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IMPORTANT NOTE:

- 1. Entities that were Active in the old IPAS system ARE NOT REQUIRED to create an account or complete a NEW application in the Certification Portal.
- 2. If you were an Active entity in the old IPAS system, you will receive an email from the Certification Portal with a username and instructions to login.
- 3. After you have successfully logged in to the Certification Portal, please skip to the "My Entity" section on Page 18 to begin managing your account.

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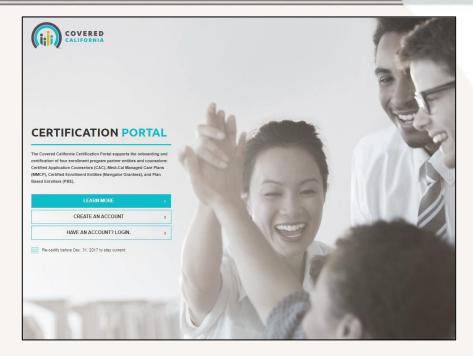
CERTIFICATION PORTAL ENTITY USER OVERVIEW

This document outlines all features and functions available to Entity Business Contacts in the Certification Portal. It details the functions that you as an Entity User have including the account registration process, entity application process, managing counselors, and managing files & required documentation.

COVERED CALIFORNIA ENROLLMENT ASSISTANCE PROGRAM

CERTIFICATION PORTAL ENTITY USER OVERVIEW





ACCOUNT CREATION PROCESS

IMPORTANT NOTE:

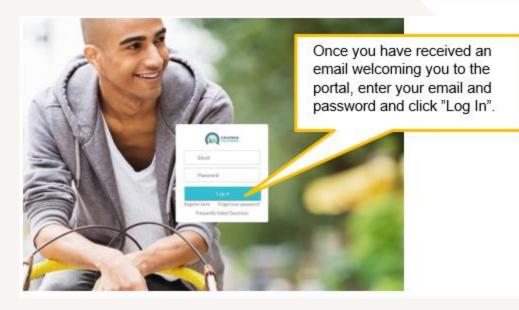
- 4. Entities that were Active in the old IPAS system ARE NOT REQUIRED to create an account or complete a NEW application in the Certification Portal.
- 5. If you were an Active entity in the old IPAS system, you will receive an email from the Certification Portal with a username and instructions to login. To access the Certification Portal, you must navigate to the "Have An Account? Login." button shown below:
- 6. After you have successfully logged in to the Certification Portal, please skip to the "My Entity" section on Page 22 to begin managing your account.

LOGIN PAGE

The Certification Portal login page can be found at https://coveredca.force.com/Certification/s/login/

COVERED CALIFORNIA ENROLLMENT ASSISTANCE PROGRAM

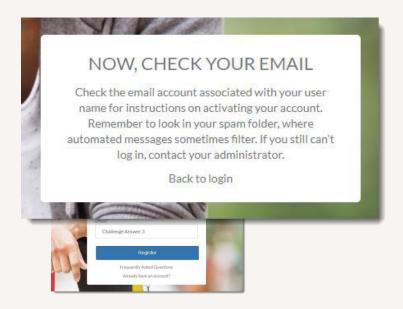
CERTIFICATION PORTAL ENTITY USER OVERVIEW



ENTITY REGISTRATION

To register as a new Entity applicant, follow the steps below.

- A. All new Entity applicants must populate all fields displayed on the <u>CREATE AN ACCOUNT</u> page and then click "Register". The email address populated in the Email field will also be the username for your new account. Password requirements are as follows:
 - a. Minimum of 10 characters
 - b. Must mix alpha and numeric characters
- B. After clicking the "Register" button you will see the following message on your screen. An email notification will be sent with a link to activate the new user account.





C. The System sends an email to the address provided for verification purposes. Sample of email below. You must click on the link provided in the email.

2. Once you click the link in the email message, you will be directed back to the Login Page. Enter the Email and Password that was entered in the registration process. Click "Log in" once your Email and Password are entered.

Email	
Password	
Log in	
Regist Here Forgot your pas	sword?
Frequently Asked Question:	ŝ

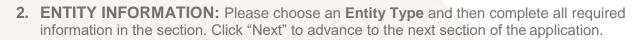


ENTITY APPLICATION

The steps below indicate the process of completing your Entity Application and submitting it for review by Covered California's Certification Services Section.

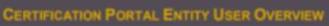
1. **INTRODUCTION:** Upon initial login, you will be directed to the Entity Application. Review the information on the page then appropriately click the checkboxes at the bottom of the page to offer certification of the statements. Click "Begin" to advance to the next page and start the application.

MY ENTITY COUNSELORS	COVEREDCA.COM CONTACT SUPPORT				
SECTIONS STATUS: DRAFT	Acme Inc. Section 1: Introduction				
1. Introduction	Please complete the information thoroughly. For more information please email questions to EnrollmentAssistanceSupport@covered.ca.gov				
2. Entity Information					
3. Location and Hours	Use this Enrollment Application to notify Covered • Covered California is seeking Entities to participate in	i i			
4. Entity Contacts	California of the intent to participate the enrollment program • Assist uninsured consumers to enroll and retain				
5. Counselors/Enrollers	coverage through Covered California Counselors will engage, educate, and enroll eligible 				
6. Required Documentation	Californians in Covered California Qualified Health Plans (QHP) and other insurance affordability				
7. Qualifying Attestations	programs				
	Information required to complete this application General information about the entity, such as contact information, populations currently served or intended to reach, and counties served All sub-site locations and hours of operation All sub-site locations and hours of operation Pederal Employment ID Number, State Tax ID Number Number				
Applicant must certify as an authorized representative and click "Begin" to continue	Required documentation to be submitted with this Froof of Business Status Documentation Proof of Insurance: Liability Insurance and Worker's Compensation Insurance Proof of current or valid license and/or certification Counselor Agreement(s) and Application(s) 				
Must choose one or both options	 I certify that I am an authorized representative for my Entity and that I will provide accurate information within application. I certify that I am the Primary Contact for my Entity. I certify that I am the Authorized Contact for my Entity. 	this (1) (3)			



1. Introduction	Acme Inc. Section 2: Entity Information Please hover over the @ lcon for more	Choose an Entity Type before proceeding through the application		
2. Entity Information	Entity Name Acme Inc.			0
3. Location and Hours 4. Entity Contacts 5. Counselors/Enrollers	Entity Type* © Certified Application Ent © Plan Based Enrollment © Medi-Cal Managed Care Business Legal Name*	24724		
6. Required Documentation				0
7. Qualifying Attestations	Primary Email Address *			0
	Primary Phone Number *	Secondary Phone Number		0
	Website Address			0
	Federal Tax ID *	State Tax ID *		0
	Category* Non Profit			C
	Organization Type* Select		*	0
	Year entity was established?*			٩
	Projected Counselors *			0
	Resource for Counselor			0

Note: The Entity Application will be saved after each step when "Next" is clicked. Your progress will be saved in case you need to leave and finish later. If you decide to leave the application early, you will be taken back to where you left off next time you log into the system.



3. LOCATION AND HOURS: Next you must setup the Primary Location and any Sub-Site Locations that represent the Entity. The Primary Location is required and will be the first location record added.

