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**CALIFORNIA**

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**Enroller Portal Medi-Cal Managed Care Plan  
(MMCP) Enroller**

**User Guide**

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## Overview

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The Enroller Portal Medi-Cal Managed Care Plan (MMCP) Enroller User Guide outlines all features and functions available to MMCP Enrollers in the Enroller Portal. This document details the functions of an Enroller user, how to complete the Enroller Portal profile, background clearance, and training requirements.

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## New MMCP Enroller User

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This section provides instructions for new MMCP Enroller users.

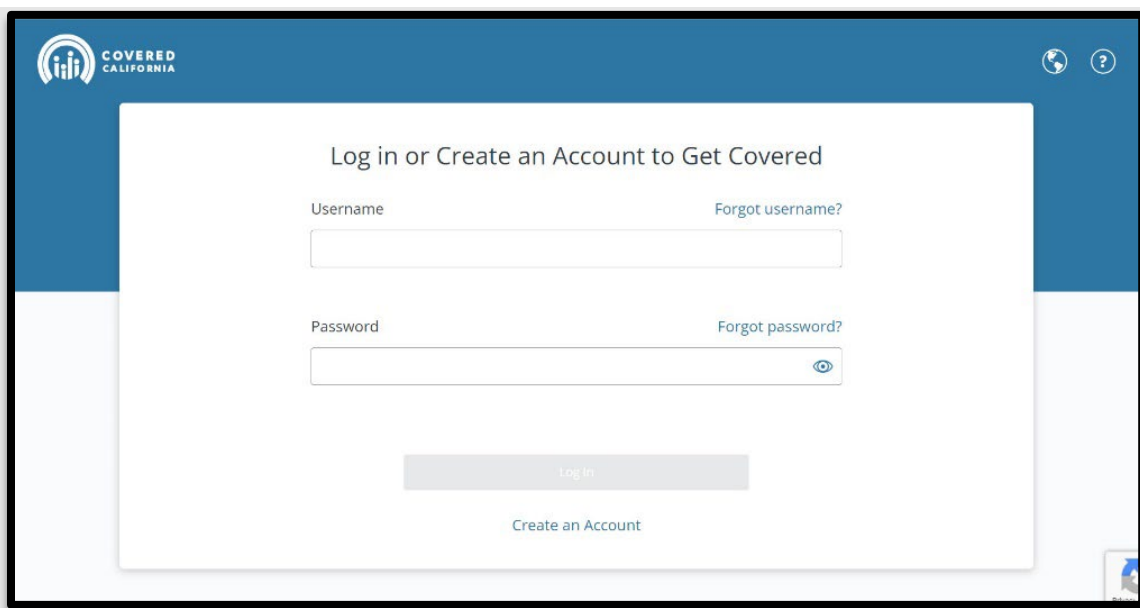
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The Authorized Contact (AC) or Primary Contact (PC) listed on the entity roster creates the Enroller user account by completing the steps below.

### Add Counselor Information (Authorized or Primary Contact Steps)

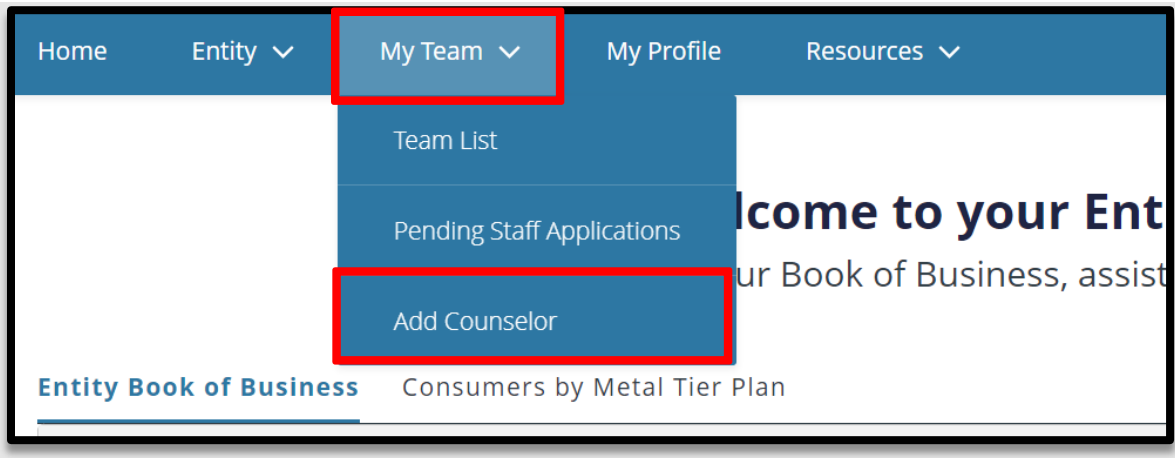
The Authorized or Primary Contact is responsible for initiating the process to add a new Enroller on behalf of the Entity. The screenshot listed below will assist the AC or PC on how to initiate a Counselor application in the Enroller Portal. Once the information is completed, the AC or PC will submit the information on behalf of the Enroller.

1. Log In to the [Enroller Portal](#). Select **Log In**.



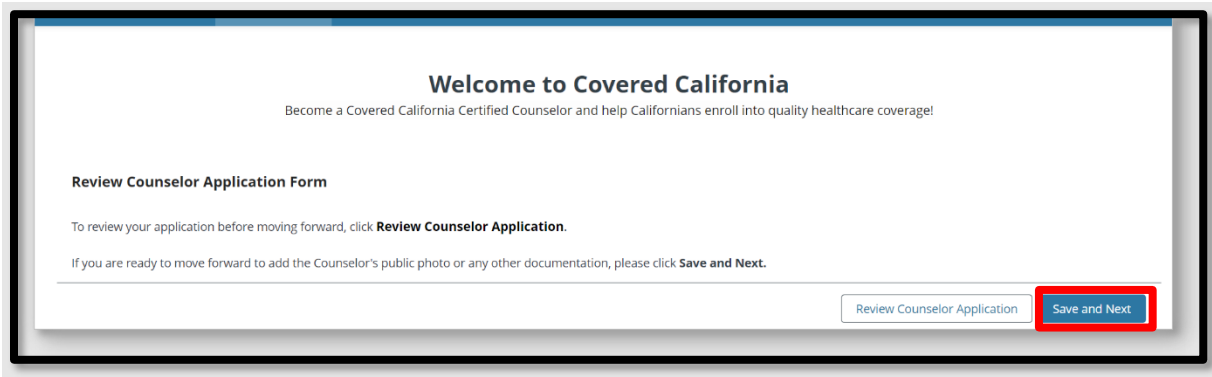
2. From the Entity Home Page, select the **My Team** tab and click on the **Add Counselor** option to continue to the Add Counselor page.

