

Enroller Portal Counselor

User Guide

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Overview

The Enroller Portal Counselor User Guide outlines all features and functions available to Entity Counselors in the Enroller Portal. This document details the functions of a Counselor User, how to complete the Enroller Portal profile, background clearance, and training requirements.

New Counselor User

This section provides instructions for new counselor users.

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

Add Counselor Information (Authorized or Primary Contact Steps)

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

1. Log In to the Enroller Portal. Select Log In.

(iij) COVERED			© (?)
	Log in or Create an	Account to Get Covered	
	Username	Forgot username?	
	Password	Forgot password?	
	Crea	ate an Account	

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

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Home	Entity 🗸	My Team 🗸	My Profile	Resources 🗸
		Team List		
		Pending Staff A	pplications	Icome to your Ent
		Add Counselor		uf dook of dusifiess, assist
Entity Bo	ok of Busines	s Consumers b	oy Metal Tier	Plan

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

Become a Covered California Certified Counselor and	overed California help Californians erroll into quality healthcare coverage!	
Add Counselor Information Counselor Type: Certified Application Counselor Note: If you are a Primary Contact or Authorized Contact adding yourself as a Counseloc. upon s	ubmission of this form, you will receive instructions to begin the certification process. When or	uting
your Counselor login, you may use the same email address for both roles, but will be prompted in	to create a different Username. Password, and PIN.	
Counselor First Name	• Email	
Counselor Last Name	Confirm Email	_
Legal Business Name	Preferred Method of Communication	-
Plum Grove	-right-	•
• Phone O	* Select Primary Enroller Location	-
		•
Alternate Phone	Show Primary Enroller Location Address in Find Local Help	
	Select Other Sites Served (Ctri+Click or Command+Click on Mac, to select multiple)	•
Date of Birth	mum Grove (Location Address : 16750 Summit Vista Dr., San Diego, CA, 92127-3434)	
8	Sacramento (Location Address : Street 1551, Sacramento, CA, 95833)	*
• Scare ID Type		
-None-		
Driver's License or ID Number		
Advestive2		
• City 0		
L		
* Casta		
- 200		
		•
CA - 20 Code 0		•
CA CA *20 Code © (ChinClub or Command+Olck on Mac, to select multiple) © (Cogdoh Spaintsh African Arrbaric Arabic	Vitroser Languages (Distribuick or Command+Clots on Mac, to select multiple) O Spanish African Anhuic Acabic	× 0 ×

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

	Become a Covered Cali	Welcome to C	overed Califorr	nia o quality healthcare coverage!
Review Counselor Applicat	ion Form			
To review your application before r	noving forward, click Review	Counselor Application.		
If you are ready to move forward to	add the Counselor's public	photo or any other documenta	ion, please click Save and Nex	t.
				Review Counselor Application Save and Next

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

Note: Counselors are only required to upload their Enroller Photo. <u>Ensure the Photo is an</u> <u>actual photo and not a photo of an ID</u>.

	Welcome to Covered California! Welcome to Covered California Become a Covered California Certified Counseior and help Californians enroll into quality healthcare coverage!
Public Photo and Documentation Upl	oad
Counselors are only required to upload their Enro	ller Photo.
1. Proof of Business Status 2. Proof of Beneral Liability Insurance 3. Proof of Worker's Compensation Insurance 4. Proof of Valid Business License 5. Conflict of Interest Prevention Plan If you are not prepared to provide all required do	cuments at this time, you may upload your required documentation at any time after initial submission.
Accepted Formats: JPG, JPEG, .GIF, .PNG, .BMP	, PDF, Maximum File Size: 5 MB par file
* Document Category	
Enroller Photo	
	typessa Files Or drop files

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



Welcome to Covered California Ecome a Covered California Certified Counselor and help Californians enroll into quality healthcare coverage!	
Counselor Application Submission Confirmation	
You have successfully submitted the Counselor Application for Rocky Balboa .	
The application is being reviewed. Rodry Balboa will receive two emails with an access code and URL at michelle.owens@calheers.ca.gov.	
The emails will contain information on how to view and edit their personal details.	
	Finish

Certified Enrollment Counselor Application Steps

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

1. The *Edit Your Certified Enrollment Counselor Application* email will include a link to **Edit** the enrollment application and allow the Counselor to update and/or edit the application details entered by the AC or PC.



