One-e-App

LOS ANGELES USER MANUAL

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One Stop Access to Health Care

1-2008 Most Recent Update

LA County One-e-App User Manual
Help Desk 1-866-429-1979

One-e-App: One Stop Access to Health Care Coverage

One-e-App is a web-based system for connecting families with a range of health and social service programs. This approach can improve the efficiency and the "face" of the application process for families seeking health care coverage. This training manual is intended for use by Certified Application Assistors (CAA) and CAA Supervisors using One-e-App in Los Angeles County.

In Los Angeles, One-e-App submits the data electronically to four health coverage programs:

- Medi-Cal for Children and Pregnant Women
- Healthy Families
- Healthy Kids
- Child Health and Disability Prevention Program (CHDP) for CHDP providers*

One-e-App uses an interactive interview approach to help simplify data collection and entry. Instead of writing an address four times, it is written once for four programs.

One-e-App helps to improve the quality and completeness of applications. As the data is entered, the system performs routine error checks, providing immediate notification when a required field is incomplete or data is incorrectly entered. The system features drop-down menus, radio buttons and other familiar computer navigation tools.

Other features include:

- Real-time English and Spanish versions of the application
- Ability to select a provider and a health plan
- Printable documents in some threshold languages
- Electronic document storage
- Ability to personalize reminder and notification letters
- Contacts and "Ticklers" that enable application assistants to remind families about their upcoming annual redeterminations

One-e-App will ultimately be linked to the Children's Health Outreach Initiative (CHOI) case management system. This linkage will allow assistors to transfer application data but users will still have to go directly to CHOI for case management, reporting use of services and retention of benefits, and to report troubleshooting of problems encountered.

One-e-App is currently used in seven California counties to screen and electronically route applications to programs such as Medi-Cal, Healthy Families, Healthy Kids and county indigent care. One-e-App offers counties the flexibility to choose which programs they would like to include, and each of the counties has taken a different approach to implementation. To learn more about One-e-App and how it is being used in other California counties, visit **www.oneeapp.org**.

In the future, One-e-App in Los Angeles may include additional benefits programs like WIC, Kaiser Child Health Plan and Medi-Cal for adults and children19 and over.

*(This manual provides information on referrals to CHDP, but does not provide information on the CHDP Gateway submission process). For information on the CHDP Gateway see http://www.dhs.ca.gov/pcfh/cms/chdp/chdpgateway.htm

Who should use One-e-App?

Application Assistors may currently use One-e-App to apply for four health coverage programs:

- Medi-Cal for Children and Pregnant Women
- Healthy Families
- Healthy Kids
- Child Health and Disability Prevention Program (CHDP)

It is the perfect response for children who have temporary Medi-Cal, such as through the CHDP Gateway, but who need to apply for "full scope" Medi-Cal.

Pregnant women who have not received prenatal care and may be eligible for Presumptive Eligibility should be referred directly to an appropriate provider for Presumptive Eligibility services (see ***Resources***). The follow-up applications for Medi-Cal for pregnant women should be faxed or sent to the County fax or address in the ***Resource*** section, but you may also use One-e-App. All pregnancy applications should be followed closely to be sure that they are received and sent to the County for Medi-Cal processing. All applications sent to the County directly should be followed closely as well.

When should a paper application be used?

Future plans for One-e-App include adding programs for adults and older children. Currently, the system will notify the Department of Public Social Services that an adult is interested in applying, but the One-e-App form does not serve as an application for an adult and will not "hold" the date of application.

Until additional programs are added, other application processes are more appropriate means of applying for health coverage when the person:

- is from another county; One-e-App is currently only for Los Angeles County residents
- is 19 or over (unless pregnant)
- is disabled or applying for coverage on the basis of disability, or receive SSI income
- needs sensitive services (confidential) for sexual assault, family planning, diagnosis and treatment of a Sexually Transmitted Infection, pregnancy, mental health issues, or substance abuse treatment.

Adults should apply elsewhere if they:

- need health coverage quickly or
- need to apply to cover past months' bills. This is especially true if the date is near the end of the month, since Medi-Cal can cover three months' retroactive coverage.

Please call the Health Consumer Center of Los Angeles at (800) 896-3203 if you have questions about health coverage applications for an individual or family or questions about immigration information.

One-e-App: *SEARCH FIRST!*

Searching for an Existing Application in One-e-App

As one of the first steps in One-e-App, assistors must conduct a search for the applicant or a household member to determine whether an application has already been started in One-e-App.

One-e-App does not show where else the applicant may have submitted an application. It is extremely important to be sure that the applicant and all of the family members applying have not already applied somewhere other than One-e-App, or that they don't already have benefits*.

Application Assistors should use the following resources:

Medi-Cal

- If the client is unsure whether or not she or he has applied, use the Department of Public Social Services "Questions to Ask" (see Resources) to see if the client might have a Medi-Cal case. It might be that a recently closed (within the last 30 days) case can be re-opened.
- If the client thinks she or he has a case or a child in the family has a Medi-Cal case open, use SAEVS or AEVs (see Resources or materials from MCH Access or National Health Foundation CHAMP training) online or by phone, or call **(877) 597-4777**

Healthy Families

Healthy Families will only answer questions from the CAA who originally helped the client, until the application is accepted or denied, or that person him/herself (the parent or teen). If you are not the original assistor, it may be necessary to have the client on the phone in person or with a three-way phone call. Call **(800) 880-5305** to find out about the status of an application or an existing or previous case.

Healthy Kids

If the applicant thinks she or he might have a Healthy Kids case, call LA Care at **(888) 452-5437** for assistance.

Child Health and Disability Prevention Program (CHDP)

For general information, to find a provider or to see if a child may be currently eligible for an exam, call **1-800-993-CHDP (1-800-993-2437). You may also find a provider at: http://lapublichealth.org/cms/chdp/provider_finder.asp**

THINGS TO CONSIDER:

*According to our Department of Public Social Services, some 60% of the denied Medi-Cal applications for children that arrive in Los Angeles monthly either already have Medi-Cal or already have started the process to apply. Duplicate submissions waste resources that could be used to help more children with enrollment and finding health care.

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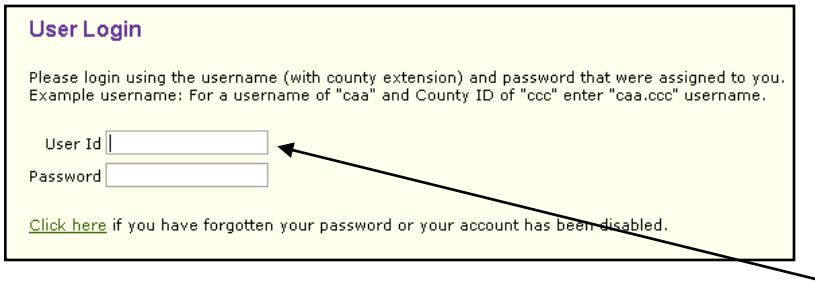
CHAPTER 1

Getting Started

The **One-e-App** website for CAAs is: https://thecenter.oneeapp.org You will be taken to the Welcome Page for Los Angeles County and will choose “English” or Spanish”.



PASSWORD EXPIRATION

- Passwords must be changed every 30 days in both One-e-App and Health-e-App.
- 7 days before your One-e-App password expires, you will receive a tickler reminder that your password is about to expire. It will be displayed on the tickler banner on the top of the Menu screen until the user changes the password.
- Health-e-App does not remind about password changes. It is recommended that you update your Health-e-App password (on the Health-e-App website or by calling the Health-e-App help desk to reset) every time your One-e-App password is reset. That way you won’t receive data transfer errors from the Health-e-App website from an expired password. See **www.healtheapp.net** or (866) 861-3443

Tips for password management:
You can use the One-e-App Password for Health-e App (but not the reverse). See the Password Management Tip Sheet in the Resource section for more information.
When you get the reminder, follow these steps:

1. Change your password in One-e-App
2. Modify your profile in One-e-App to change your Health-e-App Password (the same one you changed it to in One-e-App)
3. Go to Health-e-App and change your password to the new password.

HOW TO LOG ON

User Login Screen:
Enter your assigned user ID.

User IDs will most likely contain your first initial and last name. There may be some User ID variation for agency staff with similar names.

You then add the county extension of “.la”. This lets One-e-App know which county you are from: “la” for Los Angeles.

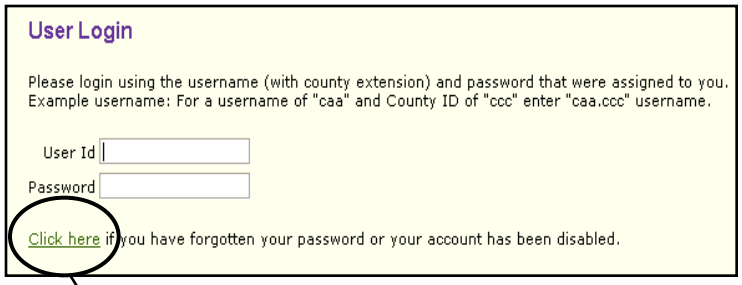
For example for Sara Martinez, enter “smartinez.la” in the user ID field.

You will receive your User ID and password information from your Agency System Administrator.

Password Requirements

The following are requirements for the password you create each 30 days:

- It must be at least 8 characters in length
- It must contain at least one number
- It must be a combination of upper and lower case characters
- It must contain at least one special character like, #, @, %
- It must be case sensitive (It matters if you type in capital or lower case letters)

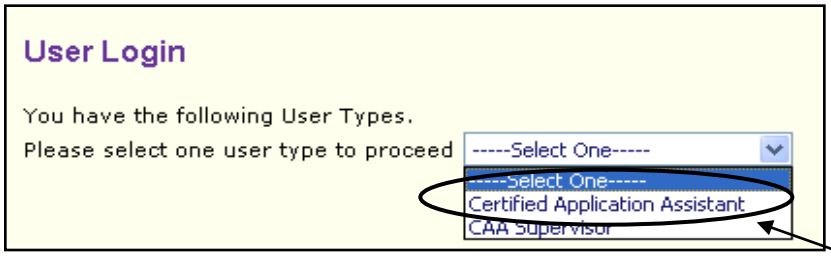


RESETTING YOUR PASSWORD

You have 5 attempts to correctly enter your password and User ID before your account becomes disabled.

- You use the **Hyperlink, "Click here"** that can help you reset your password if you forgot it or if your account has been disabled.
- The link will navigate you to a screen where you will be asked to answer the secret question that you chose when you first logged into One-e-App.
- If you answer the secret question correctly, the password is reset to the default password, available from your System Administrator.
- If you haven't set up your secret question, you don't answer the secret question correctly, or after five consecutive failed tries to log on, you will have to contact your One-e-App System Administrator (the person in charge at your agency) to reset your password.

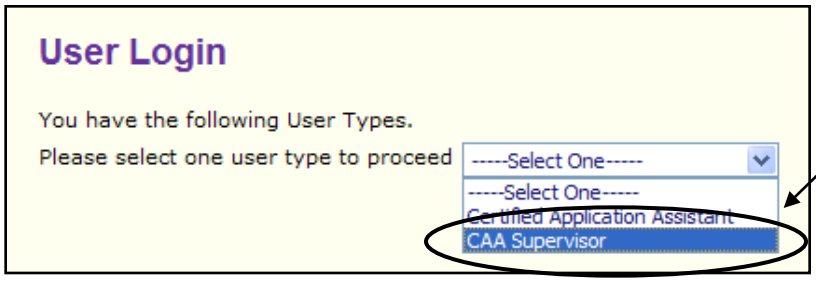
RESETTING YOUR PASSWORD



USER LOGIN TYPES

Depending on your job function(s) you may have access to one or more user type logins.

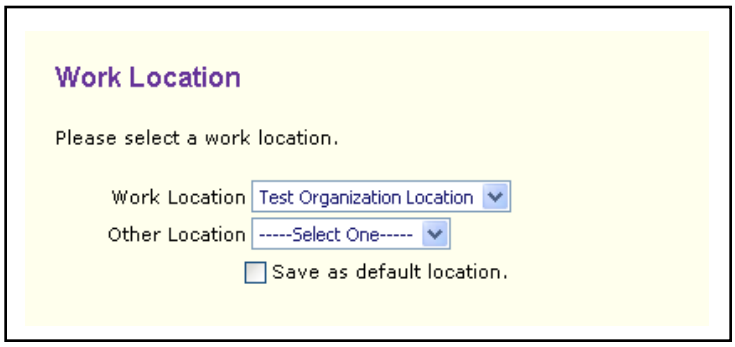
When you log in as a **Certified Application Assistant (CAA)** you will have the ability to process applications, and record and track continuing contact with the applicant. You will be able to note and set reminders for any issues that require follow up and/or advocacy. Every CAA user type must have a CAA Supervisor assigned to them.



When you log in as a **CAA Supervisor** you have additional functions. To learn more about the additional functions a CAA Supervisor can access, refer to the Supervisor chapter on **PAGE 11.**

PLEASE NOTE

There are other user types that are not explained in this manual. (System Administer & CHDP only)



WORK LOCATION

The work location lists various sites your agency uses for One-e-App application assistance. This function will track the applications that are completed at each of your agency's worksites.

Applications taken at specific application assistance events can also be counted.

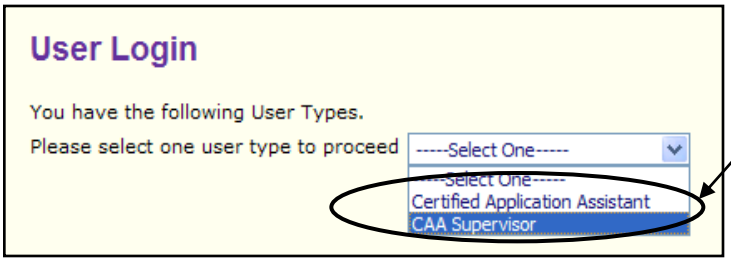
It is important that you select the correct location each time you log on.

If you work out of one location only, you can click on the box below to save that location as the "default location". This means it will be the location that automatically appears, to save time when you log on.

CHAPTER 2

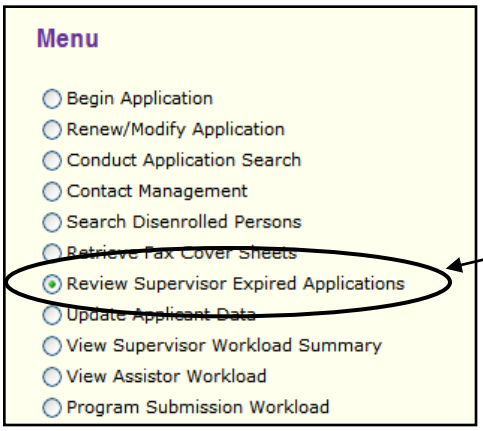
CAA Supervisor

Every CAA must have a CAA Supervisor assigned to them from their agency. The CAA Supervisor is someone who can view the status of and manage applications of all the CAAs. A CAA Supervisor must also be a CAA, as they can process applications assigned to them.

