

TABLE OF CONTENTS

- Certification Portal Entity User Overview 3
- Landing Page..... 3
- Account Creation Process..... 4
- Entity Registration..... 5
- Entity Application 7
 - 1. Introduction 7
 - 2. Entity Information: 8
 - 3. Location and Hours: 9
 - 4. Entity Contacts: 11
 - 5. Counselors/Enrollers: 12
 - 6. Required Documentation: 13
 - a. Entity Agreement: 13
 - b. Proof of Eligibility: 13
 - c. Proof of Insurance:..... 14
 - d. Proof of License:..... 14
 - e. Conflict of Interest Plan:..... 15
 - 7. Qualifying Attestations:..... 15
- Entity Application Status – Approval from Covered California 17
- My Entity 19
- Required Documents & My Files 21
 - Updating Expired Documents: 21
 - Creating My Files: 22
- Manage Locations..... 24
 - Creating A Location:..... 24
- Add Sites Served 26
 - Viewing Sites Served:..... 26
 - Creating Location Sites Served: 27
- Entity Change Requests 29
 - Change Requests:..... 29
 - Withdrawal Requests:..... 31
 - Disclosure Updates: 33
- Counselor Management..... 36
 - All Counselors: 36
 - Counselor Overview: 36
 - Counselor Progress:..... 37



CERTIFICATION PORTAL ENTITY USER OVERVIEW

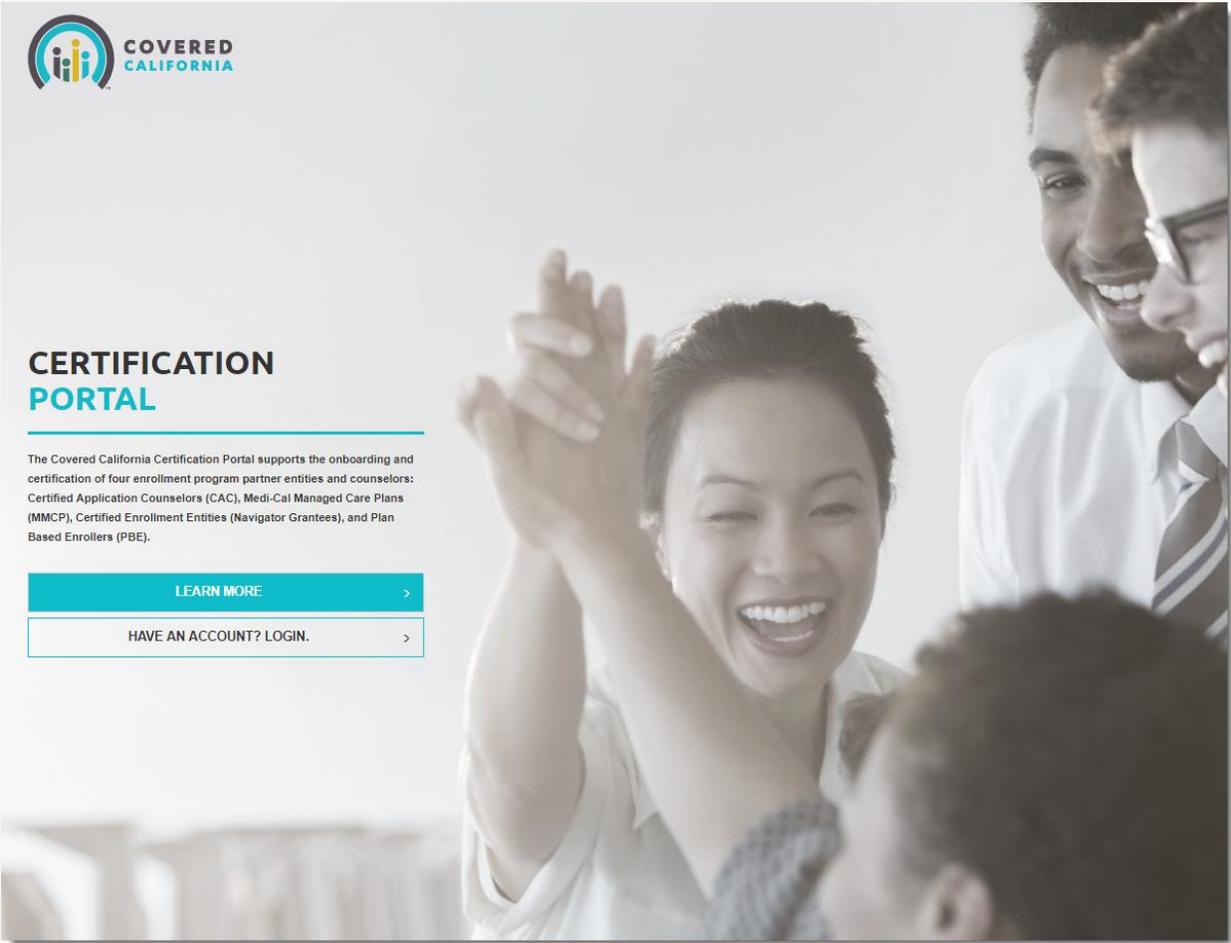
Agreement Status:.....37
Training:37
Background Clearance:38
Name Badge:38
Delegation Code:.....39
CoveredCA.com.....40
Contact Support40

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 an Entity User has including the account registration process, entity application process, managing counselors, and managing files & required documentation.

LANDING PAGE

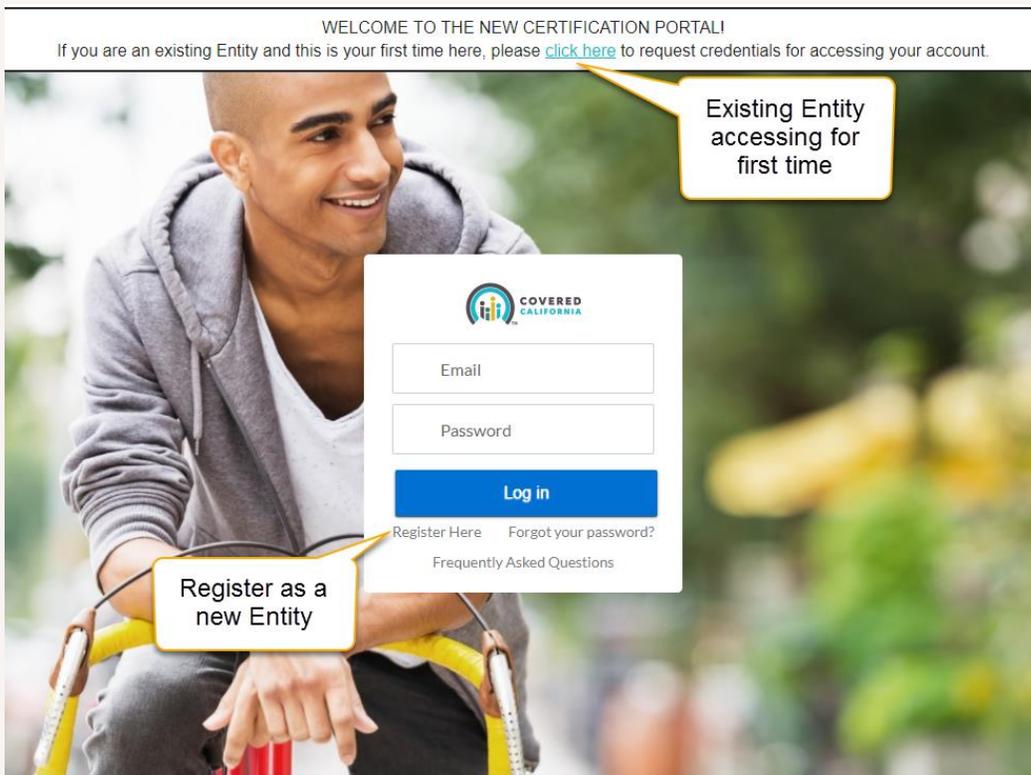
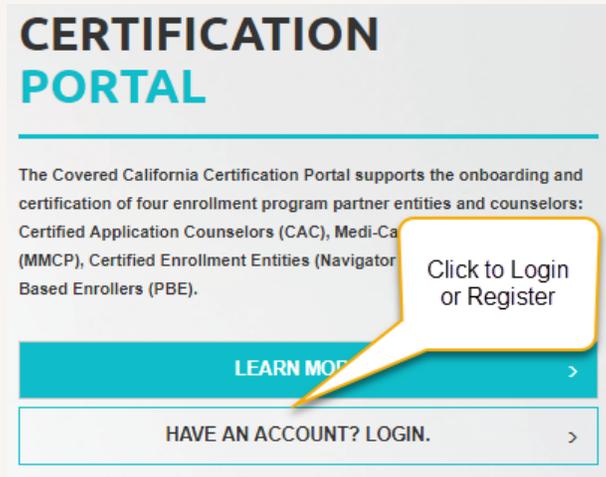
The Certification Portal landing page can be found at <http://www.coveredca.com/community-enrollment-partners/certification/>. A screenshot of the Certification Portal homepage can be seen below:



CERTIFICATION PORTAL ENTITY USER OVERVIEW

ACCOUNT CREATION PROCESS

To access the Certification Portal, users must navigate to the “Have an Account? Login” button shown below:



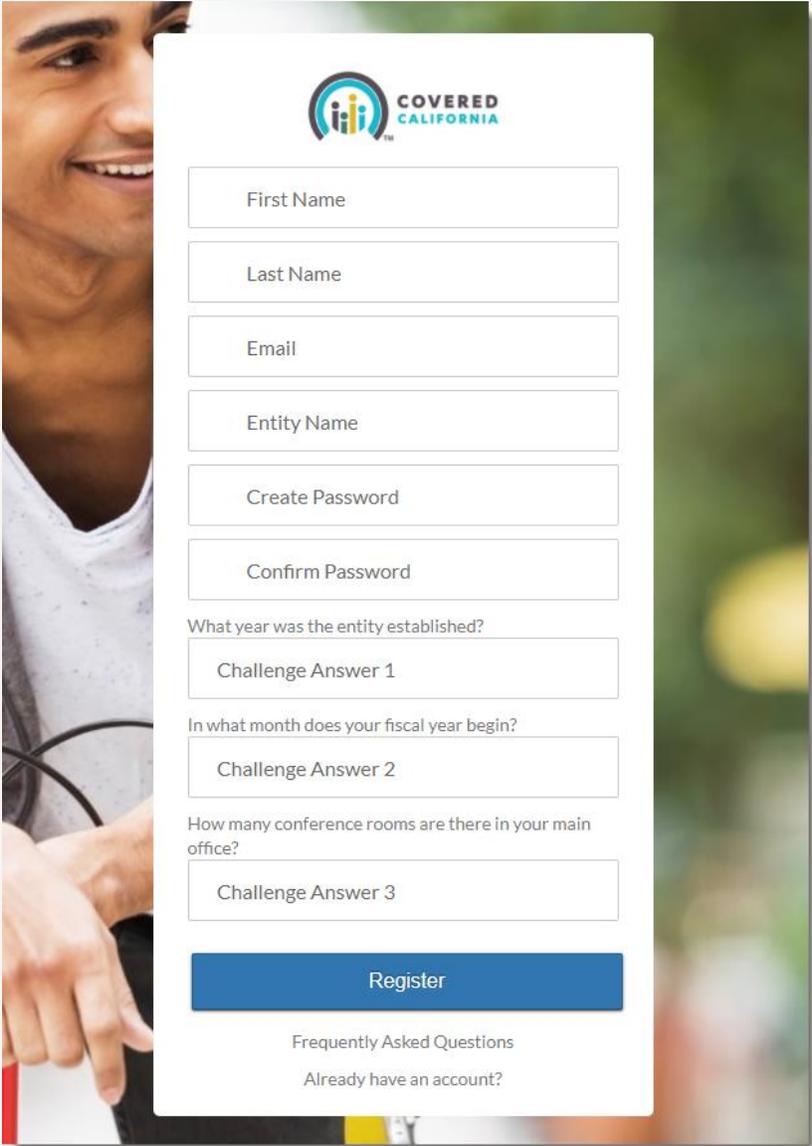
- If you are an existing Entity User from IPAS and have never accessed the Certification Portal, click the link in the banner of the page to submit a request for your account credentials.
- If you are a new Entity User and would like to apply to become a Certified Entity, click the [Register Here](#) link.

CERTIFICATION PORTAL ENTITY USER OVERVIEW

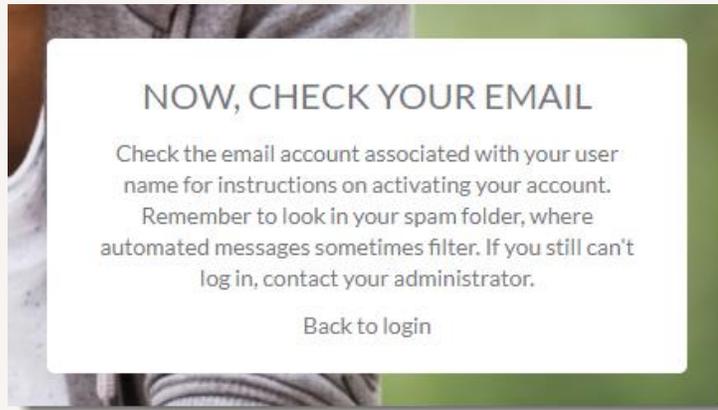
ENTITY REGISTRATION

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

- A. New Entity applicants must populate all fields displayed on the [Self-Registration](#) page and then click “Register”. The email address populated in the Email field will also be the username for the new account.