MY ENTITY COUNSELORS	COVEREDCA.COM CONTACT SUPPORT	
SECTIONS	Acme Inc. Section 3: Location and Hours	
 1. Introduction 	Please hover over the () icon for more information about an item Please fill out the dialog boxes for information about the Primary site and any sub-sites for your organization	n Complet
 2. Entity Information 3. Location and Hours 	the Information in the following categories. FEMARY LOCATION Type of Location)
4. Entity Contacts 5. Counselors/Enrollers	Estimated number of individuals served * 0	C
6. Required Documentation	Location Details	
7, Qualifying Attestations		0
	Contact First Name* Contact Last Name*	٥
	Email Address *	0
	Phone Number * Secondary Phone Number	0
	County* - Select -	• 0

Hours of Operation

Indicate the hours of availability to provide enrollment assistance for each day of the week. Select the correct time from the drop down boxes. Each day must be filled out. ()

Same hours M-F? 🛈				
	Open 24/7	? ①		
	Opening Time	Closing Time		
Monday	From	To		
Tuesday	From			
Wednesday	From	To 🔻		
Thursday	From	To 🔻		
Friday	From	To 🔻		
Saturday	From	To 🔻		
Sunday	From	To 🔻		

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You must save the address information by clicking "Save Location" before clicking on "Next".

Mailing Address			
Mailing Street Address *			
			í
Mailing City *			
			(i)
Mailing State *		Mailing Zip Code *	
Select	i		í
Physical Address		Same as Mailing? ①	
Physical Street Address *			í
Physical City *			()
Physical State *	\sim	Physical Zip Code * Click to Save Location information	3
		Save Location	
		Previous Next	

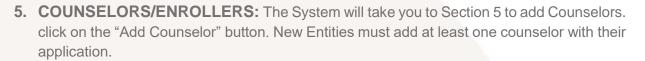
Once a location is saved, a list of all the Entity's locations you have created will be displayed with options to add additional Sub Sites or proceed to the next section of the application.

SECTIONS STATUS: DRAFT 1. Introduction 2. Entity Information 	Acme Inc. Section 3: Location and Hours Please hover over the () icon for more information about an item Please fill out the dialog boxes for information about the the information in the following categories. Create a Sub Site Location	s for your organization. Complet	te
3. Location and Hours	Site Locations	+ New Sub Site	
4. Entity Contacts 5. Counselors/Enrollers		Proceed to next	-
6. Required Documentation	Acme Location 1 PRIMARY LOCATION	section	-
7. Qualifying Attestations	Previous Next		

4. ENTITY CONTACTS: Next, you must fill out all the information in this section to identify the entity's lead contact persons. Some fields may be pre-populated with your information depending on what was selected in the Introduction section 1 (page 8).

SECTIONS		Acme Inc. Section 4: Ent Please hover over th	ity Contacts	nation about an	ltem	
2. Entity In3. Location					la program manager. This Individual will be respor iffiliated Counselors, and maintaining up-to-date I	
4. Entity Cont	acts	Primary Contact Fir	st Name*		Primary Contact Last Name *	
5. Counselors	/Enrollers	Indot		O	Doe	C
6. Required D	ocumentation	Primary Contact Tit	le *			0
7. Qualifying A	Attestations					
		Primary Contact Err				G
		1023158@mvrht	.net			
		Primary Contact Ph	one Number *	Ø	Primary Contact Secondary Phone Number	0
		Primary Contact Ma	alling Street *			Q
		Primary Contact Ma	alling City *			
		Primary Contact Mailing State *	Select	• ©	Primary Contact Mailing Zip Code *	0
		MailingState*	act tact is the person author	ized by the Enti	Primary Contact Mailing Zip Code * ty to enter into a contractual agreement with Cov ary Contact?	ered
		Mailing State* Authorized Conta The Authorized Cor California.	act tact is the person author	O ized by the Entities	ty to enter into a contractual agreement with Cov ary Contact?	ered
		Mailing State* Authorized Conta The Authorized Cor California. Authorized Contact	act. tact is the person author First Name*	ized by the Enti	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name *	ered
		Mailing State* Authorized Conta The Authorized Cor California: Authorized Contact John Authorized Contact	ict itact is the person author First Name * Title *	ized by the Enti	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name *	ered
		Mailing State* Authorized Conta The Authorized Contact California. Authorized Contact John Authorized Contact Authorized Contact	set itact is the person author First Name* Title* Email*	ized by the Enti	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name *	ered
		Mailing State* Authorized Conta The Authorized Contact John Authorized Contact Authorized Contact [J023158@mvrht]	ect tract is the person author First Name * Title * Email * .net	ized by the Enti	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name * Doe	ered
		Mailing State* Authorized Conta The Authorized Contact California. Authorized Contact John Authorized Contact Authorized Contact	ect tract is the person author First Name * Title * Email * .net	ized by the Enti	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name *	ered
		Mailing State* Authorized Conta The Authorized Contact John Authorized Contact Authorized Contact [J023158@mvrht]	act. tact is the person author First Name * Title * Email * .net Phone Number *	Same as Prime	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name * Doe	
		Mailing State* Authorized Contact John Authorized Contact John Authorized Contact J1023158@mvrht Authorized Contact	act tact is the person author First Name * Title * Email * 	Same as Prime	ty to enter into a contractual agreement with Cov ary Contact? Authorized Contact Last Name * Doe	ered

COVERED



SECTIONS STATUS, DRAFT	CommTestEn	5			
 1. Introduction 			·	· · · · · · · · · · · · · · · · · · ·	s potential "Counselors", click the button each individual affiliated with the Entity
 2. Entity Information 	as a potential Co	unselor (Details, Mailing	Addres	Create a new	
 3. Location and Hours 	,	ompleted the information rofile information and upl	for an i	Counselor	with a user account in which they can
 4. Entity Contacts 					
5. Counselors/Enrollers	Counselors				+ Add Counselor
6. Required Documentation	NAME	CERTIFICATION	PROFILE	SITES SERVED	MULTI-AFFILIATE
7. Qualifying Attestations			Previo	us Next	

After clicking the "Add Counselor" button you will advance to following screen. Fill out the required information. The new Counselor must be assigned as a resource to one or more of the Locations that you created in Section 3. After the information has been correctly entered, click on the "Create Counselor" button to create and associate the Counselor with your Entity.

Note: A Counselor can be assigned up to two sites.

SECTIONS STATUS: DRAFT	CommTestEntity1 Return to list of all Section 5:Counselors counselors	
1. Introduction	Back to Counselors	
 2. Entity Information 	NEW COUNSELOR	
3. Location and Hours	Please hover over the ① icon for more information about an item TIP: Each Counselor must have a unique email address, p	address for different
 4. Entity Contacts 	individuals existing C	Counselor
5. Counselors/Enrollers	Details in the s	system.
6. Required Documentation	CA Driver's License Number or State ID *	ID Type * ● Select
7. Qualifying Attestations	Legal First Name * Will also become Counselor's user name for accessing the portal	Name*
Listed are all Primary and Sub Site Locations created in Section 3.	Email * the portal Confirm Email Address *	0
	Sites served by this individual * (Ctrl+Click to select multiple)	Creates the new Counselor user account. If an existing Counselor is recognized from the entered CA License
	Select Location Main	# or State ID, then a new user account will not be created and the existing Counselor will become
	Create Counselor 3	affiliated with this Entity
	Previous Next	

After creating the counselor, select "Back to Counselors" to view a refreshed list of all the counselors (with the option to create more), or proceed to the next section of the application by clicking "Next".



6. REQUIRED DOCUMENTATION: Once the Counselors have been entered and clicked "Next" the System will navigate to Section 6: "Required Documentation." Each item in this section must be completed or uploaded as part of the application. The content in each section may vary depending on the entity type that was selected in Section 2.

NOTE: Documents that are missing or filled out incorrectly will delay the approval process. Continue below for a detailed look at each section.

SECTIONS STATUS: DRAFT	John Wayne Medical Cetner Section 6: Required Documentation Only PDFs are allowed to be uploaded. Be sure documents meet specified requirements before uploading.
 2. Entity Information 	Entity Agreement
 3. Location and Hours 4. Entity Contacts 	Entities must complete, sign and upload the Entity Agreement. To complete the Agreement, click on the button below. The file will open via DocuSign, allowing for the Agreement to be completed and signed.
5. Counselors/Enrollers	
6. Required Documentation	Proof of Business Status Documentation
7. Qualifying Attestations	The required documentation is listed below based on your Entity's category. 1. Tax Identification Number on Institution Letterhead Proof of Eligibility ① Upload Files Or drop files

a. ENTITY AGREEMENT: Upon request, the CSS Team (<u>CommunityPartnerCertSupport@covered.ca.gov</u>) will send a valid copy to the Entity directly.