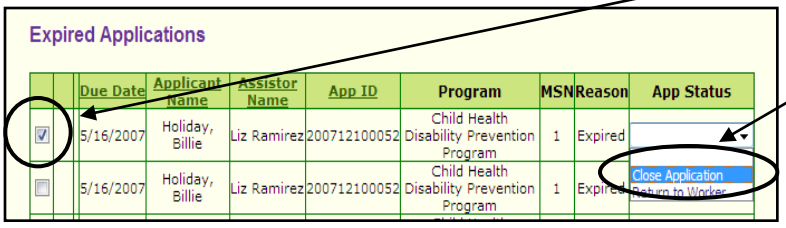


When you log in as a **CAA Supervisor** you have three additional Menu options:

1. Review Expired Applications
2. See Preliminarily Eligible and Submitted Applications.
3. View Supervisor Workload Summary



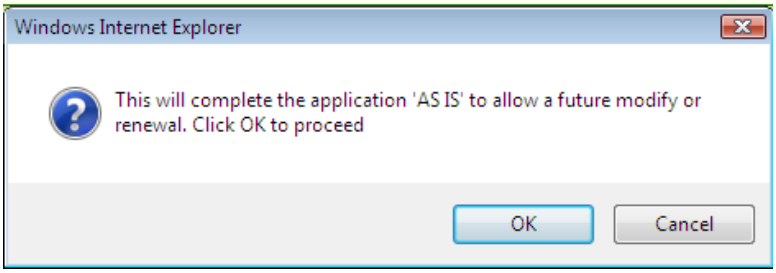
Review Supervisor Expired Applications will provide you with a list of your agency's expired applications.

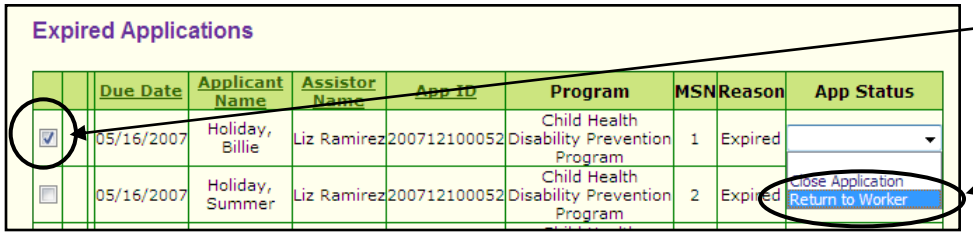


You have the option to Close the Application or Return the Application to the Worker.

You must first check the box of the application you want to access. This will open up the pull down menu. Then select *Close Application* to remove it from the Expired Application workload.

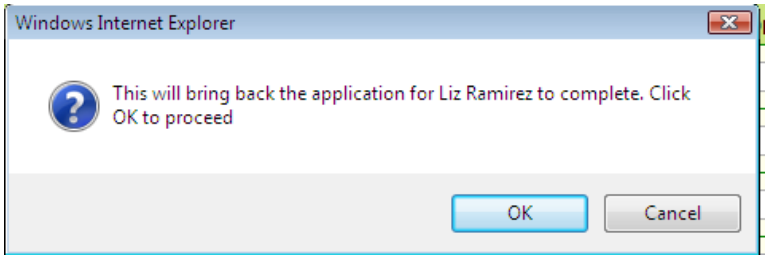
You will receive a pop up indicating that the application will remain "AS IS" to allow a future modify or renewal. You can access this application in the future from the *Renew/Modify* Menu function (for more information please refer to the Menu Function Chapter)



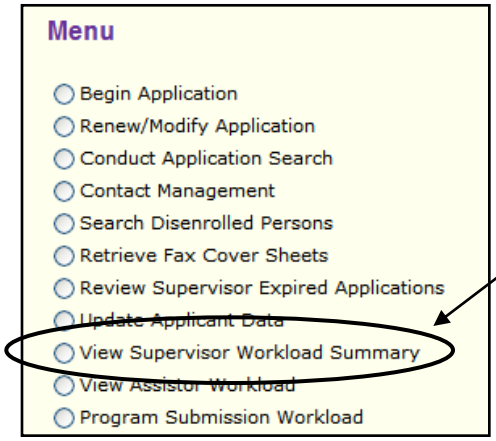


You must first check the box of the application you want to access. Clicking on the box will open up the pull down menu.

Selecting the *Return to Worker* option will return the expired application to the CAA Applications in progress workload.



You will receive a pop up indicating that the application has been brought back for the CAA to complete.

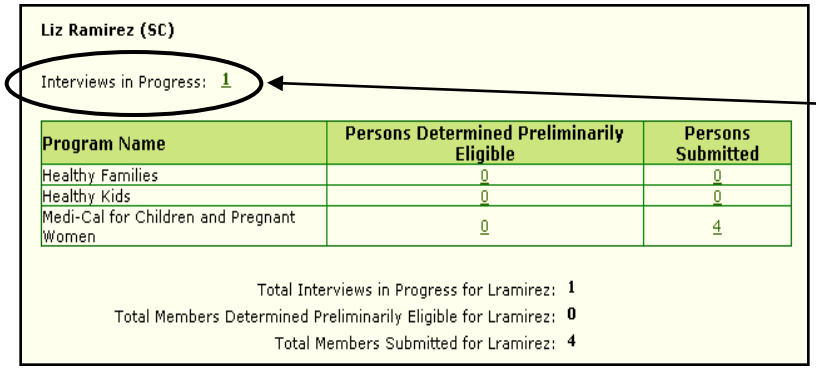


SUPERVISOR WORKLOAD SUMMARY

The Supervisor Workload Summary provides a summary of agency staff workloads. It allows the supervisor to query by an individual CAA's application status by program.

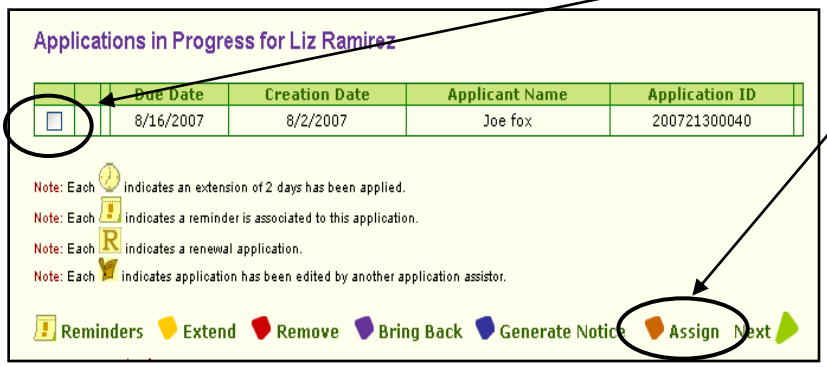
The Supervisor Work Load Summary displays the following information for each user who reports to that supervisor.

Supervisors can filter down the information displayed on this workload by selecting assistor name or program name from the drop down list at the top and clicking search.

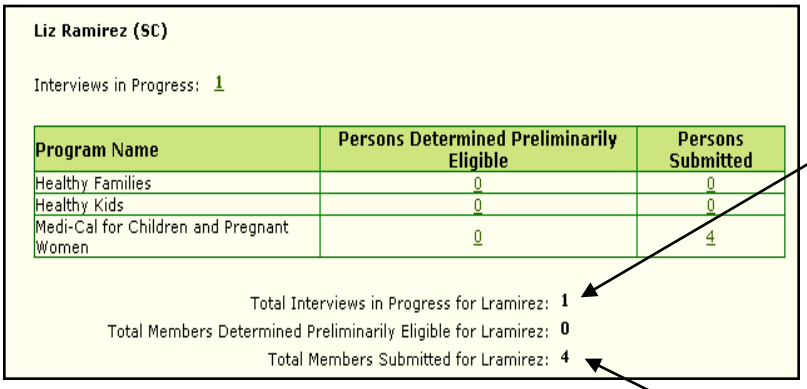


Interviews in progress—Displays the count of applicants who are still in the interview process for whom the preliminary eligibility has not been determined.

Note: Clicking on the count will navigate the supervisor to that particular user's Applications in Progress Workload.



You have the ability to assign an application in progress to another CAA in your agency. You must click on the box next to the Due Date and click on *Assign*. You will be navigated to an Assign screen which has a list of CAAs to whom application can be assigned.



Liz Ramirez (SC)

Interviews in Progress: 1

Program Name	Persons Determined Preliminarily Eligible	Persons Submitted
Healthy Families	0	0
Healthy Kids	0	0
Medi-Cal for Children and Pregnant Women	0	4

Total Interviews in Progress for Lramirez: 1
Total Members Determined Preliminarily Eligible for Lramirez: 0
Total Members Submitted for Lramirez: 4

SUPERVISOR WORKLOAD SUMMARY

Persons Determined Preliminarily Eligible (by Program) – Displays the number of applicants who were determined preliminarily eligible for different programs. These applications have not been submitted.

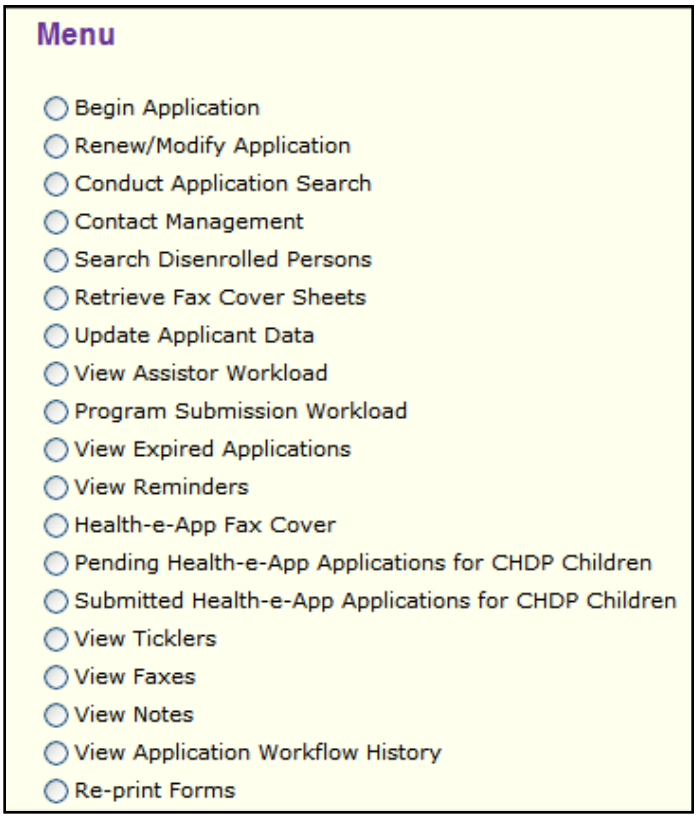
Note: Clicking on the count will navigate the supervisor to that particular user's Program Submission Workload.

Persons Submitted (by Program) – Displays the count of applicants who were determined preliminarily eligible for different programs and whose applications have been submitted. To the program(s) for which they qualified.

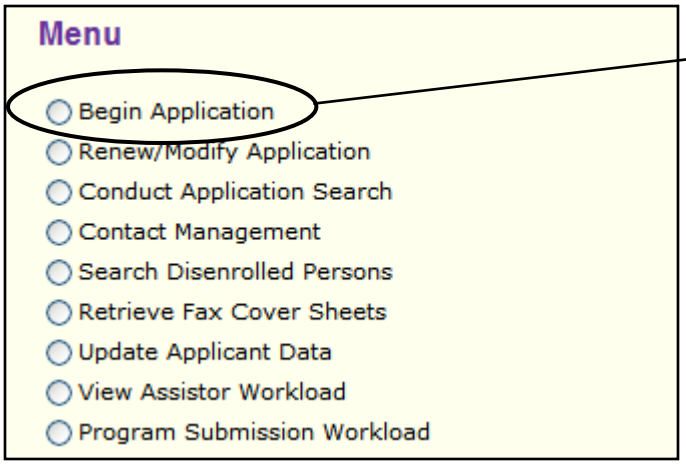
Note: Clicking on the count will navigate the supervisor to that particular user's Program Submission Workload.

CHAPTER 3

Certified Application Assistant (CAA) Menu Functions

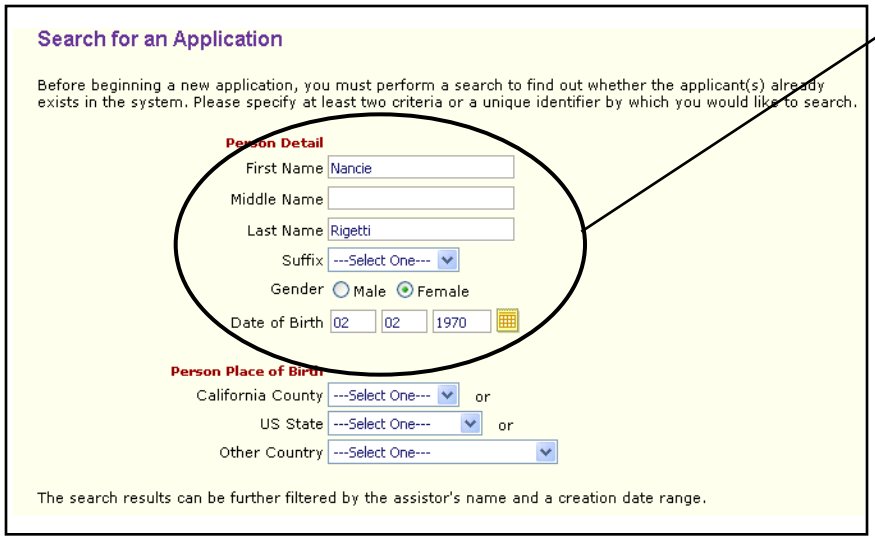


This section reviews all the following topics that appear on the opening menu of choices you have as you start your work on One-e-App.



Begin Application

When you begin a new application the One-e-App system will always prompt you to conduct an application search. You can search for the Primary Informant, who is the person you interview for the application, or any other family member. The primary informant does NOT need to be applying for health coverage and does NOT necessarily need to live in the home.