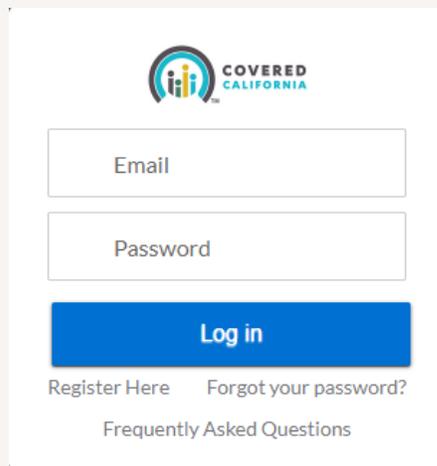
- B. After clicking the “Register” button the applicant will see the following message on their screen. An email notification will be sent with a link to activate the new user account.



- C. The System sends an email to the address provided for verification purposes. *Sample of email below. The applicant needs to click on the link provided in the email.*



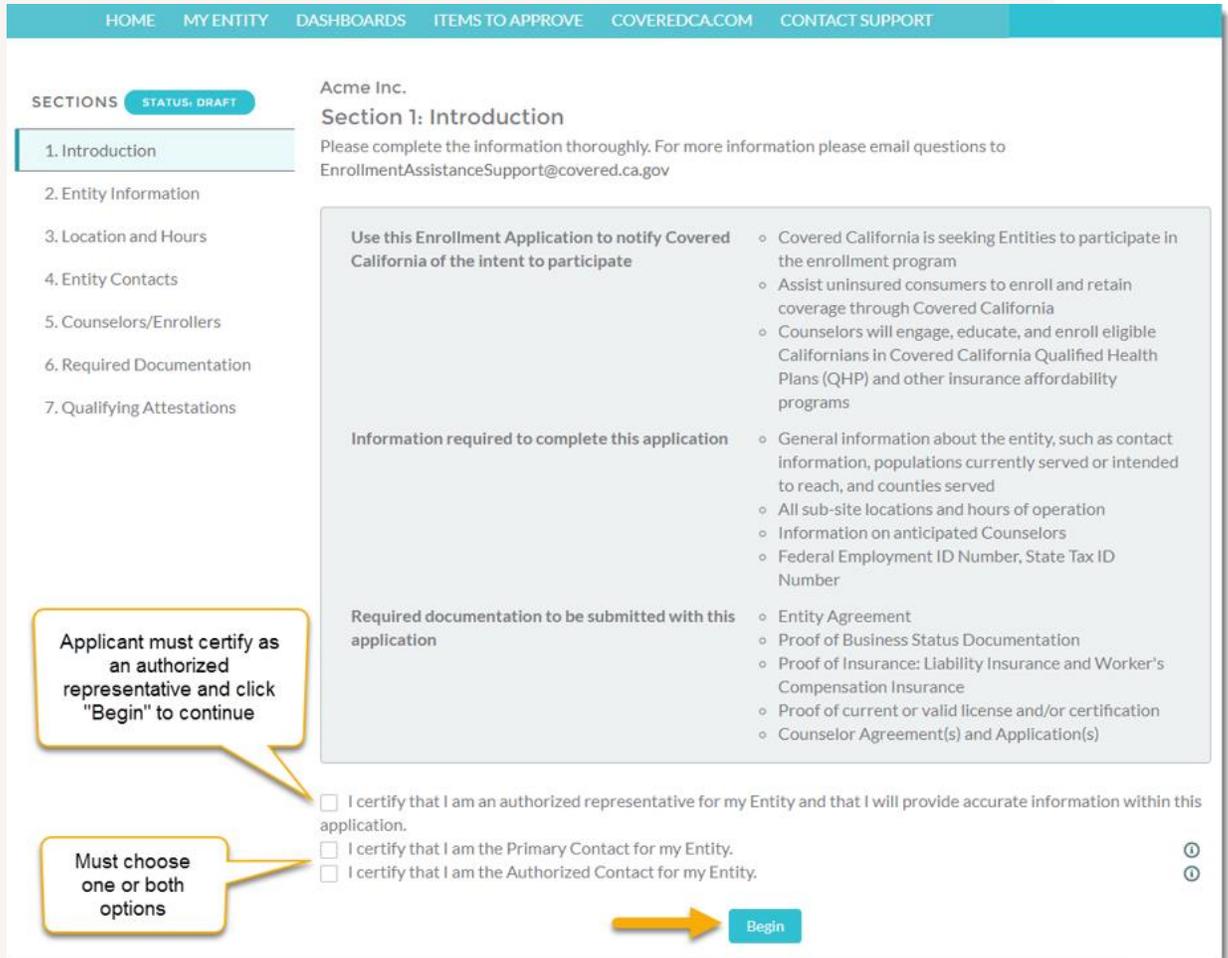
- D. Once the applicant clicks the link in the email message they will be directed to Login Page to enter the Email and Password that was entered in the registration process covered above.



ENTITY APPLICATION

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

- 1. INTRODUCTION:** Upon initial login, the Entity User 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.



HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

Acme Inc.
Section 1: Introduction
Please complete the information thoroughly. For more information please email questions to EnrollmentAssistanceSupport@covered.ca.gov

SECTIONS **STATUS: DRAFT**

- 1. Introduction
- 2. Entity Information
- 3. Location and Hours
- 4. Entity Contacts
- 5. Counselors/Enrollers
- 6. Required Documentation
- 7. Qualifying Attestations

Use this Enrollment Application to notify Covered California of the intent to participate

- o Covered California is seeking Entities to participate in the enrollment program
- o Assist uninsured consumers to enroll and retain coverage through Covered California
- o Counselors will engage, educate, and enroll eligible Californians in Covered California Qualified Health Plans (QHP) and other insurance affordability programs

Information required to complete this application

- o General information about the entity, such as contact information, populations currently served or intended to reach, and counties served
- o All sub-site locations and hours of operation
- o Information on anticipated Counselors
- o Federal Employment ID Number, State Tax ID Number

Required documentation to be submitted with this application

- o Entity Agreement
- o Proof of Business Status Documentation
- o Proof of Insurance: Liability Insurance and Worker's Compensation Insurance
- o Proof of current or valid license and/or certification
- o Counselor Agreement(s) and Application(s)

I certify that I am an authorized representative for my Entity and that I will provide accurate information within this application.

I certify that I am the Primary Contact for my Entity.

I certify that I am the Authorized Contact for my Entity.

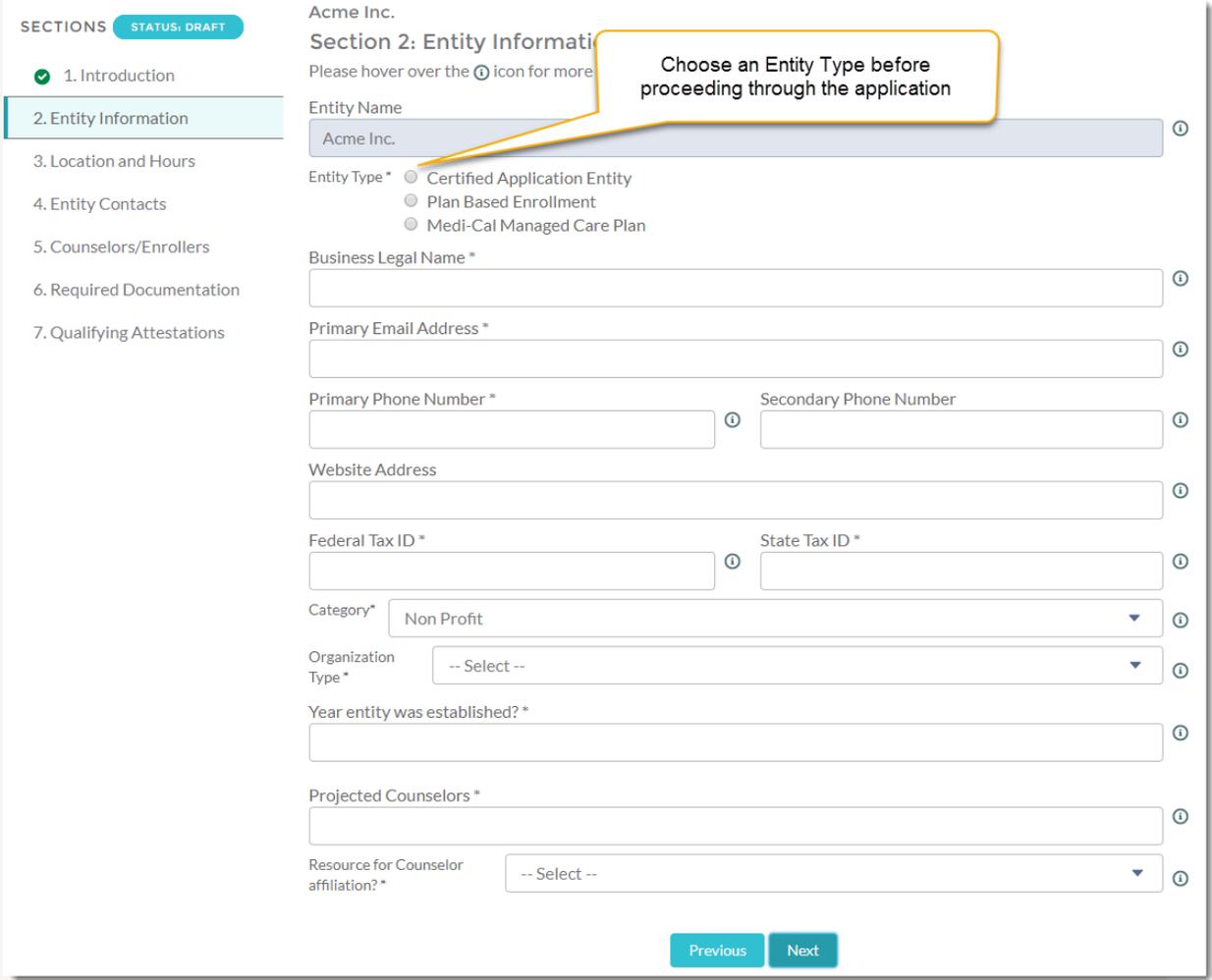
Applicant must certify as an authorized representative and click "Begin" to continue

Must choose one or both options

Begin

CERTIFICATION PORTAL ENTITY USER OVERVIEW

2. **ENTITY INFORMATION:** Please choose an **Entity Type** and then complete all required information. Click “Next” to advance to the next section of the application.



The screenshot shows a web form titled "Section 2: Entity Information" for "Acme Inc.". On the left, a sidebar lists sections 1 through 7, with "2. Entity Information" selected. The main form contains the following fields: "Entity Name" (filled with "Acme Inc."), "Entity Type" (radio buttons for "Certified Application Entity", "Plan Based Enrollment", and "Medi-Cal Managed Care Plan"), "Business Legal Name *", "Primary Email Address *", "Primary Phone Number *" and "Secondary Phone Number", "Website Address", "Federal Tax ID *" and "State Tax ID *", "Category*" (dropdown menu with "Non Profit" selected), "Organization Type*" (dropdown menu with "-- Select --" selected), "Year entity was established?*", "Projected Counselors*", and "Resource for Counselor affiliation?*" (dropdown menu with "-- Select --" selected). A callout box with a yellow border points to the "Entity Type" radio buttons, containing the text "Choose an Entity Type before proceeding through the application". At the bottom right of the form are "Previous" and "Next" buttons.

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.

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

HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

SECTIONS **STATUS: DRAFT**

- 1. Introduction
- 2. Entity Information
- 3. Location and Hours**
- 4. Entity Contacts
- 5. Counselors/Enrollers
- 6. Required Documentation
- 7. Qualifying Attestations

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 Primary site and any sub-sites for your organization. Complete the information in the following categories.

PRIMARY LOCATION

Estimated number of individuals served *

0 ⓘ

Location Details

Location Name * ⓘ

Contact First Name * ⓘ Contact Last Name * ⓘ

Email Address * ⓘ

Phone Number * ⓘ Secondary Phone Number ⓘ

County* -- Select -- ⓘ

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? ⓘ

	Opening Time	Closing Time
Monday	-- From --	-- To --
Tuesday	-- From --	-- To --
Wednesday	-- From --	-- To --
Thursday	-- From --	-- To --
Friday	-- From --	-- To --
Saturday	-- From --	-- To --
Sunday	-- From --	-- To --

Mailing Address

Mailing Street Address *

Mailing City *

Mailing State * Mailing Zip Code *

Physical Address

Same as Mailing?

Physical Street Address *

Physical City *

Physical State * Physical Zip Code *

Click to Save Location information

Save Location

Previous **Next**

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

Acme Inc.

Section 3: Location and Hours

1. Introduction
2. Entity Information
3. Location and Hours
4. Entity Contacts
5. Counselors/Enrollers
6. Required Documentation
7. Qualifying Attestations

STATUS: DRAFT

Please fill out the dialog boxes for information about the locations for your organization. Complete the information in the following categories.