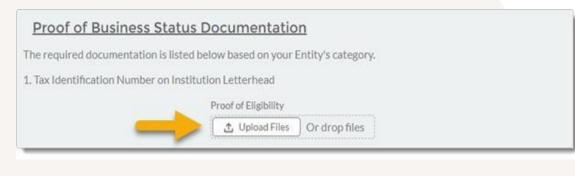
Note: When completing the document, ensure it is filled out by the Authorized Contact

Once all the information has been properly filled out and the document is signed, send the Entity Agreement back to the CSS Team to further be processed and reviewed.

NOTE: If there is nothing to disclose, enter "Nothing to disclose" in those fields.



b. **PROOF OF ELIGIBILITY:** Click on the "Upload Files" button and browse to the appropriate PDF document which is on your computer. You also have the option to drop the file into the dotted area for it to be uploaded.



c. **PROOF OF INSURANCE:** Upload Files for both General Liability Insurance and Worker's Compensation Insurance documents.

Proof of Insurance	
IP: Please do not upload insur	ance certificates until Covered California has been listed as an Additional Insured.
Il entities must submit a Certi nsurance requirements.	ficate of Insurance that demonstrates that the Entity meets the following minimum
1. General Liability insurance California as additionally insu	with coverage of not less than \$1,000,000 per occurrence naming Covered red.
	be named as additionally insured on the general liability insurance policy. Do not submit your application, until this requirement is met. Provide your insurance litionally insured information: Covered California 1601 Exposition Blvd Sacramento, CA 95815
_	General Liability Insurance ① Upload Files Or drop files
2. Worker's Compensation in: TIP: Only a sole-proprietor is a statement as such on letterh	excluded from submitting proof of workers compensation, but must instead upload

TIP: Only a **sole-proprietor** is excluded from submitting proof of workers compensation. To validate, the sole proprietor(s) must prepare a statement on their business letterhead noting that because their entity is providing service as a sole proprietor, they are excluded from having Workers Compensation coverage.

- (iii) COVERED
- d. **PROOF OF LICENSE:** Click on "Upload Files" to select your Proof of Business License documentation.

NOTE: If you are a school, municipality, or other government agency without a normal business license, submit a signed letter stating this on the official letter head of your organization. If you are a nonprofit organization, submit proof of your 501(c)(3) status.

Proof of current or valid license

Entities must provide documentation of the business license and other relevant certification of the Entity, including any federal or state designations.



e. **CONFLICT OF INTEREST PREVENTION PLAN:** A template for a Covered California Conflict of Interest Prevention Plan is provided through the Conflict of Interest Prevention Plan blue button. If you have your own conflict of interest prevention plan, please **click** on "Upload Files" to upload your own Conflict of Interest Prevention Plan.

Conflict of Interest Prevention Plan	
Entities must provide a Conflict of Interest Prevention Plan. This Conflict of Intere uploaded, will be submitted to legal team for Review and either approved or return Conflict of Interest Prevention Plan	
Conflict of Interest Prevention Plan	Template for plan
Upload Files Or drop files	

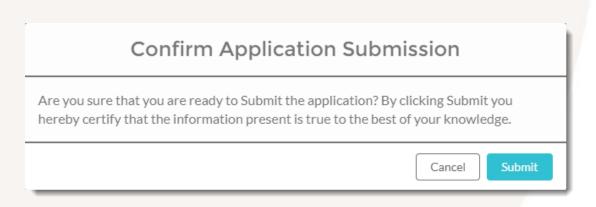
After all the required documentation has been uploaded, click on the "Next" button to advance to the next section.

Note: The maximum file size for an uploaded document is **4 MB** (Megabytes). Please optimize any scanned documents to fit within the upload limit. All required documents must be uploaded to proceed to the next section. A green checkbox indicator will display next to each section when a document is uploaded successfully.

7. QUALIFYING ATTESTATIONS: Read each Qualifying Attestation. Click in the check box to acknowledge your agreement with the attestations and click on "Submit" to initiate application submission.

ECTIONS STATUS: DRAFT	CommTestEntity1 Section 7: Qualifying Attestations	
1. Introduction	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 a	attha
 2. Entity Information 	bottom of this page and click "Submit".	attne
 3. Location and Hours 		
 4. Entity Contacts 	Attestation 1 I certify the organization applying is not a health insurance issuer or stop loss issuer, a subsidiary of a health insurance issuer or a stop loss insurer, or an association that includes members of, or lobbies on behalf of, the insurance industry.	a
 5. Counselors/Enrollers 	includes members of, or lobbles on behan of, the insurance industry.	
 6. Required Documentation 	I certify the organization applying is not receiving any consideration directly or indir Attestation 2 from a health insurance issuer or stop loss insurance issuer for enrolling individuals a	· · · ·
7. Qualifying Attestations	employees into qualified or non-qualified health coverage.	anu
	Attestation 3 I certify the organization applying does not employ any individuals who receive any consideration for enrolling qualified individuals and employees into qualified or non-qualified health coverage.	-
	Attestation 4 I certify the organization applying and all of its employees will comply with the confli interest standards located at the California Code of Regulations Title 10, Chapter 12 Section 6866.	
Entity User must agree to all Qualifying Attestations	Attestation 5 I certify that the entity will serve families of mixed immigration status and individual with disabilities.	s
	By clicking submit, acknowledgement is made that the organization applying qualifies to participate in the Pr as an Entity and that all submitted information is true, correct and accurate.	rogram
	Previous Submit	

The following confirmation message will appear after clicking the "Submit" button. Click the "Submit" button again. The Entity Application will be submitted to the Certification Services Section for processing.







ENTITY APPLICATION STATUS – APPROVAL FROM COVERED CALIFORNIA

When the Entity Application is submitted, the user will be directed to the application status page where the application status history and any notes added by the review team will be displayed.

	Application has been su	ubmitted for processing	×
		▼ Manage Entity	
Application Locked	Current status of the application. Click this to get to the status page.	CREATED BY CREATED DATE	
 be reviewed but is locked for editing 	Application Status: Pending		
✓ 5. Counselors/Enrollers	STATUS	DATE Aug 10, 2017 11:34 AM	
 6. Required Documentation 7. Qualifying Attestations 			

- The application status is "Pending" and the application is locked from editing. The application will remain in "Pending" status until it is reviewed and updated by the Certification Services Section (CSS).
- The Entity User will receive an email confirming the submission of the Entity Application and will inform the user when the application will be reviewed.

Once an Entity Application has been submitted for processing, the application is reviewed by Covered California's Certification Services Section. Covered California will review the application and all required documentation. The review team will update the Entity Application Status to one of the following values:

- Draft The Entity Application requires additional edits and is returned to the Entity User. The review team will provide details on what needs to be corrected.
- b. **Pending** The Entity Application is awaiting a determination from Covered California's review team.
- c. **Approved** The Entity Application has been approved.
- d. **Not Approved** The Entity Application has been reviewed and NOT approved.
- e. In CC Review The Application has been initially reviewed, but further review is necessary.
- f. Withdrawn The Application has been withdrawn by request of the Entity.

You will see when the review team updates the status of the application by viewing the application status page.

