

TABLE OF CONTENTS

CERTIFICATION PORTAL ENROLLER USER OVERVIEW	2
NEW ENROLLER USER	2
ENROLLER HOMEPAGE	3
MY PROFILE	4
BACKGROUND CLEARANCE.....	7
CRIMINAL RECORD DISCLOSURE	7
BACKGROUND CHECK.....	14
SCREENING QUESTIONS.....	15
WITHDRAWAL REQUESTS	17

CERTIFICATION PORTAL ENROLLER USER OVERVIEW

This document outlines all features and functions available to Entity Enrollers in the Certification Portal. It details the functions that you, as an Enroller User, have access to including profile completion, background clearance, and training.

NEW ENROLLER USER

The Primary or Authorized Contact listed on the entity roster is responsible for creating your Enroller user account. You will receive an email from the Certification Portal that looks like the following:

Email Subject: **Welcome to the Certification Portal**

Email Body:



Hi John,

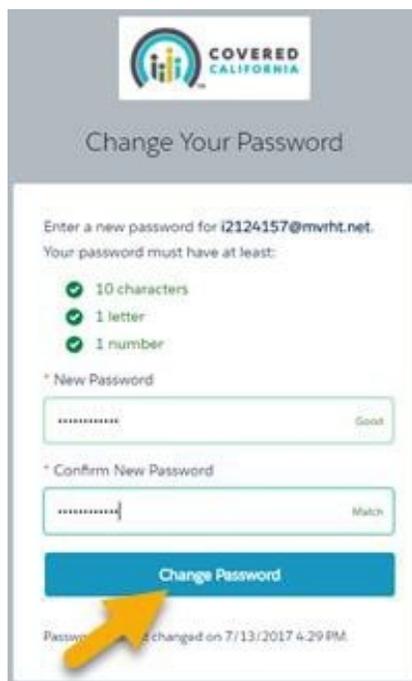
Welcome to the Portal! To get started, go to the following link: [Click Here](#)

Username: johnjones@testentity.com

Thanks,

If you have additional questions or need further assistance please email CommunityPartnerCertSupport@covered.ca.gov

When you click on the hyperlink provided in the email, it will take you to a login screen. There you will be prompted to set a password for your new account. When the **Change Password** button is pressed, you will be logged into the system.



COVERED CALIFORNIA

Change Your Password

Enter a new password for **i2124157@mvrht.net**.
Your password must have at least:

- ✓ 10 characters
- ✓ 1 letter
- ✓ 1 number

* New Password Good

* Confirm New Password Match

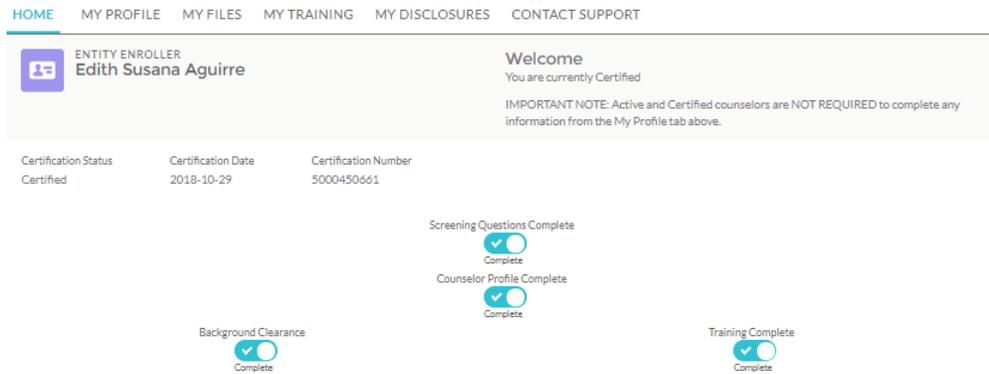
Change Password

Password successfully changed on 7/13/2017 4:29 PM

ENROLLER HOMEPAGE

Once you are logged into the system, you will be presented with the **Homepage Welcome Screen**. Here you will find high-level information regarding your Certification Status as well other important information regarding fulfilling your duties as a Certified Enroller.