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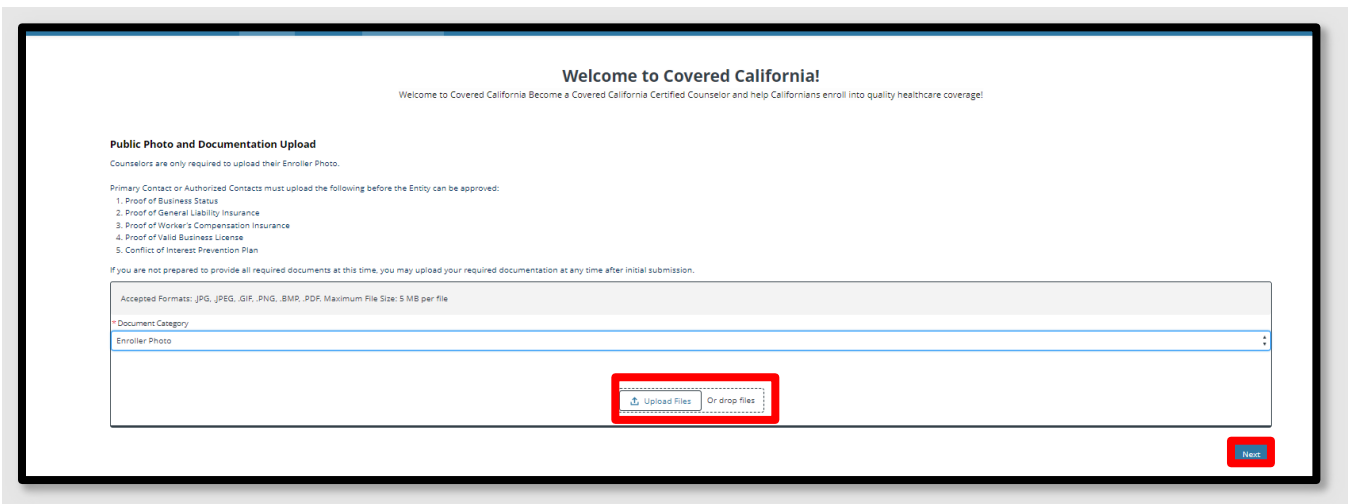
3. The *Add Counselor Information* page displays. Add Counselor details for the newly added Enroller you are adding. Select **Next** to continue.

4. Review the Counselor Application to ensure accuracy. Click **Save and Next** to continue.



5. The *Public Photo and Documentation Upload* page will display. Click the **Next** button when all documents are uploaded.

**Note:** Enrollers are only required to upload their Enroller Photo. Ensure the Photo is an actual photo and not a photo of an ID.



6. The *Counselor Application Submission Confirmation* page displays. Select **Finish** on the *Counselor Application Submission Confirmation* page to complete the submission. The application status will now reflect *Pending Review* with Covered California.

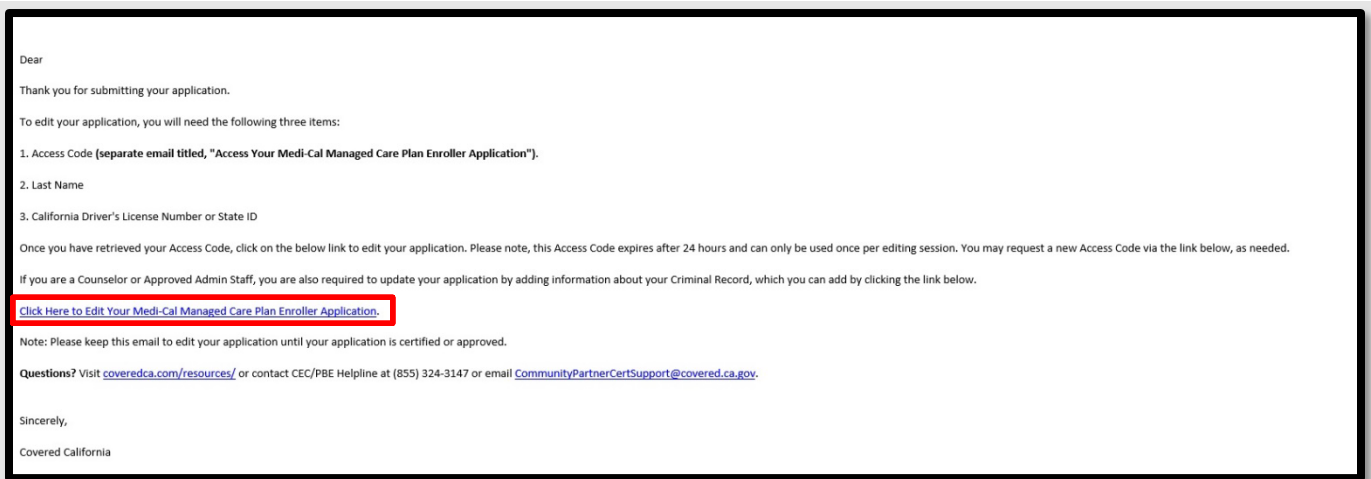




## MMCP Enroller Application Steps

Enroller will receive two emails from Covered California with the following subject lines: *Edit Your Certified Enrollment Counselor* and the *Access Your Certified Enrollment Counselor Application*.

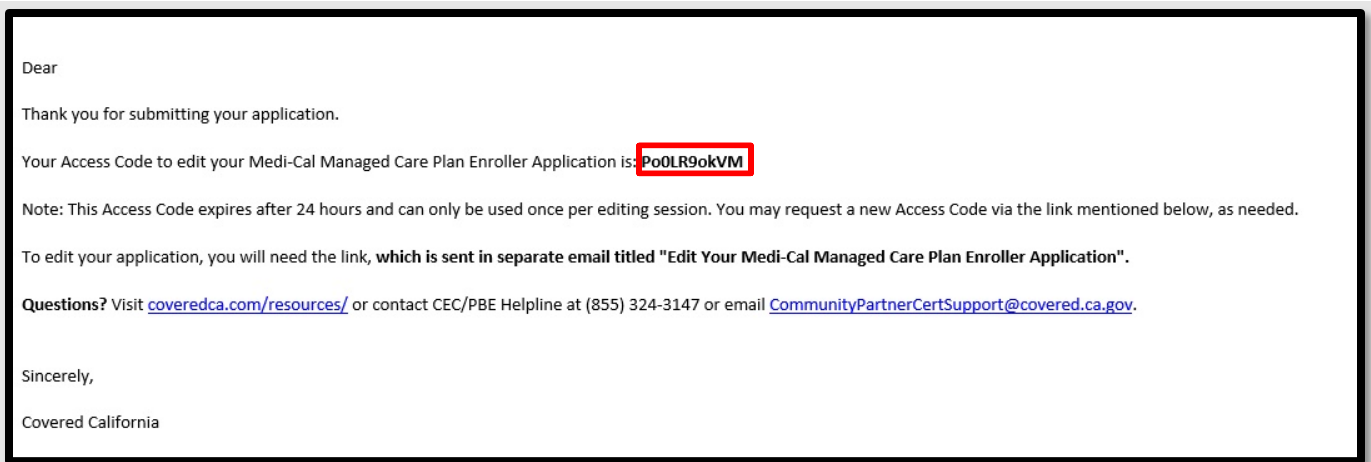
1. The *Edit Your Medi-Cal Managed Care Plan Enroller Application* email will include a link to **Edit** the enrollment application and allow the Enroller to update and/or edit the application details entered by the AC or PC.



2. The *Access Your Medi-Cal Managed Care Plan Enroller Application* email provides an access code which is needed to obtain access to edit the application.

**Important:** The Access Code is **valid for 24 hours only and for one-time use**.

**Note:** A new Access Code can be requested by following the instructions at the bottom of the *Access Your Certified Enrollment Counselor Application* email.



3. Select the **Click Here to Edit Your MMCP Enroller Application** link on the *Edit Your Plan Based Enroller Application* email.

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4. Select the **Yes, I have an Access Code** option and fill out the **Access Code, Last Name, and CA State ID Number** fields.
5. To proceed to the next page, select the **I'm not a robot** checkbox.
6. Select **Next** to continue.

7. The *Counselor Information* page will display. Enroller will need to verify the information and/or edit any fields, before selecting **Next** to continue.



**Note:** If the greyed-out information needs to be updated, send an email to: [CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov).

- The *Review Counselor Application Form* page will display. Click the **Save and Next** button to continue to the *Public Photo and Documentation Upload* page.

**Review Counselor Application Form**

To review your application before moving forward, please click **Review Counselor Application**.