SECTIONS STATUS; DRAFT		▼ Manage Entity
 1. Introduction 	Application Notes	
A 2 Entity Information Notes added by the Covered CA review team	TITLE BODY Draft Please correct the	Mailing Address on the Primary Location. The Zip Code does not match the city provide
History of status changes	Application Status: Draft	Submitted: 08/11 08:40 AM
6. Required Documentation	STATUS	DATE
7. Qualifying Attestations	Draft	Aug 11, 2017 08:52 AM
	Pending	Aug 11, 2017 08:40 AM
	Created	Aug 10, 2017 11:34 AM

You also can add additional disclosures to your Entity Agreement. This is useful if you have additional items to disclose after you have signed and submitted your application and the application is still under review.

SECTIONS STATUS; DRAFT	✓ Manage Entity
 1. Introduction 	Application Notes Entity Disclosure Update
 2. Entity Information 	TITLE BODY
3. Location and Hours	Draft Please correct the Mailing Address on the Primary Location. The Zip Code does not match the city provide
 4. Entity Contacts 	
5. Counselors/Enrollers	Application Status: Draft Submitted: 08/11 08:40 AM

Once Entity Application is marked as "**Approved**", you will receive an email outlining the next steps in the Entity Certification process (see next page). Next time you log into the Certification Portal with an approved application, you will be directed to the My Entity page instead of the application.

Sample Application Approval Email

CALIFORNIA	
	-
ongratulations! Your Entity application has been approved.	
ere are the next steps:	
IEXT STEPS To Complete Certification Requirements:	
. Within 30 days of this notification, the Primary contact listed in the Entity application must complete the required Entity Management Training by clicking HERE	
Be sure to mark the checkbox on your Entity record in the Certification Portal, as instructed at the end of the training.	
. As your entity's primary contact, you are the designated individual responsible for day-to-day management of your organization's participation in this program. Click I desource Guide that will help you get oriented and provide you with the tools to assist you in this role. [Need new Link to where this is hosted]	HERE to access
. Ensure that your Counselor Roster is finalized in the Entity application by completing all the Counselor candidate information.	
. The Counselor must complete the following steps for their profile and agreement:	
. Complete and submit Criminal Disclosure Form. ** NOTE: Any communication in connection with the Criminal Disclosure Form is between the individual applicant ar alifornia. The Entity must not be involved in the review of the content of this disclosure.	nd Covered
. Complete and download two copies of the Capital Live Scan Form, and call to schedule a fingerprinting appointment at an approved provider for background clearan ttp://www.capitallivescan.com/locations_statewide_network.html	ice:
. Sign & Submit their Counselor agreement	
Upload a head shot photo for Counselor badge.	
. Complete the required training, by logging into the Learning Management System (LMS) and using credentials provided in an LMS email sent to all Counselor candia elf-guided via online modules. Training questions should be directed to <u>CCULearning@covered.ca.gov</u> .	dates. Training i
vou have additional questions or need further assistance please email certificationportal@covered.ca.gov.	



MY ENTITY

The "My Entity" page provides a snapshot view of your Entity account information and all items related to your Entity. The related items include:

- Required Documentation: Documents such as, Business License, General Liability and Workers Compensation are submitted here.
- My Files: Any files that are not Required Documents are located here.
- Entity Applications: The application that was filled out and submitted for review.
- Locations: The address information for the Entity and the subsites are found here.
- Entity Change Requests: Any information changed or updated will be logged here.

My Files (3)

Account T. + Follow Edit Covered CA Community Partner STATUS EXPIRATIO. MY FILE ... FILE Test Prod -MyFile_909. Entity Ma Any files outside of Required documents are Program Type Primary Ph Primary Location Required Documentation can managed here. Click here (or MyFile 909... Entity Manag Navigator Organization Entity details are View All to view all records. be uploaded and displayed on the left managed here side of the page. 拱 Strategic Workplans (0) Required Documentation (6+) New ✓ Entity Information Account Name Entity Status REQUIRE... FILE TYPE STATUS EXPIRATIO Progress Reports (0) Covered CA Community Partner General Lia... General Liabilit... Expired ▼ Entity Primary and Program Type Parent Account CAEAgree... CAEAgreement DocuSign Pend.. • Payment Requests (0) Sub Site Locations • flower Worker's Com... Submitted Business Legal Name Locations (2) Entity Agreem... ▼ Entity Agre... Submitted Entity documents, job site locations, and CHewie's Li... Proof of License Approved • CONTACT F., CONTACT L... LOCATIO PHONE NU. change request are Website Address RegDoc_90... Workers Comp... Approved ¥ Secondary S.. Smith (559) 555-1234 John T displayed on the right (555) 698-5126 Main Site Skywalk • side of the page. Category View All Non Profit View All Entity Change Requests (6+) New CalHEERS CalHEERS Usern CHANGE .. CREATED D... CREATED BY RECO CalHEERS Password CR-19791 Change Red 21/2018 10:.... Sys Admin • CalHEERS Pin Credentials for accessing CR-19790 Char CalHEERS system. There are two types of change CR-19789 Ch Populated once Entity requests: Change Request System Info becomes Active and CR-19788 C Registered with Covered CA and Withdrawal Requests Created By CR-19787 Ch Andy Hilliard . 10/15/2015 4:29 PM CR-19785 8/21/2018 10:.... Sys Admin Change Request ¥

Each of the different sections is described below:

NEW – ENTITY ACCOUNT "MY APPROVAL"

Primary Contacts or Authorized Contacts are required to approve or reject pending requests located under the "Items to Approve" tab.

VEREDCA.COM CONT.	ACT SUPPORT DASHBOAR	D MY APPROVALS	
o approval requests need you	Ir attention right now.		
		VEREDCA.COM CONTACT SUPPORT DASHBOR	

REQUIRED DOCUMENTS & MY FILES

Required Documents and My Files records are used to manage all files associated with your Entity. Required Documents will have been automatically created through the Entity Application process and typically will not need to be created from the My Entity page once an application has been approved. However, certain Required Documents will expire over time and will need to be updated.



UPDATING EXPIRED REQUIRED DOCUMENTS:

Expired Required Documents can be updated through the following procedure: Click on the "New" button next to Required Documents

(iii)	Search	Search NAV TEST
COVERED		
A MY ENTITY CO	UNSELORS COVEREDCA.COM CONTACT	SUPPORT
ENTITY Navigator Entity Name Nav Test Entity v.2	Organization Entity Status Phone O Active (916) 228-8795	+ Follow Edit
Entity Informati	on	Required Documentation (6+)
Entity Name Nav Test Entity v.2	Entity Status Active	REQUIRED DOCNAME FILE TYPE STATUS EXP ReqDoc_231_Conflict Conflict of Interest Approved
Parent Entity	Program Type Navigator Organization	ReqDoc_231_Busines Business License Approved 12/; ReqDoc_231_Worker Workers Compensation Approved 4/1/
Business Legal Name	Primary Email Address 0	ReqDoc_231_General General Liability Approved 4/1/ ReqDoc_231_Busines Business License Approved 3/3:
Website Address	Primary Phone Number	ReqDoc_231_General General Liability Expired 4/1/ View All
Entity Contacts		View A
Primary Contact	Authorized Contact	Entity Change Requests (1) CHANGE REQUEST RECORD TYPE CREATED DATE CREATE
CalHEERS		CR-2943 Change Request 7/27/2017 8:56 AM IPAS D
CalHEERS Username CalHEERS Password	Credentials for accessing CalHEERS system. Populated once Entity becomes Active and Registered with Covered CA.	View Al There are three types of change requests: Change Request, Withdrawal Request,
CalHEERS Pin	With Covered CA.	Disclosure Update
System Info		

- COVERED CALIFORNIA
- 1. Complete required fields and click on the "Save" button

Entity Name		Create Entity File	
Nav Test Entity v.2			
	* Entity File Name	* Entity	
	Verification Report	Nav Test Entity v.2	×
Entity Inform			New
Entity Name	* File Type 🔘	File Details	TUS EXPIRAT
Nav Test Entity v.	Verification Report	For the Month of June 2017	mitted
Parent Entity			proved
		L	proved
Business Legal Nam		Expiration Date 0	proved
Nav Test Entity 2			proved
Website Address	Created By	Last Modified By	proved
nav.org			· · ·

2. Click the name of the file you just created

Verification Report	Verificatio	пкероп
Entity Agreement		11
Proof of Eligibility	Proof of Eligibility	Approved
Proof of Insurance	General Liability Insuran	Approved
Proof Of License	Proof of License	Approved
W9	W9	Approved
4		

3. Click the "Upload Files" button

Notes & Attachments (0)	
	Litytenet Plane Circ designition
Ently File Name Verification Report	Komy Nav Test Setty v2



4. Select the file you want to upload



NOTE: Required Document Entry has now been completed.