Create a Sub Site Location

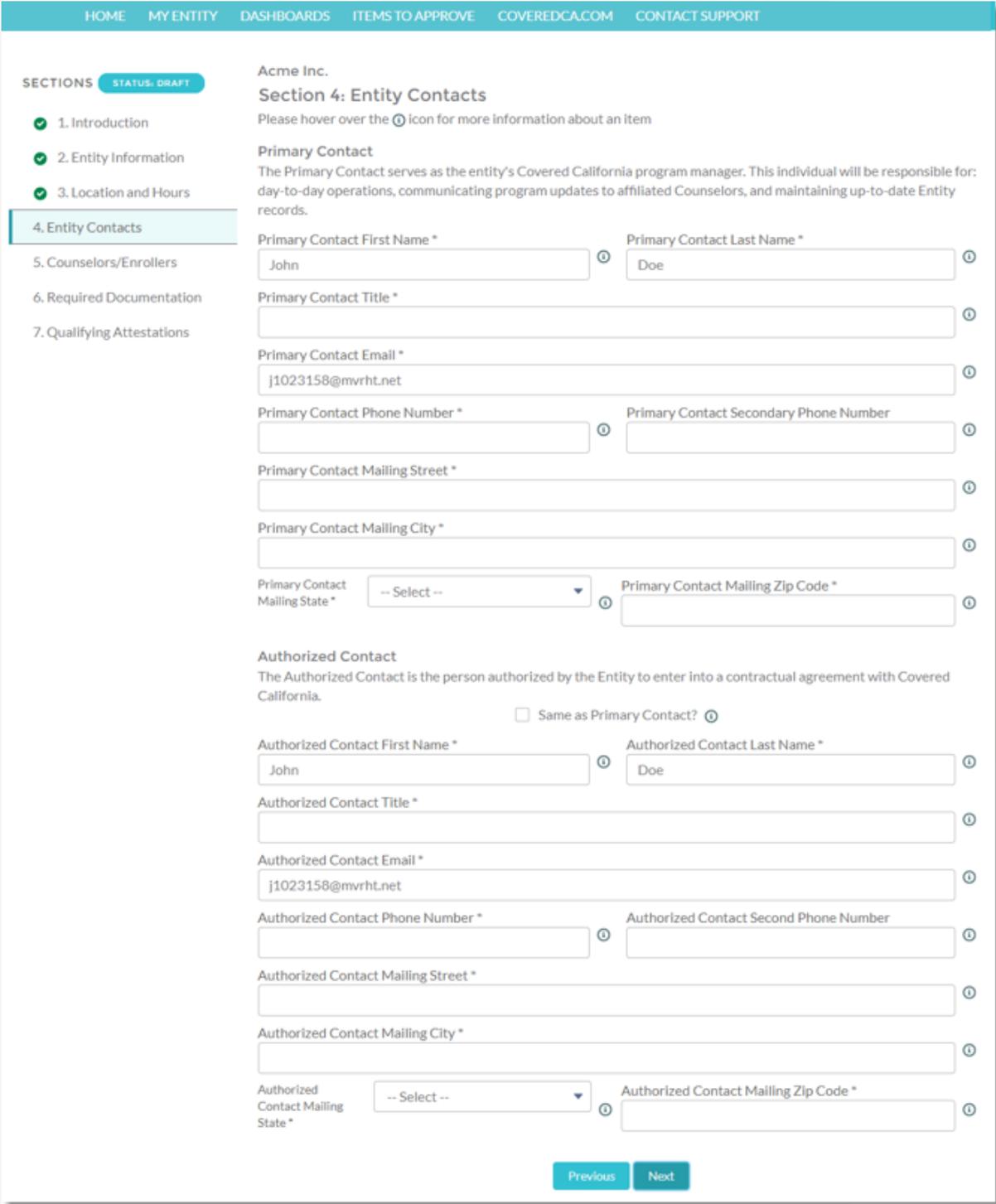
LOCATION NAME
Acme Location 1 PRIMARY LOCATION

View/Edit existing Locations

Proceed to next section

Previous **Next**

4. **ENTITY CONTACTS:** The applicant must fill out all the information in this section to identify the program manager and person entered into the contractual agreement with Covered California. Some fields will be pre-populated depending on what was chosen on the Introduction section 1.



HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

SECTIONS **STATUS: DRAFT**

- 1. Introduction
- 2. Entity Information
- 3. Location and Hours
- 4. Entity Contacts**
- 5. Counselors/Enrollers
- 6. Required Documentation
- 7. Qualifying Attestations

Acme Inc.

Section 4: Entity Contacts

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

Primary Contact

The Primary Contact serves as the entity's Covered California program manager. This individual will be responsible for day-to-day operations, communicating program updates to affiliated Counselors, and maintaining up-to-date Entity records.

Primary Contact First Name * ⓘ Primary Contact Last Name * ⓘ

Primary Contact Title * ⓘ

Primary Contact Email * ⓘ

Primary Contact Phone Number * ⓘ Primary Contact Secondary Phone Number ⓘ

Primary Contact Mailing Street * ⓘ

Primary Contact Mailing City * ⓘ

Primary Contact Mailing State * ⓘ Primary Contact Mailing Zip Code * ⓘ

Authorized Contact

The Authorized Contact is the person authorized by the Entity to enter into a contractual agreement with Covered California.

Same as Primary Contact? ⓘ

Authorized Contact First Name * ⓘ Authorized Contact Last Name * ⓘ

Authorized Contact Title * ⓘ

Authorized Contact Email * ⓘ

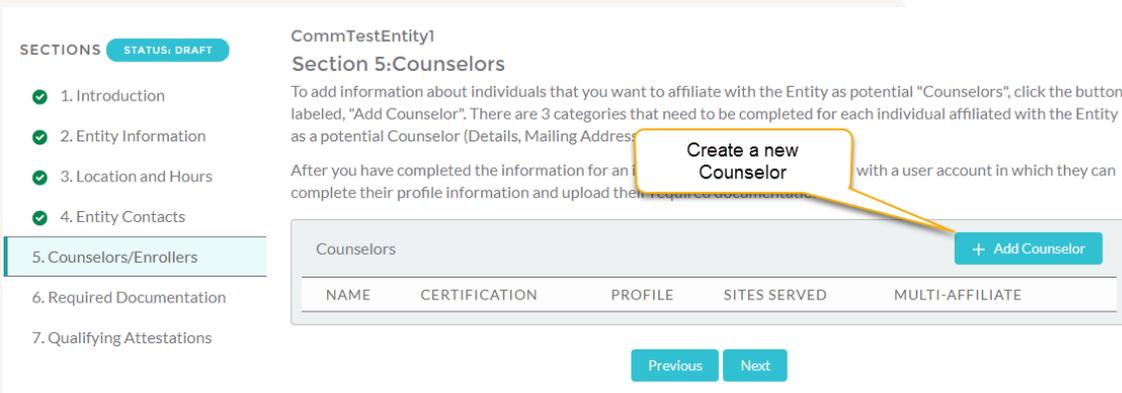
Authorized Contact Phone Number * ⓘ Authorized Contact Second Phone Number ⓘ

Authorized Contact Mailing Street * ⓘ

Authorized Contact Mailing City * ⓘ

Authorized Contact Mailing State * ⓘ Authorized Contact Mailing Zip Code * ⓘ

5. COUNSELORS/ENROLLERS: To begin click on the “Add Counselor” button.



CommTestEntity1
Section 5:Counselors

To add information about individuals that you want to affiliate with the Entity as potential "Counselors", click the button labeled, "Add Counselor". There are 3 categories that need to be completed for each individual affiliated with the Entity as a potential Counselor (Details, Mailing Address, and Profile Information).

After you have completed the information for an individual, click the "Add Counselor" button with a user account in which they can complete their profile information and upload their required documents.

SECTIONS STATUS: DRAFT

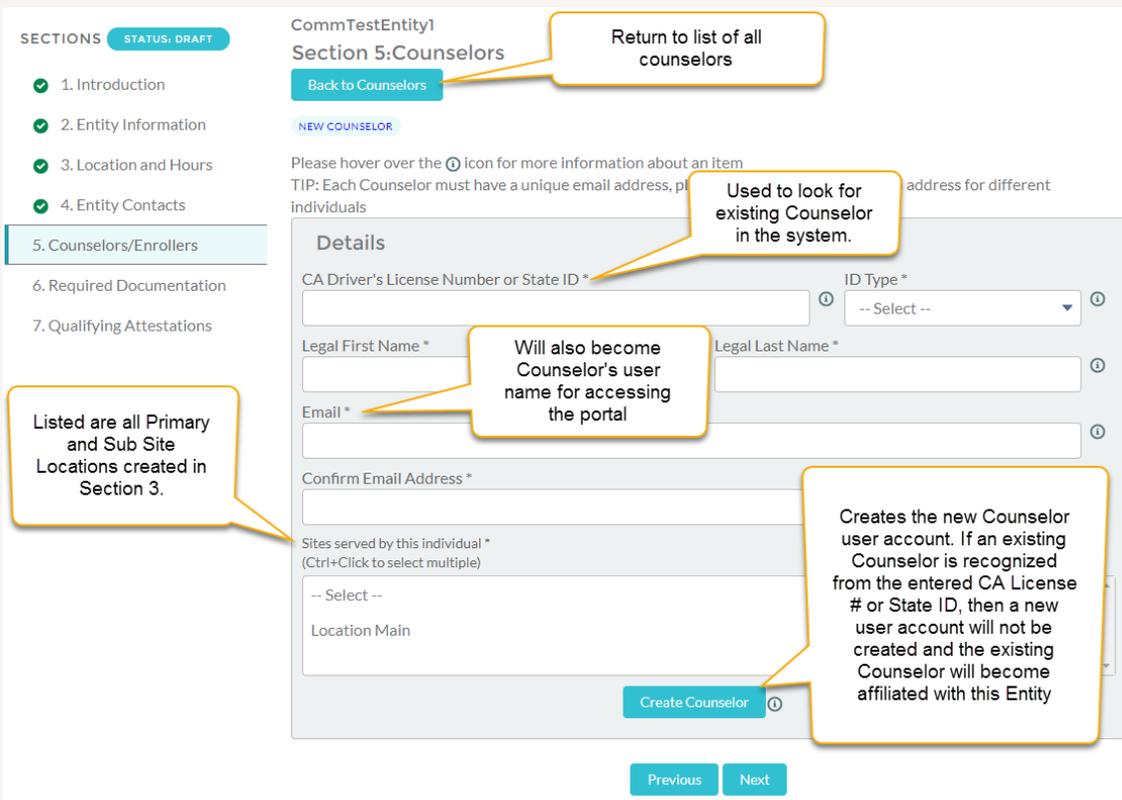
- 1. Introduction
- 2. Entity Information
- 3. Location and Hours
- 4. Entity Contacts
- 5. Counselors/Enrollers
- 6. Required Documentation
- 7. Qualifying Attestations

Counselors

NAME	CERTIFICATION	PROFILE	SITES SERVED	MULTI-AFFILIATE
+ Add Counselor				

Previous Next

After clicking the “Add Counselor” button the applicant will advance to following screen. Please fill out all the information on this screen. The new Counselor must be assigned as a resource to one or more of the Locations that were created in Section 3. After the information has been correctly entered, click on the “Create Counselor” button to create and associate the Counselor. 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”.



CommTestEntity1
Section 5:Counselors

Back to Counselors

NEW COUNSELOR

Please hover over the ⓘ icon for more information about an item
TIP: Each Counselor must have a unique email address, please use a different email address for different individuals

Details

CA Driver's License Number or State ID * ID Type *
-- Select --

Legal First Name * Legal Last Name *

Email * Confirm Email Address *

Sites served by this individual *
(Ctrl+Click to select multiple)
-- Select --
Location Main

Create Counselor ⓘ

Previous Next

Return to list of all counselors

Used to look for existing Counselor in the system.

Will also become Counselor's user name for accessing the portal

Listed are all Primary and Sub Site Locations created in Section 3.

Creates the new Counselor user account. If an existing Counselor is recognized from the entered CA License # or State ID, then a new user account will not be created and the existing Counselor will become affiliated with this Entity

CERTIFICATION PORTAL ENTITY USER OVERVIEW

6. **REQUIRED DOCUMENTATION:** Each item below must be completed or uploaded as part of the application. The content in each section may vary depending on the Entity Type that was chosen in Section 2. Continue below for a detailed look at each section.
- a. **ENTITY AGREEMENT:** Click on the button in the agreement section and then follow the instructions for signing the document which will be given to you on the DocuSign website. The type of agreement (if available) will vary depending on the Entity Type that was chosen in Section 2. Once the DocuSign signing session is completed, the page will automatically return to the Required Documentation section of the Entity Application.

Entity Agreement

Entities must complete, sign and upload the Entity Agreement. To complete the Agreement below. The file will open via DocuSign, allowing for the Agreement to be completed.

[DocuSign CAEAgreement](#)

Sign Entity Agreement using DocuSign

- 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.

Proof of Business Status Documentation

The required documentation is listed below based on your Entity's category.

1. Tax Identification Number on Institution Letterhead

Proof of Eligibility

[Upload Files](#) Or drop files

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

Proof of Insurance

TIP: Please do not upload insurance certificates until Covered California has been listed as an Additional Insured.