Example of the **Home Page** without an Accident and Health Insurance License with the California Department of Insurance (CDI).



The screenshot shows the Home Page for Edith Susana Aguirre. The navigation menu includes HOME, MY PROFILE, MY FILES, MY TRAINING, MY DISCLOSURES, and CONTACT SUPPORT. The user is identified as an ENTITY ENROLLER. The page displays a 'Welcome' message and an important note. Below this, a table shows certification details: Certification Status (Certified), Certification Date (2018-10-29), and Certification Number (5000450661). Three progress indicators are shown: Background Clearance (Complete), Screening Questions Complete (Complete), and Counselor Profile Complete (Complete). Training Complete is also indicated as Complete.

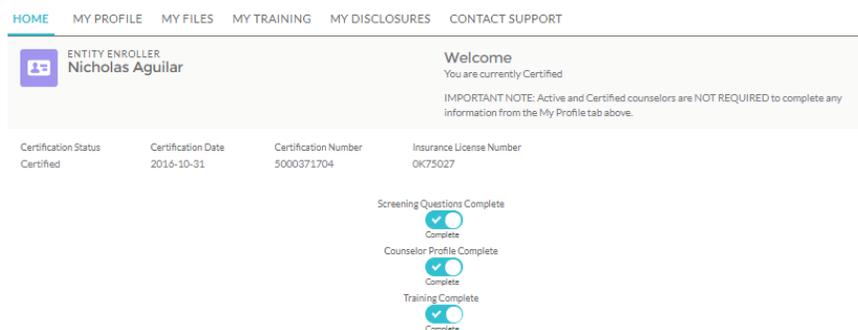
NOTE: New Enrollers will not have any **blue check marks** displayed on their page. Required items will begin to be checked off as the Certification Process steps are completed.

MY PROFILE

Navigate to the **My Profile** tab to complete the information necessary for the enroller certification process.



This screenshot shows the 'MY PROFILE' tab selected in the navigation menu. A yellow arrow points to the 'MY PROFILE' tab. The page displays a 'WELCOME' message and a prompt: 'Please complete your profile from the My Profile tab above.' The navigation menu includes HOME, MY PROFILE, MY FILES, MY TRAINING, MY DISCLOSURES, and CONTACT SUPPORT.



The screenshot shows the Home Page for Nicholas Aguilar. The navigation menu includes HOME, MY PROFILE, MY FILES, MY TRAINING, MY DISCLOSURES, and CONTACT SUPPORT. The user is identified as an ENTITY ENROLLER. The page displays a 'Welcome' message and an important note. Below this, a table shows certification details: Certification Status (Certified), Certification Date (2016-10-31), Certification Number (5000371704), and Insurance License Number (OK75027). Three progress indicators are shown: Screening Questions Complete (Complete), Counselor Profile Complete (Complete), and Training Complete (Complete).

IMPORTANT: Active and Certified Enrollers ARE NOT REQUIRED to complete a NEW application in the Certification Portal.

Steps for NEW enrollers requesting to become certified for the first time:

1. The first step is to populate required information in all required fields in the **Details** section (**Note:** the fields in grey are pre-populated by the Primary/Authorized Contact person). Once completed, click on the **Save** icon button located on the top-right corner of the section panel, or by clicking the **Save Details** button at the bottom of the page.