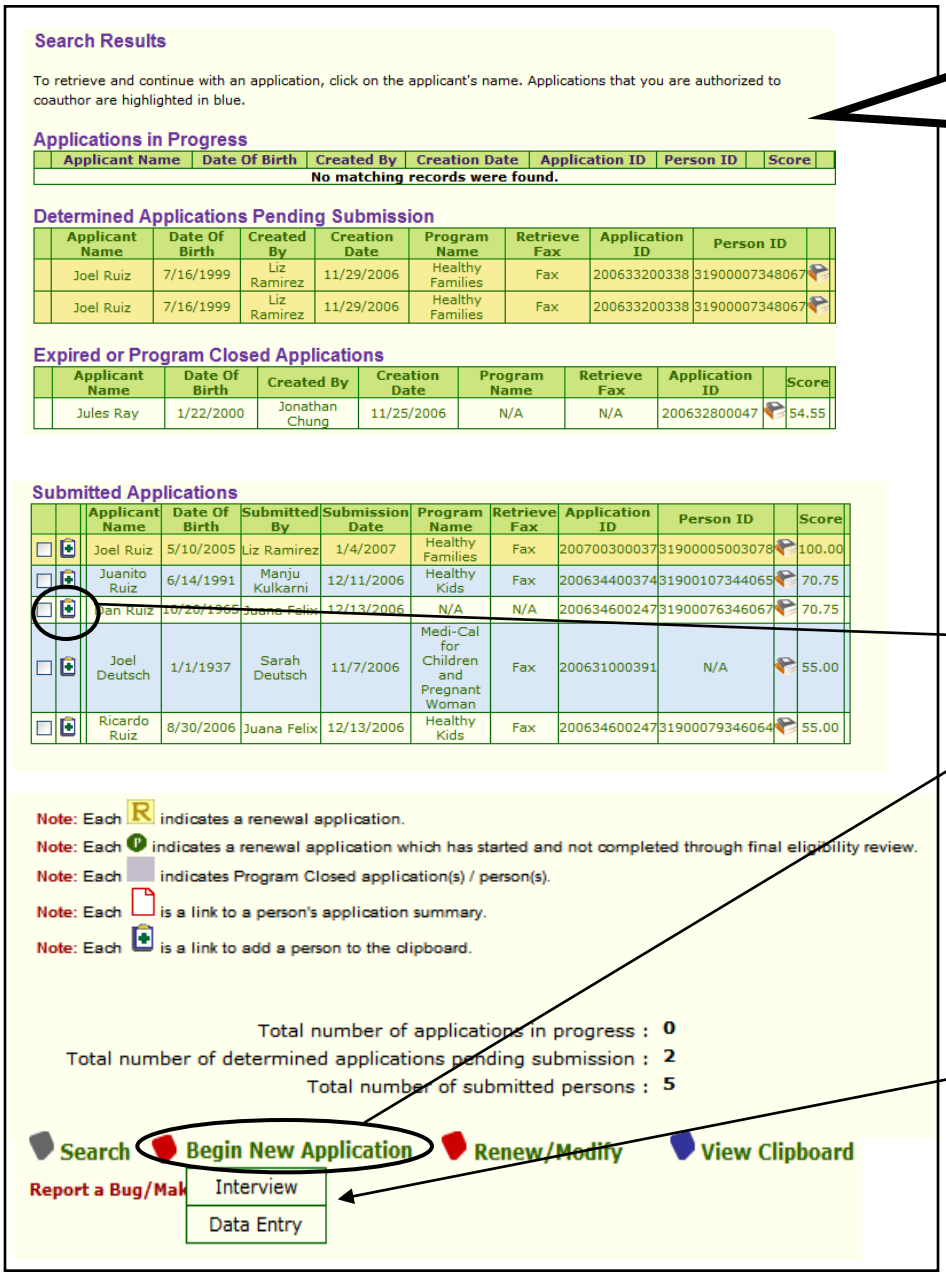


This search will assist in eliminating duplicate applications in the system.

Later, you will search for other people on the application.

When you conduct searches for an applicant, enter **at least two** of the following criteria: applicant's name, gender, or date of birth.

During the initial application search it is not necessary to fill out this section beyond those initial fields.



SEARCH RESULTS

The search will provide search results in the One-e-App system from all agencies working with One-e-App in Los Angeles County.

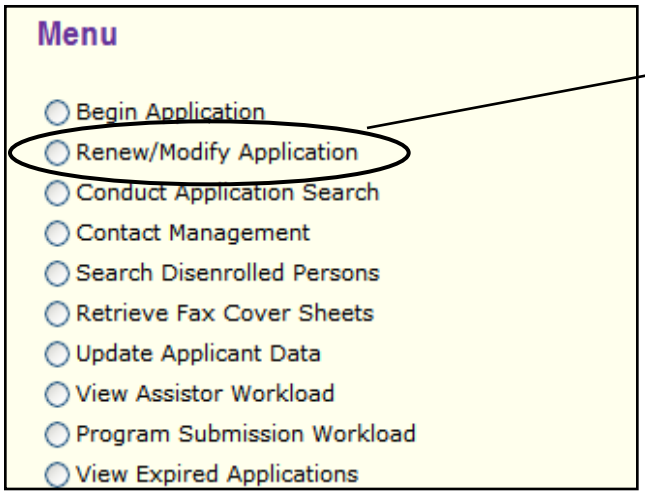
After you verify that your client is not in the search results you can begin a new application.

If your search comes back with a match, and you can verify that it is the same person, click on the **Clipboard** icon next to their name.

Then click on **Begin New Application** to continue. Clicking on the clipboard icon will put the client's information in the new application, or "pre-populate" it. Verify that the information previously entered is still current and correct.

You have the choice of ***Interview*** mode or ***Data Entry*** mode.

- **Interview** mode is recommended when working directly with a client.
- **Data Entry** mode is recommended when taking an application over the phone, or when agencies have a dedicated person entering data after the client interview or application is complete.



RENEW/ MODIFY APPLICATION

Renew/Modify Application allows you to do the following:

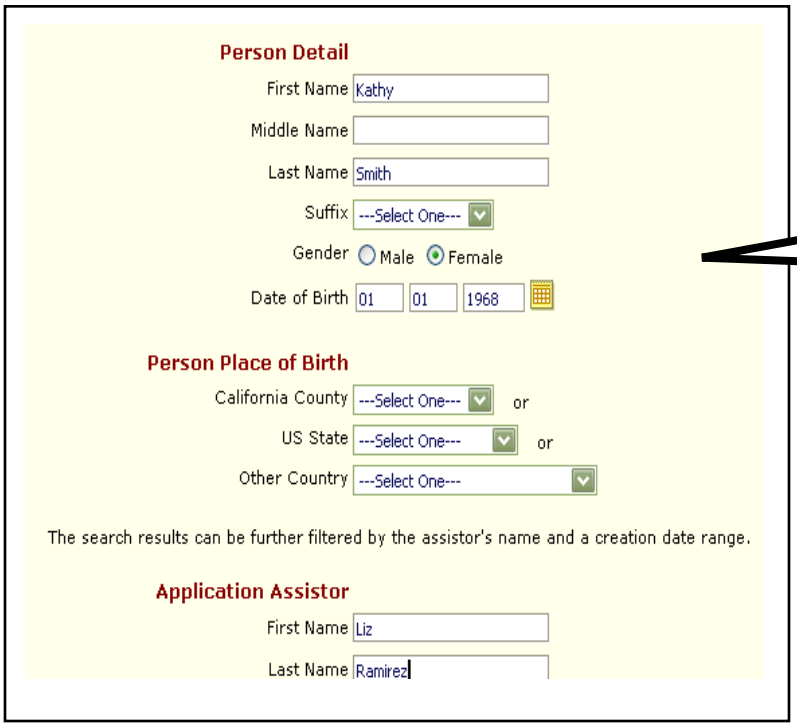
Renew:

Search for clients who are due to renew their coverage. This function is available within the last three months of clients' coverage, also known as the renewal period.

Modify:

A modify allows you to make changes to an application after it has been submitted, changes such as:

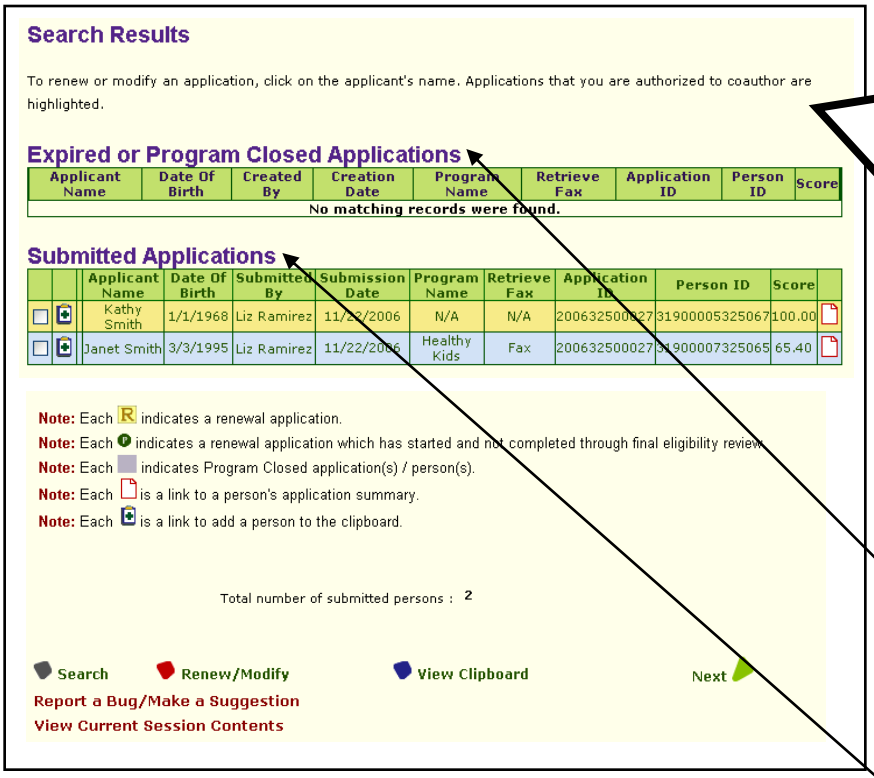
- Add a family member who was not previously included during the initial contact.
- Change in status of eligible members, like income or pregnancy



When "**Renew/Modify Application**" is chosen, you will be routed to the ***Search for Application*** screen.

You will be prompted to conduct an application search.

Note: One-e-App does not allow either Applications In Progress or Determined Applications Pending Submission to be modified.



Search Results

To renew or modify an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted.

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
No matching records were found.								

Submitted Applications

		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score	
☐		Kathy Smith	1/1/1968	Liz Ramirez	11/22/2006	N/A	N/A	200632500027	319000053250 67	100.00	
☐		Janet Smith	3/3/1995	Liz Ramirez	11/22/2006	Healthy Kids	Fax	200632500027	31900007325065	65.40	

Note: Each R indicates a renewal application.
Note: Each P indicates a renewal application which has started and not completed through final eligibility review.
Note: Each indicates Program Closed application(s) / person(s).
Note: Each is a link to a person's application summary.
Note: Each is a link to add a person to the clipboard.

Total number of submitted persons : 2

Search Renew/Modify View Clipboard Next
Report a Bug/Make a Suggestion
View Current Session Contents

SEARCH RESULTS

The Search Results will provide you with possible matches based on the criteria entered in the search screen.

You can make changes by clicking on the applicant's name.

Applications you are authorized to coauthor are highlighted in green. "Coauthor" means that you will be able to open and continue that application without going through the security screen.

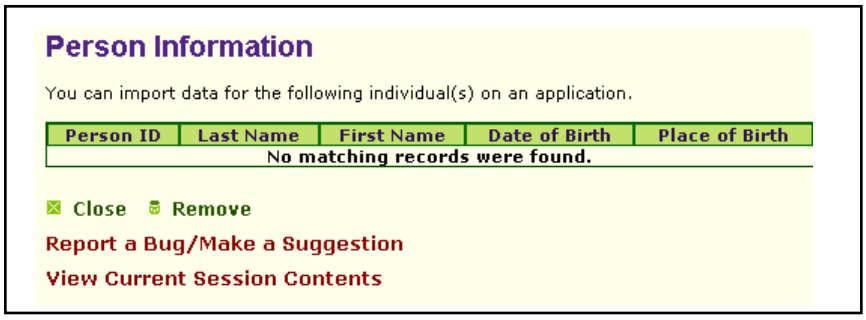
Expired Or Program Closed Applications

Displays the applications expired because they are incomplete or the programs to which they have applied closed.

Submitted Applications

Displays the applications that were submitted to program(s) for which the system screens.

OR

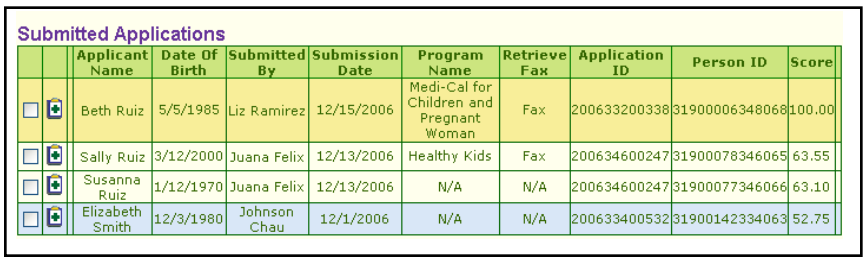


Person Information

You can import data for the following individual(s) on an application.

Person ID	Last Name	First Name	Date of Birth	Place of Birth
No matching records were found.				