All entities must submit a Certificate of Insurance that demonstrates that the Entity meets the following minimum insurance requirements.

1. General Liability insurance with coverage of not less than \$1,000,000 per occurrence naming Covered California as additionally insured.
TIP: Covered California must be named as additionally insured on the general liability insurance policy. Do not upload proof of insurance, or submit your application, until this requirement is met. Provide your insurance carrier with the following additionally insured information:
Covered California
1601 Exposition Blvd
Sacramento, CA 95815
General Liability Insurance
 Or drop files
2. Worker's Compensation insurance
TIP: Only a sole-proprietor is excluded from submitting proof of workers compensation, but must instead upload a statement as such on letterhead
Worker's Compensation Insurance
 Or drop files

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

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.

Proof of License
 Or drop files

- e. **CONFLICT OF INTEREST PLAN:** Click on “Upload Files” to select your Conflict of Interest Plan. A template for the plan is provided through the Conflict of Interest Plan blue button.

Conflict of Interest Plan

Entities must provide a Conflict of Interest Plan. This Conflict of Interest Plan, when uploaded, will be submitted to legal team for Review and either approved or returned to submitter for updates.

[Conflict of Interest Plan](#)

Conflict of Interest Plan

Or drop files

After all the required documentation has been uploaded Please 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:** Please read each Qualifying Attestation. Click in the check box to acknowledge your agreement with the attestations and click on “Submit” to initiate application submission.

SECTIONS STATUS: DRAFT

- 1. Introduction
- 2. Entity Information
- 3. Location and Hours
- 4. Entity Contacts
- 5. Counselors/Enrollers
- 6. Required Documentation
- 7. Qualifying Attestations

CommTestEntity1

Section 7: 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 "Submit".

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.

Attestation 2 I certify the organization applying is not receiving any consideration directly or indirectly from a health insurance issuer or stop loss insurance 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 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](#)

Entity User must agree to all Qualifying Attestations



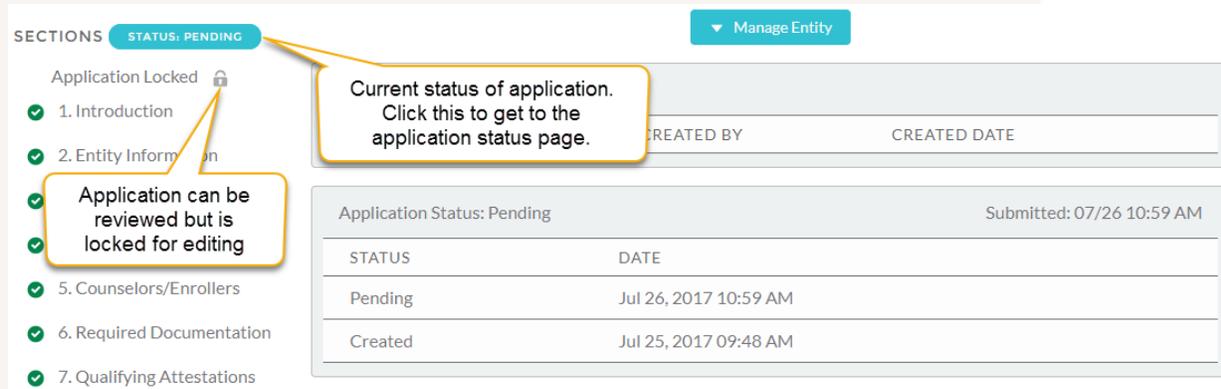
The following confirmation message will appear after clicking the “Submit” button. Once the second “Submit” button is pressed, the Entity Application will be submitted to the Certification Services Section for processing.

Confirm Application Submission

Are you sure that you are ready to Submit the application? By clicking Submit you hereby certify that the information present is true to the best of your knowledge.

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.



The screenshot shows a user interface for managing an entity application. At the top, there is a 'Manage Entity' button and a status indicator 'STATUS: PENDING'. On the left, a sidebar lists seven sections: 'Application Locked' (with a lock icon), '1. Introduction', '2. Entity Information', '5. Counselors/Enrollers', '6. Required Documentation', and '7. Qualifying Attestations'. A callout box points to the 'Application Locked' status, stating 'Application can be reviewed but is locked for editing'. Another callout box points to the '1. Introduction' section, stating 'Current status of application. Click this to get to the application status page.' The main content area shows 'Application Status: Pending' and 'Submitted: 07/26 10:59 AM'. Below this is a table with columns 'STATUS' and 'DATE'.

STATUS	DATE
Pending	Jul 26, 2017 10:59 AM
Created	Jul 25, 2017 09:48 AM

- 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.
- 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, it 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.
- Pending** – The Entity Application is awaiting a determination from Covered California’s review team.
- Approved** – The Entity Application has been approved.
- Not Approved** – The Entity Application has been reviewed and NOT approved.
- In CC Review** – The Application has been initially reviewed, but further review is necessary.
- Withdrawn** – The Application has been withdrawn by request of the Entity.

Once Entity Application is set to “**Approved**”, the Entity User will receive an email outlining the next steps in the Entity Certification process. Next time the Entity User logs into the Certification Portal, the user will no longer be taken to the Entity Application. The user will be directed to the My Entity page.

CERTIFICATION PORTAL ENTITY USER OVERVIEW

Congratulations! **[Entity Community Health Partnership]** application has been approved.

Here are the next steps:

Entity Management Training

The Primary contact listed in the Entity application must complete the required [Entity Management Training](#). The training is available by clicking [Entity Management Training](#). The link will also be sent via email to the primary contact.

The Entity Management Training must be completed within 30 days of this approval notification or this Entity application will be withdrawn. Be sure to fill out and submit the Completion Form, as instructed at the end of the training, available for download here: [Entity Management Training Completion Form](#). *Any affiliated Counselor candidates will not be certified until this step is completed.*

Review Primary Contact Resource Guide

As the primary contact, you are the designated individual responsible for day-to-day management of your organization's participation in this program. Click [here](#) to access resource guide that will help you get oriented and provide you with the tools to assist you in this role.

Finalize Counselor Roster

Please also ensure that your Counselor roster is finalized in the Entity application. To finalize your roster you must:

1. Input Counselor candidate information, download and provide to application Counselor candidate:
 - a. The pre-populated Criminal Disclosure Form
 - b. The pre-populated Live Scan Form
 - c. Counselor agreement
2. Upload the signed Counselor agreement
3. Upload head shot photo for Counselor badge

Counselor Candidates Complete Disclosure Form

Each individual applicant must complete the pre-populated Criminal Disclosure Form you provide them and fax the form directly to Covered California. Please communicate this with your Counselor candidates. The form is generated online through the Counselor roster.

Fax Disclosure form to: (916) 228-8905

The preferred submission method is by fax. If no fax available, mail to:

HBEX/California Health Benefit Exchange
CONFIDENTIAL – BACKGROUND CHECKS
Office of Legal Affairs
1601 Exposition Blvd.
Sacramento, CA 95815

**** NOTE:** Any communication in connection with the Criminal Disclosure Form is between the individual applicant and Covered California. The Entity must not be involved in the collection or review of the content of this document.

Counselor Candidates Complete Background Check

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must:

1. Provide pre-populated Live Scan Form to Counselor candidate.
2. Advise Counselor candidate that:
 - a. 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
 - b. The pre-populated Live Scan Form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate
 - c. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable.
3. 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://www.capitalivescan.com/locations_statewide_network.html

Counselor Candidates Complete Training

Ensure Counselor candidates complete the required training, by logging into the Learning Management System (LMS) and using credentials provided in an LMS email sent to all Counselor candidates. Training is self-guided via online modules. Training questions should be directed to CCULearning@covered.ca.gov.

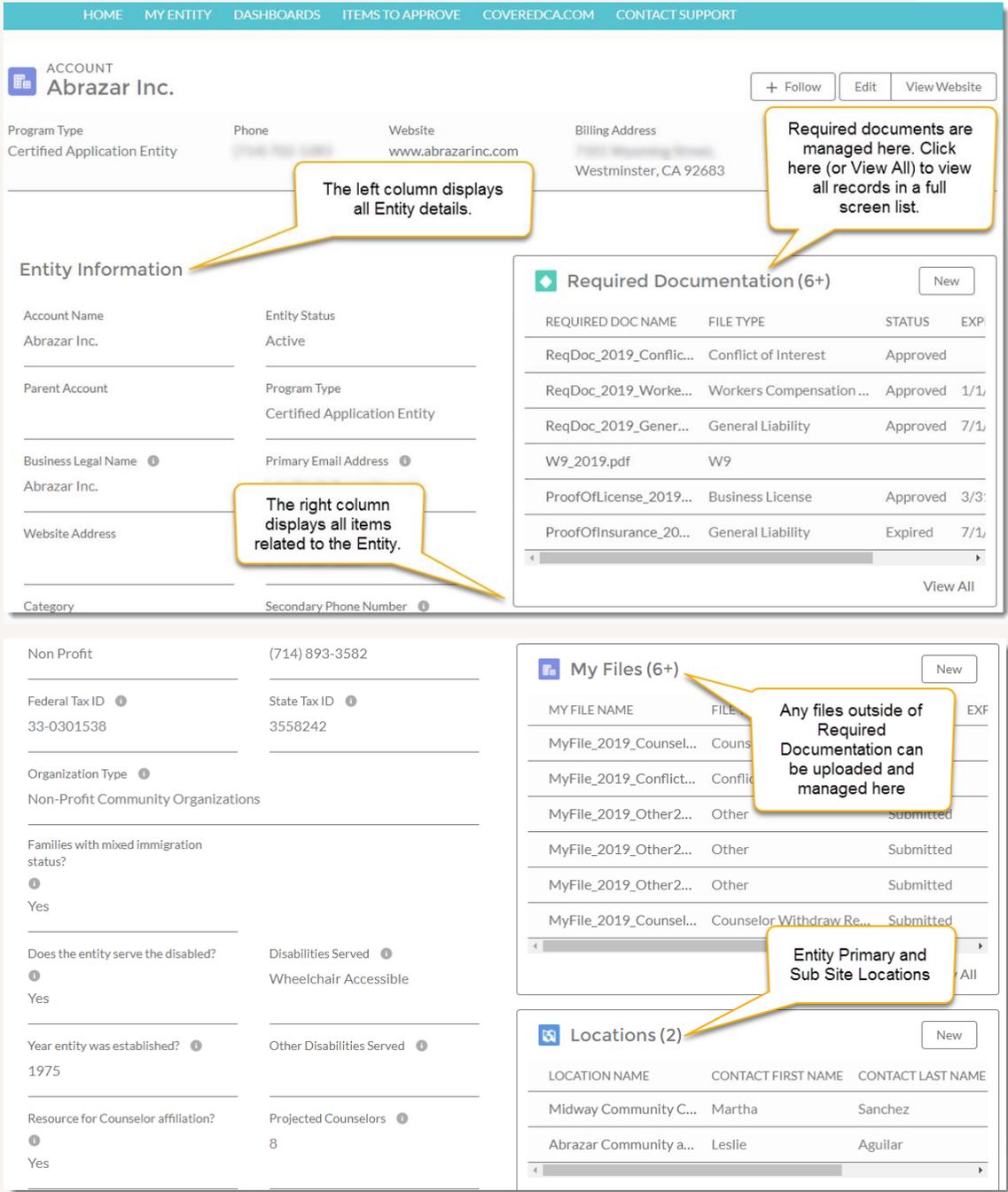
If you have additional questions or need further assistance please email Enrollmentassistancesupport@covered.ca.gov

Sample Application Approval Email

CERTIFICATION PORTAL ENTITY USER OVERVIEW

MY ENTITY

The “My Entity” page provides a snapshot view of the Entity account information and all items related to the Entity. The related items include: Required Documentation, My Files, Entity Applications, Locations and Entity Change Requests. Each of the different sections will be described below.



The screenshot shows the 'My Entity' page for 'Abrazar Inc.' with a navigation bar at the top containing: HOME, MY ENTITY, DASHBOARDS, ITEMS TO APPROVE, COVEREDCA.COM, CONTACT SUPPORT.