HOME **MY PROFILE** MY FILES MY TRAINING MY DISCLOSURES CONTACT SUPPORT

L.A. Care Health Plan
Enroller Information Plan Based Enrollment

Manage Enroller

Please hover over the ⓘ icon for more information about an item

Details ⓘ

* CA Driver's License Number or State ID F3061816 ⓘ	* ID Type CA Drivers License Number ⓘ
* Legal First Name Edith Susana ⓘ	* Legal Last Name Aguirre ⓘ
* Email eaguirre@lacare.org ⓘ	
* Business Phone 213-694-1250 ⓘ	Other Phone ⓘ
* Birthdate Jan 11, 1993 ⓘ	
Department -- Select --	

Note: Make sure to fill out all required fields, which are marked with a **red asterisk**, before submitting. Any missing fields will result in a delay of the Certification Process.

2. Next, fill in the **Business Address** fields.

Business Address ⓘ

* Business Street 1055 W 7th St ⓘ	
* Business City Los Angeles ⓘ	
* Business State CA ⓘ	* Business Zip/Postal Code 90017 ⓘ
* Business Email Address eaguirre@lacare.org ⓘ	
* Business Phone Number 213-694-1250 ⓘ	Business Other Phone ⓘ

3. Next, fill in the **Personal Mailing Address** fields.

Personal Mailing Address 

*Mailing Street
470 W 3rd St 

*Mailing City
San Pedro 

*Mailing State/Province CA  *Mailing Zip/Postal Code 90731 

4. Next, fill in the **Profile Information** fields and select your written and spoken language(s).

Profile Information 

*Are you licensed in good standing as an Agent with the California Department of Insurance (CDI)?
No 

*Have you previously been certified by Covered California to serve in an enrollment function for the Exchange?
No 

Indicate which languages, both spoken and written, that the individual can speak and/or write fluently.
Languages Spoken *
(Ctrl+Click to select multiple) 

-- Select --
English
Spanish

Written Languages *
(Ctrl+Click to select multiple) 

-- Select --
English
Spanish

- The **Required Documentation** section includes documents that need to be submitted for review and are a vital piece to becoming a Certified Enroller. This section includes **Criminal Record Disclosure** and the **Live Scan Forms**. **Note:** Criminal Record Disclosures and Live Scan Forms apply to Enrollers that **DO NOT** have an active Accident and Health Insurance License with CDI.

Required Documentation

Criminal Record Disclosure 

A counselor applicant must complete a Criminal Record Disclosure. Click on the "New Criminal Record Disclosure" button below to enter required information, and/or to confirm that there are no records to report.

[New Criminal Record Disclosure](#)

Background Check 

[Download Live Scan Form](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IRAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service locations using the following link: <http://capitalivescan.com/walk-in-locations>

Screening Questions 

A Plan Based Enroller applicant must agree to a set of Screening Questions. Click on the "Complete Screening Questions" button below to view and respond to the attestations.

[Complete Screening Questions](#)

[Save Details](#)

BACKGROUND CLEARANCE

Important: If you have an active Accident and Health Insurance license with CDI, scroll to the **Screening Questions** section located on page 15.

Captive Agents MUST be licensed and in good standing with CDI. They are exempt from the Background Clearance Requirements. If the license expires, they must promptly submit to the Background Clearance to maintain an active certification.

The steps below **only** apply to Enrollers that DO NOT have an active Accident and Health Insurance License with CDI.

1. **Enroller** MUST pass a Background Check for Covered California by Completing the following steps:
 - a. Complete and submit the **Criminal Record Disclosure** on their Certification Portal during the application completion.
 - b. Download the **Live Scan Form**
 - I. Complete the **Applicant Information** section on the form.
 - II. Print **TWO** copies of the completed **Live Scan Form**.
 - III. Contact a Live Scan Facility:
 - a. Schedule an appointment to submit **Fingerprint Scans**.

NOTE: Entities are responsible for payment of fingerprinting scan fees to the Live Scan vendor for each Enroller. Covered California is not responsible for fingerprinting costs.

