent
Timmy Test
4751459989
[Manage Delegates](#)

Update your household information
[Report a Change](#)

Quick links
[Documents & Correspondence](#)
[Additional Benefit Options](#)

Health Plans **Dental Plans**

Group 1 Enrollment Status: **Pending**

Kaiser Permanente
Kaiser Silver 87 HMO
\$87.42 /mo
Extra Savings
Pay Now
Change Plan
Plan Details >

Expected coverage dates
10/01/2025 - 12/31/2025

Current CSR Level
CS5 [CSR History](#)

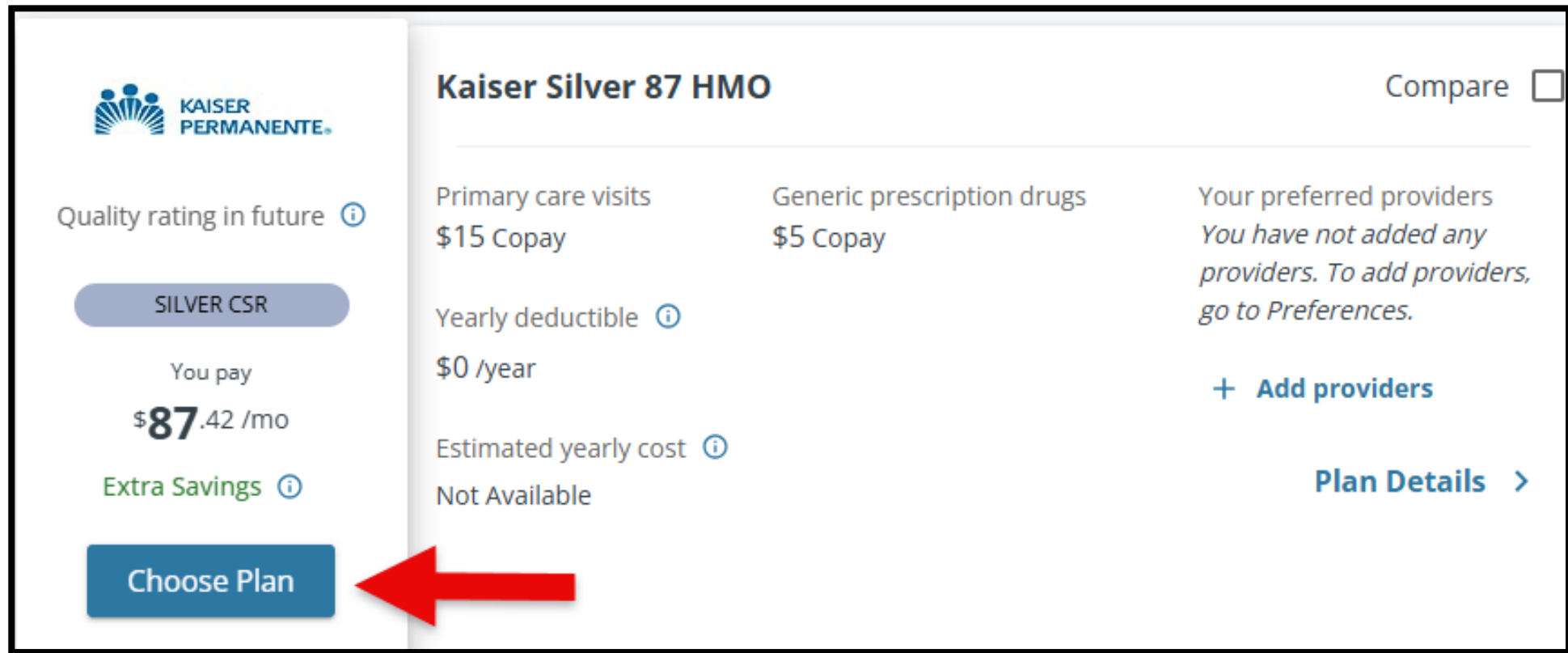
Covered household members
Rachel Davis (34 years old) (Subscriber) ★
Ross Davis (25 years old)