CREATING MY FILES:

My Files records are like Required Documents, but they will be used to manage any files that were not required as part of the initial application process.

A. My Files are for documents that are not considered Required Documents and a place to manage these files. To upload a new My File, first click the "New" button on the My Files related list.

🗈 My Files (6+)	_	New	
MY FILE NAME	FILE TYPE	STATUS EX	٢F
MyFile_2019_Counsel	Counselor Withdraw Re	Submitted	
MyFile_2019_Conflict	Conflict of Interest Plan	Submitted	
MyFile_2019_Other2	Other	Submitted	
MyFile_2019_Other2	Other	Submitted	
MyFile_2019_Other2	Other	Submitted	
MyFile_2019_Counsel	Counselor Withdraw Re	Submitted	
•			►.
		View All	



B. The following popup will appear. Enter the appropriate information and then click **"Save"** to create the file detail record.

Create My File		
* My File Name Test Report July 2017	* Entity	
* File Type Productivity Report	Status 🔘	
File Details Sample My File Details	Expiration Date 0	
Created By	Last Modified By	
	Cancel Save & New Save	

C. The record that's created houses details about the file(s) related to it. Now that the record has been created, one or many files can be uploaded to it.

Test Report July 2017	Edit Delete Clone
My File Name Test Report July 2017 	Entity Abrazar Inc. Status and Expiration Date fields will be managed by the internal review team
Productivity Report 	Expiration Date 0
Created By 7/27/2017 10:40 AM	Last Modified By , 7/27/2017 10:40 AM
Notes & Attachments (0)	Drag and drop or select "Upload Files" to upload files to the My File record. Note that multiple files could be uploaded to a given My File record.
	Or drop files



MANAGE LOCATIONS

CREATING A LOCATION: The "Locations" related list, click on the "New" button.

			+ Follow Edit View Website	
Program Type Certified Application Entity	Phone 123-123-1234	Website www.fake.com	Billing Address	
Entity Information			Required Documentation (0)	
Account Name	Entity Status			
CommTestEntity1	Active		My Files (0)	
Parent Account	Program Type Certified Applic	ation Entity	Locations (1) New	
Business Legal Name 🔞	Primary Email Add		LOCATION NAME CONTACT FIRST NAME CONTACT LAST NAME PHO	
Test Business Legal	j988663@mvrh		Sample Location 1 John Smith 12:	
	J*00003@INVIII	Line c	Sample Education 1 John Smith	
Website Address	Primary Phone Nu	mber 🚯	View All	
www.fake.com	123-123-1234		View All	

A. Select Primary or Sub Site Location for the Record Type. There should only be one Primary Location.

New Location			
Select a record type O Primary Location Sub Site Location	Ļ		
	Cancel Next		

B. Once all the information is completed click on the "Save" button to complete the process.

Create Location: Sub Site Location		
• Estimated number of individuals served ① 100	Primary Location Primary Location Sample Location 1 X	
	Record Type Sub Site Location	
Location Details		
* Location Name Sample Sub Site	*Entity CommTestEntity1 ×	
*Contact First Name 🕚	Contact Last Name 0	
Jane	Smith	
*Phone Number	Secondary Phone Number	
111-111-1111	222-222-2222	
•Email Address ()	*County Amador	
	Cancel Save & New Save	

NOTE: Changes to an existing site in the Certification Portal will initiate a Change Request for CalHEERS so the systems remain in sync. Refer to the Entity Change Requests section on Page 33 for a full list of Entity Change Requests and approvals required for the change to take effect.



ADDING SITES SERVED TO COUNSELORS

Site Served record represents the Location of the Entity, the Counselor Contact records and the Site Served Records are linked. If a Counselor changes the location, they serve the information must be updated in the Certification Portal.

VIEWING SITES SERVED:

Each Location can be associated with a set of Counselors that are responsible for serving the site. These associations are managed through the Sites Served related list. The Sites Served related list is displayed on both the Location and the Counselor Contact record pages.

Comr	n 1 Sub Site	List of Counselors that	
Physical City Sacramento	Physical State CA	Physical Zip Code 95834	serve this Location
Estimated num 21	ber of individuals served	Primary Location Omm User Site 1	Site Served (4) New SITE SERVED NAME COUNSELOR CONTACT
		Record Type Sub Site Location	3 Site-0021 Counselor1Test Site-0054 Jimmy Kemmel
Location I	Details		Site-0059 Jimmy Neutron
Location Name		Entity	Site-0060 Elmer Fudd
Comm 1 Sub	Site	CommTestEntity1	< · · · · · · · · · · · · · · · · · · ·
Contact First N	ame 🔘	Contact Last Name	

Location view of Sites Served

	ounselor1 Test				+ Follow Edit Send Email	
le	Entity Name CommTestEntity1	Phone(2) 111-222-4337	Email sam@saasfocus.com	Contact Owner		
lam	e			Γ	Related Entities (1)	
Name		Entity	Name		ENTITY NAME CALHEERS EMAIL/USERN	
Couns	elor1 Test	Com	mTestEntity1	5	CommTestEntity1	
Corti	fication				•	
erci	neation				View All	
Certification Status			Certification Date			
Certified		7/11	7/11/2017		Counselor Files (3)	
Counselor Certification Number R		Recen	Recertification Due Date		COUNSELOR FILE NAME FILE TYPE	
1000010003				CECAgreement.pdf CEC Agreement		
Contact Information			CMMCPE Insurance A., CMMCPE Insurar			
Contact information			List of Location		CECAgreement.pdf CEC Agreement	
Email		Title	that this		<	
sam@s	aasfocus.com		Counselor serve	s	View All	
Phone		Depa	rtment		_	
111-23	22-4337				D Site Served (2) New	
Other Phone Com		Conte	ict Type		SITE SERVED NAME LOCATION CRE	
444-555-6221					Site-0021 Comm 1 Sub Site 3/15	
22.252			200		Site-0067 Sub Site 3 7/1	
Mailing	Address Council Blvd.	Birthe	late /1991	3	•	

Counselor view of Sites Served



CREATING LOCATION SITES SERVED:

Select the "New" button from the Site Served related list.

	ATIONS > COMM 1 SUB SITE e Served	_	New
4 iten	ns • Updated a few seconds ago		C
	SITE SERVED NAME	COUNSELOR CONTACT	
1	Site-0021	Counselor1 Test	W
2	Site-0054	Jimmy Kemmel	W
3	Site-0059	Jimmy Neutron	
4	Site-0060	Elmer Fudd	v

Sites Served related list (View All mode)

Populate the Location field with the name of the site location and populate the Counselor Contact field with the name of the counselor that will serve the site. One of the two fields will automatically be populated depending on which related list was selected from (i.e. Counselor vs. Location). Click "Save" (or Save & New to create another).