Click **Save and Next** to continue your application on the next pages, where you will be asked to:

1. Upload your Enroller Photo
2. Complete your Criminal Record Disclosure form
3. Complete screening questions (Plan Based Enrollers only)

- Select *Enroller Photo* from the *Document Category* dropdown menu. Enrollers are required to upload an Enroller Photo. Submit an actual front-facing photo and not a photo of an ID. Select **Next**.

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**Public Photo and Documentation Upload**

Accepted Formats: JPG, JPEG, GIF, PNG, BMP, PDF, Maximum File Size: 5 MB per file

\* Document Category  
Enroller Photo

Or drop files

- The Enroller is required to read the Entity Qualifying Attestations and acknowledge the organization applying qualifies to participate in the Program as an Entity and all submitted information is accurate. The Enroller will place a check mark in the box. Select **Submit** to continue.





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### Entity Qualifying Attestations

Please respond to the following screening attestations pertaining to the Entity applying for the program.

When you are done reading the qualifying attestations below, please agree to the acknowledgement statement at the bottom of this page and click **Next**.

- Attestation 1** I certify the organization applying is not a health insurance insurer or stop loss issuer, a subsidiary of a health insurance issuer or a stop loss issuer, or an association that includes members of, or lobbies on behalf of, the insurance industry.
- Attestation 2** I certify the organization applying is not receiving any consideration directly or indirectly from a health insurance insurer or stop loss issuer for enrolling individuals and employees into qualified or non-qualified health coverage.
- Attestation 3** I certify the organization applying does not employ any individuals who receive any consideration for enrolling qualified individuals and employees into a qualified or non-qualified health coverage.
- Attestation 4** I certify the organization applying and all of its employees will comply with the conflict of interest standards located at the California Code of Regulations Title 10, Chapter 12, Section 6866.
- Attestation 5** I certify that the entity will serve families of mixed immigration status and individuals with disabilities.

By clicking submit, acknowledgement is made that the organization applying qualifies to participate in the Program as an Entity and that all submitted information is true, correct and accurate.

Previous

Submit

11. The Criminal Record Disclosure Form page displays. The Enroller must complete the *Criminal Record Disclosure Form* by:

- Providing their social security number;
- Completing **Section B** of the *Criminal History Disclosure*; and
- Selecting the appropriate dropdown answer for the six criminal history disclosures questions.

Select **Next** to continue.



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### Criminal Record Disclosure Form

#### A. Personal Information

Counselor Name  
Megan Dukerhart

Social Security Number

#### Instructions and Background Clearance Requirements

In order to become a Certified Enrollment Counselor (CEC), the law requires that you complete a background check (Government Code section 1043) and fill out this form (California Code of Regulations, Title 10 CCR § 6657). Covered California (CC) submits your fingerprints to the Department of Justice (DOJ) to obtain a criminal history report. (California Code of Regulations, Title 10 CCR § 6658). The DOJ criminal history report is compared to your Criminal Record Disclosure (CRD) to identify discrepancies, inconsistencies, or omissions. CC will evaluate the criminal history report, including any information you provide in and with the CRD to make a determination of your eligibility to provide consumer assistance. Failure to complete the CRD in its entirety may delay the certification process and candidates will be required to resubmit prior to completing the certification background clearance.

CC treats all criminal history information as private and confidential. Only CC employees authorized to determine eligibility for consumer assistance are allowed access. Your CRD is retained and revealed in cases of legal action. The CRD is available for your review, but copies are not provided to you.

**IMPORTANT:** CC will be notified by the DOJ if there is any new information or activity on your record, including all subsequent arrests and convictions, per Government Code Section 1043 and Penal Code 11105.2 (a). CC will make a new determination of your eligibility to provide consumer assistance based upon any updates to your record. CECs shall report to CC any subsequent arrests for which they have been released on bail or personal recognizance, criminal convictions, and administrative actions taken by any other agency within 30 calendar days of the date of each occurrence.

A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty for any crime. Criminal convictions from another State or Federal Court are considered the same as criminal convictions in California. You do not need to list any conviction that has been set aside, dismissed, or sealed, or those which are exempted from disclosure.

You **MUST** disclose convictions and administrative actions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You did not go to jail or prison or the sentence was only a fine or probation;
- You received a certificate of rehabilitation.

The following convictions do **NOT** need to be listed on your CRD:

- Any conviction set aside, judicially dismissed, or ordered sealed pursuant to law, including, but not limited to, Sections 1203.4, 1203.4a, 1203.45 AND 1210.1 of the Penal Code.
- Any conviction older than two years from the date of conviction for minor misdemeanor marijuana possession and use offenses, or possession of controlled substances paraphernalia pursuant to Labor Code § 432.8.
- Minor traffic violations (e.g., unsafe driving, running a stop light, seat belt, or parking).
- Offense settled in the juvenile court or under the welfare youth offender law, or if you were discharged from the control of the Youthful Offender Parole Board under the Welfare and Institutions Code §§ 1179 and 1772.
- Conviction which resulted in participation in or completion of a diversion program.
- Conviction which was deleted under the Health and Safety Code § 11361.5.
- Pardon granted under Penal Code § 4852.1c.

If you need more space or would like to provide additional clarifying comments, including any evidence of rehabilitation, please attach and upload separate sheet(s) that includes your signature, name and date with your information (after saving this record). While additional information is optional, providing details regarding any reportable offenses on your record, and evidence of rehabilitation, allow us to individually assess your record and is strongly recommended. CC will consider any of the following written evidence of rehabilitation or other mitigating factors:

- A letter in your own words explaining any disqualifying offenses, your rehabilitation or any mitigating factors;
- Evidence that you received a pardon for any criminal convictions that you believe may still be on your record either because the conviction(s) was dismissed/expunged under Penal Code Section 1203.4 or 1203.4a, or the conviction was overturned;
- Proof you have complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against you due to the criminal conviction referenced in this application;
- Proof you have performed the same or similar type of work, after the criminal conviction(s) referenced in your application, with the same or a different employer, with no incidents of criminal conduct on the job;
- Proof that you have no other history of discipline for the same or a similar type of conduct referenced in your application;
- Proof of participation in education, training, treatment or rehabilitation programs;
- References from employers, probation officers, parole officers, clergy, etc. who can attest to your character and successful record of job performance;
- Evidence that any pending charges did not result in a criminal conviction; and/or
- Any additional information relevant to demonstrating rehabilitation or other mitigating factors.

#### B. Criminal History Disclosure

Please answer all criminal history questions.

Question 1: Other than those excluded up above, have you ever been convicted of a misdemeanor?	* Question 1 Response --None--
Question 2: Other than those excluded up above, have you ever been convicted of a felony?	* Question 2 Response --None--
Question 3: Do you currently have criminal charges pending against you?	* Question 3 Response --None--
Question 4: Are you currently out on bail or on your own recognizance for any current arrest?	* Question 4 Response --None--
Question 5: Are you currently under any formal or informal supervision, such as probation or parole, for a conviction of any state or federal violation?	* Question 5 Response --None--
Question 6: Have you ever had an Administrative Action against you from another State Agency?	* Question 6 Response --None--

If you answered YES to any of the above questions, give details indicating the date and location of each crime or administrative action and, if desired, the nature and circumstances of the offense. If you need additional space or have more offenses or administrative actions to declare, you must use additional sheets and upload them to this record after saving. Once you are ready to submit the disclosure, click the Submit for Approval button.

Previous

Next

12. The *Criminal Records Disclosure – Certification Signature* page will display. The Enroller must enter their full name and select **Yes** or **No** from the *Agree to Electronic Signature* dropdown and review the information listed on the page. Select the **Next** button.