2. The Access Your Certified Enrollment Counselor Application email includes an access code which is needed to gain access to Edit Your Counselor Application.

Important: The access code is valid for 24 hours only and for one-time use.

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

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Sandbox: Access Your Certified Enrollment Counselor Application			
Do Not Reply Covered California <do-not-reply@covered.ca.gov> To • Michelle Owens</do-not-reply@covered.ca.gov>	← Reply	Keply All	→ Forward Tue 4/11/2023 8:32 AM
Dear Michelle,			
Thank you for submitting your application.			
Your Access Code to edit your Certified Enrollment Counselor Application is zWgGsUJk39			
Note: This Access Code expires after 24 hours and can only be used once per editing session. You may request a new Access Code via the link mentioned by	elow, as neede	èd.	
To edit your application, you will need the link, which is sent in separate email titled "Edit Your Certified Enrollment Counselor Application".			
Questions? Visit coveredca.com/resources/ or contact CEC/PBE Helpline at (855) 324-3147 or email CommunityPartnerCertSupport@covered.ca.gov.			
Sinceraly			
Covered California	_	_	
	_		

- 3. Select the **Click Here to Edit Your Certified Enrollment Counselor Application** link on the *Edit Your Certified Enrollment Counselor Application* email.
- 4. Select the Yes, I have an Access Code option and fill out the Access Code, Last Name, and CA State ID Number fields.
- 5. To proceed to the next page, select the l'm not a robot checkbox.
- 6. Select **Next** to continue.

Welcome to Covered California! Welcome to Covered California Certified Counselor and help Californians enroll into quality healthcare coverage!	
Enter Access Code to Edit Your Counselor Application	
Do you have an Access Code to edit your Counselor application? Ves, I have an Access Code No, my Access Code has been used or has expired, and I want to generate a new Access Code	
*Access.Goe	
"Last Name	
-CA State ID Number	
I'm not a robot	_
Net	

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



ounselor Type : Certified Application Counselor			
ounselor First Name	Ema	al.	
ounselor Last Name	Pref	ferred Method of Communication	
egal Business Name	CDI	License Expiration Date	
			8
hone	Prin	nary Enroller Location	
Itemate Phone	Oth	er Sites Served	
ate of Birth	-		
A Frank III Frank			
A Scale to Type A Drivers License Number			
A State ID Number			
Personal Mailing Address			
Personal Mailing Address same as Primary Loca	tion Mailing Addr	#55	
Spoken Languages (Ctrl+Click or Command+Click o	m Mac. • W	hitten Languages (Ctrl+Click or Comm	and+Click on Mac,
o select multiple)	 to s 	elect multiple)	-
English	- 115	english	- 1
Spanish		spanish	
Amcan		Acrican	
Amharic	1	Ambaric	
Arabic		Arabic	

Note: If any of the greyed-out information needs to be updated, send an email request to: <u>CommunityPartnerCertSupport@covered.ca.gov.</u>

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

Review Counselor Application Form	
To review your application before moving forward, please	e click Review Counselor Application .
Click Save and Next to continue your application on the 1. Upload your Enroller Photo 2. Complete your Criminal Record Disclosure form 3. Complete screening questions (Plan Based Enrollers)	next pages, where you will be asked to: only)
	Review Counselor Application Save and Next

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

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Public Photo and	l Documentation Up	bload					
Counselors are only r	Counselors are only required to upload their Enroller Photo.						
Primary Contact or At 1. Proof of Business 2. Proof of General 3. Proof of Worker's 4. Proof of Valid Bus 5. Conflict of Interes	uthorized Contacts must u Status Liability Insurance Compensation Insurance iness License t Prevention Plan	pload the following before the Entity c	an be approved:				
If you are not prepare at any time after initia	d to provide all required d al submission.	locuments at this time, you may uploa	d your required documentation				
Accepted Formats:	.JPG, .JPEG, .GIF, .PNG, .BN	IP, .PDF. Maximum File Size: 5 MB per f	ïle				
Enroller Photo			:				
		Upload Files Or drop files					
Title	File Type	Document Type	Delete				
Agreement	PDF	Agreement	â				
			Next				

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

	Welcome to Covered California Become a Covered California Certified Counselor and help Californians enroll into quality healthcare coverage!
	Entity Qualifying Attestations
Please respond to the following When you are done reading the	screening attestations pertaining to the Entity applying for the program. qualifying attestations below, please agree to the acknowledgement statement at the bottom of this page and click Next .
Attestation 1	I certify the organization applying is not a health insurance insurer or stop loss issuer, a subsidiary of a helath insurance issuer or a stop loss issuer, or an association that includes members of, or lobbies on behalf of, the insurance industry.
Attestation 2	I certify the organization applying is not receiving any consideration directly or indirectly from a health insurance insurer or stop loss issuer for enrolling individuals and employees into qualified or non-qualified health coverage.
Attestation 3	I certify the organization applying does not employ any individuals who receive any consideration for enrolling qualified individuals and employees into a qualified or non- qualified health coverage.
Attestation 4	I certify the organization applying and all of its employees will comply with the conflict of interest standards located at the California Code of Regulations Title 10, Chapter 12, Section 6866.
Attestation 5	I certify that the entity will serve families of mixed immigration status and individuals with disabilies.
By clicking submit, acknowledg	gement 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



- 11. The Criminal Record Disclosure Form page displays. The Counselor must complete the Criminal Record Disclosure Form by:
 - Providing their social security number;
 - Completing Section B of the Criminal History Disclosure; and
 - Selecting the appropriate dropdown answer for the six criminal history disclosures questions.
- 12. Select **Next** to continue.



Welcome to Covered California! Become a Covered California Control Courseion and help Californias errori reto quality to	ealthcare coverage!
Criminal Record Disclosure Form	
A. Personal information	
Counselor Name Social Security Number O	
Instructions and Background Clearance Requirements	
6 In order to become a Certified Enrollment Counselor (EEC), the law requires that you complete a background check (Government, Code Regulations, Tole 10 CCR § 4657). Covered California (EC) submits your fingerprints to the Department of Justice (DQ) to obtain a crimins 6668). The DQ orinival history report is compared to your Orininal Rectord Dioloxuer (XIR) to identify discrepancies, incombinitions, or any information you provide in and writh PCIO to terminal a deterministicn of your eligibility to provide constraints. Failure to o process and candidates will be required to resubmit prior to completing the certification background dearance.	section 1043) and fill out this form (California Code of al history report, (California Code of Regulations, Title 10 CCR S e enissions. CC will evaluate the criminal history report, including complete the CIO in its entirety may origing the certification
CC useas all orininal history information as private and confidential. Only CC employees authorized to determine eligibility for consume revealed in cases of legal action. The CRD is available for your review, but copies are not provided to you.	r assistance are allowed access. Your CRD is retained and
INPORTANT: CC will be notified by the DQI if there is any new information or activity on your record, including all subsequent arrests an Code 11105.2 (s). CC will make a new determination of your eligibility to provide comumer assistance based upon any updates to your they have been minated on bail or personal recognizance, criminal convictions, and administrative actions taken by any other agency wi	d convictions, per Government Code Section 1043 and Penal record. CECs shall report to CC any subsequent arrests for which thin 30 calendar days of the date of each occurrence.
A conviction is any plea of guilty or nois contendere too contest) or a verdict of guilty for any crime. Criminal convictions from another 5 convictions in California. You do not need to list any conviction that has been set aside, dismissed, or sealed, or those which are exemption of the set of	tase or Federal Court are considered the same as criminal ad from disclosure.
You MUST disclose consistions and administrative actions even it:	
The following Convictions do NOT need to be listed on your CRD: Any conviction set aside, justiculty disvisore, or ordered scaled pursuant to law, including, but not limited to, Sections 1203.4, 1203.4/ Any conviction sider than two years from the date of conviction for minor residemeanor marijuana possession and use offense, or p Lator Code 5 422.8. Others were coation to tag, unsafe driving nurving a stop light, seat bett, or parting). Others were discharged from the corerol of the loaded Sti172 and T772. Conviction which resident in participation is or completion of a diversion program. Conviction which was detect and the hist hand Sufery Code 5 11361.5. Pardon guried under Perfuil Code 5 4822.16.	n, 1203-65 AND 1210-1 of the Penal Code. coassion of controlled substances paraphemalia pursuant to al Offender Parsle Board under the Welfare and Institutions Code
II if you need more space or would like to provide additional clarifying commence, including any evidence of rehabilitation, please attach and date with your information (plater saving this record), While additional information is optional, providing details regarding any report above to to individually assess your record and is strongly recommended. CC will consider any of the following writine evidence of rehabilitation.	and upload separate sheet(s) that includes your signature, name stable offenen on your record, and evidence of rehabilitation, olication or other mitigating lactors:
- A tenser in your own words explaining any disputifying offense, your rehubilitation or any mitigaring factors; - bidence that you monked a particle fact or initial convictors that you believe may still be on your record either because the convi- 12014 or 12014. As or the conviction was overturned. - Proof you have complete with any terms of partie, probation, resitution or any other sanctions lawfully imposed against you due to it - hood you have complete with any terms of partie, probation, resitution or any other sanctions lawfully imposed against you due to it - hood you have portermed the same or similar type of work, after the criminal convictore(s) referenced in your application, with the said on the pile. - Proof that you have no other history of discipline for the same or a similar type of conduct referenced in your application; - hood of paperopation in education, training, treatment or rehubilitation programs; - Betemces from engingers, probation officers, garaite officers, denge, etc. who can attest to your duracter and successful record of } - Kay additional information released is dominary methal/balloon or other miting factors.	ctions) was dismissed/respunged under Penal Code Section he oriminal conviction referenced in this application; ner or a different employer, with no incidents of oriminal conduct ob performance;
B. Eximited Mintery Rischause	
Please answer all criminal history guestions	I
Question 1:	* Question 1 Response
Other than those excluded up above, have you ever been convicted of a misdemeanor?	-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 ball 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 fc Have you ever had an Administrative Action against you from another State Agency?	Question 6 Response -None-
If you answered YES to any of the above questions, give details indicating the date and location of each orime or administrative action a need additional space or have more offenses or administrative actions to declare, you must use additional sheets and upload them to disclosure, click the Submit for Approval button.	nd, if desired, the nature and circumstances of the offense, if you his record after saving. Once you are ready to submit the
	Previous

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

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Welcome to Covered California Become a Covered California Certified C	rered California! Journelor and help Californians enroll into quality healthcare coverage!
Criminal Record Disclosure - Certification Signing C. Certification - Read Carefully Before Signing Read Carefully I declare under panaly of perjury under the laws of the State of California that I have read and understand the information contained in this effidavit and r questions completely and accurately on the CRD may prevent me from being certified as a counselor by CC and/or result in decentification. + Full Name	ny responses and accompanying attachments are true and correct. I understand that falsification, withholding of information or failure to answer all *Agree to electronic signatureNone
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 way	
Electronic Signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party to time. By electronically signing this Agreement, Certified Enrollment Counselor agrees to comply with the applicable terms, conditions, and certifications or Privace Statement	which is interact to sign such record pursuant to the California Uniform Electronic Transactions Act (Cal. Cx. Code § 1633.1 et seq.) as amended from time set forth therein.
Pursuant to the Federal Privacy Act (PL. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of voluntary, Failure to provide the SSN may delay the processing of this form and the criminal record check.	f 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
Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide.	You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).
NOTE: IMPORTANT INFORMATION: Under the California Public Records Act, Covered California may have to provide copies of some of the records in your fi of a Certified Enrollment Entity that has a CEC with a criminal record exemption.	le to members of the public who ask for them, including newspaper and television reporters. Covered California must also tell people who ask the name
Questions? If you have any questions regarding Certification Status or need further assistance, please email CommunityPartnerCertSupport@covered.ca.gov.	
If you have any questions about this form or background status, please email BackgroundChecks@covered.ca.gov. IMPORTART NOTICE APPLICATT FINGERENT NOTICE AND RECORDS CORRECTION	
Your fingerprints will be used to check the criminal history records of the DOJ and FBI. You have the opportunity to complete or challenge the accuracy of d record are set forth in Tile 28, CFR, 16.34. To request a change, correction, or update to a DOJ record, you must request a record review with DOJ in accord	he information contained in the DOJ and FBI identification records. The procedure for obtaining a change, correction, or updating an FBI identification ance with the process outlined in PC Sections 11120-11127.
PRIVACY STATEMENT	
Pursuant to the Federal Privacy Act (PL. 93-579) and the Information Practices Act of 1977 (Cvil Code section 1798 et seq.), notice is given for the request of voluntary, Failure to provide the SSN may dely the processing of this form and the criminal record check. Covered California will create a file concerning by commaning our pelaportament (Coli Code section 1798 et seq.)	f 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 ur criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records
PUBLIC RECORDS ACT	
Under the California Public Records Act, Covered California may have to provide copies of some of the records in your file to members of the public who as	k for them, including newspaper and television reporters.
	Previous Next

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



Counselor Certification Training Steps

Covered California will enroll you in the <u>Learning Management Training (LMS) Courses</u> once the Counselor eligibility requirements are reviewed. The Counselor will receive an email with their login ID (your email address) and temporary password from LMS.

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



Training Reminders:

- The Counselor will receive an email with a link to create a password to login to the Learning Management System (LMS).
- Your username will be the same as the email address on the file listed on the Counselor application.
- Counselor(s) **must** complete all courses within 30 days of the date they were enrolled into the Certification Training courses.
- The Counselor must pass the Certification Training exam with a score of 80% or greater.
- The Exam is an open book, and the Counselor is encouraged to use the study guides provided in LMS.
- The Counselor will have 3 attempts to pass the exam. If the Counselor fails, the exam three times they must contact the AC or PC to further request Covered California re-enrolls the Counselor in the LMS training course and exam.



Background Clearance Steps

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

Covered California R Certified Enrollment and Certified Applicant Form	equest for Live Sca	an
	This form is only Altering or sharing this doc and ensure the information is va	CONTRACT CODE: DFJK intended for the use of the individual listed below. ument is prohibited. Please complete the document alid and up-to-date (Print in CAPITAL LETTERS).
Applicant Information Name:		Suffix:
Alias:		
Gender:MaleFemale		Eye Color:
Date of Birth:		Hair Color:
Social Security Number:		Height:
California Driver's License:	84.	Weight:
Home Address		
Street Address:		City:
State: CA		Zip:
OCA		
Nan	ne of the Ceritified Enrollment E	ntity
Live Scan Agency Name	Live Scan Id (LSID)	Date
Name of Operator	ATI Number	OATI (Resubmission Only)
Attestation Acknowledgement		
All applicants must acknowledge the Fingerprinted for hard I have received and respin the included	ey have received these Privacy No cards, acknowledged by signatur I Privacy Notice, Privacy Act Stater	tices prior to being Live Scanned or e on this live scan form: nent, and Applicant's Privacy Rights. 11/17/2023
Applicant Signature		Date

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

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

If there are issues or you have questions about the background check process, reach out to <u>backgroundchecks@covered.ca.gov</u> for assistance.

Counselor Agreement Steps

Upon successfully completing Covered California's LMS training and exam, a Counselor Agreement will be emailed to the counselor via DocuSign.

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



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



CAC Agreement.pdf		6 of 8
START DocuSign Envelope ID: EHEDD/E4-8F2D-8889-820C-CCE41C64117C	2	
 <u>Assignment</u>: This Agreement is not assig or in part, without the consent of Covere F. Electronic Signature 	nable by the Certified Application Counselor, either in whole d California in the form of a formal written amendment.	
L	, hereby certify that:	
<text><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></text>	<text><text><text><text><text></text></text></text></text></text>	
CAC Agreement.pdf		7 of 8

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

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

	CAC Agreement pdf	7 of 8
START	Dou-Sign Envelope ID: ENED07E4-9F2D-4889-A20C-CCE41O54117C	
	Attachment I Compliance with Conflict-of-Interest Standards California Code of Regulations, Title 10, Section 6866	
	 Disclose any lines of insurance business not covered by the restrictions on participation and prohibitions on conduct contained in Section F which you intend to sell while carrying out consumer assistance functions. You may not leave this blank. If you do not have anything to disclose you must state "No information to disclose" below. 	
	2. Disclose any existing employment relationships, or any former employment relationships within the last five years, which may health instance issues or sissues of sosso or solo loss instances, existicatives of the alth instances instances of solo loss instances, including any existing employment relationships between a sposes or domesity enter and any health instance issues or issues or issues or issues in solo loss instances, or subsidiaries of health instance issues or issues or issues or issues or issues in solo loss instances. You may not lever this black. If you do not have anything to disclose you must inte ²⁴ > Notiformation to disclose ²⁴ below.	
	health insurance issuers or issuers of step loss insurance, or subsidiaries of health insurance issuers or issuers of step loss insurance. You may not leave this blank. If you do not have anything to disclose you negative of the insurance is the step of th	
	Page 8 of	8
	CAC Agreement.pdf	8 of 8
	FINISH	



Account Creation Steps

The Account Creation step is the FINAL part of the Certification process.

- 1. Once the Counselor is Certified by Covered California, they will receive two emails from Covered California:
 - The Counselor will receive an email titled "Access Code for Your New Counselor Account" with an Access Code and further instructions awaiting the arrival of the second email. The Access Code is ONLY valid for 24 hours and a one-time use.
 - The Counselor will receive an email titled "Your Certified Enrollment Counselor Application is Approved" with instructions and a link to create the account credentials. Click on <u>Click Here to Create Your Counselor Account using Your Access Code</u>. The Counselor will be directed to the <u>Enter Access Code to Create Your Account</u> landing page.
- 2. Once on the landing page, the Counselor should select **Yes, I have an Access Code**.



3. The Counselor will enter the access code, Entity's Federal Tax ID (not social security), and Counselor's email address listed on the application. Click the **I'm not a robot** checkbox. Select **Next** to continue.

Enter Access Code to Create Your Account
* Do you have an Account Creation Access Code?
No, my Access Code has been used or has expired, and I want to generate a new Access Code
* Access Code
* Federal Tax ID (FEIN/SSN)
*Email 0
* Required entry.
I'm not a robot

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

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

Password criteria

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



• Must not be one of your previous 24 passwords

	salesforce
	Change Your Password
Ente	er a new password for
	Make sure to
nclu	ude at least:
С	15 characters
C	1 uppercase letter
2	1 lowercase letter
C	1 number
)	1 special character 🚯
Ne	ew Password
Co	nfirm New Password
Secu	urity Question
-	What is your mother's maiden name?
An	iswer
ass	word was last changed on 11/6/2023 3:15 PM.

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

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

6. The system will now ask for the Counselor to select 3 Security Questions from a group of options and to provide answers to each.



VERED JERENIA		S	?
Choose Your Security Questions Security questions help us verify your identity and keep your information safe. Choose and answer 3 questions.			
Security Question 1	(+ Add)		
Security Question 2	(+ Add		
Security Question 3	(+ Add		
Cancel	Nea		

- 7. During account set up, the Counselor is prompted to complete additional account verification steps to prevent fraud.
 - Confirm your email address
 - Cell phone number
- 8. Input the Counselor email address and cell phone number to activate the password reset. This functionality does not require reaching out to Covered California for additional assistance.

(iii) ::	МЕВЕД Цибрија	\$?
	Register Your Email	
	We will send a One Time Passcode to your email address to register your account. Once your email address is confirmed, it can be used to verify your identity if you forget your username, password or need to view your tax forms.	
	The email address connected to your account is below. If this is not the best email address, update it now.	
	Enter your email address	
	Enter your email address	
	Please enters a valid email address. For example, abc@kys.com.	
	Re-enter your email address	
	Re-enter your email address	
	Please enters a valid email address. For example, abc@hys.com	
	Send One Time Passcode	
	Cancel	



ster Your Cell Phone send a One Time Passcode to your cell phone number to register your account. Once your number is ned, it can be used to verify your identity if you forget your password, username or need to view your tax	
our cell phone number rrd text message rate applies. 	
One Time Passcode	
	ter Your Cell Phone send a One Time Passcode to your cell phone number to register your account. Once your number is ed, it can be used to verify your identity if you forget your password, username or need to view your tax nur cell phone number d text message rate applies.

- 9. For each step, the system will send the Counselor a passcode to validate the email address and/or cell phone number. Input the passcode and it will set up the option.
- 10. Once the Account Creation is complete the Counselor can log in to <u>Enroller Portal</u> with their Username and password to access their Certified account.

Counselor User Home Page

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

Enroller Entity Home Page tab:

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

Home Entity v My Profile My Delegations v Resources v Welcome to your Entity Home Page! Manage your Book of Business, assist your consumers, and more. Home Enroller Portal Notifications Notifications Archive Book of Business Consumers by Metal Tier Plan Quick Links	
Welcome to your Entity Home Page! Manage your Book of Business, assist your consumers, and more. Home Enroller Portal Notifications Notifications Archive Book of Business Consumers by Metal Tier Plan Quick Links	
Hone Enroller Portal Notifications Notifications Archive Book of Business Consumers by Metal Tier Plan Quick Links	
Welcomet	
Explore additional choices by navigating through the tabs on the right or My Reports from the menu Secure Mailbox	
Delegation Tool	
Start Application	
Enroller Toolkits	
My Reports	

Enroller Portal Notifications tab:

- The Enroller Portal Notifications tab displays the Counselor's active notifications sent by the Distribution Services Communications Team. The most recent notification displays at the top of the list.
- Clicking a link from the *Notifications* column displays a popup with the notification details.

	Home	Entity 🗸 My i	Profile My Deleg	ations 🗸	Resources 🗸		
				W	elcome to vou	ır Entity Home Page!	
				Manage	your Book of Busines	ss, assist your consumers, and more	4
Home	Enroller Portal Notifications	Notifications Arch	ive Book of Busin	ess Consu	ners by Metal Tier Plan		
ß	Enroller Portal Notificat	ions					
Notif	fication Id	Notification		Received Dat	1	Archive Date	-
						Previous Page 1 of 0 Next	-
							-



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

Notifications Archive tab:

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

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

Entity Book of Business tab:

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



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

Consumers by Metal Tier Plan tab:

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

Home	Enroller Portal Notifications	Notifications Archive	Book of Business	Consumers by Metal Tier Plan	
	Report: Enrollees Report Type Enrollments by Metal Tier P	lan			Q C T C Edit V
Total Re 0	cords				

Entity Quick Links

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

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

	Q Search			▲ ② -	
Home En	ity 🗸 My Profile My Delegations 🗸 Re	sources 🗸			
	Wel d Manage you	come to your Er r Book of Business, ass	ntity Home Page! ist your consumers, and r	el d more.	
Enroller Portal Notification No	tification Archive Book of Business Consumers b	y Metal Tier Plan		Quick Links	
Enroller Portal Not	ifications			Secure Mailbox	
Notification Id	Notification	Received Date	Archive Date	Delegation Tool	
N-000055	Nov 6th Training (*^&%*^\$&%	2023-11-06	2023-11-07	Start Application	
N-000055	Nov 6th Training (*^&%*^\$&%	2023-11-06	2023-11-07		
N-000055	Nov 6th Training (*^&%*^\$&%	2023-11-06	2023-11-07	Enroller Toolkits	
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07	My Reports	
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07		
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07		
N-000049	Enroller Portal User Survey	2023-11-06	2023-11-07		
N-000054	demo test	2023-11-06	2023-11-07		
N-000053	Notification For Testing	2023-11-06	2023-11-07		
N-000052	All Entity Users Open Survey	2023-11-06	2023-11-08		
		Pro	evious Page 1 of 2 Next		

Home Page Navigation

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

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

(41)	Q, Searth	▲ 9 -
Home	Entity v My Profile My Delegations v Resources v	
	Welcome to your Entity Home Page!	

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



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

(A) Q. Searth	* O -
Home Entity V My Profile My Delegations V Resources V	Home
Welcome to your Entity Home Page!	My User Profile
Manage your Book of Business, assist your consumers, and more.	
	Quick Links

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

Home	Entity 🗸	My Profile	My Delegations 🗸	Resources 🗸	
	My Entity		V Manage	Nelcome to your Entity Home Page! e your Book of Business, assist your consumers, and more.	
Book of Business Consumers by Meta	il Tier Plan				Quick Link
My Book of Business	945			Q. 6 Add Chart Y C Edit V	Secure Mailbo
Total Records					Delegation Tec

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



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

Home Entity 🗸 My Profile	My Delegations 🗸 🛛 R	lesources ∨	
	My Active Delegations		
	My Pending Delegations	come to your Entity Home Page!	
	My Delegation History	sook of bosiness, essay your consoniers, and more.	
Book of Business Consumers by Metal Tier Plan			Quick Lin
Report Content Application and Excellent			
My Book of Business			Secure Mai
Total Records			Secure Mai Delegation

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

	Enroller Toolkits	
	V My Reports /OUT Er	tity Home Page!
	Manage ,	ist your consumers, and more.
Book of Business Consumers by Metal Tier Plan		Quick Links
Book of Business Consumers by Metal Tier Plan Report: Contact Application and Envoltess My Book of Business	्	Quick Links
Book of Business Consumers by Metal Tier Plan Report: Corract Application and Enrollees My Book of Business Total Records 111	Q. (4)	Add Chert V C Edit V Add Chert V C Edit V Secure Mailbox Delegation Tool

Forgot Password or Password Reset

Note: This can only be completed if an email or phone number were provided at the beginning of account username set up. If that information was not provided, email a request to <u>CommunityPartnerCertSupport@covered.ca.gov.</u>

1. On the login page, select Forgot Password

Username	Forgot username?
Password	Forgot password?

- 2. An email will be sent to the registered email with a link to reset the password
- 3. The password must be 15 characters long, with 1 uppercase letter, 1 lowercase letter, 1 number, and 1 special character.

salesforce
Change Your Password
Enter a new password for Make sure to
include at least:
15 characters
1 uppercase letter
 1 lowercase letter
1 number
1 special character 1
* New Password
* Confirm New Password
Security Question
What is your mother's maiden name?
* Answer
Change Password
Password was last changed on 11/6/2023 3:15 PM.
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Need Assistance

This concludes the Enroller Portal Counselors User Overview Manual training steps. If you have any questions or need assistance regarding the Enroller Portal or the process, please send the Certification Services Section Team at <u>CommunityPartnerCertSupport@covered.ca.gov</u>.