Monthly premium

Premium before savings	\$974.59 /mo
Savings	-\$887.17 /mo
Advance Premium Tax Credit (APTC)	-\$885.17 /mo
CA Premium Credit	-\$2.00 /mo
Amount you pay	\$87.42 /mo

Manage Enrollment
[Cancel Plan](#)

Enrollment Dashboard: Plan Selection



Kaiser Silver 87 HMO Compare ☐

KAISER PERMANENTE

Quality rating in future ⓘ

SILVER CSR

You pay
\$87.42 /mo

Extra Savings ⓘ

Choose Plan ←

Primary care visits
\$15 Copay

Generic prescription drugs
\$5 Copay

Your preferred providers
You have not added any providers. To add providers, go to Preferences.

+ Add providers

Plan Details >

Yearly deductible ⓘ
\$0 /year

Estimated yearly cost ⓘ
Not Available

Plan Selection and Benefits for Certified Enrollers Task Guide

Confirm Plan

Confirm Your Plan

[← Back to Choose a Health Plan](#) Expected coverage start date: **10/01/2025**

✓ PREFERENCES ✓ PLANS CONFIRMATION

Group 1: [2 members](#) 95818

Confirm Group 1's Health Plan



Kaiser
Silver 87 HMO

\$87.42 /mo
Extra Savings

[Plan Details >](#)

Group members

 Rachel D. (34 years) (Subscriber) ★

 Ross D. (25 years)

Monthly premium	
Premium before savings	\$974.59 /mo
Savings	- \$887.17 /mo ^
Advance Premium Tax Credit (APTC)	- \$885.17 /mo
Change APTC	
CA Premium Credit	- \$2.00 /mo
Amount you pay (Group 1's monthly premium)	\$87.42 /mo

Provide eSignature

To confirm your plan, please read the statements below. Then agree to the terms and conditions. You will have to enter your personal identification number (PIN) and eSignature to confirm.

- To file a federal income tax return on or before the due date for the return (including extensions of time for filing) to claim the Advance Premium Tax Credit (APTC) if applicable.
- To report changes to Covered California that affect my eligibility, including income, household size and address. These changes could affect the plan and APTC for which I am eligible.
- I cannot switch plans outside of the Open Enrollment Period unless I have a qualifying life event. Some of the qualifying life events are a permanent move that results in access to new plans, birth or adoption of a child, marriage or domestic partnership.

☐ I agree to the terms and conditions above

Binding Arbitration Agreement

 [Print](#)

I understand that every participating health plan has its own rules for resolving disputes or claims, including, but not limited to, any claim asserted by me, my enrolled dependents, heirs, or authorized representatives against a health plan, any contracted health care providers, administrators, or other associated parties, about the membership in the health plan, the coverage for, or the delivery of, services or items, medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), or premises liability. I understand that, if I select a health plan that requires

☐ I confirm that I have read and agree to the Binding Arbitration Agreement above.

Review and sign

By entering my PIN and typing my full name I certify under penalty of perjury that I

7



[Return to Enrollment Dashboard](#)

Enrollment Dashboard: New Links

Delegated Enroller Information

Report a Change Link

Quick Links

Manage Enrollment

The screenshot shows the 'Enrollment Dashboard' for the year 2025. It features a top navigation bar with tabs for 'Case Summary', 'View Submitted App', 'Eligibility', and 'Enrollment'. Below this, there are sections for 'Your Agent' (Timmy Test), 'Health Plans', and 'Dental Plans'. A red box highlights a banner message: 'You're enrolled in a health plan, but you still need to pay your monthly premium.' Another red box highlights the 'Manage Enrollment' link under the 'Group 1' section. Red arrows point from the callout boxes to these specific elements.

Enrollment Dashboard
Select year: 2025

Case Summary | **View Submitted App** | **Eligibility** | **Enrollment**

Enrollment Dashboard | **Enrollment History**

Your Agent
Timmy Test
4751459989
[Manage Delegates](#)

Health Plans | **Dental Plans**

Banner messaging
You're enrolled in a health plan, but you still need to pay your monthly premium.