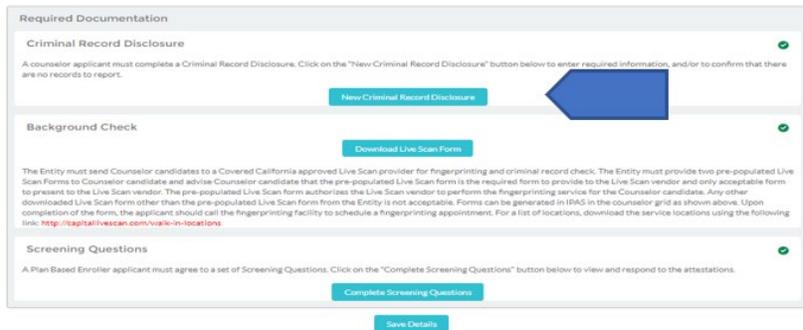
CRIMINAL RECORD DISCLOSURE

Important: If you have an active Accident and Health Insurance license with CDI, scroll to the **Screening Questions** section located on page 15. Otherwise continue with the following steps:

April 7, 2020

7 | Page

1. Click on the **New Criminal Disclosure** button.



Required Documentation

Criminal Record Disclosure ✓

A counselor applicant must complete a Criminal Record Disclosure. Click on the "New Criminal Record Disclosure" button below to enter required information, and/or to confirm that there are no records to report.

[New Criminal Record Disclosure](#)

Background Check ✓

[Download Live Scan Form](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IPAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service locations using the following link: <http://capital.livescan.com/vaalk-in-locations>

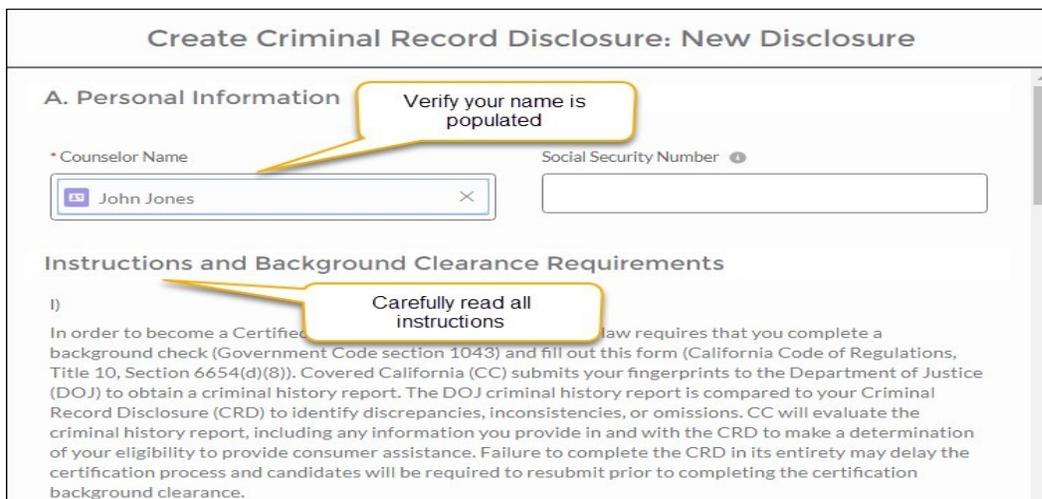
Screening Questions ✓

A Plan Based Enroller applicant must agree to a set of Screening Questions. Click on the "Complete Screening Questions" button below to view and respond to the attestations.

[Complete Screening Questions](#)

[Save Details](#)

2. When you click on the **New Criminal Disclosure** button, a pop-up will appear with a blank electronic copy of the document. The required fields in the form must be filled out and submitted to Covered California for review.



Create Criminal Record Disclosure: New Disclosure

A. Personal Information

Verify your name is populated

* Counselor Name Social Security Number

Instructions and Background Clearance Requirements

1) Carefully read all instructions

In order to become a Certified... law requires that you complete a background check (Government Code section 1043) and fill out this form (California Code of Regulations, Title 10, Section 6654(d)(8)). Covered California (CC) submits your fingerprints to the Department of Justice (DOJ) to obtain a criminal history report. 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.