	Create Site Served
Site Served Name	
*Location	×
* Counselor Contact	
Created By	Last Modified By
	Cancel Save & New Save

Saving Site Served

COVERED

ENTITY CHANGE RQUESTS

CHANGE REQUESTS:

Most changes to your entity's information can be made by simply editing the information. To do so, click the "Edit" button in the upper right side of the "My Entity" page. If you need to edit an existing site, click the down arrow button next to that site, and click "Edit".

	ity1		+ Follow Edit View Website
Program Type Certified Application Entity	Phone 123-123-1234	Website www.fake.com	Billing Address
Entity Information			Required Documentation (0) New
Account Name CommTestEntity1	Entity Status Active		My Files (0)
Parent Account	Program Type Certified Applicat	ion Entity	Contions (1)
Business Legal Name 🛛 💿 Test Business Legal	Primary Email Addre j988663@mvrht.n		LOCATION NAME CONTACT FIRST NAME CONTACT LAST NAME PHC Sample Location 1 John Smith 123
Website Address www.fake.com	Primary Phone Num 123-123-1234	ber 0	∢ ► View All

NOTE: Active Entities Change Request records will automatically be created when information is modified on your Entity or any records related to the Entity (e.g. Contacts, Locations, Sites Served etc.).



Certain changes are tracked by Covered CA and are synced with CalHEERS. There are some changes that require approval by Covered CA before they can be applied. You can make changes to the Entity within the Certification Portal. The table below denotes which changes are tracked and updated in CalHEERS and which changes require approval from Covered CA.

Section	Field	Approval Required	CalHEERS Update
1.0 Entity Information	Entity Name	Y	Y
	Business Legal Name	Y	Y
	Main Email Address	N	Y
	Website Address	N	Y
	Primary Phone	Ν	Y
	Secondary Phone	Ν	Y
	FEID	Y	Y
	State Tax ID	Y	Y
	Category Change	Y	Y
1.1 Organization Type	All	Y	Y
1.2 Special Populations Served	All	Ν	Y
1.3 Counties Served	All	N	Y
1.4 Resource Directory	All	N	Y
2.0 Location and Hours	All	N	Y
2.1 Hours of Operation	All	N	Y
2.2 Site Mailing Address	All	N	Y
2.3 Site Physical Address	All	N	Y
2.4 Spoken Languages	All	N	Y
2.5 Estimate # Individuals	All	N	Y
2.6 % OF Individuals Served	All	Ν	Y
2.7 Employment Industries	All	Ν	Y
3.0 Counselor Assignment	All	Y	Y
4.0 Entity Contact Info	All	Y	Y



Entity Change Requests are found on the right column of the 'My Entity' page.

	tyl		+ Follow Edit View Website
Program Type Certified Application Entity		Website www.fake.com	Billing Address
Entity Information			Required Documentation (0)
Account Name	Entity Status		
CommTestEntity1	Active		My Files (0)
Parent Account	Program Type Certified Application	on Entity	S Locations (1)
Business Legal Name			LOCATION NAME CONTACT FIRST NAME CONTACT LAST NAME PHC
Test Business Legal are of	ange Request records created whenever a set	t l	Sample Location 1 John Smith 123
Website Address www.newsite.com	tracked changed are captured. 123-123-7890		View All
Category	Secondary Phone Nu	mber	Entity Change Requests (2)
Government			CHANGE REQUEST RECORD TYPE CREATED DATE CREATED
Federal Tax ID 🕔	State Tax ID		CR-2944 Change Request 7/28/2017 11:22 AM Comm U
12-3456789	There are three Chang Reque		CP. 2942 Change Request 7/28/2017 10:32 AM IPAS Dat
Organization Type 🛛 🕕 Labor Unions	Request, Withdr Disclosure	awal Request,	View All

Select a Change Request record in the list to view all the changes associated with it.

ENTITY CHANG	E REQUEST			Clone Submit for Approval
Change Request CR-2944		Entity CommTestEntity1		
Number of Changes 1		Record Type Change Request		
Status Submitted				
Created By Comm User 1, 7,	that wer	display all changes e captured, showing d and new values.	/28/2017 11:22 AM	
Entity Cha	anges (4)			
FIELD TYPE	FIELD NAME	OLD VALUE	NEW VALUE	
Account	Does the entity serve the disabled?		No	-
Account	Primary Phone Number	123-123-1234	123-123-7890	
Account	Website Address	www.fake.com	www.newsite.com	~
Account	Year entity was established?		2000	~
				View All

WITHDRAWAL REQUESTS:

If an Entity would like to withdraw from the program, they can do so by submitting a request through the "Entity Change Request". To submit a Withdrawal Request, follow the steps below.

A. Click on the "New" button on the Entity Change Request related list.

📠 Entity Chai	nge Requests	s (2)	New
CHANGE REQUEST	RECORD TYPE	CREATED DATE	CREATED
CR-2944	Change Request	7/28/2017 11:22 A	M Comm U
CR-2943	Change Request	7/28/2017 10:32 A	M IPAS Dat
4			۱.
			View All

B. Choose Withdrawal Request for the Record Type.

New Enti	ty Change Request
Select a record type	Withdrawal Request Disclosure Update

C. In the 'Reason for Withdrawal' box, indicate the reason and click Save.

Create Entity Change Req	uest: Withdrawal Request
Change Request	*Entity
Status Submitted	Record Type Withdrawal Request
Sample reason for withdrawing from the program	
Created By	Last Modified By
	Cancel Save & New Save

Once the record is saved it will be submitted for approval to the Certification Services Section. Your Entity will be withdrawn from the program upon approval of the request.

				Cla
Change Request		Entity		
CR-2945		CommTestE	intity1	
štatus		Record Type		
Submitted		Withdrawal	Request	
Created By	M Wi	ithdrawal request will	1By Jser1, 7/28/2017 11:51 AM	
	su	ithdrawal request will		
	su	automatically be bmitted for approval to the Covered CA		Recall
Comm User1, 7/28/2017 11:51 A	su	automatically be bmitted for approval to the Covered CA		Recall
 Comm User1, 7/28/2017 11:51 A Approval History (2) 	su	ithdrawal request will automatically be bmitted for approval to the Covered CA review team.	Jser1, 7/28/2017 11:51 AM	Recall
Comm User1, 7/28/2017 11:51 A Approval History (2) STEP NAME	STATUS	tithdrawal request will automatically be bmitted for approval to the Covered CA review team.	Jser1,7/20/2017 11:51 AM	

COUNSELOR WITHDRAWAL:

Entities can withdraw a counselor on their behalf by doing the following steps:

A. Click on the "New" button on the Entity Change Request related list.

Change Re	Record Type	Created Date	Created By	
CR-24874	Change Request	11/15/2019 2:1	Rajender Mittap	•
CR-24400	Change Request	11/7/2018 9:16	Sys Admin	•
CR-24369	Change Request	11/7/2018 9:10	Sys Admin	•
CR-24368	Change Request	11/7/2018 9:10	Sys Admin	•
CR-24367	Change Request	11/7/2018 9:10	Sys Admin	•
CR-24077	Change Request	11/2/2018 11:5	Sys Admin	•

B. Choose Withdrawal Request for the Record Type.

			×	
New	v Entity Cha	ange Request		
Select a record type	 Withdraw 	Descret		
	 Withdraws 	a Request		
	 Disclosure 	Update		
			Cancel	
L				

C. In the 'Reason for Withdrawal' box, indicate the reason and click Save.

		Site Vicit	Date of Site	Location of V	
New Entity	Change Requ	est: Withdrav	val Request		
					_
Please list the full name of th	e counselor(s) to b	e withdrawn.			
Entity					_
Search Accounts				٩	
Courselor					_
Search Contacts				Q	\supset
Status					
Draft					
Make sure to state the reaso	n for the counselo	(s) withdrawal.			
	n for the counselo	(s) withdrawal.			
Make sure to state the reason *Reason for Withdrawal	n for the counselor	(s) withdrawal.			
	n for the counselo	(s) withdrawal.			
	n for the counselo	(s) withdrawal.			
* Reason for Withdrawal	n for the counselor	(s) withdrawal.			
	n for the counselor	Record Type			
*Reason for Withdrawal	n for the counselor				
*Reason for Withdrawal	n for the counselor	Record Type			
*Reason for Withdrawal	n for the counselor	Record Type			
*Reason for Withdrawal	n for the counselor	Record Type	Cancel	iave S. New	Save

COUNSELOR MANAGEMENT

The Counselors tab in the top navigation bar is where all your entity Counselors will be managed. The tab contains a series of sub tabs that are each described below.