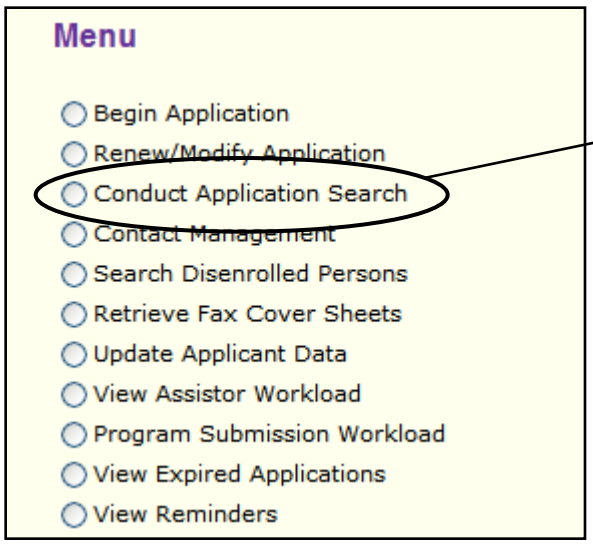
Close Remove
Report a Bug/Make a Suggestion
View Current Session Contents



Submitted Applications

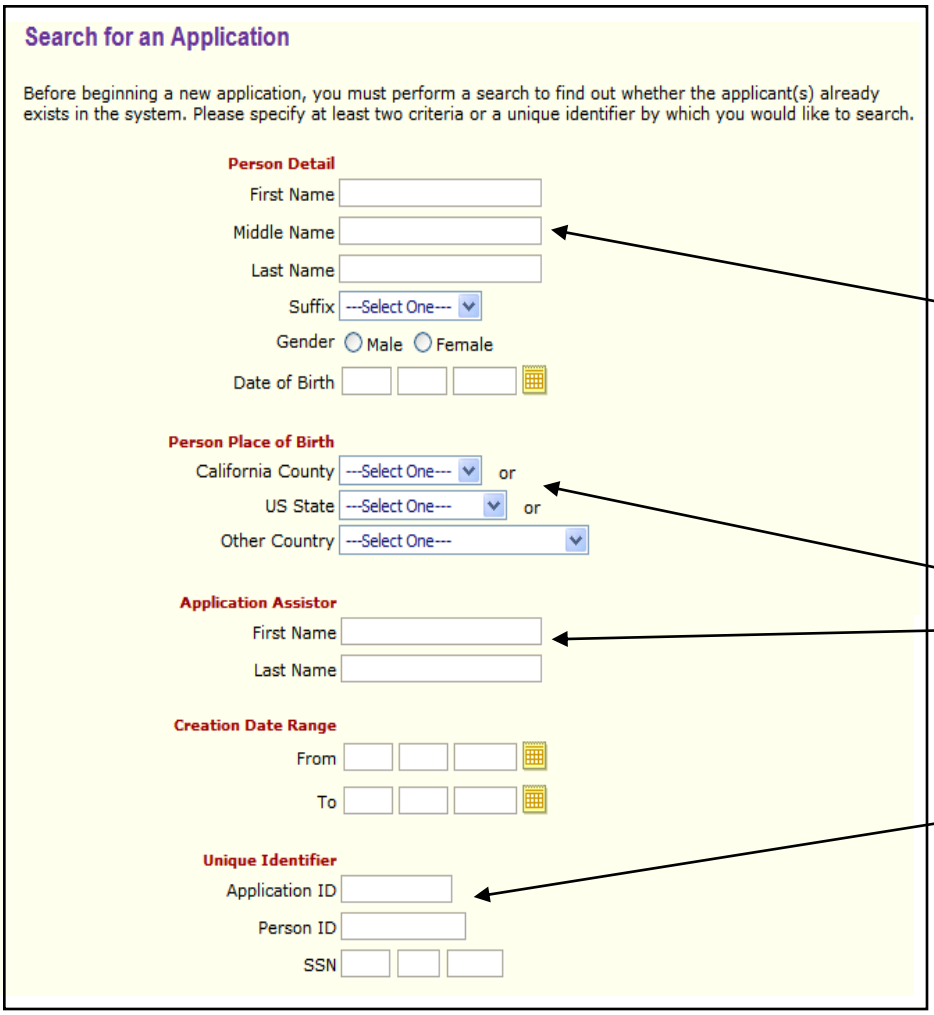
		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
☐		Beth Ruiz	5/5/1985	Liz Ramirez	12/15/2006	Medi-Cal for Children and Pregnant Woman	Fax	200633200338	319000063480 68	100.00
☐		Sally Ruiz	3/12/2000	Juana Felix	12/13/2006	Healthy Kids	Fax	200634600247	31900078346065	63.55
☐		Susanna Ruiz	1/12/1970	Juana Felix	12/13/2006	N/A	N/A	200634600247	31900077346066	63.10
☐		Elizabeth Smith	12/3/1980	Johnson Chau	12/1/2006	N/A	N/A	200633400532	31900142334063	52.75

The One-e-App system will highlight all the Search Results that have a match score of 90% or higher. If you use a Unique Identifier (application ID, person ID or SSN), the search results will show all results having an exact match to the Unique Identifier entered.



CONDUCT APPLICATION SEARCH

Conduct Application Search allows you to view applications that have been started, completed, or are pending submission.



You will be prompted to conduct an application search. The more criteria you enter the more narrow the search. Try entering a few criteria first, then narrow the search if needed by adding more criteria. Enter criteria as follows.

Person Detail (enter at least two of the following)

- First name
- Last name
- Gender
- Date of birth
- Place of birth

CAA Name

When you search by CAA name, all the applications that have been created by this assistor will appear.

Unique Identifiers

- Application ID
- Person ID
- Social Security Number

Applications in Progress

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID		Score	
James Smith	2/2/1970	Suresh Govindarajalu	12/1/2006	200633400037	31900076334063		85.00	
James Smith	N/A	Mathivanan Kannan	1/25/2007	200702400017	N/A		85.00	
Jan Smart	2/2/2000	Liz Ramirez	8/6/2007	200721700314	N/A		80.50	
Aniyah Smith	2/17/2007	Jose Millan	8/10/2007	200722100027	31900007221074		78.00	
Jackline Smith	11/11/1970	Vishnu Katta	11/29/2006	200633200122	N/A		74.5	

Determined Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID		Score	
Emanuel Smith	1/1/2001	Sarah Boehm	11/17/2006	Healthy Families	N/A	200632000275	31900065320065		74.50	

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID		Score
Jane Smith	2/2/1990	Liz Ramirez	5/3/2007	N/A	N/A	200712200167	31900039122076		100.00
Janet Smith	5/5/2005	Liz Ramirez	7/11/2007	N/A	N/A	200719100022	31900002191074		99.00
Janet Smith	3/3/1995	Liz Ramirez	7/30/2007	N/A	N/A	200721000475	N/A		99.00
James Smith	N/A	Oneeapp Test User	11/14/2006	N/A	N/A	200631700073	N/A		85.00
James Smith	N/A	Aravind Mali	2/8/2007	N/A	N/A	200703800017	N/A		85.00
James Smith	10/10/1999	Oneeapp Test User	4/20/2007	N/A	N/A	200710900156	31900036109076		85.00
Jamy Smith	12/14/2006	Anupam Banarjee	12/14/2006	N/A	N/A	200634700211	31900065347068		82.50
Jim Smith	2/3/2002	Sonali Joshi	12/1/2006	N/A	N/A	200633400276	31900074334065		79.50
Jimmy Smith	10/10/1970	Oneeapp Test User	4/20/2007	N/A	N/A	200710900214	31900047109073		78.00
Emanuel Smith	1/1/2001	Oneeapp Test User	11/18/2006	N/A	N/A	200632100026	31900004321067		74.50

RESULTS: APPLICATION SEARCH

You can make changes by clicking on the applicant's name.

Applications you are authorized to coauthor are highlighted in green.

The Search Results will provide you with possible matches, based on the criteria entered in the search screen.

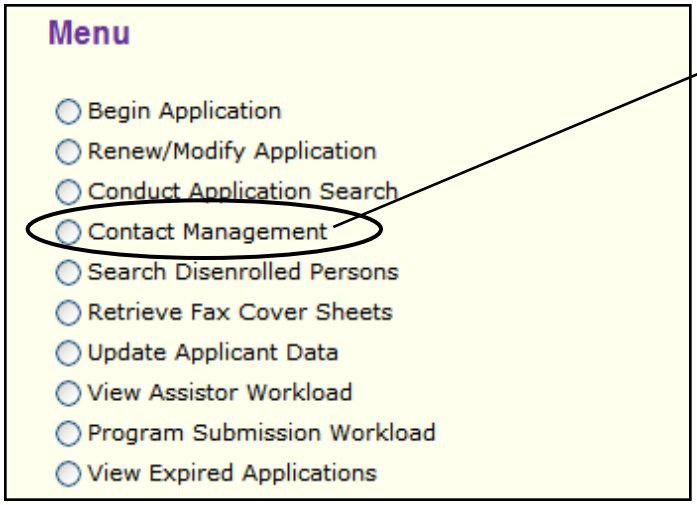
If you used a Unique Identifier, the search results will show all results having an exact match to the Unique Identifier entered.

Applications in progress—Displays the application that is still in the interview process and the preliminary eligibility has not been determined.

Determined Applications Pending Submission—Displays the applications that were determined preliminarily eligible for different programs and are currently pending submission to corresponding programs.

Expired Applications—Displays the application and/or applicants who are expired due to incomplete submission.

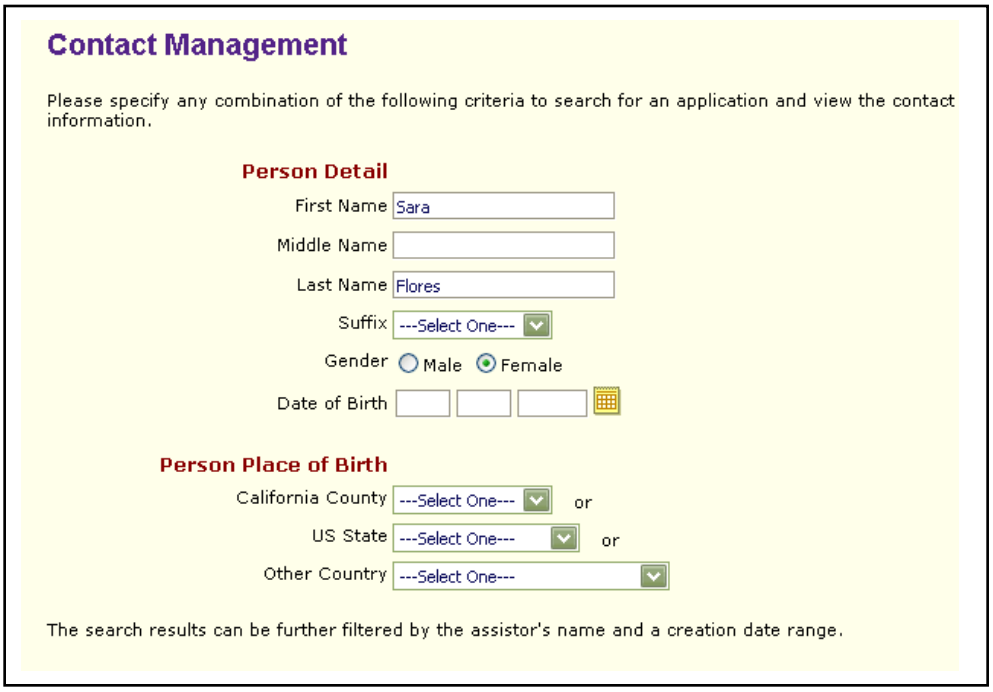
Submitted Applications—Displays the applications that were submitted to eligible program(s) for which the system screens.

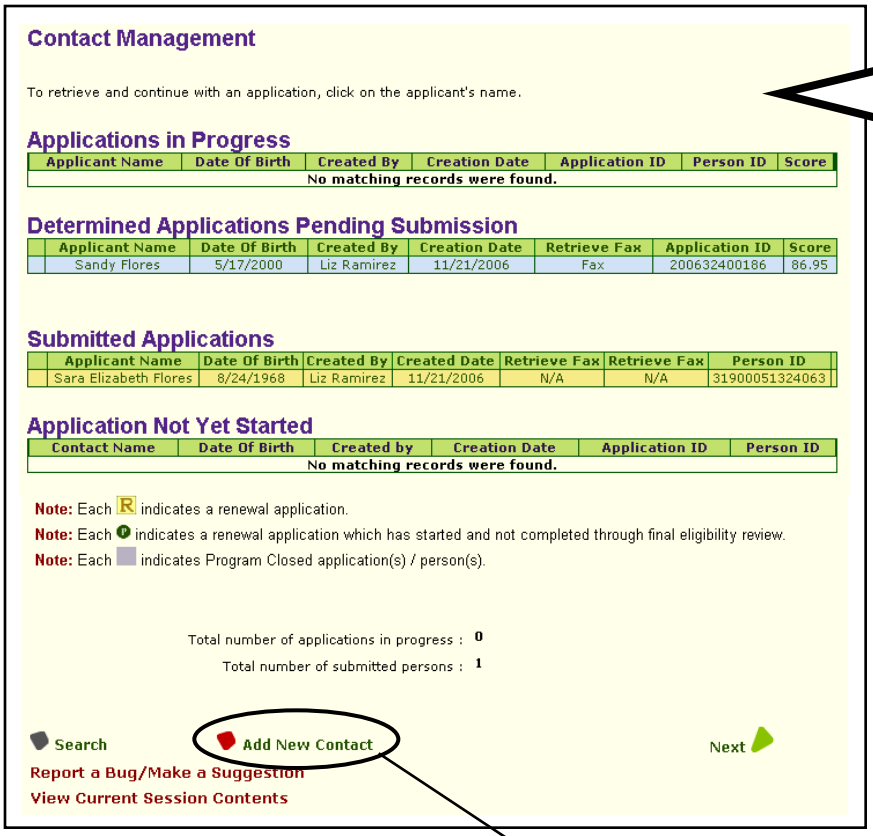


CONTACT MANAGEMENT

The contact management function provides you with the ability to record and track contact with applicants, such as address changes, notices received, additional information needed and issues raised with you during phone calls or meetings.

As you learned in the previous section, you must conduct a search to locate the application.





RESULTS: CONTACT MANAGEMENT

You can make changes by clicking on the applicant's name.

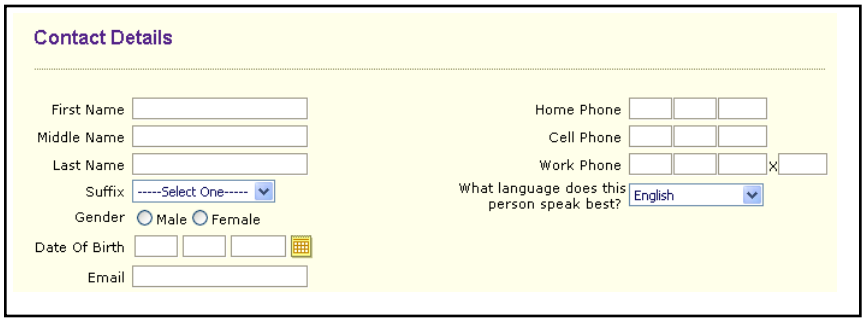
Applications you are authorized to coauthor are highlighted in green.

Applications in progress—Displays the application that is still in the interview process for which preliminary eligibility has not been determined.