Create Criminal Record **Provide details on each offense**

III)
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.

FIRST OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION

Offense Question 1 What was the first offense, pending charge or administrative action?:	Offense Question 1 Response <input type="text"/>
When did it occur?: <input type="text"/>	Tell us what happened (optional): <input type="text"/>
Where did it occur? City: <input type="text"/>	
Where did it occur? State: <input type="text"/>	

Create Criminal Record Disclosure

Answer all criminal history questions

B. Criminal History Disclosure

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--

Create Criminal Record Disclosure: New Disclosure

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

Populate to sign

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 (P.L. 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.

Cancel



Save

- Once saved, you will be taken to the **Criminal Disclosure** record to complete the process and submit to Covered California for review.



COVERED CALIFORNIA

[Home](#) [Logout](#)



PLEASE NOTE: "Draft" status is not complete and will not be reviewed. You must click "Submit for Approval" below to send your Criminal Record Disclosure form to Covered California for review. You will be notified once your Live Scan is delivered to Covered California and Criminal Record Disclosure is reviewed.

Criminal Record Disclosure
CRD-2919 [Edit](#) [Submit for Approval](#)

Counselor Name	Status	Created By	Last Modified By
	Draft	.1/10/2020 3:11 PM	1/10/2020 3:11 PM

Criminal Record Disclosure: CRD-2919 Status: Draft

[+ Approval History \(0\)](#)

Note: In order to attach additional information to support your Disclosure, click on the **Add Files** button as illustrated above and upload as required).

CRIMINAL RECORD DISCLOSURE
CRD-0024 [Submit for Approval](#)

Counselor Name	Status	Created By
Sofia Barker	Draft	Sofia Barker, 8/7/2017 8:50 AM

Criminal Record Disclosure: CRD-0024 Status: Draft

A) Personal Information

Employer Name JesseTest	Social Security Number ⓘ 518067749
Counselor Name Sofia Barker	CA Driver's License Number or State ID CA4657939
Your Address	Date of Birth 8/17/1978
City	

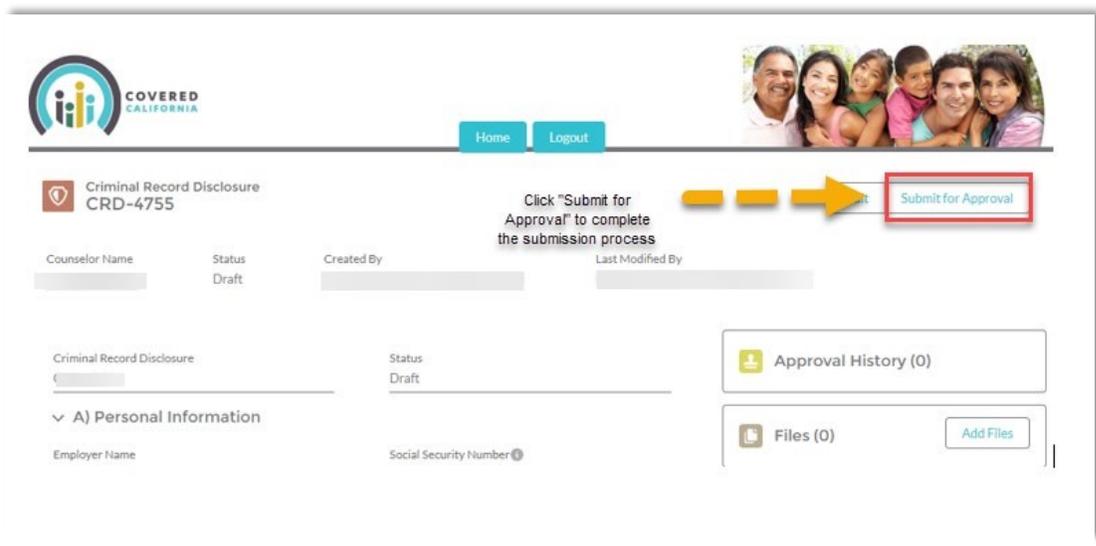
Files (0) [Add Files](#)

[Upload Files](#)

Or drop files

If there is anything additional to support the disclosure these can be uploaded by clicking "Add Files" and upload.