Entity Information:

- Account Name: Abrazar Inc.
- Entity Status: Active
- Parent Account: Certified Application Entity
- Program Type: Certified Application Entity
- Business Legal Name: Abrazar Inc.
- Primary Email Address: [Redacted]
- Website Address: [Redacted]
- Category: Non Profit
- Secondary Phone Number: (714) 893-3582
- Federal Tax ID: 33-0301538
- State Tax ID: 3558242
- Organization Type: Non-Profit Community Organizations
- Families with mixed immigration status?: Yes
- Does the entity serve the disabled?: Yes
- Disabilities Served: Wheelchair Accessible
- Year entity was established?: 1975
- Other Disabilities Served: [Redacted]
- Resource for Counselor affiliation?: Yes
- Projected Counselors: 8

Required Documentation (6+):

REQUIRED DOC NAME	FILE TYPE	STATUS	EXP
ReqDoc_2019_Conflic...	Conflict of Interest	Approved	
ReqDoc_2019_Worke...	Workers Compensation ...	Approved	1/1
ReqDoc_2019_Gener...	General Liability	Approved	7/1
W9_2019.pdf	W9		
ProofOfLicense_2019...	Business License	Approved	3/3
ProofOfInsurance_20...	General Liability	Expired	7/1

My Files (6+):

MY FILE NAME	FILE TYPE	STATUS	EXP
MyFile_2019_Counsel...	Counselor Withdraw Re...	Submitted	
MyFile_2019_Conflict...	Conflict of Interest	Submitted	
MyFile_2019_Other2...	Other	Submitted	
MyFile_2019_Other2...	Other	Submitted	
MyFile_2019_Other2...	Other	Submitted	
MyFile_2019_Counsel...	Counselor Withdraw Re...	Submitted	

Locations (2):

LOCATION NAME	CONTACT FIRST NAME	CONTACT LAST NAME
Midway Community C...	Martha	Sanchez
Abrazar Community a...	Leslie	Aguilar

Callout Boxes:

- "The left column displays all Entity details." (Points to the Entity Information section)
- "The right column displays all items related to the Entity." (Points to the Required Documentation, My Files, and Locations sections)
- "Required documents are managed here. Click here (or View All) to view all records in a full screen list." (Points to the Required Documentation table)
- "Any files outside of Required Documentation can be uploaded and managed here" (Points to the My Files table)
- "Entity Primary and Sub Site Locations" (Points to the Locations table)

CERTIFICATION PORTAL ENTITY USER OVERVIEW

Entity Contacts

Primary Contact	Authorized Contact
[Redacted]	[Redacted]

CalHEERS

CalHEERS Username	[Redacted]
CalHEERS Password	[Redacted]
CalHEERS Pin	[Redacted]

System Info

Created By	Last Modified By
[Redacted], 9/14/2015 4:47 PM	Doug O'Brien , 7/24/2017 12:02 AM

Entity Change Requests (1)

CHANGE REQUEST	RECORD TYPE	CREATED DATE	CREATED I
CR-2943	Change Request	7/27/2017 8:56 AM	IPAS Data

Credentials for accessing CalHEERS system. Populated once Entity becomes Active and Registered with Covered CA.

There are three types of change requests: Change Request, Withdrawal Request, Disclosure Update

CERTIFICATION PORTAL ENTITY USER OVERVIEW

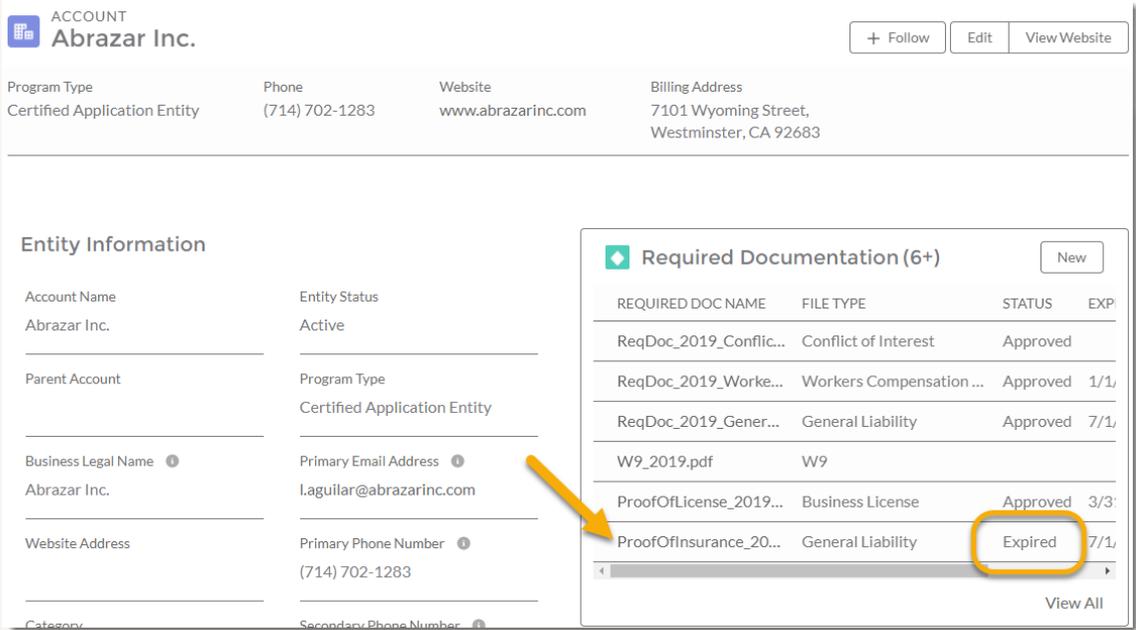
REQUIRED DOCUMENTS & MY FILES

Required Documents and My Files records are used to manage all files associated with the Entity. Required Documents will have been automatically created through the Entity Application process and typically will not need to be added through 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 DOCUMENTS:

Expired documents can be updated through the following procedure.

- A. Click on a Required Document record that needs to be updated.



ACCOUNT
Abrazar Inc. + Follow Edit View Website

Program Type: Certified Application Entity | Phone: (714) 702-1283 | Website: www.abrazarinc.com | Billing Address: 7101 Wyoming Street, Westminster, CA 92683

Entity Information

Account Name	Entity Status
Abrazar Inc.	Active
Parent Account	Program Type
	Certified Application Entity
Business Legal Name ⓘ	Primary Email Address ⓘ
Abrazar Inc.	laguilar@abrazarinc.com
Website Address	Primary Phone Number ⓘ
	(714) 702-1283
Category	Secondary Phone Number ⓘ

Required Documentation (6+) New

REQUIRED DOC NAME	FILE TYPE	STATUS	EXP
ReqDoc_2019_Conflic...	Conflict of Interest	Approved	
ReqDoc_2019_Worke...	Workers Compensation ...	Approved	1/1
ReqDoc_2019_Gener...	General Liability	Approved	7/1
W9_2019.pdf	W9		
ProofOfLicense_2019...	Business License	Approved	3/3
ProofOfInsurance_20...	General Liability	Expired	7/1

- B. Upload new document to related list of files.

CERTIFICATION PORTAL ENTITY USER OVERVIEW

REQUIRED DOCUMENTATION
ProofOfInsurance_2019.pdf Edit Clone

Required DocName ProofOfInsurance_2019.pdf	Entity Abrazar Inc.
File Type ⓘ General Liability	File Details ⓘ
Status ⓘ Expired	Expiration Date ⓘ 7/1/2014
Created By IPAS Data Migration , 6/28/2017 10:46 AM	Last Modified By 10:49 AM

Upload new copy of Expired document. Internal team will review and update Status and Expiration Date

Notes & Attachments (1) Upload Files

ProofOfInsurance_2019.pdf
Jul 1, 2013 • Attachment

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. To upload a new My File, first click the “New” button on the My Files related list.

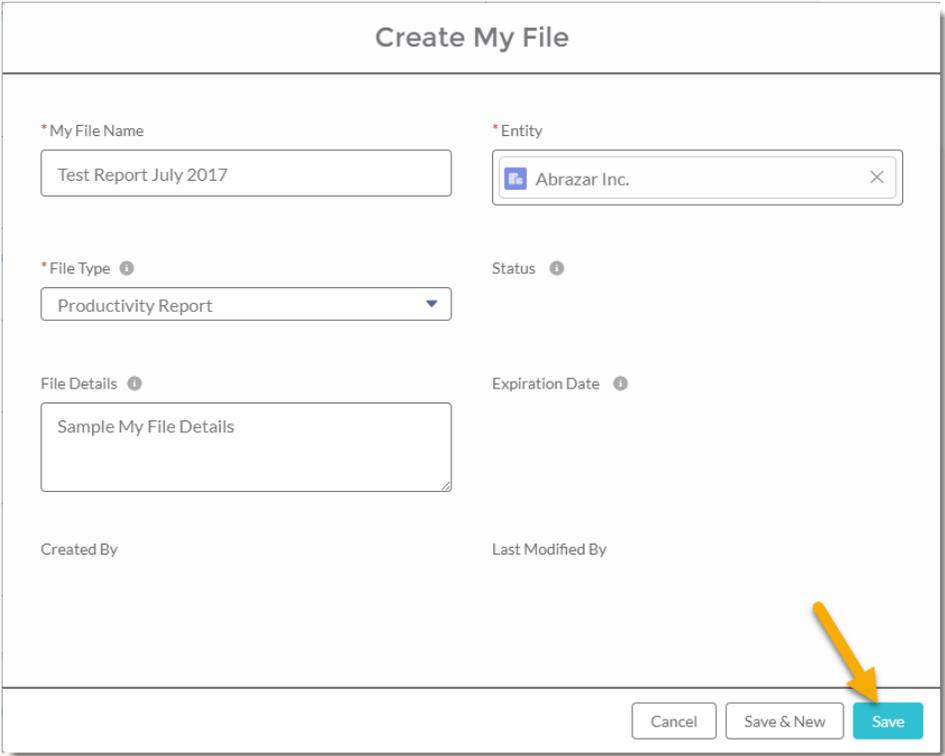
My Files (6+) New

MY FILE NAME	FILE TYPE	STATUS	EXF
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	

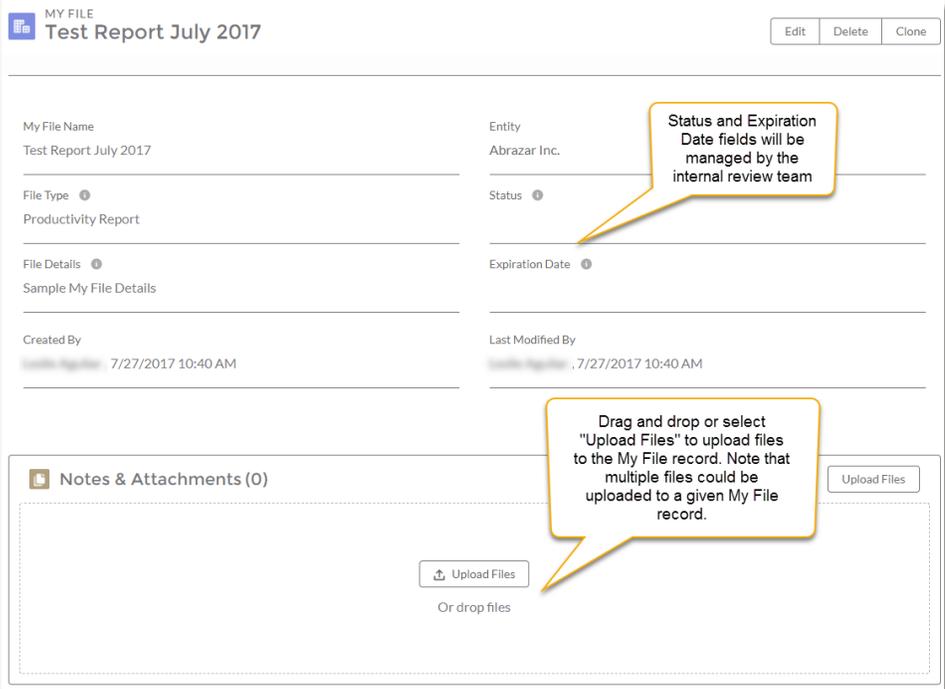
[View All](#)

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

CERTIFICATION PORTAL ENTITY USER OVERVIEW



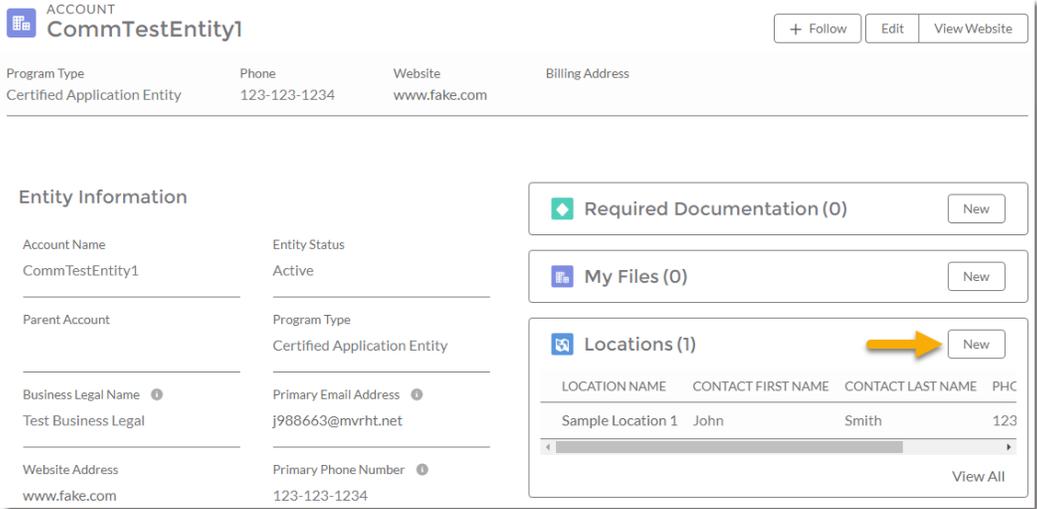
C. The record that's created houses details about the file(s) related to it. Now that the record has been created, one or many files can be uploaded to it.



MANAGE LOCATIONS

CREATING A LOCATION:

A. In the “Locations” related list, click on the “New” button.



ACCOUNT
CommTestEntity1

+ Follow Edit View Website

Program Type: Certified Application Entity
Phone: 123-123-1234
Website: www.fake.com
Billing Address:

Entity Information

Account Name: CommTestEntity1	Entity Status: Active
Parent Account:	Program Type: Certified Application Entity
Business Legal Name: Test Business Legal	Primary Email Address: j988663@mvrht.net
Website Address: www.fake.com	Primary Phone Number: 123-123-1234

Required Documentation (0) [New]

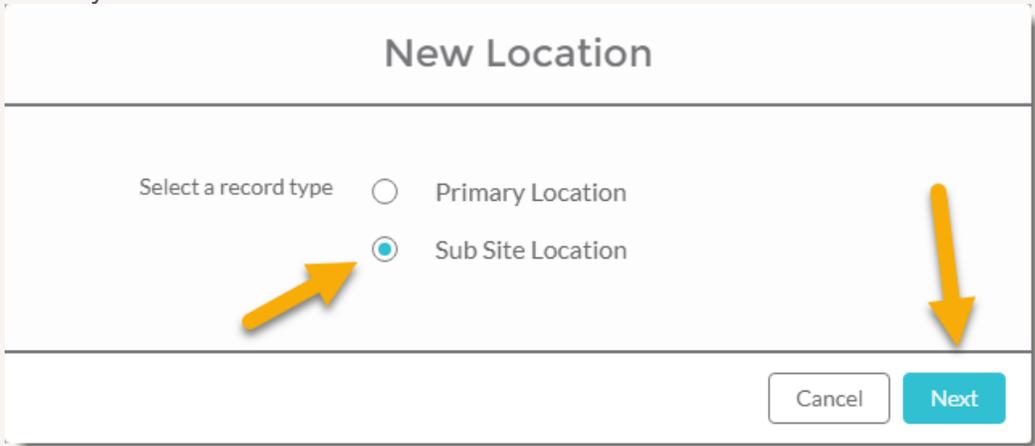
My Files (0) [New]

Locations (1) [New]

LOCATION NAME	CONTACT FIRST NAME	CONTACT LAST NAME	PHC
Sample Location 1	John	Smith	123

View All

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



New Location

Select a record type

Primary Location

Sub Site Location

Cancel Next

CERTIFICATION PORTAL ENTITY USER OVERVIEW

C. 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 ⓘ

Primary Location ⓘ

Record Type
Sub Site Location

Location Details

* Location Name

* Entity

* Contact First Name ⓘ

Contact Last Name ⓘ

* Phone Number ⓘ

Secondary Phone Number ⓘ

* Email Address ⓘ

* County ⓘ

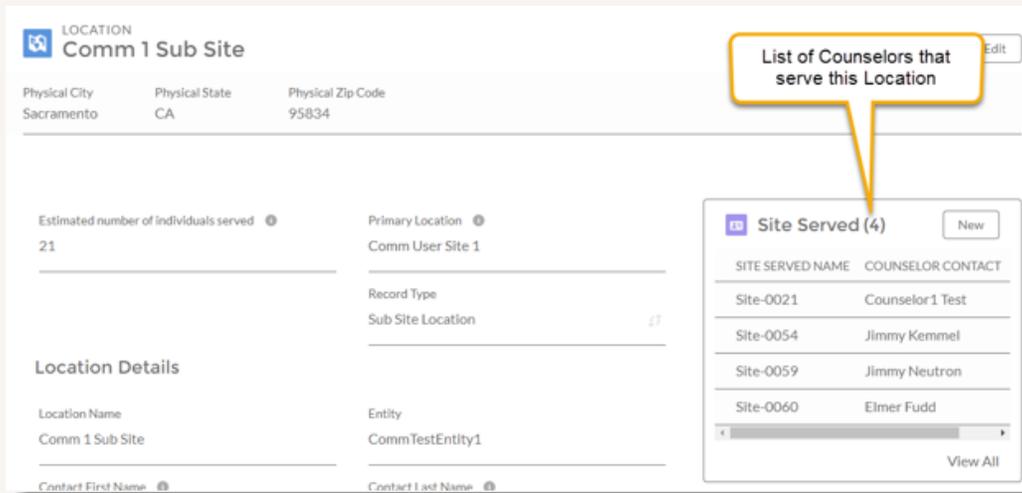
CERTIFICATION PORTAL ENTITY USER OVERVIEW

ADD SITES SERVED

Sites Served represent the link between a Counselor Contact and a Site Location. For every Location that a Counselor serves there must be a Site Served record.

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.

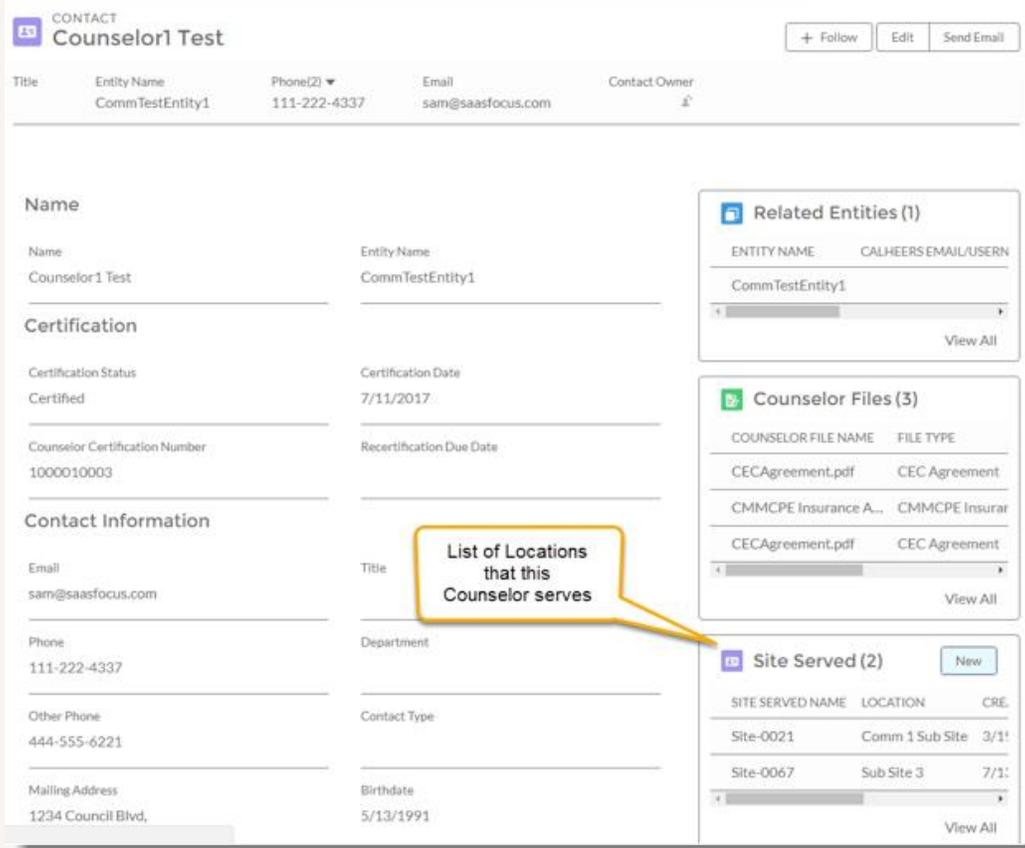


The screenshot displays the 'LOCATION' view for 'Comm 1 Sub Site'. It includes fields for Physical City (Sacramento), Physical State (CA), and Physical Zip Code (95834). A callout box points to the 'Site Served (4)' list, which is titled 'List of Counselors that serve this Location'. The list contains the following entries:

SITE SERVED NAME	COUNSELOR CONTACT
Site-0021	Counselor 1 Test
Site-0054	Jimmy Kemmel
Site-0059	Jimmy Neutron
Site-0060	Elmer Fudd

Location view of Sites Served

CERTIFICATION PORTAL ENTITY USER OVERVIEW



CONTACT
Counselor1 Test

+ Follow Edit Send Email

Title Entity Name Phone(2) Email Contact Owner
CommTestEntity1 111-222-4337 sam@saasfocus.com

Name

Name Entity Name
Counselor1 Test CommTestEntity1

Certification

Certification Status Certification Date
Certified 7/11/2017

Counselor Certification Number Recertification Due Date
1000010003

Contact Information

Email Title
sam@saasfocus.com

Phone Department
111-222-4337

Other Phone Contact Type
444-555-6221

Mailing Address Birthdate
1234 Council Blvd, 5/13/1991

Related Entities (1)

ENTITY NAME CALHEERS EMAIL/USERN
CommTestEntity1
View All

Counselor Files (3)

COUNSELOR FILE NAME FILE TYPE
CECAgreement.pdf CEC Agreement
CMMCPE Insurance A... CMMCPE Insurar
CECAgreement.pdf CEC Agreement
View All

Site Served (2) New

SITE SERVED NAME	LOCATION	CRE.
Site-0021	Comm 1 Sub Site	3/11
Site-0067	Sub Site 3	7/11

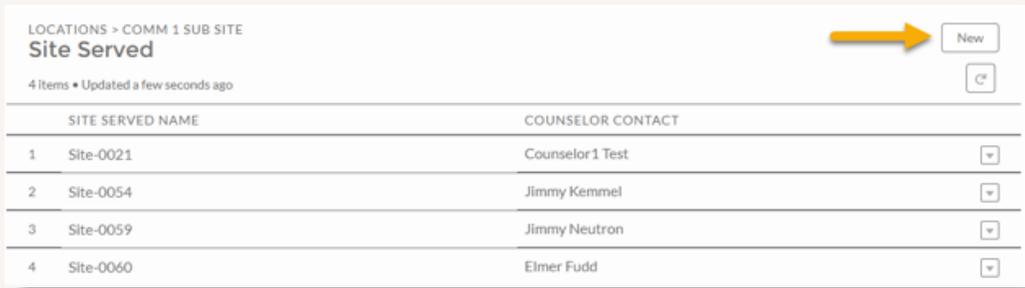
View All

List of Locations that this Counselor serves

Counselor view of Sites Served

CREATING LOCATION SITES SERVED:

Select the New button from the Site Served related list.



LOCATIONS > COMM 1 SUB SITE
Site Served

4 items • Updated a few seconds ago

	SITE SERVED NAME	COUNSELOR CONTACT
1	Site-0021	Counselor1 Test
2	Site-0054	Jimmy Kemmel
3	Site-0059	Jimmy Neutron
4	Site-0060	Elmer Fudd

New

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 that the New button was selected from (i.e. Counselor vs. Location). Click Save (or Save & New to create another).

CERTIFICATION PORTAL ENTITY USER OVERVIEW

Create Site Served

Site Served Name

*Location

*Counselor Contact

Created By _____ Last Modified By _____



Saving Site Served

CERTIFICATION PORTAL ENTITY USER OVERVIEW

ENTITY CHANGE REQUESTS

CHANGE REQUESTS:

As an Active Entity, Change Request records will automatically be captured when information is modified on the 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 also some changes that require approval by Covered CA. The Entity User 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	N	Y
	Secondary Phone	N	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	Mixed Immigration Status	N	Y
	Disabilities Served	N	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	N	Y
2.7 Employment Industries	All	N	Y
3.0 Counselor Assignment	All	Y	Y
4.0 Entity Contact Info	All	Y	Y

Entity Change Requests can be viewed from the My Entity page.

ACCOUNT
CommTestEntity1
+ Follow Edit View Website

Program Type: Certified Application Entity
 Phone: 123-123-1234
 Website: www.fake.com
 Billing Address:

Entity Information

Account Name: CommTestEntity1
 Entity Status: Active

Parent Account:
 Program Type: Certified Application Entity

Business Legal Name: Test Business Legal

Website Address: www.newsite.com
 123-123-7890

Category: Government
 Secondary Phone Number

Federal Tax ID: 12-3456789
 State Tax ID

Organization Type: Labor Unions

Required Documentation (0) New

My Files (0) New

Locations (1) New

LOCATION NAME	CONTACT FIRST NAME	CONTACT LAST NAME	PHC
Sample Location 1	John	Smith	123

[View All](#)

Entity Change Requests (2) New

CHANGE REQUEST	RECORD TYPE	CREATED DATE	CREATED
CR-2944	Change Request	7/28/2017 11:22 AM	Comm U
CR-2942	Change Request	7/28/2017 10:32 AM	IPAS Dat

[View All](#)

Change Request records are created whenever a set of tracked changes are captured.

There are three types of Entity Change Requests: Change Request, Withdrawal Request, Disclosure Update

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

ENTITY CHANGE REQUEST
CR-2944
Clone Submit for Approval

Change Request: CR-2944

Number of Changes: 4

Status: Submitted

Created By: Comm User1, 7/28/2017 11:22 AM

Entity: CommTestEntity1

Record Type: Change Request

Entity Changes (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](#)

List will display all changes that were captured, showing the old and new values.

July 2017

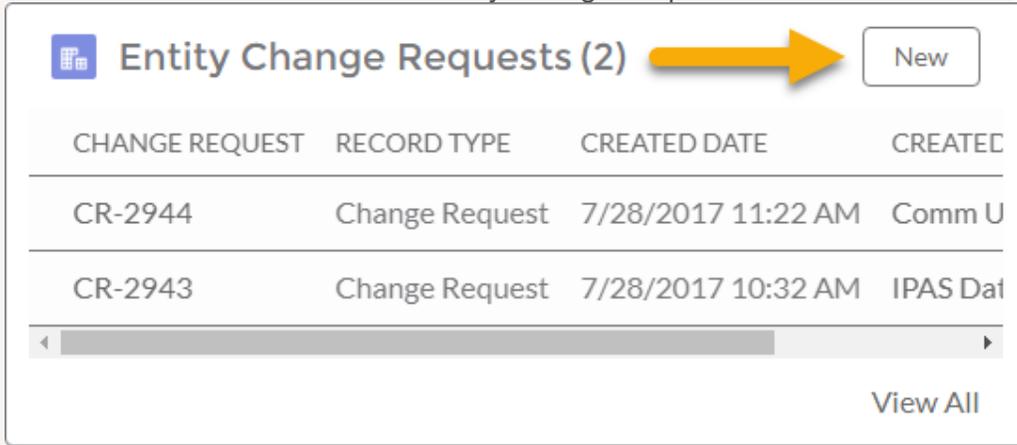
30 | Page

CERTIFICATION PORTAL ENTITY USER OVERVIEW

WITHDRAWAL REQUESTS:

A Withdrawal Request is a type of Entity Change Request that can be submitted if the Entity would like to withdraw from the program. To submit a Withdrawal Request follow the steps below.

- A. Click on the “New” button on the Entity Change Request related list.

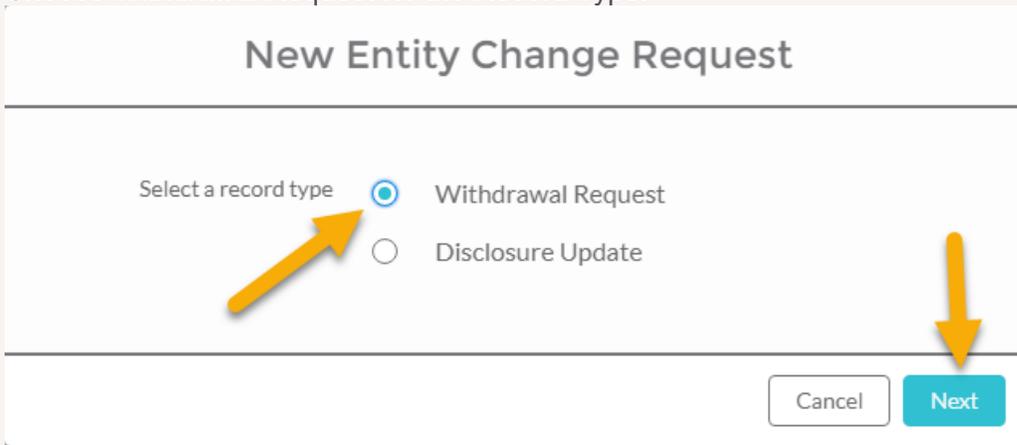


The screenshot shows a table titled "Entity Change Requests (2)". A yellow arrow points to a "New" button in the top right corner. The table has four columns: CHANGE REQUEST, RECORD TYPE, CREATED DATE, and CREATED. Two rows of data are visible.

CHANGE REQUEST	RECORD TYPE	CREATED DATE	CREATED
CR-2944	Change Request	7/28/2017 11:22 AM	Comm U
CR-2943	Change Request	7/28/2017 10:32 AM	IPAS Dat

View All

- B. Choose Withdrawal Request for the Record Type.



The screenshot shows a form titled "New Entity Change Request". Under the heading "Select a record type", there are two radio button options: "Withdrawal Request" (which is selected) and "Disclosure Update". A yellow arrow points to the "Withdrawal Request" radio button, and another yellow arrow points to the "Next" button at the bottom right of the form.

Cancel Next

C. Populate the Reason for Withdrawal field and click Save.

Create Entity Change Request: Withdrawal Request

Change Request

* Entity
CommTestEntity1

Status
Submitted

Record Type
Withdrawal Request

* Reason for Withdrawal ⓘ
Sample reason for withdrawing from the program...|

Created By

Last Modified By

Cancel Save & New **Save**

D. Once the record is saved it will be submitted for approval to the Certification Services Section.

ENTITY CHANGE REQUEST CR-2945 Clone

Change Request
CR-2945

Entity
CommTestEntity1

Status
Submitted

Record Type
Withdrawal Request

Reason for Withdrawal ⓘ
Sample reason for withdrawing from the program...

Created By
Comm User1, 7/28/2017 11:51 AM

Last Modified By
Comm User1, 7/28/2017 11:51 AM

Approval History (2) Recall

STEP NAME	STATUS	COMMENTS	DATE	
Certification Services Section	Pending		7/28/2017 11:51 AM	▼
Approval Request Submitted	Submitted	Withdrawal Request submitted by com...	7/28/2017 11:51 AM	▼

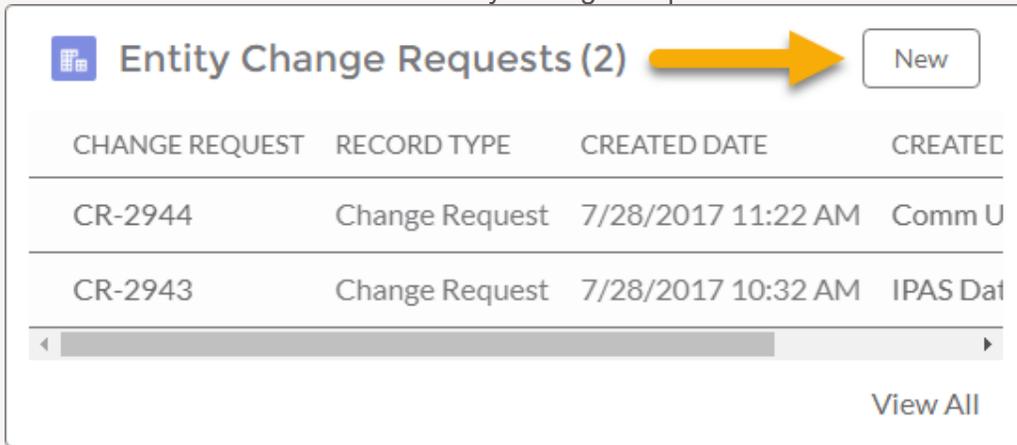
View All

Withdrawal request will automatically be submitted for approval to the Covered CA review team.

DISCLOSURE UPDATES:

Disclosure updates can be created to update or to add additional disclosures to the Entity Agreement Required Document. Disclosure updates will be appended to the existing Entity Agreement. To submit a Disclosure Update follow the steps below.

- A. Click on the “New” button on the Entity Change Request related list.

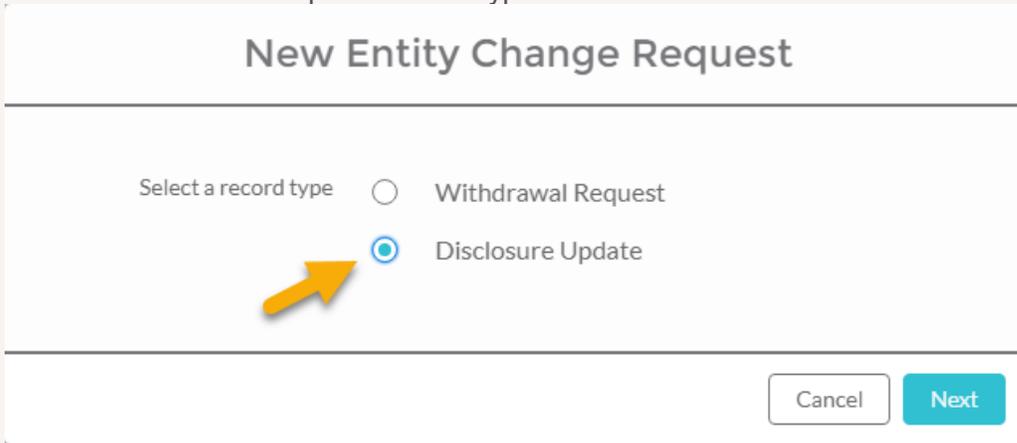


The screenshot shows a table titled "Entity Change Requests (2)". A yellow arrow points to a "New" button in the top right corner. The table has four columns: CHANGE REQUEST, RECORD TYPE, CREATED DATE, and CREATED. There are two rows of data. Below the table is a "View All" link.

CHANGE REQUEST	RECORD TYPE	CREATED DATE	CREATED
CR-2944	Change Request	7/28/2017 11:22 AM	Comm U
CR-2943	Change Request	7/28/2017 10:32 AM	IPAS Dat

View All

- B. Select the Disclosure Update record type.



The screenshot shows a form titled "New Entity Change Request". It has a section "Select a record type" with two radio button options: "Withdrawal Request" and "Disclosure Update". A yellow arrow points to the "Disclosure Update" radio button. At the bottom right, there are "Cancel" and "Next" buttons.

Select a record type Withdrawal Request Disclosure Update

Cancel Next

C. Populate all fields and click Save.

Create Entity Change Request: Disclosure Update

Change Request

* Entity
CommTestEntity1

Phone ⓘ

Record Type
Disclosure Update

Email ⓘ

Status
Draft

Compliance with Conflict of Interest Standards California Code of Regulat...

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

Update to EAD #1 Response

Update to EAD #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:

Update to EAD #2 Response

Update to EAD #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:

Update to EAD #3 Response

Created By

Last Modified By

Cancel Save & New Save

D. Once the Disclosure update is saved it will be submitted to the Covered CA review team for approval.

health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below:

Update to EAD #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:

Update to EAD #3 Response
 Sample Disclosure 3

Created By
 Comm User1, 7/28/2017 12:04 PM

Last Modified By
 Comm User1, 7/28/2017 12:04 PM

Disclosure Update will automatically be submitted for approval to the Covered CA review team.

Approval History (2) Recall

STEP NAME	STATUS	COMMENTS	DATE	
Certification Services Section	Pending		7/28/2017 12:04 PM	▼
Approval Request Submitted	Submitted	Disclosure Update submitted by comm...	7/28/2017 12:04 PM	▼

View All

E. Once the Disclosure Update has been approved by Covered CA, the Entity Agreement will have the disclosures appended to it as a new PDF file.

REQUIRED DOCUMENTATION
CAC Agreement Edit Clone

Required Doc Name
 CAC Agreement

Entity
 CommTestEntity1

File Type ⓘ
 Entity Agreement

File Details ⓘ

Status ⓘ
 Approved

Expiration Date ⓘ

Created By
 Comm User1, 7/28/2017 12:03 PM

Last Modified By
 IPAS Data Migration, 7/28/2017 12:09 PM

Notes & Attachments (2) Upload Files

Updated Disclosure

Original agreement

Disclosure Update 07-28-2017.PDF
 12:12 PM • Attachment

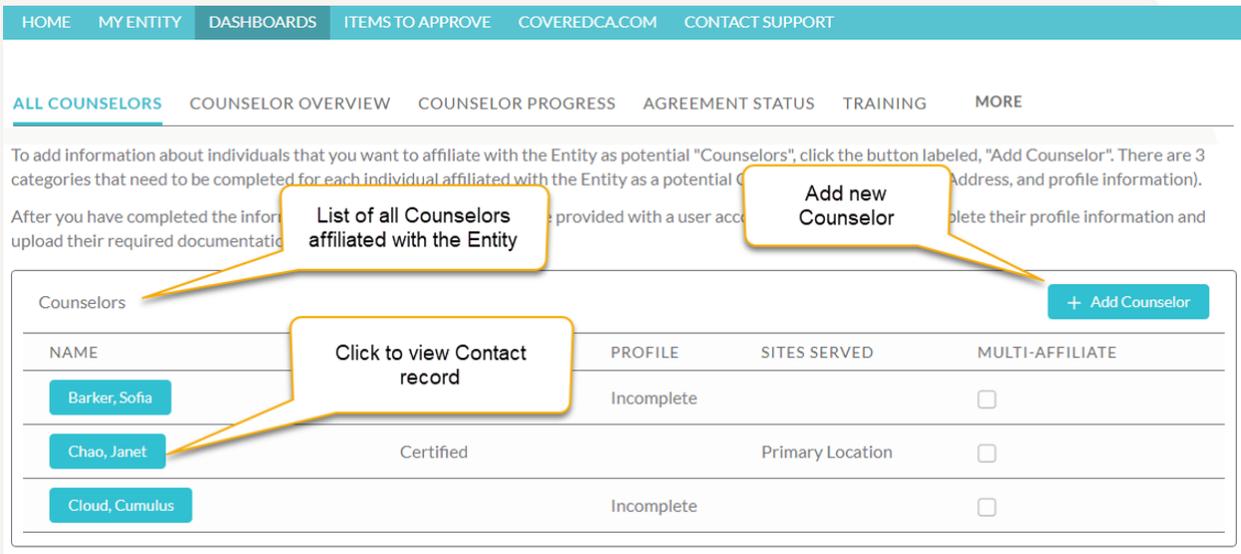
CAEAgreement
 12:03 PM • 424KB • pdf

COUNSELOR MANAGEMENT

The Dashboards tab in the top navigation bar is where all 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 mechanism for adding new Counselor users. This is the same component that was utilized during the Entity Application process.



HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW COUNSELOR PROGRESS AGREEMENT STATUS TRAINING MORE

To add information about individuals that you want to affiliate with the Entity as potential "Counselors", click the button labeled, "Add Counselor". There are 3 categories that need to be completed for each individual affiliated with the Entity as a potential (Address, and profile information). After you have completed the information, you will be provided with a user account. You will then be able to complete their profile information and upload their required documentation.

List of all Counselors affiliated with the Entity

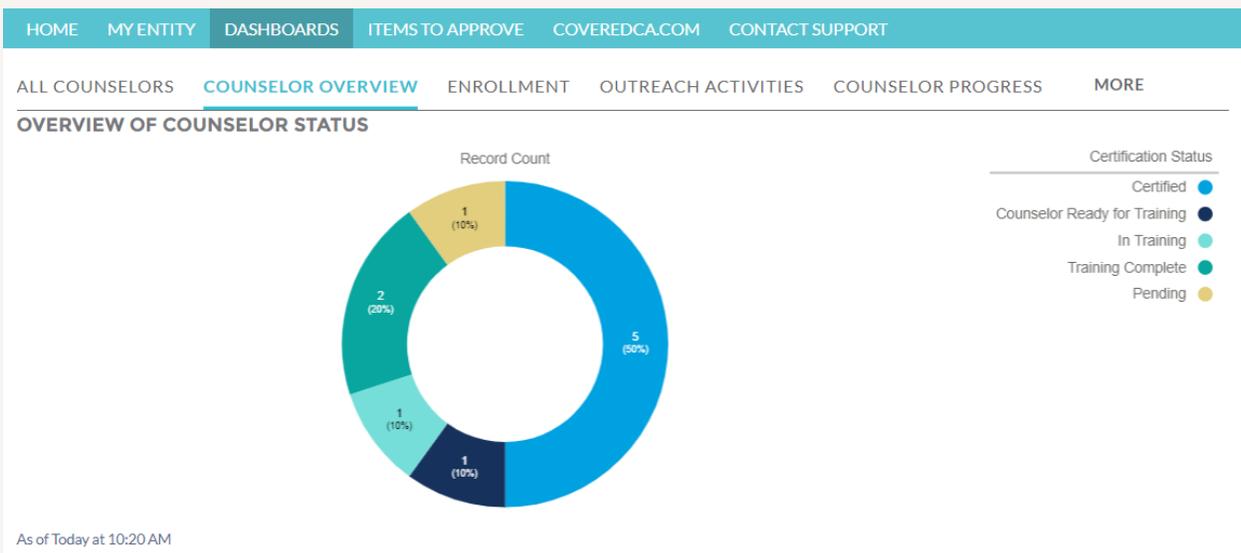
Add new Counselor

NAME	PROFILE	SITES SERVED	MULTI-AFFILIATE
Barker, Sofia	Incomplete		<input type="checkbox"/>
Chao, Janet	Certified	Primary Location	<input type="checkbox"/>
Cloud, Cumulus	Incomplete		<input type="checkbox"/>

Click to view Contact record

COUNSELOR OVERVIEW:

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



HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES COUNSELOR PROGRESS MORE

OVERVIEW OF COUNSELOR STATUS

Record Count

Certification Status	Count	Percentage
Certified	5	50%
Counselor Ready for Training	1	10%
In Training	1	10%
Training Complete	2	20%
Pending	1	10%

As of Today at 10:20 AM

CERTIFICATION PORTAL ENTITY USER OVERVIEW

COUNSELOR PROGRESS:

The Counselor Progress tab displays status updates for counselors including their agreements, training, background checks, etc.

HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES **COUNSELOR PROGRESS** MORE

Report: Contacts & Accounts
Counselor Progress

Total Records
11

	First Name	Last Name	Counselor Agreement Accepted	Completed Training	Background Clearance	Badge	Delegation Code
1	Magee	Fitzgerald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Kendall	Galleons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENT STATUS:

This tab shows the current status of all Counselor Agreements that have been submitted for approval.

HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES **AGREEMENT STATUS** MORE

Report: Counselor Files with Counselor
Counselor Agreement Status

Total Records
2

	Counselor: Last Name	Counselor: First Name	Counselor File: Counselor File Name	Counselor: Account Name	Status	File Details
1	Kane	Lillith	CEC Agreement	Test Entity ABC	Pending CSS Review	-
2	Maxill	Blaine	CEC Agreement	Test Entity ABC	Pending CSS Review	-

TRAINING:

The Training tab will show a list of all Counselors enrolled into training and the current progress of the curriculum.

HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES **TRAINING** MORE

Report: Training
Counselor Training List

Total Records
3

FIRST NAME	LAST NAME	LMS COURSE	PROGRESS	DATE STARTED	DATE COMPLETED	STATUS
		Test_CEC/Navigator Certification Curriculum 2015-2016	0%	5/16/2017 2:30 PM	5/16/2017 2:30 PM	Complete
		Test_CEC/Navigator Certification Curriculum 2015-	0%	5/16/2017 2:30 PM	5/16/2017 2:30 PM	Complete

CERTIFICATION PORTAL ENTITY USER OVERVIEW

BACKGROUND CLEARANCE:

The Background Clearance tab will show all the Counselors that have completed their Background Clearance check with the Covered CA Legal department.

HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES **BACKGROUND CLEARANCE** MORE

Report: Contacts & Accounts
Background Clearance Percentage
Entities who have completed their background clearance

Total Records
3

Background Clearance Status



BACKGROUND CLEARANCE ↓	FIRST NAME	LAST NAME	BUSINESS LEGAL NAME	PROFILE STATUS	BACKGROUND CLEARANCE DATE
true (2 records)	Janet	Chao	Jesse Test	-	7/13/2017
	Sofia	Barker	Jesse Test	Incomplete	7/11/2017
false	Cumulus	Cloud	Jesse Test	Incomplete	-

NAME BADGE:

The Name Badge tab will show all the Counselor Badges that have been printed as well as Badge Replacement requests for new badges.

HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES **NAME BADGE** MORE

Report: Contacts with Counselor Badges
Counselor Name Badge Status (t)

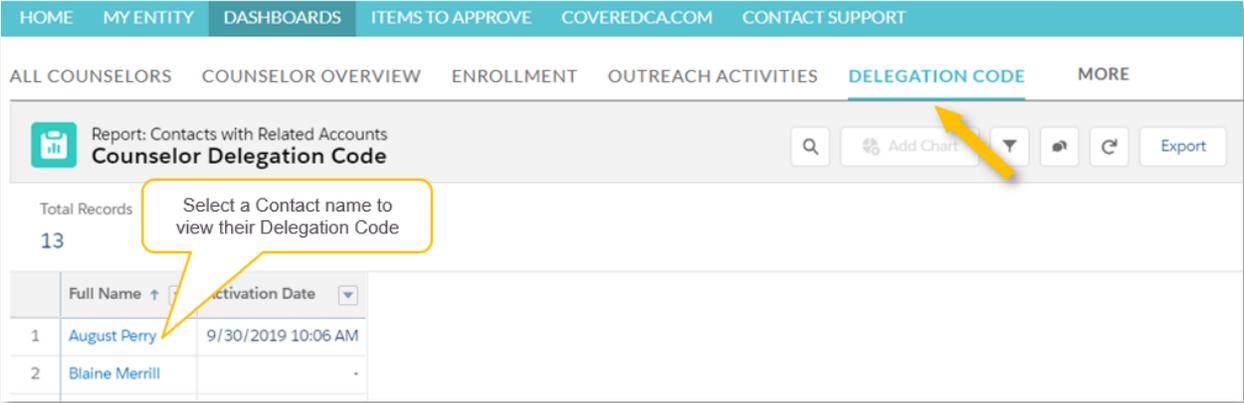
Total Records
1

FIRST NAME	LAST NAME	COUNSELOR BADGE: COUNSELOR BADGE NAME	PHOTO	STATUS	PRINTED ON	BADGE REPLACEMENT REASON	BADGE REPLACEMENT OTHER REASON EXPLAIN
Sofia	Barker	BN-12760		Printed	7/28/2017	-	-

CERTIFICATION PORTAL ENTITY USER OVERVIEW

DELEGATION CODE:

This Delegation Code tab provides detailed data about the individual Delegation Codes provided to each of the Entity's Certified Counselors.



HOME MY ENTITY DASHBOARDS ITEMS TO APPROVE COVEREDCA.COM CONTACT SUPPORT

ALL COUNSELORS COUNSELOR OVERVIEW ENROLLMENT OUTREACH ACTIVITIES **DELEGATION CODE** MORE

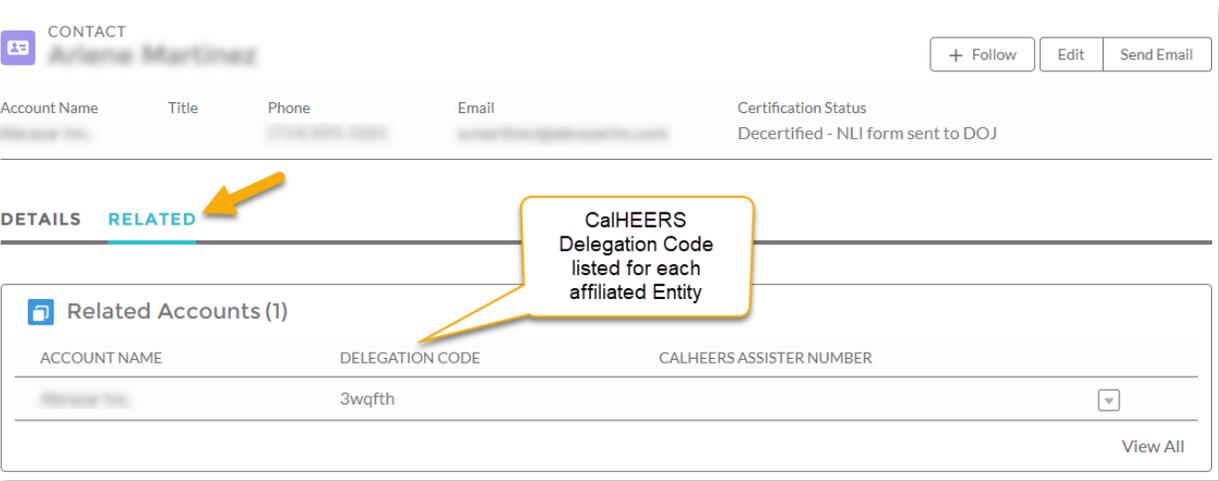
Report: Contacts with Related Accounts
Counselor Delegation Code

Total Records
13

Select a Contact name to view their Delegation Code

	Full Name	Activation Date
1	August Perry	9/30/2019 10:06 AM
2	Blaine Merrill	-

The Delegation Code is listed on the Counselor Contact record:



CONTACT
Ariana Martinez

+ Follow Edit Send Email

Account Name Title Phone Email Certification Status
Decertified - NLI form sent to DOJ

DETAILS **RELATED**

CalHEERS Delegation Code listed for each affiliated Entity

Related Accounts (1)

ACCOUNT NAME	DELEGATION CODE	CALHEERS ASSISTER NUMBER
	3wqfth	

View All

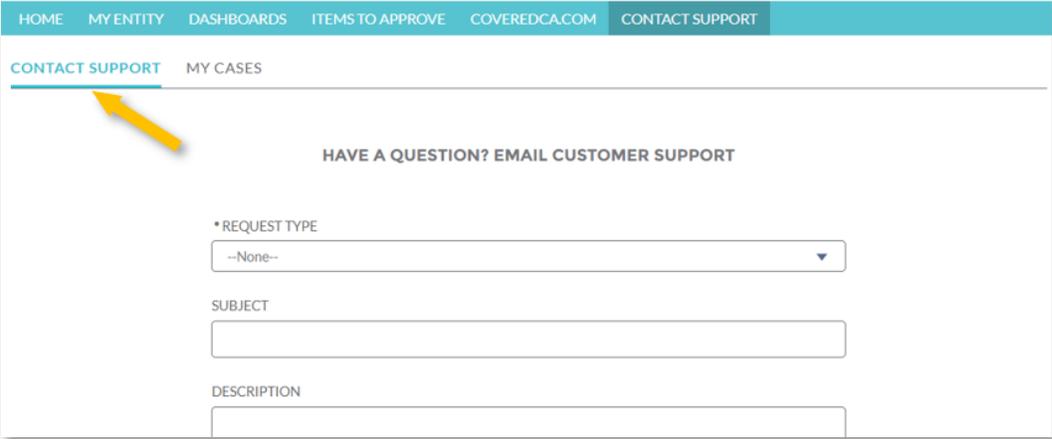
CERTIFICATION PORTAL ENTITY USER OVERVIEW

COVEREDCA.COM

Once the Entity Application is approved, a Counselor for the Entity has been “Certified”, and all required documentation from the Entity has been reviewed and approved, the Entity will receive credentials to gain access to CoveredCA.com.

CONTACT SUPPORT

Select the Contact Support tab to contact Covered CA for any questions regarding the certification process or for any issues using the Certification Portal. The support team will review your case and submit a response.



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