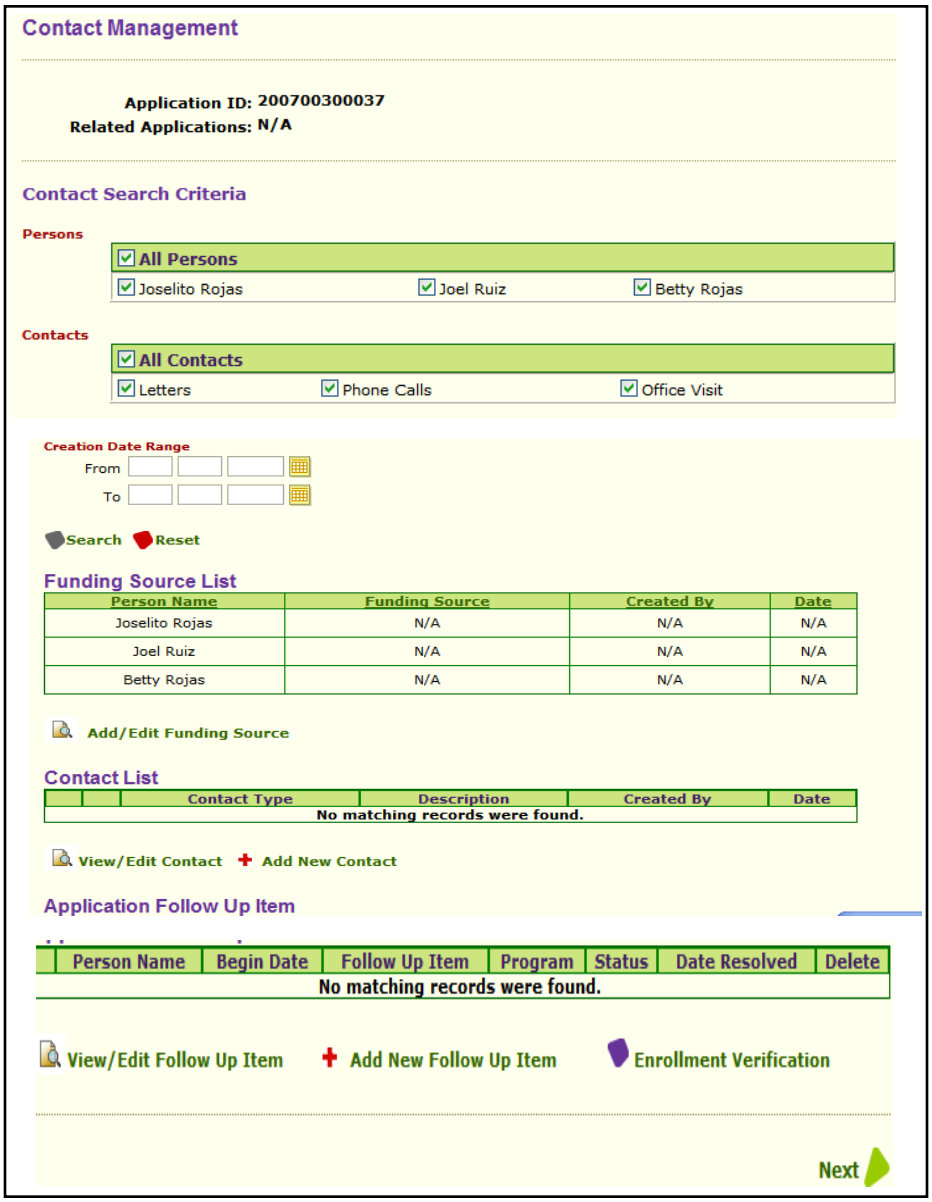
Determined Applications Pending Submission—Displays the applications that were determined preliminarily eligible for different programs and are currently pending submission.

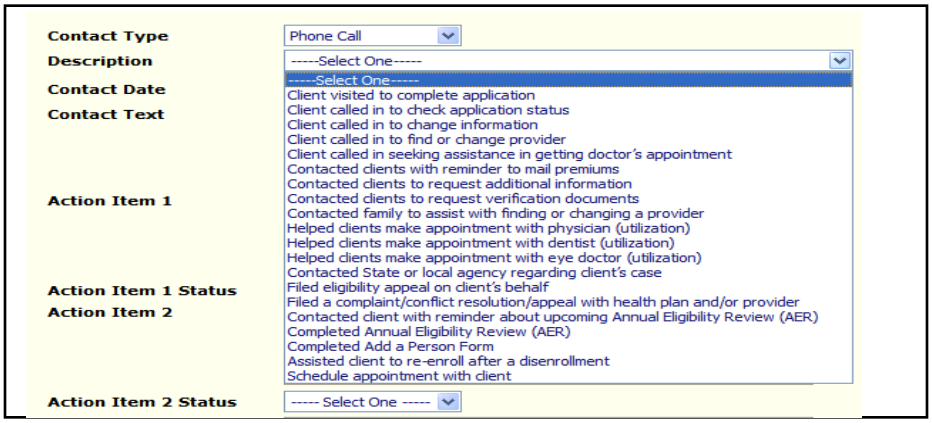
Submitted Applications—Displays the applications that were submitted to program(s) for which the system screens.

Applications Not Yet Started—are contacts that have been created without creating an application in One-e-App.



Add a new contact is used to create new contact information if a specific person was not found in the search results.
If your search results locate the person, you can add contact information by clicking on the person's name.





The Contact Management section allows you to add and track new contact with the client and record issues into the system.

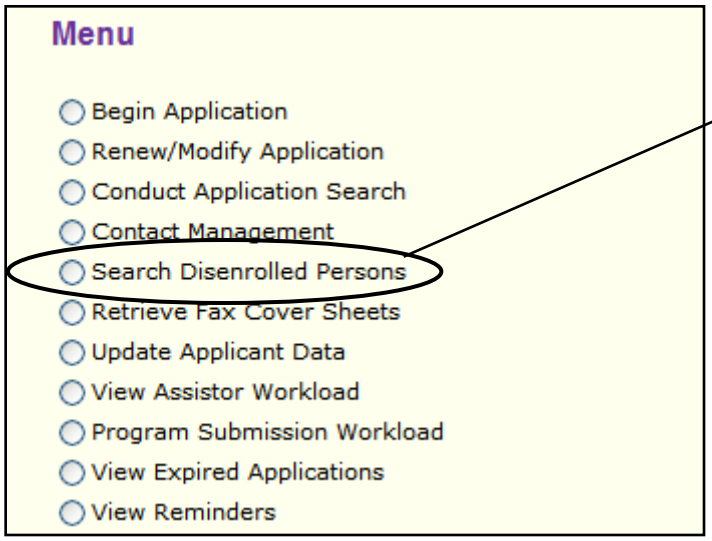
View/edit: This function allows you to view and make changes to issues previously entered.

Add a New Issue: This function allows you to add new presenting issues that are program specific.

Verification: This function allows you to log enrollment verification.

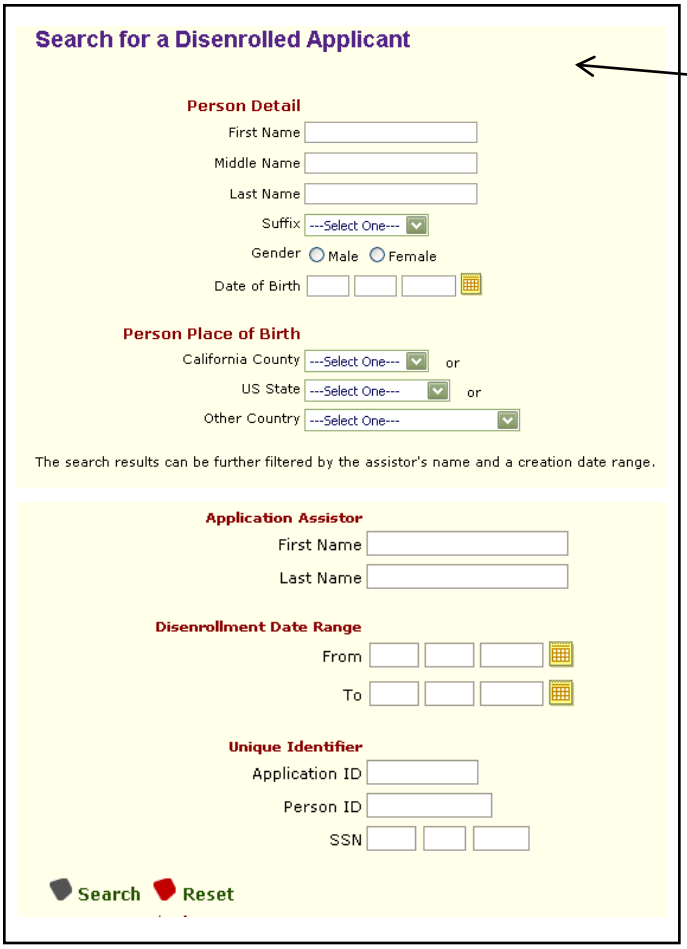
Redetermination: This function allows you to log information regarding the applicant's program redetermination.

Referral: This function allows you to log and track referrals given.



SEARCH DISENROLLED PERSONS

This search function can provide information regarding any person who was enrolled in the One-e-App system and has been disenrolled from the ***Healthy Kids*** program for the following reasons: non-payment, aging out, moved out of county, incomplete renewal, a change in family circumstances that makes the child ineligible, or cancelation coverage.



You must conduct a search to locate the file.

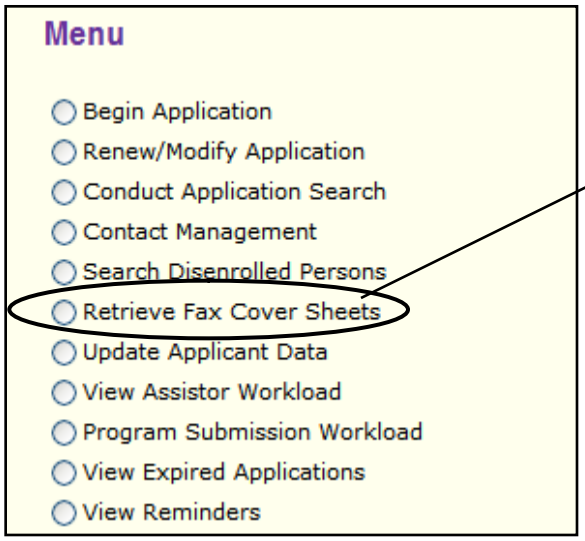
RESULTS: SEARCH DISENROLLED PERSONS

This search results screen will show you more details about the disenrollment, such as the date and reason for disenrollment from the Healthy Kids program.

New Application ID

The application ID number will be reassigned every year that the family renews its case using One-e-App. Make sure the application you are viewing is the most current one.

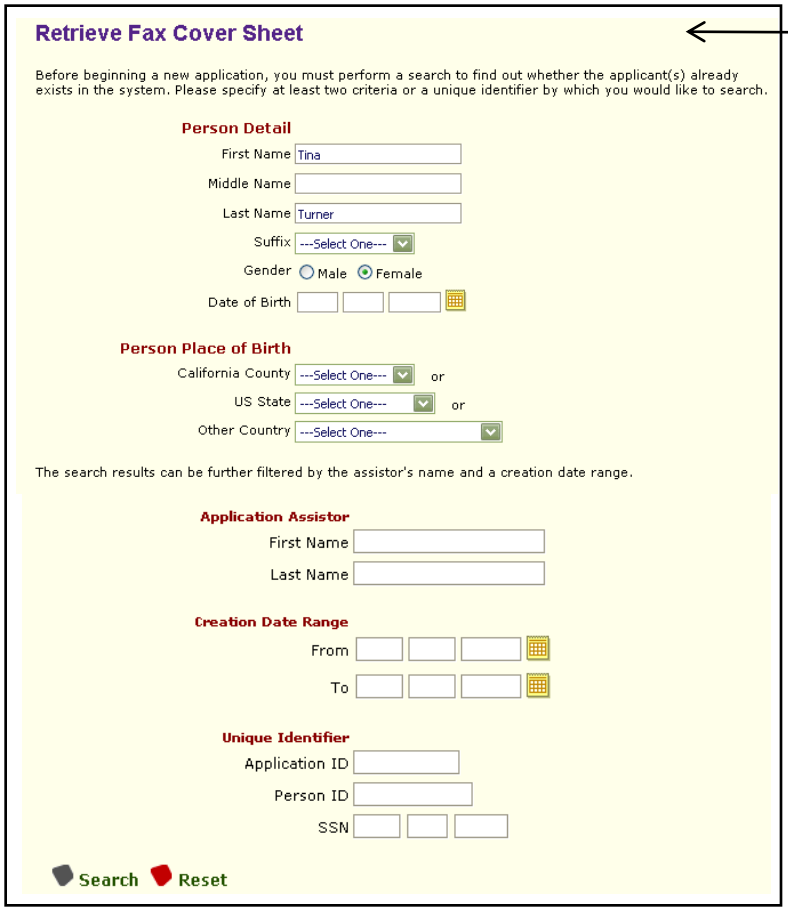
If the family has been disenrolled (for over a month) and would like to be added back to the program, you can mark the box next to the most current application button. This will start a new application with a link to the previous application.



RETRIEVE FAX COVER SHEETS

This function allows you to reprint the One-e-App Fax Cover Sheet created for the application. You may need to do this if the applicant needs to fax in additional documentation or if you did not create one during the application submission process.

You will be prompted to conduct a search for the application.



Retrieve Fax Cover Sheet

To retrieve a fax cover sheet, click on the 'fax' link for the application.

Determined Applications Pending Submission

	Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
	Christina Natomas	1/1/1997	Sarah Boehm	11/17/2006	Healthy Kids	N/A	200632000341	31900094320060	58.60

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
No matching records were found.								

Submitted Applications

		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
		Cristiana Mayer	10/31/1997	Ashok K Rout Sr	11/9/2006	Healthy Kids	Fax	200631200397	N/A	68.05
		Christina Andreas	12/12/1996	Simi Chandran	11/16/2006	N/A	Fax	200631900145	31900054319060	64.90

Note: Each R indicates a renewal application.
Note: Each P indicates a renewal application which has started and not completed through final eligibility review.
Note: Each indicates Program Closed application(s) / person(s).