Group 1 | Enrollment Status: Pending

Quick links
[Update your household information](#)
[Report a Change](#)
[Documents & Correspondence](#)
[Additional Benefit Options](#)

Kaiser Permanente
Kaiser Silver 87 HMO
\$87.42 /mo
Extra Savings
[Pay Now](#)
[Change Plan](#)
[Plan Details](#)

Expected coverage dates
10/01/2025 - 12/31/2025

Current CSR Level
CS5 [CSR History](#)

Covered household members
Rachel Davis (34 years old) (Subscriber) ★
Ross Davis (25 years old)

Monthly premium

Premium before savings	\$974.59 /mo
Savings	- \$887.17 /mo
Advance Premium Tax Credit (APTC)	- \$885.17 /mo
CA Premium Credit	- \$2.00 /mo
Amount you pay (Group 1's monthly premium)	\$87.42 /mo

Manage Enrollment
[Cancel Plan](#)

Banner messaging

Enrollment Dashboard: Cancel Feature

Group 1

Enrollment Status: Pending


Kaiser
Silver 87 HMO

\$87.42 /mo
Extra Savings

[Pay Now](#)
[Change Plan](#)
[Plan Details >](#)

[Website](#) [83681249](#)

[Manage Enrollment](#)
[Cancel Plan](#)

Expected coverage dates
10/01/2025 - 12/31/2025

Current CSR Level
CS5 [CSR History](#)

Covered household members

 Rachel Davis (34 years old) (Subscriber) ★

 Ross Davis (25 years old)

Monthly premium

Premium before savings	\$974.59 /mo
Savings	- \$887.17 /mo ^
Advance Premium Tax Credit (APTC)	- \$885.17 /mo
Change APTC	
CA Premium Credit	- \$2.00 /mo
Amount you pay (Group 1's monthly premium)	\$87.42 /mo

[← Back to Enrollment Dashboard](#) [Cancel changes](#)

Who's Canceling Their Health Plan?

(Select all members that apply)


★ Rachel D.
34 yrs (Subscriber)


Ross D.
25 yrs

Why are you ending health coverage? (Optional)

- ☐ Bought coverage outside Covered California
- ☐ Moving out of California
- ☒ Got coverage through work
- ☐ Enrollment counselor or agent's error
- ☐ Other

Confirm: Plan Cancel

[← Enrollment Dashboard](#) [Cancel changes](#)

Confirm Your Health Coverage Cancellation Details

Year 2025

You have chosen to cancel health coverage for:

-  Ross Davis (25 years old)
-  Rachel Davis (34 years old) (Subscriber) ★

Coverage End Date:
October 01, 2025

Health Plan:
Kaiser Silver 87 HMO

[Back](#)[Confirm](#)