ALL COUNSELORS

The All Counselors tab provides a list of all Counselors that are affiliated with the Entity and provides a resource for adding new Counselor users.

↑ MY ENTITY COUNSELORS	COVEREDCA.COM CONT	ACT SUPPORT		
ALL COUNSELORS COUNSE	LOR OVERVIEW COUNS	ELOR PROGRESS	AGREEMENT STATUS	TRAINING MORE
To add information about individuals categories that need to be completed After you have completed the infor upload their required documentatio			Add new	eled, "Add Counselor". There are 3 Iddress, and profile information). plete their profile information and
Counselors		_		+ Add Counselor
NAME	Click to view Contact	PROFILE	SITES SERVED	MULTI-AFFILIATE
Barker, Sofia	record	Incomplete		
Chao, Janet	Certified		Primary Location	
Cloud, Cumulus		Incomplete		

NOTE: There is no way to delete inactive counselors from this list at this time.

ADDING A NEW COUNSELOR

This tab displays all currently rostered counselors. In order to add a new counselor, select the **Add Counselor** sub tab.

Search.		SEARCH ANALISCUS -
MYENTITY COUNSELORS	COVEREDCA.COM CONTACT SUP	PORT
COUNSELORS COUNSELOR	OVERVIEW COUNSELOR PROGR	RESS AGREEMENT STATUS TRAINING
eted for each individual affiliated with t	he Entity as a potential Counselor (Details,	I "Counselors", click the button fabeled, "Add Counselor", There are 3 categories that need to be Mailing Address, and profile information). ser account in which they can complete their profile information and upload their required
unselors (9)		+ Add Counselor
NAME	CERTIFICATION	SITES SERVED
🗢 Calrissian, Lando		Main Site
▼ Dos, Jane		
👻 Fett, Boba		
👻 Kingstonia, Roberto		
🗢 Organa, Leia	Pending	MainSite
· Skywalker, Luke	Decertified - Did not complete	annual Cs
👻 Solo, Han		
👻 Solo, Ben	Incomplete Counselor Agreen	nent
🖝 Trent, Brian		Main Site
	9	Page I of 1

Once on this page, fill out all information with an asterisk next to it. When done, select the Create Counselor button to complete the initial onboarding process.

	Search						SEARCH	HAN SOL	
COVERED									
★ MY ENTITY	COUNSELORS	COVEREDCAC	OM CONTACT SU	PPOR	т				
ALL COUNSELORS	COUNSELOR	OVERVIEW	COUNSELOR PROG	RESS	AGREEMENT STATUS	TRAINI	NG		
Back to Counselors									
NewCounselor									
Please hover over the () TIP: Each Counselor mus				il addre	ss for different individuals				
Details									
CA Driver's License N	umber or State ID				ID Type				
				٥	Select			-	٢
* Legal First Name					* Legal Last Name				
				0					0
* Email									0
* Confirm Email Addres	3								0
Sites served by this indiv									
Sites served by this indiv (Ctrl+Click to select mult									
Select									^
Main Site									
Secondary Site									-
			Crea	ite Cou	nselor 🕡				

The **Counselor Overview** tab displays a report showing the certification overview of all the counselors.

		JNSELOR OVER	VIEW COUNSELOR PR	OGRESS AGREEMEN	T STATUS TRAINING	MORE
OVERVIEW	OF COUNS	ELOR STATUS				
			Record	Count		Certification Status
						Certified 🔵
			1 (9.09%)			Counselor Ready for Training 🔴 In Training 🥥
						Training Complete
			2 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16 (14.001)		Pending 🥌
of Today at 4:	PORT	of Course	elor Status (t)			(c) 🔻 🔊 (c) 🕸 Export
Total Reco		or couris				
Total Reco 11	LAST NAME	PROFILE	COUNSELOR ACTIVE	CERTIFICATION	CERTIFICATION	
Total Reco 11	ords		F	CERTIFICATION	CERTIFICATION NUMBER	EMAIL
Total Reco 11 FIRST NAME	LAST NAME	PROFILE	COUNSELOR ACTIVE			
Total Reco 11 FIRST NAME Magee	LAST NAME	PROFILE	COUNSELOR ACTIVE STATUS	STATUS		EMAIL
Total Reco 11 FIRST NAME Magee Kendall	LAST NAME T Fitzgerald	PROFILE	COUNSELOR ACTIVE STATUS Active	STATUS Certified		EMAIL duis-elementum@amet.com
Total Reco 11 FIRST NAME Magee Kendall Herrod	LAST NAME ↑ Fitzgerald Gallegos	PROFILE	COUNSELOR ACTIVE STATUS Active Active	STATUS Certified Certified		EMAIL duis-elementum@amet.com
Total Reco 11 FIRST NAME Magee Gendall Herrod Brock	LAST NAME T Fitzgerald Gallegos Hicks	PROFILE	COUNSELOR ACTIVE STATUS Active Active	STATUS Certified Certified Certified Counselor Ready for	NUMBER - - - -	EMAIL duis.elementum@amet.com cras.pellentesque@tempor.net -
Total Reco 11 FIRST NAME Magee Kendall Herrod Brock .illith	Fitzgerald Fitzgerald Hicks Hicks	PROFILE	COUNSELOR ACTIVE STATUS Active Active Active	STATUS Certified Certified Certified Counselor Ready for Training	NUMBER - - - - - -	EMAIL duis.elementum@amet.com cras.pellentesque@tempor.net - mattis@orcl.com
Total Reco 11 FIRST NAME Magee Kendall Herrod Brock Jilith Blaine	LAST NAME † Fitzgerald Gallegos Hicks Holmes Kane	PROFILE	COUNSELOR ACTIVE STATUS Active Active Active	STATUS Certified Certified Certified Courselor Ready for Training Certified	NUMBER	EMAIL duiselementum@amet.com cras.pellentesque@tempor.net - mattis@orci.com mi.lacinia@pellentesquehabitantmorbi.com
Total Reco 11 FIRST NAME Magee Cendall Herrod Brock Jillith Blaine August	Hicks Kane Kane Kane	PROFILE	COUNSELOR ACTIVE STATUS Active Active - Active - Active -	STATUS Certified Certified Counselor Ready for Training Certified Training Complete	NUMBER	EMAIL duis-elementum@amet.com cras.pellentesque@tempor.net - mattis@orci.com mi.lacinia@pellentesquehabitantmorbi.com sollicitudin.adipiscing.ligula@lobortistelius.net
Total Reco 11 FIRST NAME Kendall Herrod Brock Lillith Blaine August Ethan	Ast NAME T Fitzgerald Gallegos Hicks Holmes Kane Merrill Perry	PROFILE STATUS - - - - - - -	COUNSELOR ACTIVE STATUS Active Active - Active - Active -	STATUS Certified Certified Certified Counselor Ready for Training Certified Training Complete Certified	NUMBER -	EMAIL duis.elementum@amet.com cras.pellentesque@tempor.net - mattis@orci.com mil.acinia@pellentesquehabitantmorbi.com sollicitudin.adipiscing.ligula@lobortistellus.net mattis.ornare@egetmollis.org
Total Reco 11 FIRST NAME Magee Kendall Herrod Brock Lillith Blaine August Ethan Keane	And the second s	PROFILE STATUS - - - - - - -	COUNSELOR ACTIVE STATUS Active Active - Active - Active -	STATUS Certified Certified Courselor Ready for Training Certified Training Complete Certified In Training	NUMBER	EMAIL duis.elementum@amet.com cras.pellentesque@tempor.net - mattis@orci.com milacinia@pellentesquehabitantmorbi.com sollicitudin.adipiscing.ligula@lobortistellus.ner mattis.ornare@egetmollis.org semper.et.lacinia@diam.com
Total Reco	Alassian A Alassian Alassian A	PROFILE STATUS - - - - - - -	COUNSELOR ACTIVE STATUS Active Active - Active - Active - Active - Active - - Active - -	STATUS Certified Certified Counselor Ready for Training Certified Training Complete Certified In Training Pending	NUMBER	EMAIL duis-elementum@amet.com cras.pellentesque@tempor.net - mattis@orcl.com mi.lacinia@pellentesquehabitantmorbl.com sollicitudin.adipiscing.ligula@tobortistellus.net mattis.ornare@egetmollis.org semper.et.lacinia@diam.com est.congue.a@purusmaecenaslibero.org