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**Criminal Record Disclosure - Certification Signing**  
**C. Certification - Read Carefully Before Signing**

Read Carefully  
I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and my responses and accompanying attachments are true and correct. I understand that falsification, withholding of information or failure to answer all questions completely and accurately on the CRD may prevent me from being certified as a counselor by CC and/or result in decertification.

\* Full Name  \* Agree to electronic signature

**Electronic Agreement**  
Each party agrees that the electronic signatures (whether digital or encrypted) of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures.

Electronic Signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record pursuant to the California Uniform Electronic Transactions Act (Cal. Civ. Code § 1633.1 et seq.) as amended from time to time. By electronically signing this Agreement, Certified Enrollment Counselor agrees to comply with the applicable terms, conditions, and certifications set forth therein.

**Privacy Statement**  
Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

**NOTE: IMPORTANT INFORMATION:** Under the California Public Records Act, Covered California may have to provide copies of some of the records in your file to members of the public who ask for them, including newspaper and television reporters. Covered California must also tell people who ask the name of a Certified Enrollment Entity that has a CEC with a criminal record exemption.

**Questions?**  
If you have any questions regarding Certification Status or need further assistance, please email [CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov).

If you have any questions about this form or background status, please email [BackgroundChecks@covered.ca.gov](mailto:BackgroundChecks@covered.ca.gov).

**IMPORTANT NOTICES**  
**APPLICANT FINGERPRINT NOTICE AND RECORDS CORRECTION**  
Your fingerprints will be used to check the criminal history records of the DOJ and FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the DOJ and FBI identification records. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. To request a change, correction, or update to a DOJ record, you must request a record review with DOJ in accordance with the process outlined in PC Sections 11120-11127.

**PRIVACY STATEMENT**  
Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

**PUBLIC RECORDS ACT**  
Under the California Public Records Act, Covered California may have to provide copies of some of the records in your file to members of the public who ask for them, including newspaper and television reporters.

13. The *Counselor Application Successfully Updated* page will display. Select **Finish** to submit the application.

**Welcome to Covered California!**  
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**Counselor Application Successfully Updated**

Hello

You have successfully updated your Counselor application. Your application is being reviewed. You will receive additional communications from Covered California about your required next steps to the email provided:

For more information, visit [www.coveredca.com/resources](http://www.coveredca.com/resources).

## Enroller Certification Training Steps

Covered California will enroll you in the [Learning Management Training \(LMS\) Courses](#) once the Enroller eligibility requirements are reviewed. The Enroller will receive an email with the login ID (your email address) and temporary password from LMS.

Use this link to access and complete the online Certification Training courses:  
<https://learning.coveredca.com/#/login>.

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[CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov)



### Training Reminders:

- The Enroller will receive an email with a link to create a password to login to the LMS.
- Your username will be the same as the email address listed on the Enroller application.
- Enroller(s) **must** complete all courses within 90 days of the date they are enrolled into the Certification Training courses.
- The Enroller must pass the Certification Training exam with a score of 80% or greater.
- The Exam is an open book, and the Enroller is encouraged to use the study guides provided in LMS.
- The Enroller will have 3 attempts to pass the exam. If the Enroller fails, the exam three times they must contact the AC or PC to request Covered California to reenroll into the LMS training course and exam.

### Background Clearance Steps

14. The Background Clearance must be completed as part of the Enroller application process. A Live Scan form will be sent to the Enroller via DocuSign by Covered California, once the training courses and exam have been completed..



DocuSign Envelope ID: F8CD4D8B-140F-40CA-9623-185ECEBFD0F12

**START**

### Covered California Request for Live Scan

Medi-Cal Managed Care Plan Enroller Applicant Form

This form is only intended for the use of the individual listed below. Altering or sharing this document is prohibited.  
Please complete the document and ensure the information is valid and up-to-date (Print in CAPITAL LETTERS).

ORI (Code assigned by DOJ):	Authorized Applicant Type: <b>Assister Cert 1043 GC</b>
Contract Code (For use at Biometrics4allSAM locations Only): N/A	Type of License/Certification/Permit OR working Title: <b>Medi-Cal Managed Care Plan Enroller</b>

**Applicant Information**

Name:	Suffix:
Alias:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color:
Date of Birth:	Hair Color:
Social Security Number:	Height:
California Driver's License:	Weight:

**Home Address**

Street Address:	City:
State:	Zip:

**OCA**

Galactic Empire  
Name of the Certified Enrollment Entity

Live Scan Agency Name	Live Scan Id (LSID)	Date
Name of Operator	ATI Number	OATI (Resubmission Only)

**Attestation Acknowledgement**

All applicants must acknowledge they have received these Privacy Notices prior to being Live Scanned or Fingerprinted for hard cards, acknowledged by signature on this live scan form:

I have received and acknowledged the following Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**QUESTIONS?**

Regarding the Live Scan process, locations or appointments call: 877-288-5519 (Monday through Saturday, 9:00 AM to 5:00 PM) or email at [coveredca@capitalivescan.com](mailto:coveredca@capitalivescan.com)  
You may also visit the Web page at <http://capitalivescan.com/covered-ca>  
Regarding Covered California Healthcare Assistance Program email: [CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov)  
You may also visit the Covered California Website at [www.coveredca.com](http://www.coveredca.com)

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1. Complete, sign and submit the Live Scan form and submit it. The Live Scan form will automatically upload to the Certification application.
  - Review the Privacy Notice documents included in the Live Scan form.
2. Contact the Live Scan facility to schedule a fingerprinting appointment and to confirm that they accept Biometrics4All Live Scan forms.
  - For a list of locations, download or access the service locations using the following link: <https://applicantservices.com/coveredca>
    - **Do not** go to a Live Scan facility that is not listed.
3. Print out the receipt with the QR code and billing code at the top right corner for your fingerprinting appointment.

**Note:** For the purposes of this program, the Covered CA Live Scan form is the only acceptable form.

If there are issues or you have questions about the background check process, email: [backgroundchecks@covered.ca.gov](mailto:backgroundchecks@covered.ca.gov) for assistance.

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CommunityPartnerCertSupport@covered.ca.gov



## Enroller Agreement Steps

Upon successfully completing Covered California’s LMS training and exam, an Enroller Agreement will be emailed to the Enroller via DocuSign.

1. Ensure the Entity and Enroller information in the document are accurate.

Counselor File  
Certified Medi-Cal Managed Care Plan Enroller Agreement

This Agreement is made between the State of California, acting by and through the California Health Benefit Exchange, hereafter referred to as the "Exchange" and John Doe an individual hereafter referred to as "Certified Medi-Cal Managed Care Plan Enroller."

A. Purpose

The mission of the Exchange is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Accordingly, the purpose of this agreement is to secure the services of Medi-Cal Managed Care Enrollers to help facilitate enrollment and retention of Consumers in the Exchange.

B. Definitions

1. Certified Medi-Cal Managed Care Plan (CMMCPC): An entity contracting with the Department of Health Care Services (DHCS) to provide health care services to enrolled Medi-Cal beneficiaries under Chapter 7, commencing with Section 14000, or Chapter 8, commencing with Section 14200, of Division 9, Part 3, of the Welfare and Institutions Code, and certified by the Exchange.
2. Certified Medi-Cal Managed Care Plan Enroller (CMMCPE): An individual that is an employee or contractor of a Medi-Cal Managed Care Plan that provides one-on-one enrollment assistance to consumers pursuant to this agreement.
3. Consumer: A person seeking information on eligibility and enrollment or seeking application assistance with a health insurance or health related product available through the Exchange. The term consumer includes, but is not limited to, an applicant, an application filer, authorized representative, employer, qualified employee, qualified employer, qualified individual, small employer, or enrollee as defined in Section 6410 Title 10, of the California Code of Regulations.
4. Consumer assistance: The programs and activities created under 45 C.F.R. § 155.205(d) to provide one-on-one assistance to consumers.
5. Insurance Affordability program: a program that is one of the following:
  - a. Medi-Cal
  - b. Children's Health Insurance Program (CHIP)
  - c. Advance Premium Tax Credit (APTC)
  - d. Cost-Sharing Reduction (CSR)
  - e. A State's basic health program
6. Qualified Health Plans (QHPs): QHP has the same meaning as that term is defined in Patient Protection and Affordable Care Act Section 1301, 42 U.S.C. 18021. For purposes of this Agreement, QHPs shall be limited to plans made available through the Exchange on the individual market.