Reminders & Resources

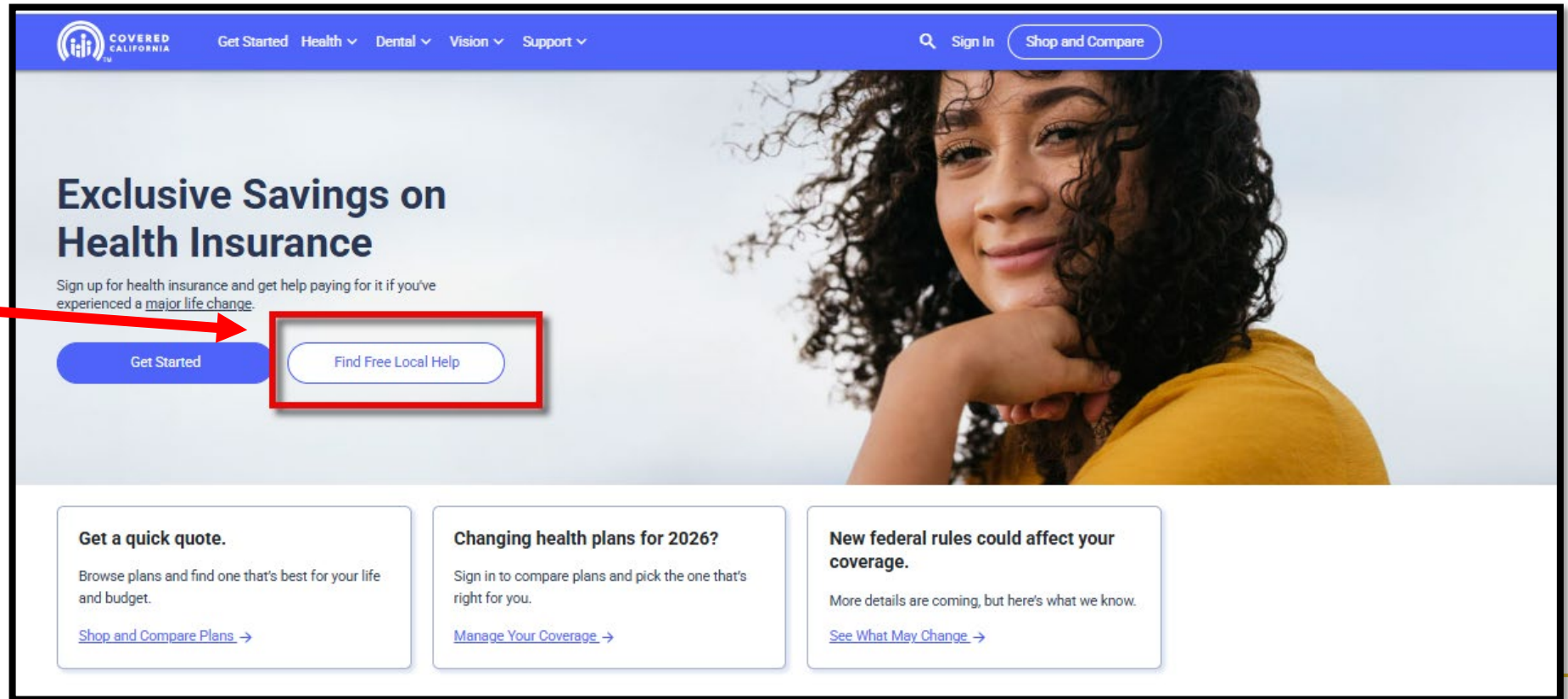


Coveredca.com



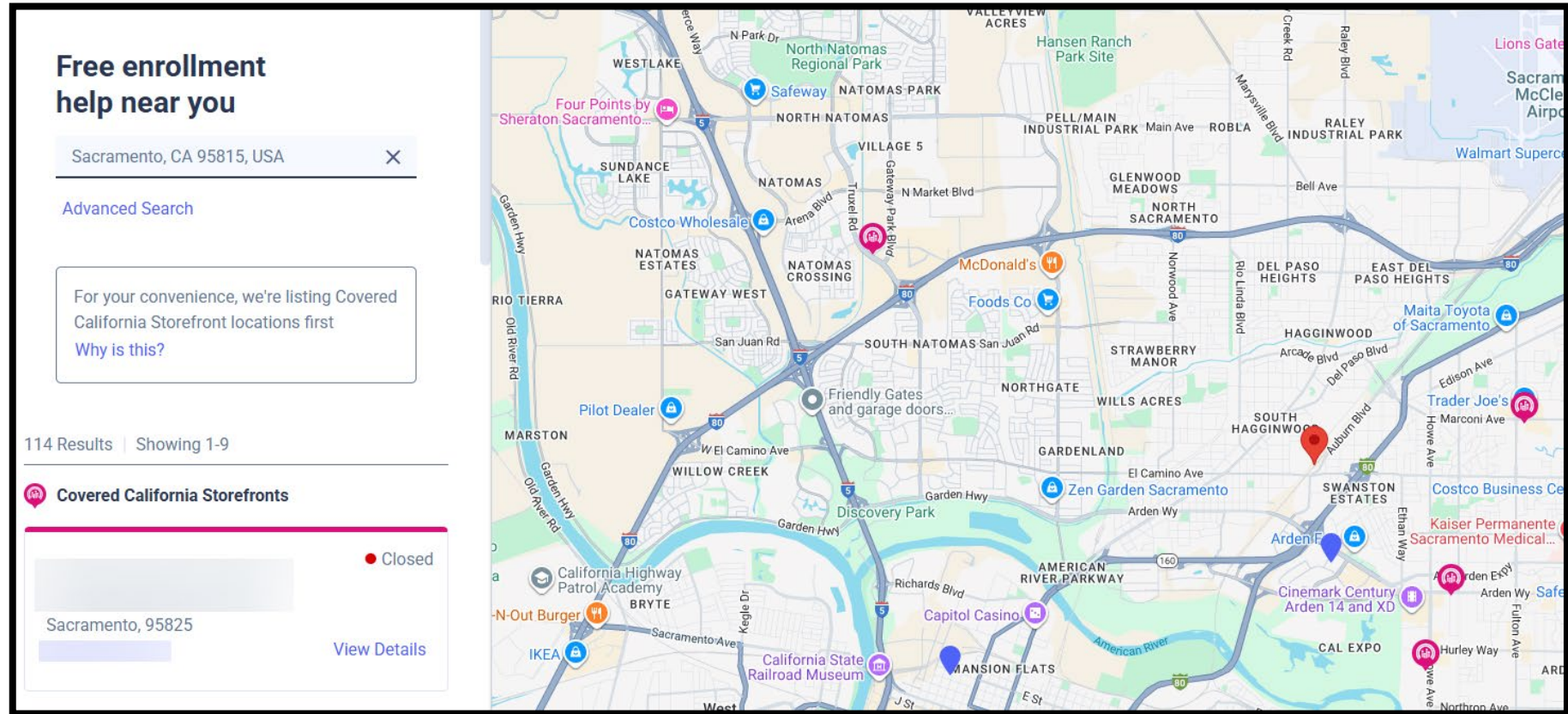
Find Free Local Help

Coveredca.com home page has been updated to add quick easily located access to find a local enroller



Find a Local Enroller

- Consumers can search for enrollers in their area
- Storefront locations are shown in pink, while other locations are shown in blue
- Storefront locations in an area will always be displayed first. This is one of the main advantages of being a Storefront



Escalations



Escalations

Certain Agent Service Center calls require additional provisioning that Service Center Representatives cannot complete. These types of requests are **escalated** to the next level of support.

Escalations are usually resolved within **7-10 business days**.

Two main exceptions to this are:

- Escalations requiring a Help Desk Ticket, such as CalHEERS Error Messaging.
- Carrier coordination is required for resolution. Usually needed with Non-Payment Reinstatement requests but may also be needed for other types of escalations.



Escalation: Type & Best Practice

Escalation Type	Count in 2025	Best Practice
Non-Payment Reinstatement	2,722	• Ensure consumers are keeping up with their insurance payments, including autopayments. • For Autopay Users: Whenever a change is made to an enrollment, follow up with the carrier to ensure the autopay is continuing and not cancelled.
ROP (Reasonable Opportunity Period) Reinstatement	2,645	• Accurate and complete data entry will ensure, when possible, e-verification can take place. • When requested, make sure documents have been uploaded so they can be reviewed. • Check in periodically to verify the document has been reviewed and the request has been cleared. • If not, call the Service Center

Escalation: Type & Best Practice

Escalation Type	Count in 2025	Best Practice
Termination Date Change / Effective Date Change	2,381	• Make sure to use the correct Qualified Life Event date when reporting a change for special enrollment. • If a consumer's current coverage is ending 8/31/25, enter that date for the QLE date rather than 9/1/25 • Report terminations in a timely manner to avoid getting the incorrect termination date
Eligibility / APTC Discrepancy	2,143	• For Mixed Households, make sure that the consumer has reported the correct information to their local county office. • This will help avoid unexpected changes being applied by the local county office • When renewals start or when you have been delegated to a new case, review your consumers application for any changes • Make sure that Consent for Verification is updated prior to expiration • This information is found in your Daily Email Summaries, shown earlier in this presentation.