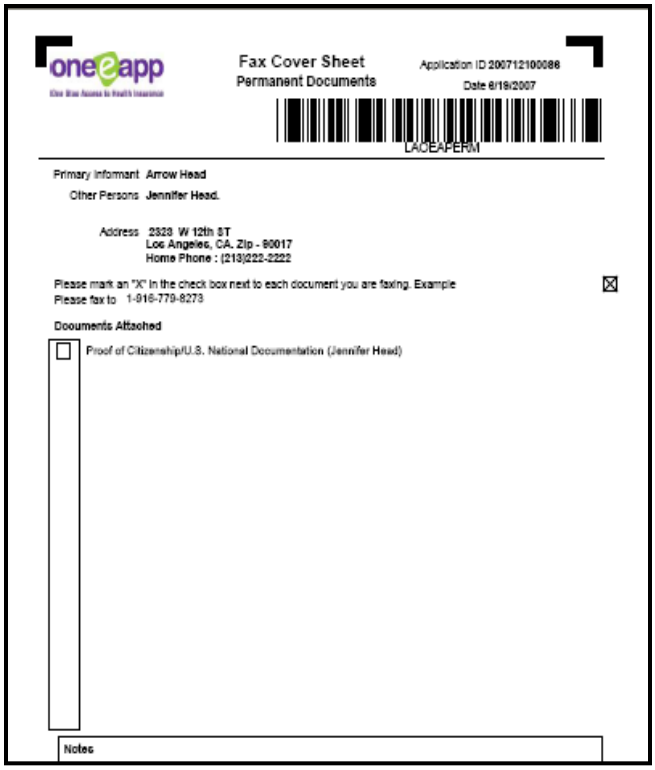
Total number of determined applications pending submission : 1
Total number of submitted persons : 2

Search
Next
Report a Bug/Make a Suggestion
View Current Session Contents

RESULTS: RETRIEVE FAX COVER SHEET

To retrieve existing Fax Cover sheets click on the ***Fax*** link.

For additional tips, see Fax Cover Sheet Tip Sheet in the Frequently Asked Question Section.



one e app

Fax Cover Sheet
Permanent Documents

Application ID 200712100086
Date 8/19/2007

LACEAFERM

Primary Informant Arrow Head
Other Persons Jennifer Head.

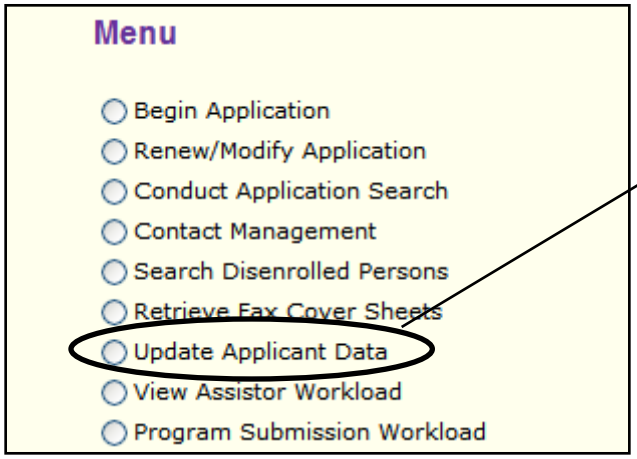
Address 2323 W 12th ST
Los Angeles, CA. Zip - 90017
Home Phone : (213)222-2222

Please mark an "X" in the check box next to each document you are faxing. Example ☒
Please fax to 1-916-779-8273

Documents Attached

☐ Proof of Citizenship/U.S. National Documentation (Jennifer Head)

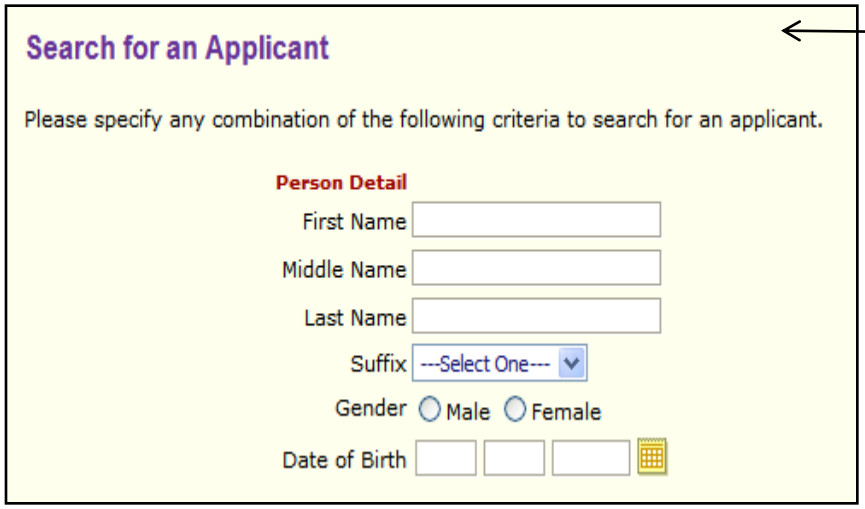
Notes



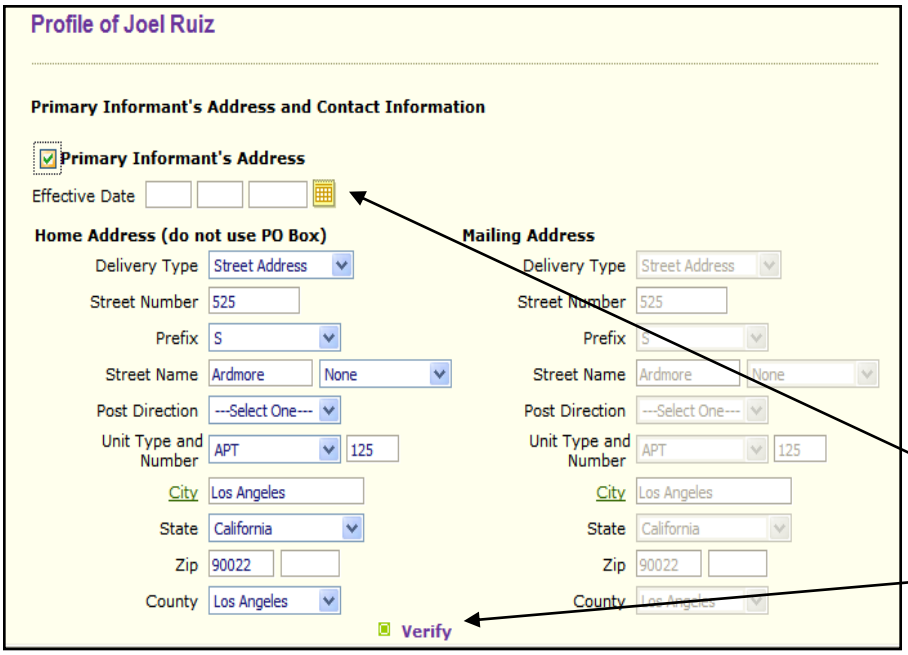
UPDATE APPLICANT DATA

This function will allow you to update:

- Addresses
- Telephone numbers
- Family names, including the primary informant



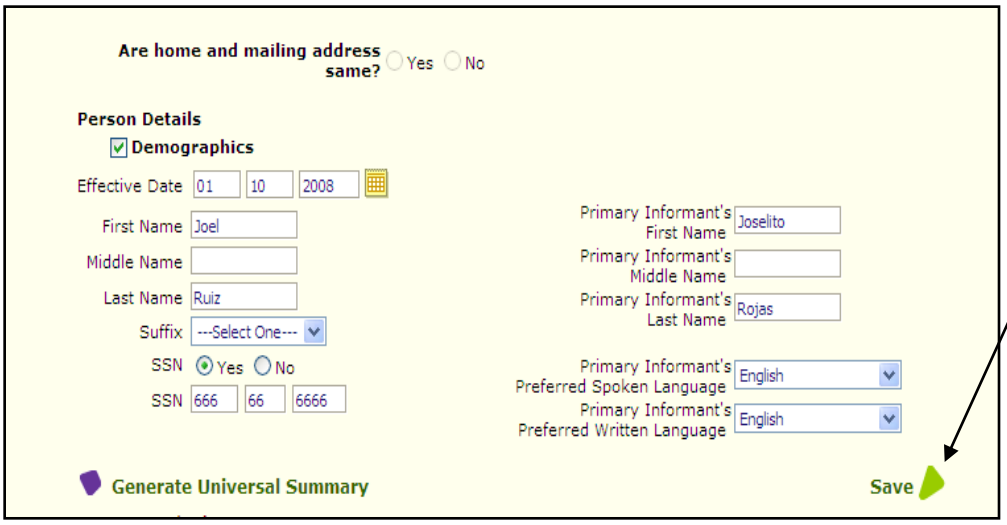
You will be prompted to conduct an application search.

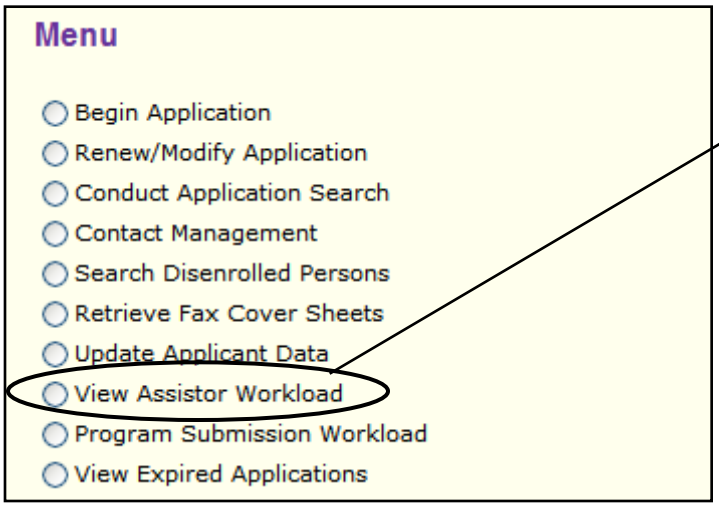


You will be navigated to a page where you can update:

- Addresses
- Telephone numbers
- Names, including the primary informant

1. Click on the box in the section that you would like to update data
2. Include an effective date of the change
3. Update the data and click on the Save icon.



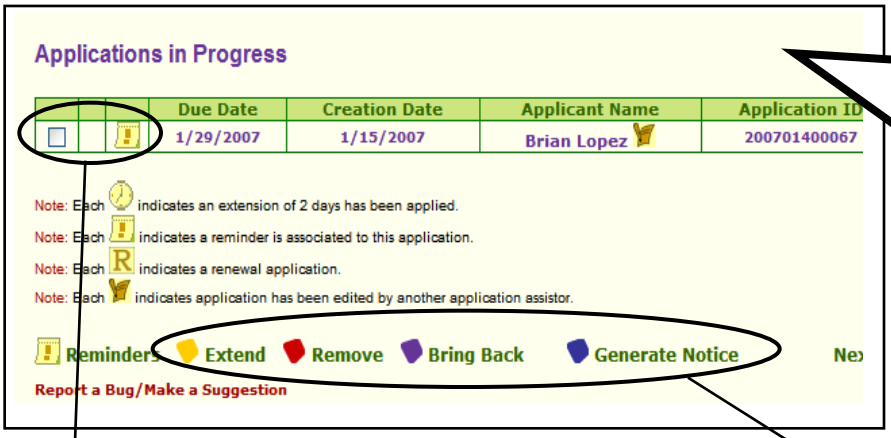


VIEW ASSISTOR WORK LOAD

This menu function can assist with the management of your applications.

When you select *View Assistor Workload* you will be navigated to three different workloads:

- Applications in progress
- Determined Applications Pending submission
- Submitted Applications Awaiting Disposition.



Applications in Progress

This displays applications that are still in the interview process for which preliminary eligibility has not been determined. Additional functions in this workload can assist you in managing the application.

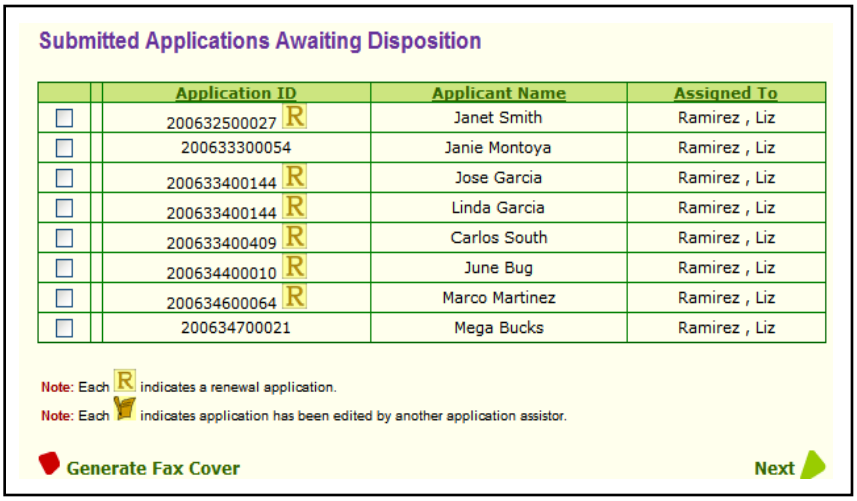
You can set a **reminder** by clicking on the little box near the due date of the applicant, then click reminder. You will be able to add notes that will be linked with the application.

The ***Extend*** icon extends the application beyond the 14 days that are allowed to keep an application in progress. It will extend for two additional days. You can extend an application twice.

The ***Remove*** icon removes an application if the client is no longer interested in applying or if you find the application to be a duplicate. You will be prompted by the system to choose a reason for removal.

The ***Bring Back*** icon brings back an application that had been removed because the client was no longer interested in applying. Once the application has been “brought back”, you will be able to complete the application process.

Generate Notice can help to remind a client when you have an application that has been sitting in your workload for a long time. One-e-App can generate letters for reminders at 7 and 13 days after the application was suspended. Once you click on “Generate Notice”, the system will produce the appropriate 7 or 13-day reminder letter that you can send to your client. The 7-day reminder tells the client the application is about to expire; the 13-day notice tells the client the application has expired and to contact you.