C. Roles and Responsibilities

1. Certified Medi-Cal Managed Care Plan-Enrollers shall perform the following functions:
  - a. Provide enrollment assistance services for the Exchange for residents of its service area, which is defined as the county in which the MMCP is authorized by the Department of Health Care Services to operate;
  - b. Maintain expertise in eligibility, enrollment, and program specifications;
  - c. Provide information and services in a fair, accurate, and impartial manner, which includes: providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs (i.e., Medi-Cal and Children's Health Insurance Programs);
  - d. Facilitate selection of a QHP and insurance affordability programs;
  - e. Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the Public Health Service Act, 42 U.S.C. § 300gg-93, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
  - f. Comply with the privacy and security standards established by the Exchange pursuant to 45 C.F.R. § 155.260;
  - g. Ensure that voter registration assistance is available in compliance with Section 6462 of Title 10 of the California Code of Regulations, or Article 4 of Chapter 12 of Title 10 of the California Code of Regulations; and

2. Digitally sign the document and submit it for Covered California review and approval.



Exchange in writing. Such right of termination shall be without prejudice to any other remedies available to the Exchange. Upon receipt of any notice terminating this Agreement, Certified Medi-Cal Managed Care Plan Enroller shall immediately discontinue all activities affected, unless the notice directs otherwise. The Exchange may, at its sole discretion, offer an opportunity to cure any breach prior to terminating the Agreement.

**Termination without Cause:** This Agreement may be terminated at any time by either party upon giving thirty (30) days prior written notice thereof to the other party. The effective date of termination shall be the first day of the month following the 30-day notice period unless said notice specifies a later date.

Signature details

I, John Doe, hereby certify that the statements made herein and in my application to become a Certified Medi-Cal Managed Care Plan Enroller are true, correct, and complete to the best of my knowledge and belief.

1. I shall comply with the requirements as set forth in this Agreement as well as those requirements set forth in the California Code of Regulations Title 10, Chapter 12, Article 12, including but not limited to Section 6907.
2. I will abide by all applicable privacy and security standards, including but not limited to those set forth in the agreement between my Medi-Cal Managed Care Plan and the Exchange.
3. All of my statements in this application are true, correct, and complete to the best of my knowledge and/or belief.
4. I am a natural person that is 18 years of age or older.
5. I will adhere to all applicable State and Federal laws and regulations.

Each party agrees that the electronic signatures (whether digital or encrypted) of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures.

Electronic Signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record pursuant to the California Uniform Electronic Transactions Act (Cal. Civ. Code § 1633.1 et seq.) as amended from time to time.

By electronically signing this Agreement, Medi-Cal Managed Care Plan Enroller agrees to comply with the applicable terms, conditions, and certifications set forth therein.

Certified Medi-Cal Managed Care Plan Name:	HSEX_test
Certified Medi-Cal Managed Care Plan ID:	0011000000Bu01oAAB
Certified Medi-Cal Managed Care Plan Enroller Name (print):	John Doe
Certified Medi-Cal Managed Care Plan Enroller Signature (Initials):	<input type="text"/>
Signature Date:	5/4/2022 2:33 PM

3. Read and complete the 3 disclosure sections at the end of the document.

**Important:** If there is nothing to disclose state “*I have nothing to disclose*”. Failure to comply will result in the document being declined and a new DocuSign will then need to be completed.



Attachment 1

**Compliance with Conflict of Interest Standards California Code of Regulations, Title 10, Section 6907**

1. Disclose any lines of insurance business not covered by the restrictions on participation and prohibitions on conduct contained in Section F which you intend to sell while carrying out consumer assistance functions. If you do not have anything to disclose you must state that below.

2. Disclose any existing employment relationships, or any former employment relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below.

3. Disclose any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below.

## Account Creation Steps

**The Account Creation step is the FINAL step within the Certification process.**

- Once the Enroller is Certified by Covered California, two emails will be sent from Covered California:
  - The Enroller will receive an email titled “**Access Code for Your New Counselor Account**” with an Access Code and further instructions awaiting the arrival of the second email. The Access Code is **valid for 24 hours only and for one-time use**.
  - The Enroller will receive an email titled “**Your Certified Enrollment Counselor Application is Approved**” with instructions and a link to create the account credentials. Click on [Click Here to Create Your Counselor Account using Your Access Code](#). The Enroller will be directed to the [Enter Access Code to Create Your Account](#) landing page.
- Once on the landing page, the Enroller should select **Yes, I have an Access Code**.

**Enter Access Code to Create Your Account**

\* Do you have an Account Creation Access Code?

Yes, I have an Access Code

No, my Access Code has been used or has expired, and I want to generate a new Access Code





- The Enroller will enter the Access Code, Entity's Federal Tax ID (not social security number), and Enroller's email address listed on the application. Click the **I'm not a robot** checkbox. Select **Next** to continue.

4. Usernames must have at least **8** characters and may contain numbers, letters, hyphens, and periods. Cannot be more than 50 characters.

**Important:** Once the Username has been created, it cannot be changed.

#### Password criteria

- Passwords must have at least **15** characters (no more than 50).
- Passwords must contain at least **1** of the following:
  - Uppercase letter
  - Lowercase letter
  - Number
  - Special character
- Passwords must not contain dictionary words, names, or common keyboard patterns (i.e., QWERTY).
- When re-entering the password, it must match.



### New Password

Your password must:

- Not contain dictionary words, names, or common keyboard patterns (example: Qwerty1!)
- Have at least 15 characters
- Have no more than 50 characters
- Must have at least 1 UPPERCASE letter
- Must have at least 1 lowercase letter
- Must have at least 1 number
- Must have at least 1 special character such as ` ~ ! @ # \$ % ^ & \* ( ) \_ + - = [ ] \ { } | ; ' : " , . / < > ?
- Must not be one of your previous 24 passwords



### Change Your Password

Enter a new password for

Make sure to include at least:

- 15 characters
- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character ?

\* New Password

\* Confirm New Password

Security Question

▼ What is your mother's maiden name?

\* Answer

Change Password

Password was last changed on 11/6/2023 3:15 PM.