AGREEMENT STATUS

This tab displays the status of all **Counselor Agreements** that have been submitted for approval. "Counselor Name", "Counselor File", and "Account Name" can all be clicked to take you to the related page.

ALL COUNSELOR	S COUNSELOR	OVERVIEW COUNSELC	OR PROGRESS	AGREEME	NT STATU	S TRAIN	IING	MORE
Couns	elor Agreeme	nt Status					CI 🕸	Export
Total Records 2								
COUNSELOR: LAST NAME	COUNSELOR: FIRST NAME	COUNSELOR FILE: COUNSELC FILE NAME	R COUNSELOR NAME	R: ACCOUNT		FILE DETAILS	FILE TYPE	EXPIRATION DATE
Chao	Janet	CAC Agreement	JesseTest	:	Submitted	-	CAC Agreement	-
Chao	Janet	CAC Agreement	JesseTest		Approved	-	CAC Agreement	-
Grand Total (2 records)								

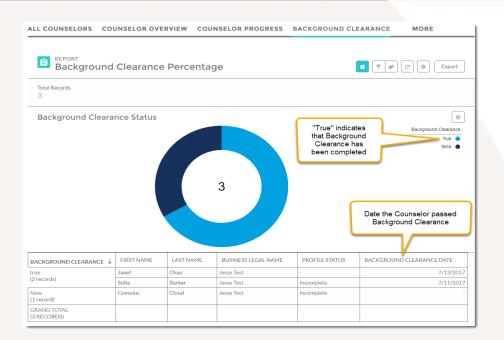
TRAINING

The **Training** tab displays a list of all Counselors enrolled into certification training and the status of the curriculum completed.

		3				State Complete In Progress
ef Today at 8:26 A		ining (t)			8 (Y)	Export
Total Records						
	LAST NAME 🕇	LMS COURSE	PROGRESS	DATE STARTED	DATE COMPLETED	STATUS
3	LASTNAME †	LMS COURSE Test_CEC/Navigator Certification Curriculum 2015- 2016	PROGRESS 0%	DATE STARTED 5/16/2017 2:30 PM	DATE COMPLETED 5/16/2017 2:30 PM	104101100
3 rstname	LAST NAME 🕇	Test_CEC/Navigator Certification Curriculum 2015-	0.739.5333-52	100000000000000000000000000000000000000		Complete

BACKGROUND CLEARANCE

The **Background Clearance** tab displays all the Counselors that have completed the Background Clearance process.



NAME BADGE

The **Name Badge** tab will display Counselor Badges that have been processed and completed. This report will display for new badge requests and Badge Replacement requests. "Counselor Name" and "Counselor Badge Name" can be clicked to take you to the related page.

ALL COU	NSELORS	COUNSELOR OVERVIEW	COUNSELOR PR	ROGRESS	AGREEM	IENT STATUS	NAME BADGE	MORE
	eport Counse	lor Name Badge Sta	tus (t)			6	¥ 🔊 (° (\$	Export
Total Rec 1	cords							
FIRST NAME	LAST NAME	COUNSELOR BADGE: COUNSELOR BADGE NAME	РНОТО	STATUS	PRINTED ON	BADGE REPLACEMENT REASON	BADGE REPLACEM REASON EXPLAIN	ENT OTHER
Sofia	Barker	BN-12760		Printed	7/28/2017	-	-	
Grand Total (1 record)								

DELEGATION CODE

Clicking the counselor's name on the Counselor Delegation Code report will take you to that



counselor's Contact Record, where you can find their **Delegation Code** under the "Related" tab

ALL COUNSE	LORS COUNSE	OR OVERVIEW	COUNSELOR PROG	RESS	AGREEMENT STATUS	DELEGATION CODE	MORE
REPOR Cou	ग nselor Deleg	ation Code			٢	T 🔊 C 🕸 Export]
Total Records 5		C					
FULL NAME 1	ACTIVATION DATE		Select a Contact to view Delegation Code				
Janet Chao	7/13/2017 3:45 Pł	1	Code				
Sofia Barker	7/14/2017 12:11 Pt	- 4					
Grand Total (5 records)							

The **Delegation Code** can be found in the counselor's Contact record.

CONTACT	Martines					+ Follow	Edit	Send Email
Account Name	Title	Phone	Email	2010 - 101 -	Certification Status Decertified - NLI form ser	nt to DOJ		
	d Account	(1)		CalHEERS Delegation Code listed for each affiliated Entity				
			ION CODE	CALLIEEDO				
ACCOUNT NA	AME	3wqfth	ION CODE	CALHEERS	ASSISTER NUMBER		[v
								View All

COVEREDCA.COM

Once the Entity Application is approved, at least one counselor for the entity has been "Certified", and all <u>'required documents'</u> from the entity have been reviewed and approved, the entity will then receive credentials to gain access to CoveredCA.com.

CONTACT SUPPORT

If you need assistance regarding the certification process and/or certification portal, email <u>CommunityPartnerCertSupport@covered.ca.gov</u> or select the **Contact Support** tab and select the **My Cases** sub tab. Select the **New** Tab to create a Case to be reviewed and answered by CSS within 48 hours. Ensure to provide full details of your question or issue in the required fields of the support boxes.

COVERED CAL	LIFORNIA	
ENROLLMENT	ASSISTANCE PROGRAM	



		Search			SEARCH	8
n	MY ENTITY	DASHBOARDS	ITEMS TO APPROVE	COVEREDCA.COM	CONTACT SUPPORT	
CON	TACT SUPPOR	RT MY CASES				
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Once completed with full details, select "Save".

Case Owner	Account Name	
John Doe		
Contact Name	• Status	
	Open	-
Subject	Priority	
testing 2 submitted from Portal	Medium	-
Description		
test submit by counselor		
Case Origin		
Certification Portal	•]	
Web Email		

ENROLLMENT ASSISTANCE PROGRAM CERTIFICATION PORTAL ENTITY USER OVERVIEW

COVERED CALIFORNIA

Existing support cases that have been submitted can be reviewed in the My Cases sub tab.

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To add an attachment, select the **Upload Files** button and add your document to your Case.

Case testing 2 submitte	d from Porta	I		+ Follow
Priority Status Medium Open	Case Number 00003395			
Case Owner	£	Account Name Nav Entity ABC		Case Comments (0) New
Contact Name John Doe		Status Open	1	Related Cases (0)
Subject testing 2 submitted from Portal		Priority Medium		
Description test submit by counselor	1	Date/Time Opened 12/16/2019 12:16 PM		Activity History (0)
Case Origin Certification Portal	1			Emails (0)
Web Email				
				Files (0) Add Files
				Cr drop files