Communications

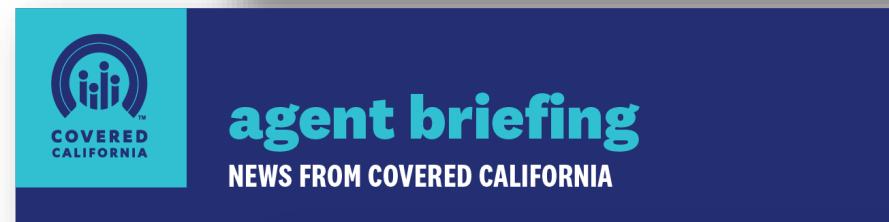


Enroller Alerts and Briefings

- ✓ Enroller messages provide important information and content; they keep you informed and updated to help you best support Covered California consumers.
- ✓ Special announcements, policy changes, system updates, important dates, and enroller resources.

Best practices:

- ✓ **Create a new folder and save all** Enroller Alert Emails – search by key word/term for the specific topic you are seeking.
- ✓ Issues? Reach out to:
OutreachandSales@covered.ca.gov



Official Covered California News and Press Releases

- [Covered California™](#)
 - Follow social media channels for quick updates.
- [Health Care Marketplace - Official Site | News Releases](#)
 - Find the latest news and important information on the Covered California Newsroom page.

The image shows a collage of three screenshots from the Covered California website and social media. The top right screenshot shows the 'Follow Us' section with icons for Facebook, X, Instagram, YouTube, LinkedIn, and TikTok, all highlighted with a red box. Below it is the 'Covered California for Small Business' section with links for 'Enrollment Partners and Agents', 'Newsroom' (highlighted with a red box), 'Careers', and 'Register to Vote'. The bottom left screenshot shows the 'Covered California' Facebook page with a post titled 'For the love of Californians' and 240K likes. The bottom right screenshot shows the 'News Releases' page with a search bar, a list of latest releases, and the Covered California logo.

Follow Us

[f](#) [X](#) [@](#) [v](#) [in](#) [d](#)

Covered California for Small Business

[Enrollment Partners and Agents](#)

[Newsroom](#)

[Careers](#)

[Register to Vote](#)

News Releases

search news releases search [Newsroom Home](#)

Latest Releases

There are 671 press releases.
Displaying page 1 of 68

September 03, 2025

Americans to Face Significantly Higher Insurance Costs in 2026 if Tax Credits Are Not Renewed

Marketplace enrollees from across the country joined State-based Health Insurance Marketplace leaders and insurance experts at a virtual press conference today to discuss the immediate, real-world impacts of potentially losing their health insurance tax credits.

August 26, 2025

Covered California Announces Premium Change for 2026 Dental Plans After Another Year of Steady Growth

Covered California announced that the statewide weighted average rate change for dental plans offered through the marketplace in 2026 will be 0.35 percent.

August 14, 2025

Covered California Rates and Plans for 2026: Consumer Affordability on the Line With Uncertainty Surrounding Federal Premium Tax Credit Extension

Covered California announced its health plans and rates for the 2026 coverage year, highlighting a preliminary weighted average rate increase of 10.3 percent. However, this increase could be reduced if Congress takes timely action to extend the federal enhanced premium tax credits that have played a vital role in lowering costs and driving enrollment increases nationally and in California the past four years.

Agent/CEC Service Center Hours



Voice:

Monday – Friday
8:00AM to 6:00PM



Chat:

Monday – Friday
8:00AM to 6:00PM

Holiday's Closed

11/11/2025	Veterans Day
11/27/2025	Thanksgiving Day
11/28/2025	Day After Thanksgiving
12/25/2025	Christmas Day
01/01/2026	New Years Day
1/19/2026	Martin Luther King Day

Extended Hours for Open Enrollment

Deadline for 1/1/2026

Date	Hours
12/30/2025	8:00AM – 8:00PM
12/31/2025	8:00AM – 8:00PM

Deadline for 2/1/2026

1/29/2026	8:00AM – 8:00PM
1/30/2026	8:00AM – 8:00PM
1/31/2026	8:00AM – 10:00PM





COVERED
CALIFORNIA

Thank you!





For the
love of
Californians

Thank you for coming!