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5. The Enroller must select a four-digit PIN Number

**Note:** Save this information for future use – Covered California will not have access to the PIN Number.

Outreach and Sales Division  
CommunityPartnerCertSupport@covered.ca.gov

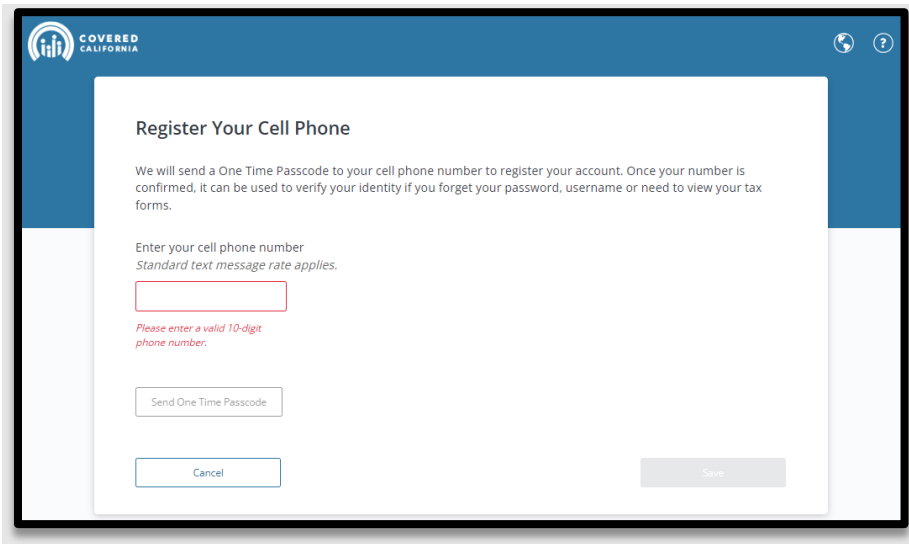


6. The system will now ask for you to select 3 Security Questions from a dropdown list of options.

7. During your account set up, the Enroller is prompted to complete additional account verification steps to prevent fraud.

- Confirm your email address
- Cell phone number

8. Input the Enroller email address and cell phone number to activate the password reset functionality. The password reset function does not require Covered California's direct assistance.



9. For each step, the system will send the Enroller a passcode to validate the email address and/or cell phone number. Input the passcode to set up the passcode recovery option.
10. Once the Account Creation is complete you can log in to the [Enroller Portal](#) with your username and password to access your account.

## Enroller Entity Home Page

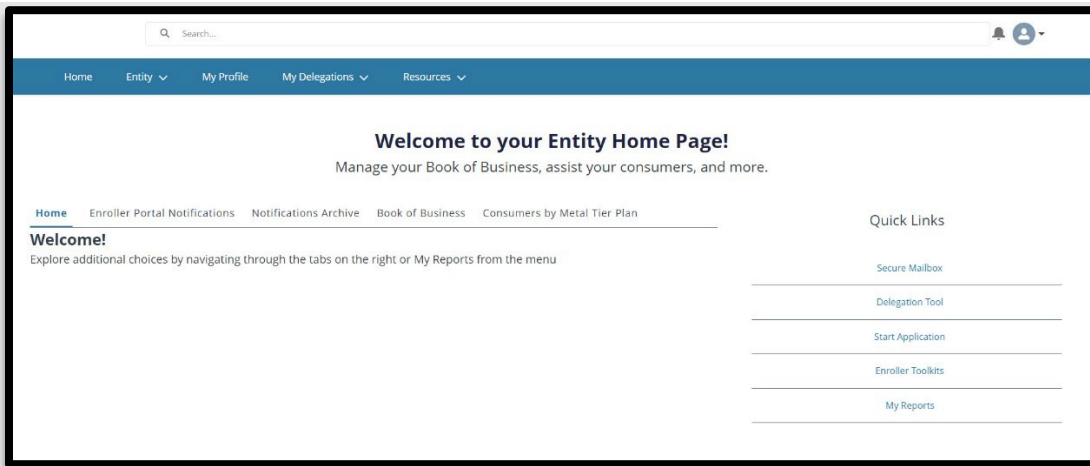
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After an Enroller completes their Account Creation process, they will have access to the Enroller Portal to assist and manage consumer they assist with enrollment. The following section provides Enrollers with a navigation overview of the Enroller Portal dashboard tabs frequently used.

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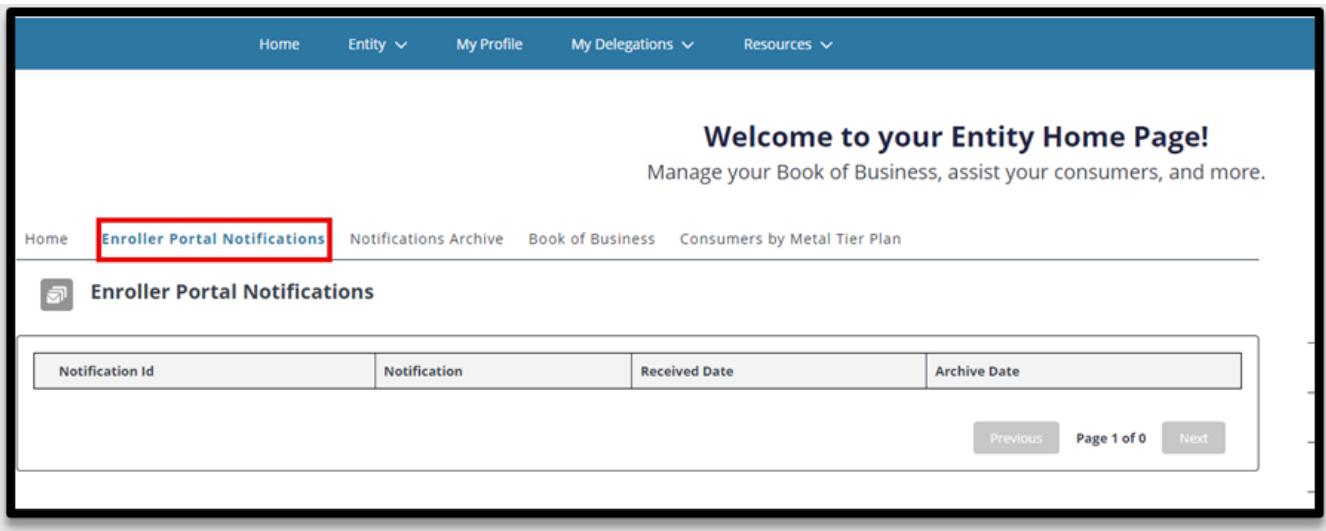
### Enroller Entity Home Page tab:

When the Enroller logs in to the system, they will land on the Welcome to your Entity Home page. The Enroller can access high-level information regarding their certification status, starting an application, delegation tool, reports, quick links, and more.



### Enroller Portal Notifications tab


- The **Enroller Portal Notifications** tab displays the Enroller’s active notifications sent by the Distribution Services team. The most recent notification is displayed at the top of the list.
- Clicking a link from the *Notification* column displays a popup with the notification details.



### Notifications Archive tab:

- **The Notifications Archive** tab displays a list of the Counselor’s archived notifications sent by the Distribution Services team. The most recent notification is displayed at the top of the list.
- Clicking a link from the *Notification* column displays a popup with the notification details.

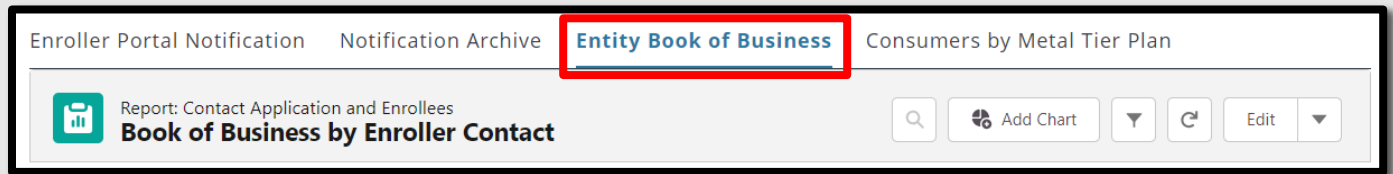


 **Enroller Portal Notifications Archive**

Notification Id	Notification	Received Date	Archive Date
N-000031	Thursday testing	2023-11-02	2023-11-03
N-000011	Notifica	2023-10-30	2023-10-31
N-000010	training demo 1	2023-10-30	2023-10-31
N-000000	Home Page Notification	2023-10-24	2023-10-26