Submitted Applications Awaiting Disposition

	Application ID	Applicant Name	Assigned To
☐	200632500027 R	Janet Smith	Ramirez , Liz
☐	200633300054	Janie Montoya	Ramirez , Liz
☐	200633400144 R	Jose Garcia	Ramirez , Liz
☐	200633400144 R	Linda Garcia	Ramirez , Liz
☐	200633400409 R	Carlos South	Ramirez , Liz
☐	200634400010 R	June Bug	Ramirez , Liz
☐	200634600064 R	Marco Martinez	Ramirez , Liz
☐	200634700021	Mega Bucks	Ramirez , Liz

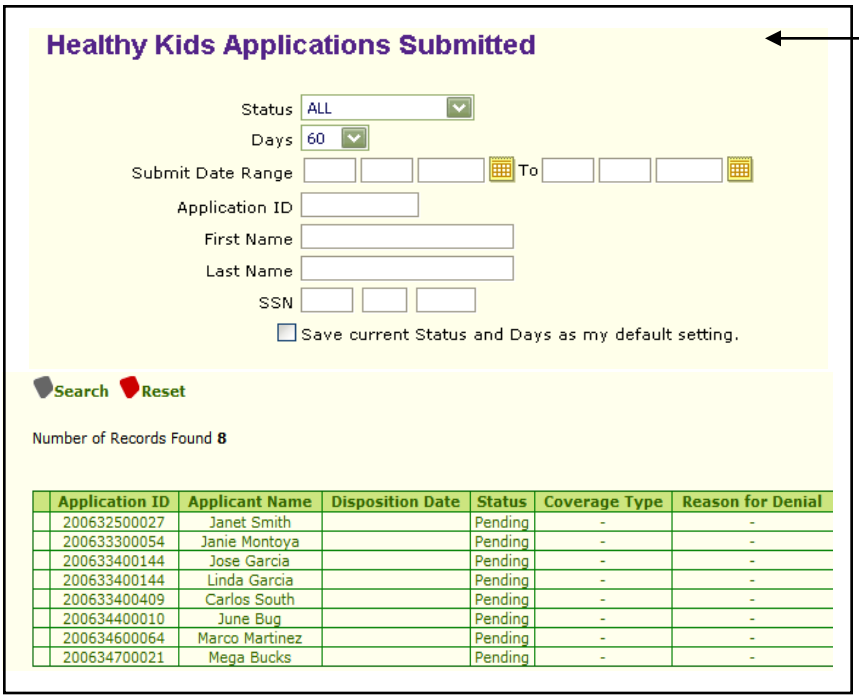
Note: Each R indicates a renewal application.

Note: Each indicates application has been edited by another application assistor.

Generate Fax Cover Next

SUBMITTED APPLICATIONS AWAITING DISPOSITION

Submitted Applications Awaiting Disposition displays the applications that were submitted to the Healthy Kids program and are still awaiting a determination, or “disposition” of their eligibility.



Healthy Kids Applications Submitted

Status ALL

Days 60

Submit Date Range To

Application ID

First Name

Last Name

SSN

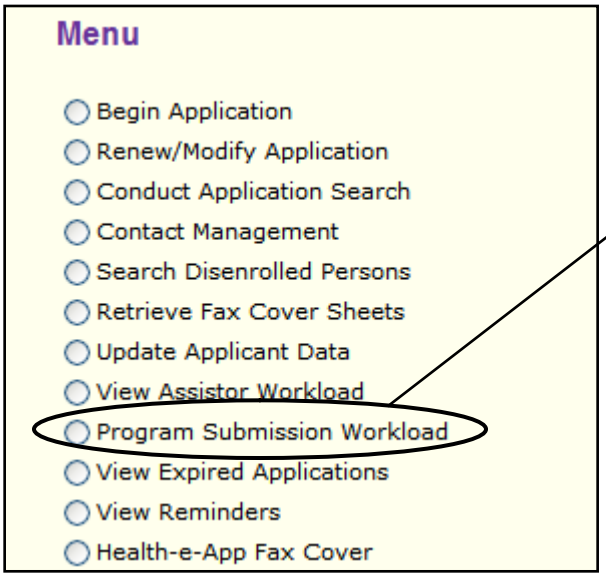
Save current Status and Days as my default setting.

Search Reset

Number of Records Found **8**

	Application ID	Applicant Name	Disposition Date	Status	Coverage Type	Reason for Denial
	200632500027	Janet Smith		Pending	-	-
	200633300054	Janie Montoya		Pending	-	-
	200633400144	Jose Garcia		Pending	-	-
	200633400144	Linda Garcia		Pending	-	-
	200633400409	Carlos South		Pending	-	-
	200634400010	June Bug		Pending	-	-
	200634600064	Marco Martinez		Pending	-	-
	200634700021	Mega Bucks		Pending	-	-

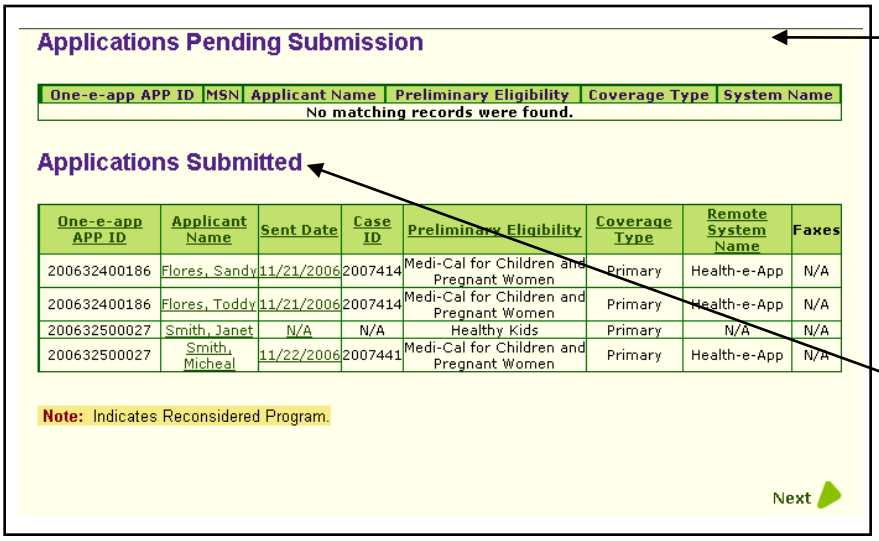
This workload will give you the ability to search for Healthy Kids Applications that have been submitted within a specified time frame.



PROGRAM SUBMISSION WORK LOAD

The ***Program Submission Workload*** contains two tables.

- Applications Pending Submission
- Applications Submitted

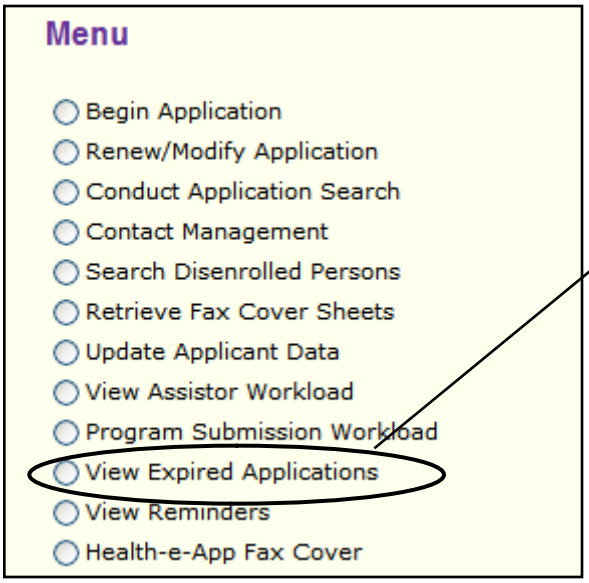


Applications Pending Submission

- Incomplete applications that are awaiting submission OR
- Applications that have passed the preliminary eligibility screen.

Applications Submitted

These are applications that have been completed and submitted.

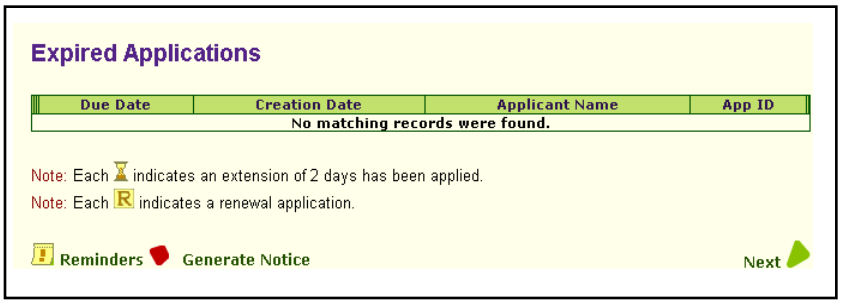


VIEW EXPIRED APPLICATIONS

The ***Expired Application*** function will list applications that have passed the 14 days allowed in the system. Remember that you can extend the application twice, for two days each time, prior to the expiration date.

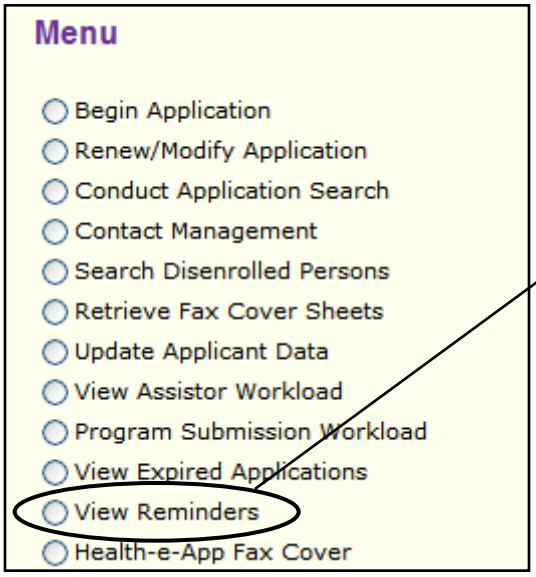
Expired Application Deadline

Applications will expire 14 days from the application creation date unless they are extended.



You can continue to work on the application if it has expired, but your CAA Supervisor must "Bring Back" the application and assign it to you. Once your CAA Supervisor returns the expired application into your Applications in Progress workload, you have 14 days to submit it before it expires again.

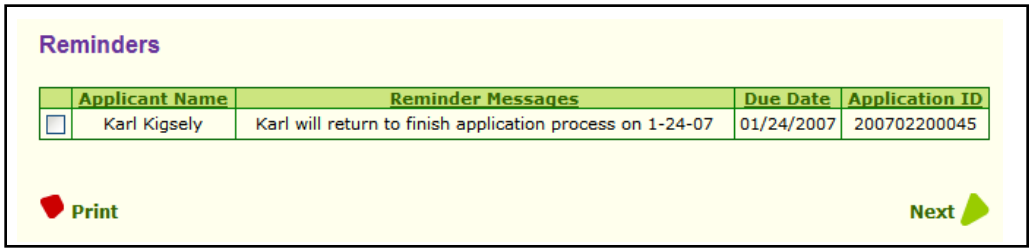
You can generate notices that can be sent to the client to remind them to complete the application. For more information on notices refer to page 34.

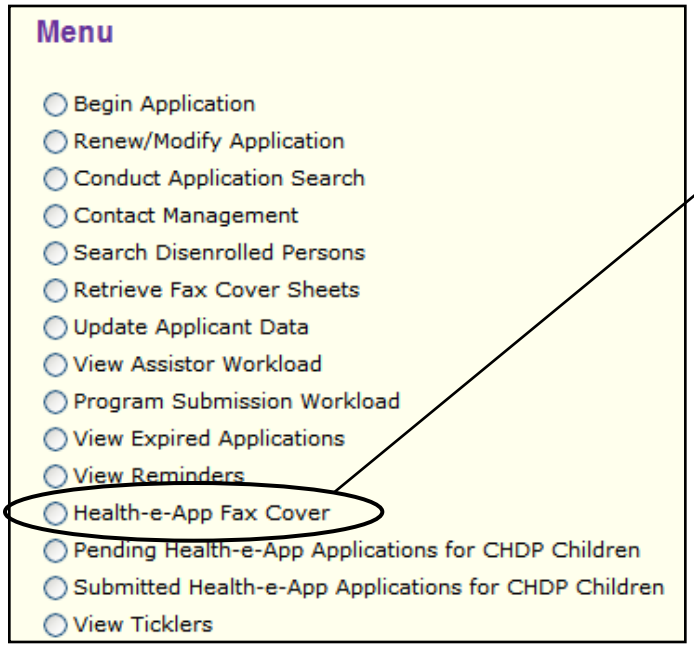


VIEW REMINDERS

The ***View Reminder*** function will allow you to view and print all messages that have been created.

You can set reminders in the Application in Progress Workload. Refer to page 34, Applications in Progress, to learn how.

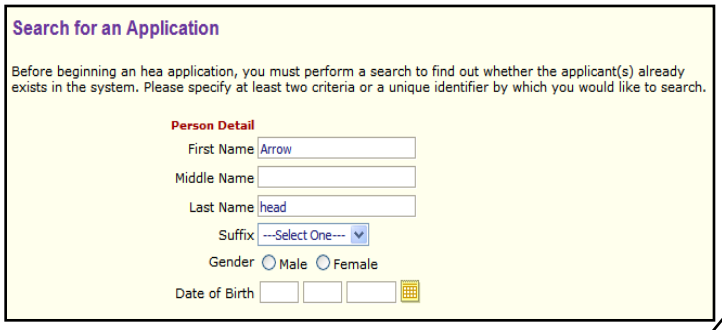




Health-e-App FAX COVER

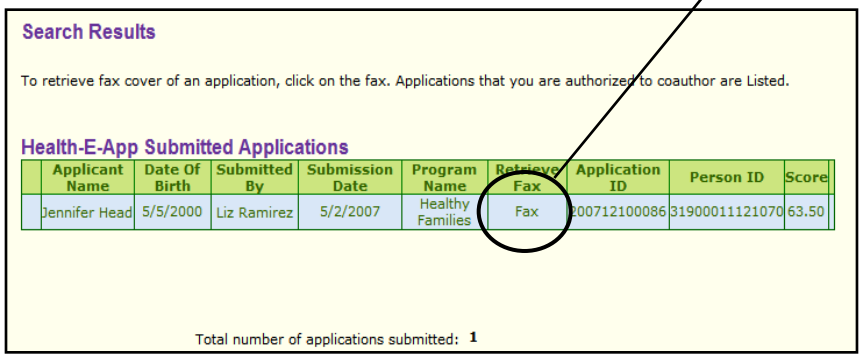
This function allows you to retrieve and print a Health-e-App fax cover sheet.

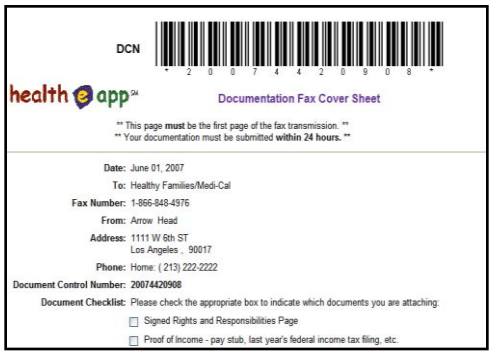
You will be prompted to conduct an application search.