4. Click on the **Submit for Approval** button to send your **Criminal Record Disclosure** form to Covered California for review. You will be notified once your **Live Scan** is delivered to Covered California and **Criminal Record Disclosure** is reviewed.



BACKGROUND CHECK

Important: If you have an active Accident and Health Insurance license with CDI scroll to the **Screening Question** section located on page 15. If not, please continue with the Background Check process:

To complete the Background Check process, Enrollers must complete the Live Scan form.

Each Enroller applicant must download the **Live Scan Form**, print **TWO** copies and take the forms to an authorized Capitol Live Scan location (<http://capitolivescan.com/walk-in-locations>).

2. Download and print the **TWO** copies of the pre-populated form. The following is a screenshot of the **Live Scan Form**:

Covered California Request for Live Scan
 Certified Enrollment Counselor Applicant Form



Edith Susana Aguirre



F3061816

CONTRACT CODE: DFJK
This form should be used only by the individual whose name is pre-populated.
 Altering the name, or sharing the document with others is prohibited.
 Counselor Must Complete The Section Below (Print in CAPITAL LETTERS)

Applicant Information	
Name: Edith Susana Aguirre	Suffix:
Alias:	
Sex:	Eye Color:
Date of Birth: 01/11/1993	Hair Color:
Social Security Number:	Height:
California Driver's License: F3061816	Weight:

Home Address	
Street Address: 470 W 3rd St	City: San Pedro
State: CA	Zip: 90731

OCA

L.A. Care Health Plan

Name of the Certified Enrollment Entity

Live Scan Agency Name	Live Scan Id(LSID)	Date

Name of Operator	ATI Number	OATI(Resubmission Only)

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@capitolivescan.com
 You may also visit the Web page at http://www.capitolivescan.com/locations_statewide_network.html
 Regarding Covered California Enrollment Assistance Program email: IPAsupport@cegrantsandassistors.org
 You may also visit the Covered California Website at coveredca.com

Note: When all documents are completed and submitted in the **Required Documentation** section, you will see a **green checkmark** in the upper righthand corner.

Required Documentation

Criminal Record Disclosure ✓

A counselor applicant must complete a Criminal Record Disclosure. Click on the "New Criminal Record Disclosure" button below to enter required information, and/or to confirm that there are no records to report.

[New Criminal Record Disclosure](#)

Background Check ✓

[Download Live Scan Form](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IPAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service locations using the following link: <http://capitalivescan.com/walk-in-locations>

Screening Questions ✓

A Plan Based Enroller applicant must agree to a set of Screening Questions. Click on the "Complete Screening Questions" button below to view and respond to the attestations.

[Complete Screening Questions](#)

[Save Details](#)

SCREENING QUESTIONS

An Enroller applicant must agree to a set of Screening Questions.

Required Documentation

Criminal Record Disclosure ✓

A counselor applicant must complete a Criminal Record Disclosure. Click on the "New Criminal Record Disclosure" button below to enter required information, and/or to confirm that there are no records to report.

[New Criminal Record Disclosure](#)

Background Check ✓

[Download Live Scan Form](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IPAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service locations using the following link: <http://capitalivescan.com/walk-in-locations>

Screening Questions

A Plan Based Enroller applicant must agree to a set of Screening Questions. Click on the "Complete Screening Questions" button below to view and respond to the attestations.

[Complete Screening Questions](#)

[Save Details](#)

Click on the **Complete Screening Questions** button to view and respond to the attestations.

New Screening Questions

Please respond to the following screening questions.

I hereby certify that:

1. I shall comply with the PBE Program requirements of Chapter 12, Article 9 and section 6500(f) of Article 5.
2. I am a natural person of not less than 18 years of age.
3. The statements made in this application are true, correct, and complete to the best of my knowledge and/or belief.
4. I will adhere to any applicable State and Federal laws and regulation.

Select to electronically sign and agree to the statements above.

Certified Plan-Based Enroller Signature

Certified Plan-Based Enroller Name Date 10/20/2017

System Information

Screening Number

Cancel Save & New Save

Once this section is completed by the Enroller, a **Screening Questions Completed** checkbox will be checked in the Contact Record:

HOME MY PROFILE MY FILES MY TRAINING MY DISCLOSURES CONTACT SUPPORT

ENTITY ENROLLER

Welcome
You are currently Certified

IMPORTANT NOTE: Active and Certified counselors are NOT REQUIRED to complete any information from the My Profile tab above.

Certification Status	Certification Date	Certification Number
	2017-10-19	

Background Clearance Complete

Screening Questions Complete Incomplete

Counselor Profile Complete Incomplete

Training Complete Complete

WITHDRAWAL REQUESTS

1. You can submit a withdrawal request to your Entity if you would like to withdraw from the program. Click on the **Manage Counselor** drop-down menu **and then select Counselor Withdrawal Request** tab. This function can only be done if you are an active Enroller and affiliated with an active Entity.



2. Upon completion of the **Reason for Withdrawal** field, select the **Save** button to be directed to the **Withdrawal Request Record**.
3. Provide your reason for requesting to withdraw from the program in the **Reason for Withdrawal** field. Click on the **Save** button to be directed to the **Withdrawal Request Record**.



The screenshot shows a form titled "Create Counselor Change Request: Withdrawal Request". It includes a "Counselor" field with "Sofia Barker" selected, a "Reason for Withdrawal" text area containing "Sample reason for withdrawal.", and a "Record Type" dropdown set to "Withdrawal Request". A yellow callout box says "Verify your name is populated" with an arrow pointing to the counselor field. At the bottom right, a yellow arrow points to the "Save" button. The form also has "Created By" and "Last Modified By" fields, and buttons for "Cancel", "Save & New", and "Save".

- The system will take you to the **Withdrawal Request Record** which will automatically transmit to the Entity Contacts for approval.

COUNSELOR CHANGE REQUEST
CR-91361 Clone

DETAILS **RELATED**

Approval History (2) Recall

STEP NAME	DATE	STATUS	ASSIGNED TO
Entity Contacts	8/7/2017 11:56 AM	Pending	Jesse Barker
Approval Request Submitted	8/7/2017 11:56 AM	Submitted	Sofia Barker

[View All](#)

- When both the Entity Contacts and Covered California have approved your withdrawal request, your status will be updated to **Withdrawn - Entity Request** within the system. No further action is required.

CONTACT
Sofia Barker + Follow Edit Send Email

Account Name	Title	Phone	Email	Certification Status	Counselor Active Status
JesseTest		123-333-2123	coveredcall@saasfocus.com	Withdrawn - Entity Request	Active

DETAILS **RELATED**

Name	Title
Sofia Barker	
Email	Account Name
coveredcall@saasfocus.com	JesseTest
Phone	Department
123-333-2123	

COUNSELOR CHANGE REQUEST
CR-91366 Clone Submit for Approval

DETAILS **RELATED**

Approval History (4)

STEP NAME	DATE	STATUS	ASSIGNED TO
Certification Services Section	8/11/2017 7:07 PM	Approved	Certification Services Section
Entity Contacts	8/11/2017 7:06 PM	Approved	
Approval Request Submitted	8/11/2017 7:06 PM	Submitted	
Approval Request Submitted	8/11/2017 7:04 PM	Submitted	Sofia Barker

[View All](#)