### Entity Book of Business tab:

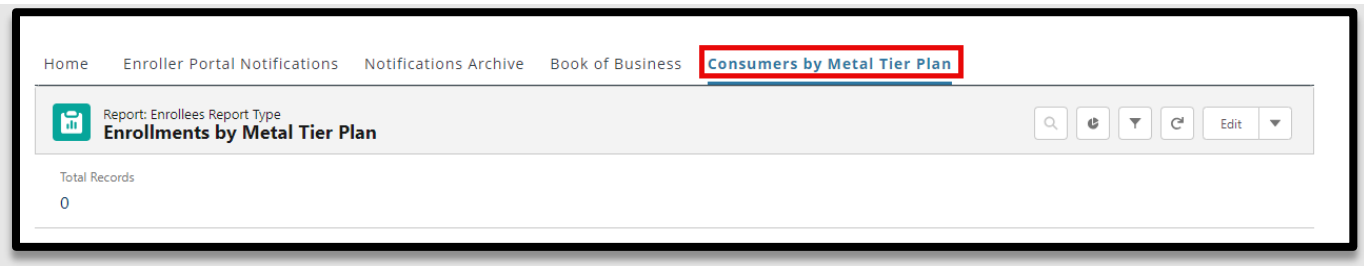
- The **Entity Book of Business** tab displays the *Book of Business by Enroller Contact* report, allowing Enrollers to view Consumers in the Entity's book of business, apply filters and edit the book of business, and save or export the book of business. Export options include *Formatted* or *Details Only* views.
- Clicking a Consumer's name from the Contact: *First Name* or Contact: *Last Name* columns display an individual household account or Consumer contact information.



**Note:** For Counselors, **My Book of Business** tab displays instead, automatically filtered to Consumers with active delegations along with Consumer, application, eligibility, and enrollment details.

### Consumers by Metal Tier Plan tab:

- The **Consumers by Metal Tier Plan** tab displays the *Enrollment By Metal Tier Plan Type* report, allowing Staff to view the number of Consumers delegated to them for each metal tier plan Level. A *Consumers by Metal Tier* bar graph is also available.



## Entity Quick Links

Quick Links display on user role similar to the Agency Home page, the *Welcome to your Entity Home Page!* displays a section. Links display based on user role. The *Quick Links* section may contain the following links:

- **Secure Mailbox** – Navigates the user to the *Secure Mailbox* to view messages
- **Delegation Tool** – Navigates the user to the *Consumer Delegation* page to delegate a CEC to the case
  - Displays only for Counselors
- **Start Application** – Navigates the user to the Consumer Home page to begin a new application on behalf of a Consumer
  - Displays only for Counselors
- **Enroller Toolkits** – Navigates the user to the *Enrollment Partner Toolkit* page
  - Displays for PC, AC and Counselors
- **My Reports** – Navigates the user to the *Reports* page to view, generate, extract and file available reports. The following reports display: *Recent, Created by Me, Private Reports, All Reports*. *Recent* is the default view.

The screenshot shows the 'Welcome to your Entity Home Page!' interface. At the top, there is a search bar and navigation links for Home, Entity, My Profile, My Delegations, and Resources. Below the navigation, the main heading reads 'Welcome to your Entity Home Page!' with the subtext 'Manage your Book of Business, assist your consumers, and more.' There are tabs for 'Enroller Portal Notification', 'Notification Archive', 'Book of Business', and 'Consumers by Metal Tier Plan'. The 'Enroller Portal Notifications' section is active, displaying a table with the following data:

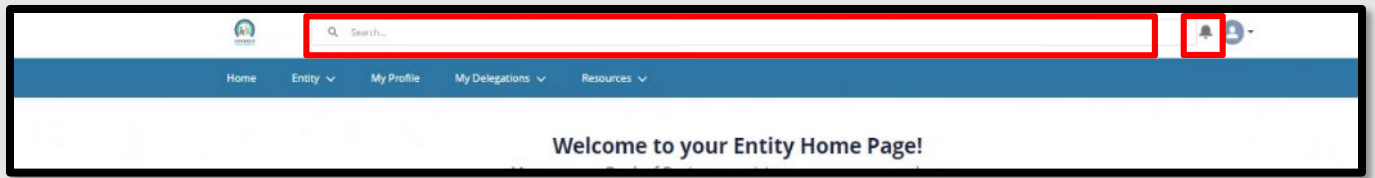
Notification Id	Notification	Received Date	Archive Date
N-000055	Nov 6th Training (**&%**\$&%)	2023-11-06	2023-11-07
N-000055	Nov 6th Training (**&%**\$&%)	2023-11-06	2023-11-07
N-000055	Nov 6th Training (**&%**\$&%)	2023-11-06	2023-11-07
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07
N-000054	demo test	2023-11-06	2023-11-07
N-000053	Notification For Testing	2023-11-06	2023-11-07
N-000052	All Entity Users Open Survey	2023-11-06	2023-11-08

At the bottom of the table, there are 'Previous', 'Page 1 of 2', and 'Next' navigation buttons. On the right side of the page, there is a 'Quick Links' sidebar with the following links: Secure Mailbox, Delegation Tool, Start Application, Enroller Toolkits, and My Reports. This sidebar is highlighted with a red border in the image.

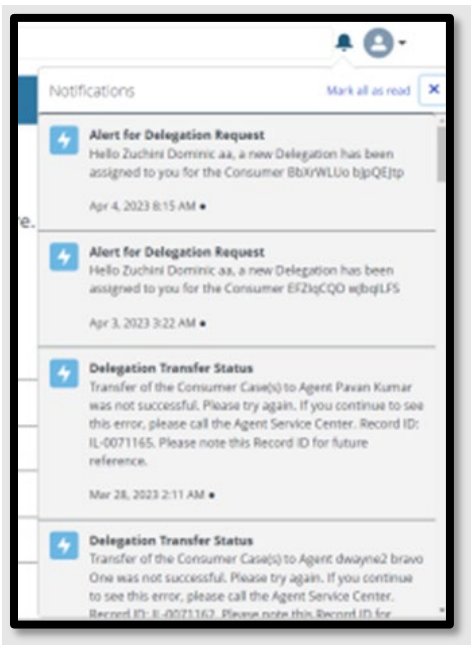


## Home Page Navigation

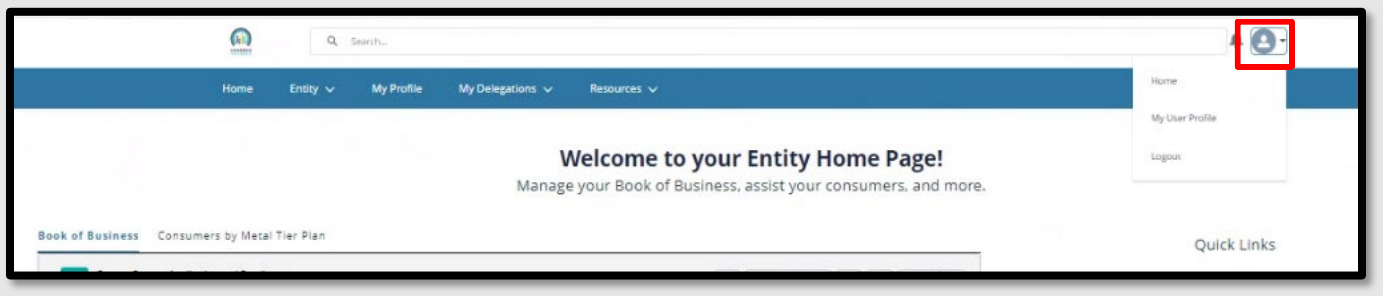
The Entity landing pages are similar and display the following functionality at the top of the page:



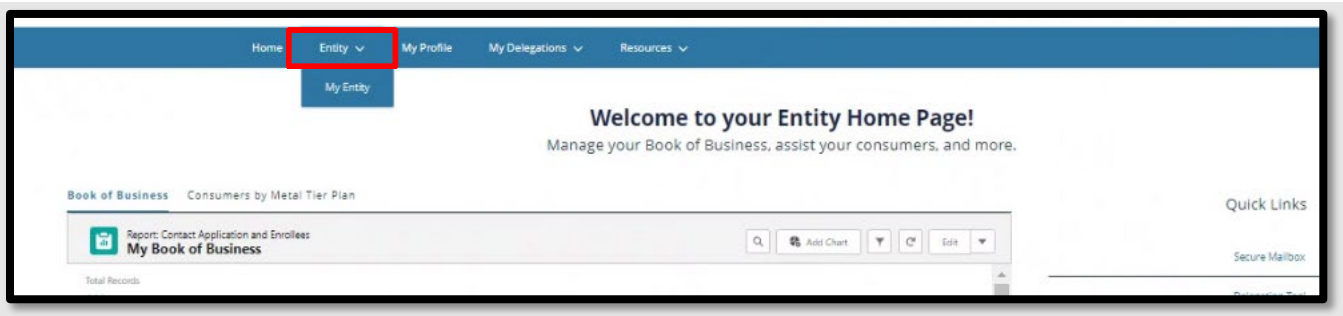
- **Search Field** – Allows staff to search for Contacts, Leads, and Accounts
- **Notifications Bell Icon** – Displays a red number when a pending notification is present



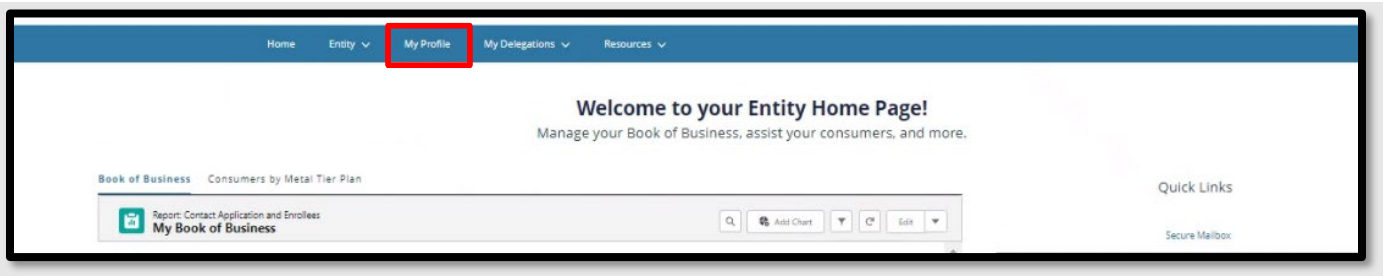
- Notifications may display the following:
  - **Alert for Delegation Request** – Delegation has been assigned
  - **Contract DocuSign Envelope Failed** – Contract DocuSign failed
  - **Delegation Transfer Status** – Indicates the status of a delegation transfer
  - **LiveScan DocuSign Envelope Failed** – The LiveScan DocuSign failed



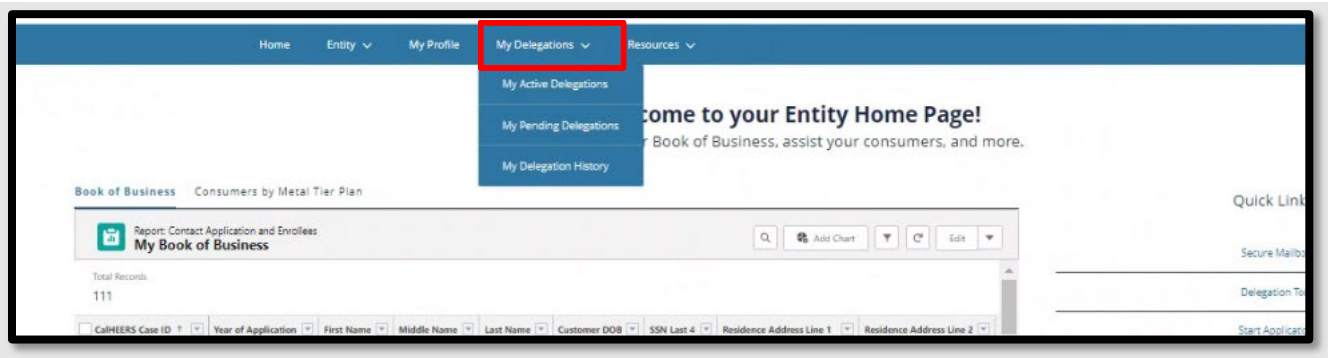
- **Profile icon** – If you hover-over the icon, it will display a dropdown description with the following options:
  - **Home** – Navigates the users to the Welcome to your Entity Home Page!
  - **My User Profile** – Navigates the user to the My Security Profile Page
  - **Logout** – Logs the user out of the system



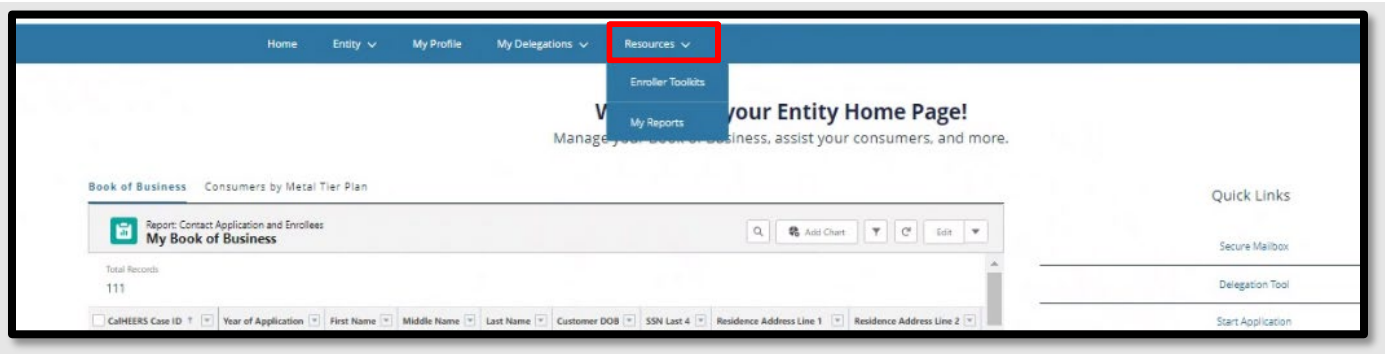
- **Entity tab dropdown** – Displays for all Entity staff with the following link:
  - **My Entity** – Navigates user to Entity account page with navigator contact information, Entity contacts, population served, and certification/approval status



- **My Profile tab** – Navigates the user to the *Contact* page to view their profile.



- **My Delegations** tab –
  - **Active Delegations** – Navigates user to all active delegations
  - **Pending Delegations** – Navigates the user to all pending delegations
  - **My Delegation History** – Navigates the user to the *Entity Delegation History* page



- **Resources** tab dropdown – Displays for all Entity staff with the following links:
  - **Enroller Toolkits** – Navigates the user to the *Enrollment Partner Toolkits and Resources* page of the Covered California website
  - **My Reports** – Navigates the user to Entity Reports

## Need Assistance

This concludes the Enroller Portal Medi-Cal Managed Care Plan Enroller User Guide training steps. If you have any questions or need assistance regarding the Enroller Portal or the process, please send the Certification Services Section Team at [CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov).