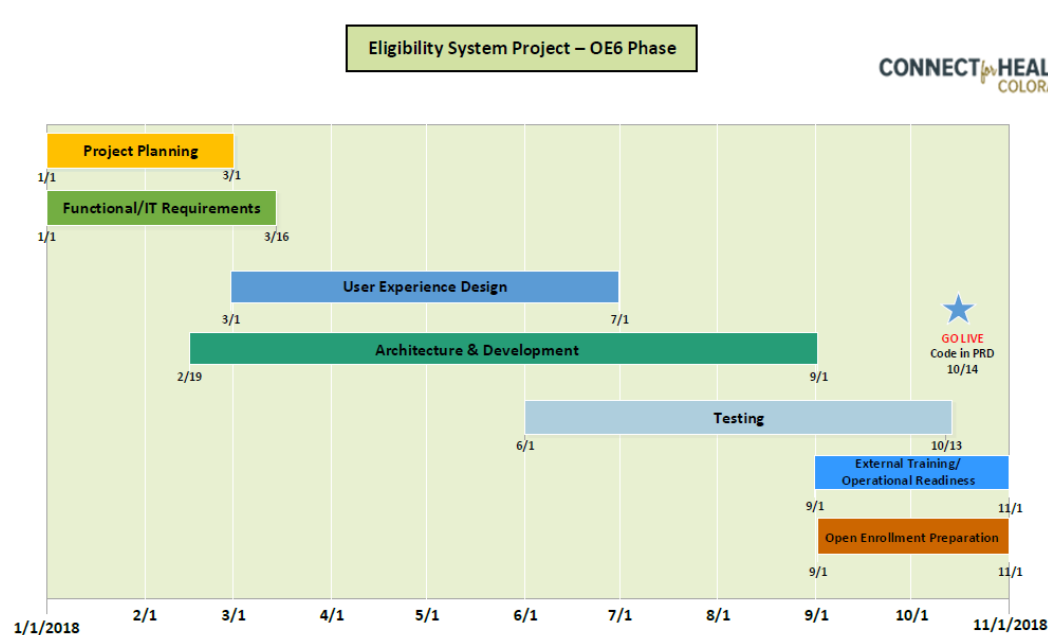


New Eligibility System – Key Activities and Timeline

Key activities completed since the last board meeting:

- Continuing to refine the help text and resources on the screens by leveraging feedback from stakeholders and consumer testing.
- Completed renewals screen development.
- Continuing with development and testing of Spanish application.
- Currently developing QLCE functionality and enhancing the consumption of data from PEAK.



Sample screens

The screenshot shows a web form titled "Tell us about yourself" with a sub-header "Help me understand this page" and a "Help" link. The form contains several input fields and options:

- First name:
- Middle name or initial **optional**:
- Last name:
- Suffix **optional**:
- Date of birth:
- Sex Why are we asking?:
 - Female
 - Male
- Relationship to Head of Household:
- Enter your Social Security number:
- I don't have a Social Security Number.
- Are you applying for health insurance?:
 - Yes
 - No

Navigation buttons at the bottom include "< Back", "Save and exit", and "Continue".

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Help Drawer Function

CONNECT for HEALTH COLORADO | [Apply for Coverage](#) | [Find a Plan](#) | john.doe@gmail.com

Tell us about yourself

[Help me understand this page](#)

First name

Middle name or initial **optional**

Last name

Suffix **optional**

Date of birth

Sex Why are we asking?
 Female
 Male

Relationship to Head of Household

Enter your Social Security number

I don't have a Social Security Number.

Are you applying for health insurance?

Yes
 No

[< Back](#) | [Save and exit](#) | [Continue](#)

Pellentesque gravida, mi laoreet condimentum maximus, orci arcu dignissim nulla, et mattis dolor dui a ex. Aenean pulvinar lacinia condimentum. In facilisis, lacus id faucibus porttitor, turpis nisi vehicula magna, sit amet placerat sapien nisl vel orci. Donec sit amet risus quam. Aliquam efficitur augue erat, quis egestas lorem lobortis sit amet.

Pregnant
This section provides some helpful information about Pregnancy.

No SSN
This section provides some helpful information about customers having NO SSN.

Provide Proof of Application
This section provides some helpful information about providing proof of application.

Insurance Coverage Section
This section provides some helpful information about insurance coverage for customer.

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Dynamic Application

Tell us about yourself

Help me understand this page [Help](#)

First name

Middle name or initial **optional**

Last name

Suffix **optional**

Date of birth

Sex Why are we asking?
 Female
 Male

Are you pregnant? ⓘ
 Yes
 No

Relationship to Head of Household

Enter your Social Security number

I don't have a Social Security Number. ⓘ

Have you applied for a Social Security Number?
 Yes
 No

Are you applying for health insurance? ⓘ
 Yes
 No

[< Back](#) [Save and exit](#) [Continue](#)