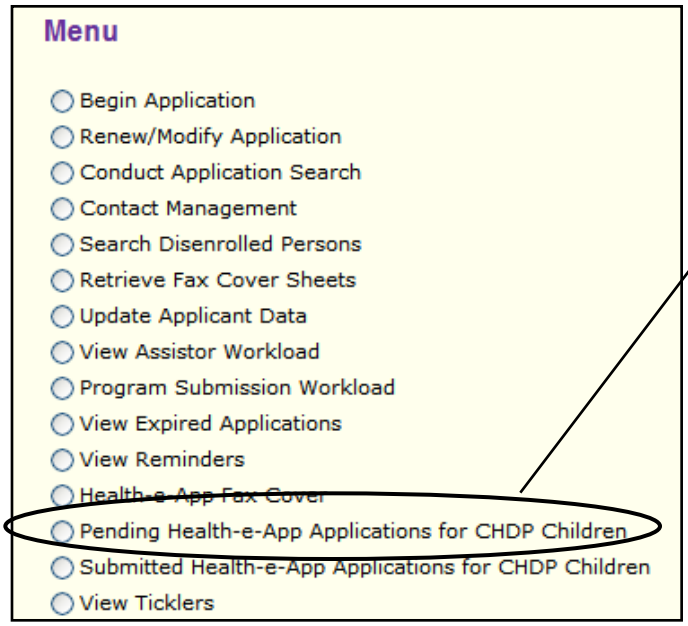


You can view and print the Health-e-App fax cover sheet by clicking on the *Fax* Hyperlink.

For more information see Fax Cover Tip Sheet, in the Frequently Asked Questions Section.



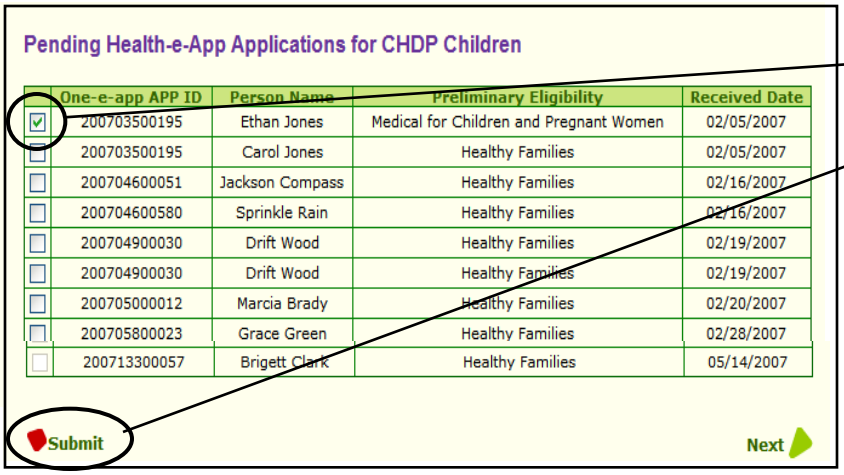




Pending Health-e-App Applications for CHDP Children

This menu function will list the applications that have been held 30 days for children who have been referred to the CHDP program. This will allow families to utilize the temporary full-scope Medi-Cal that can be received by accessing the CHDP program. There are some exceptions to receiving the temporary full-scope Medi-Cal.

A tickler is automatically sent to you after the 30 day hold has expired. This will alert you that this application is ready to be submitted to Health-e-App

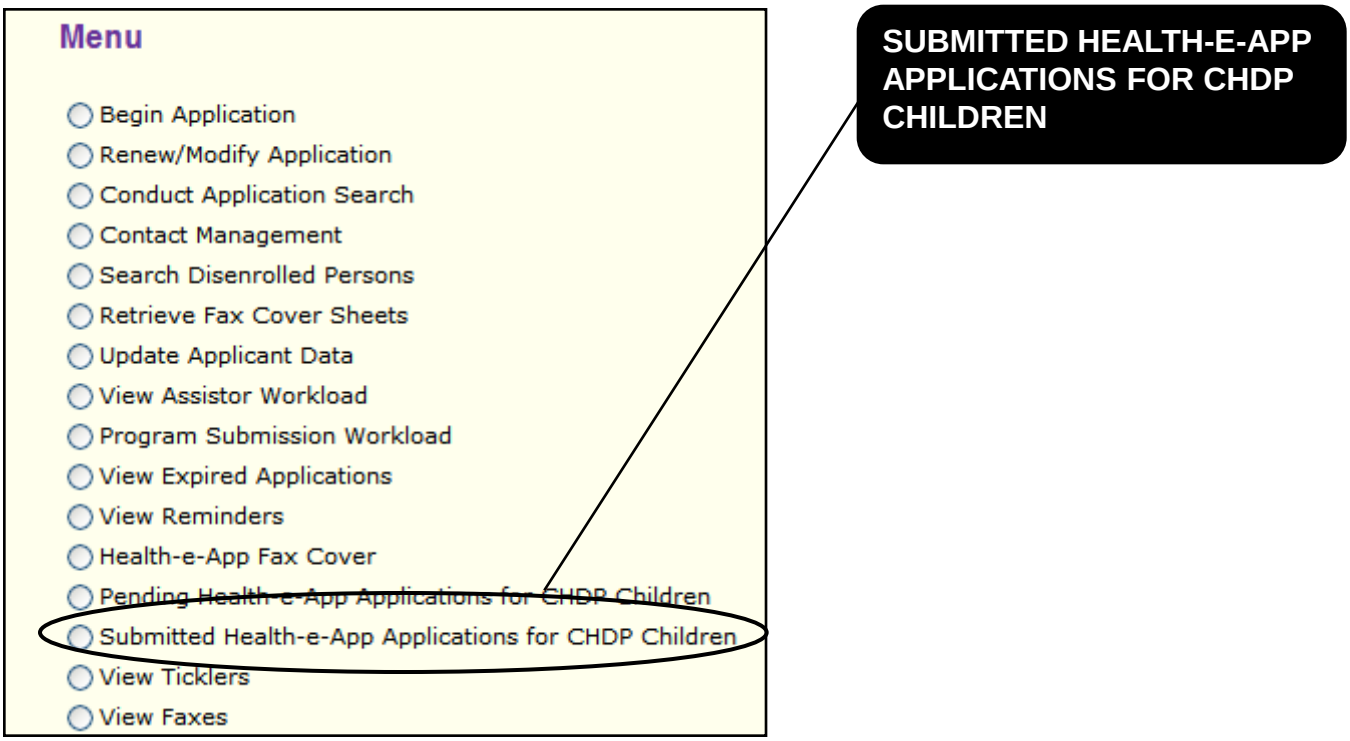


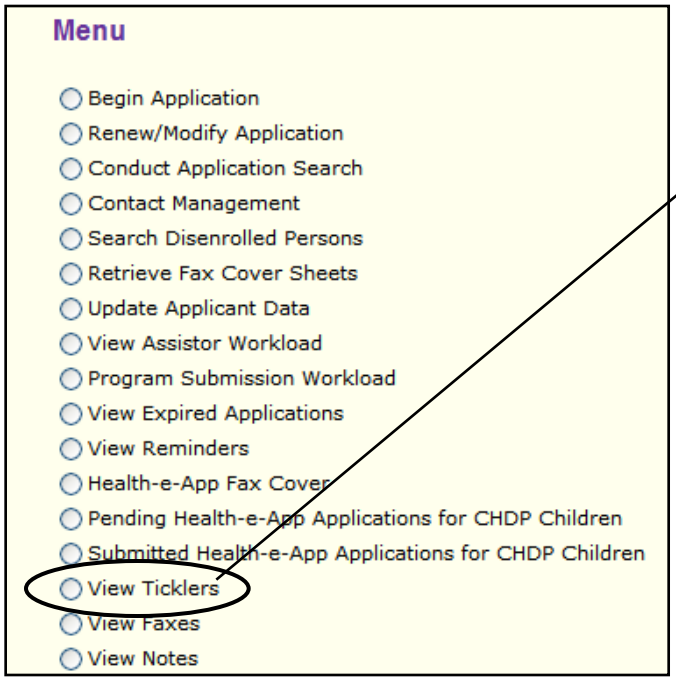
One-e-app APP ID	Person Name	Preliminary Eligibility	Received Date
200703500195	Ethan Jones	Medical for Children and Pregnant Women	02/05/2007
200703500195	Carol Jones	Healthy Families	02/05/2007
200704600051	Jackson Compass	Healthy Families	02/16/2007
200704600580	Sprinkle Rain	Healthy Families	02/16/2007
200704900030	Drift Wood	Healthy Families	02/19/2007
200704900030	Drift Wood	Healthy Families	02/19/2007
200705000012	Marcia Brady	Healthy Families	02/20/2007
200705800023	Grace Green	Healthy Families	02/28/2007
200713300057	Brigett Clark	Healthy Families	05/14/2007

You will need to click to check the One-e-App application and then click on *Submit*. The application is then batched with other applications that are pending submission. The batch is routed and sent to Health-e-App each night. Once the application has been successfully submitted it will show up in “Submitted Health-e-App for CHDP children workload” where you can print the Health-e-App summary.

THINGS TO CONSIDER

Pending a CHDP application for a family is a big responsibility. You are delaying the official date of application and must be sure there are no retroactive expenses needing coverage and that the child actually goes and receives his/her CHDP Gateway full coverage in case of any need for coverage while the application is pending.

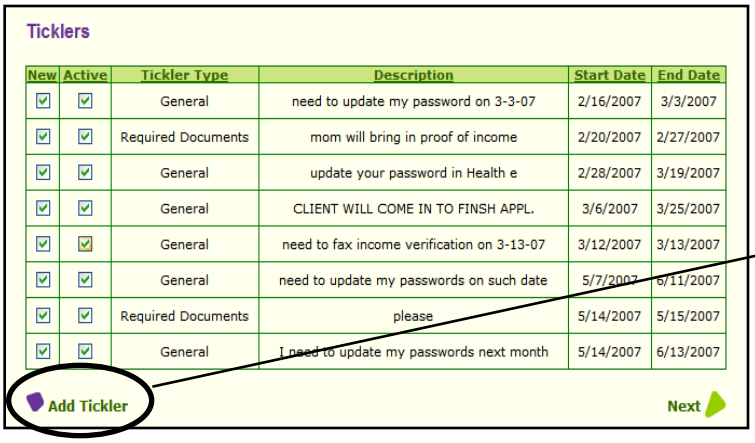

Menu
Begin Application
Renew/Modify Application
Conduct Application Search
Contact Management
Search Disenrolled Persons
Retrieve Fax Cover Sheets
Update Applicant Data
View Assistor Workload
Program Submission Workload
View Expired Applications
View Reminders
Health-e-App Fax Cover
Pending Health-e-App Applications for CHDP Children
Submitted Health-e-App Applications for CHDP Children
View Ticklers
View Faxes
SUBMITTED HEALTH-E-APP APPLICATIONS FOR CHDP CHILDREN



VIEW TICKLER

Ticklers are reminders or alerts that you create or are generated by the One-e-App system. Some ticklers can also be sent to you by other users. The ***View Tickler*** function allows you to:

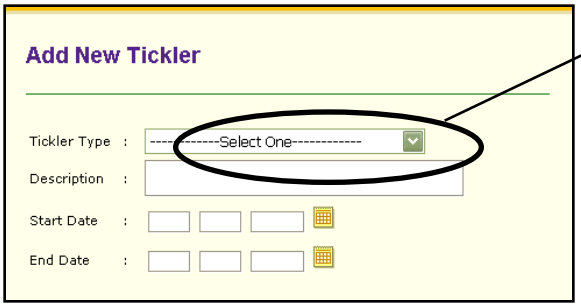
- View all your ticklers
- Add a new tickler



New	Active	Tickler Type	Description	Start Date	End Date
☑	☑	General	need to update my password on 3-3-07	2/16/2007	3/3/2007
☑	☑	Required Documents	mom will bring in proof of income	2/20/2007	2/27/2007
☑	☑	General	update your password in Health e	2/28/2007	3/19/2007
☑	☑	General	CLIENT WILL COME IN TO FINSH APPL.	3/6/2007	3/25/2007
☑	☑	General	need to fax income verification on 3-13-07	3/12/2007	3/13/2007
☑	☑	General	need to update my passwords on such date	5/7/2007	6/11/2007
☑	☑	Required Documents	please	5/14/2007	5/15/2007
☑	☑	General	I need to update my passwords next month	5/14/2007	6/13/2007

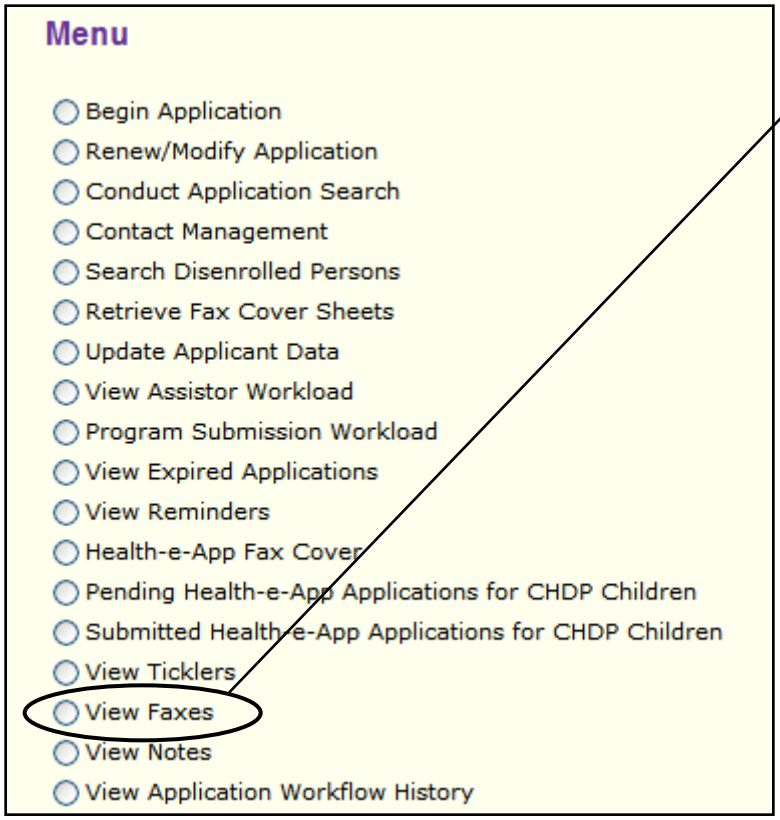
When you log on to One-e-App, a tickler banner running at the top of your screen will tell you how many ticklers you have saved. Click on the banner to view all ticklers.

You can add a tickler by clicking on ***Add Tickler***.



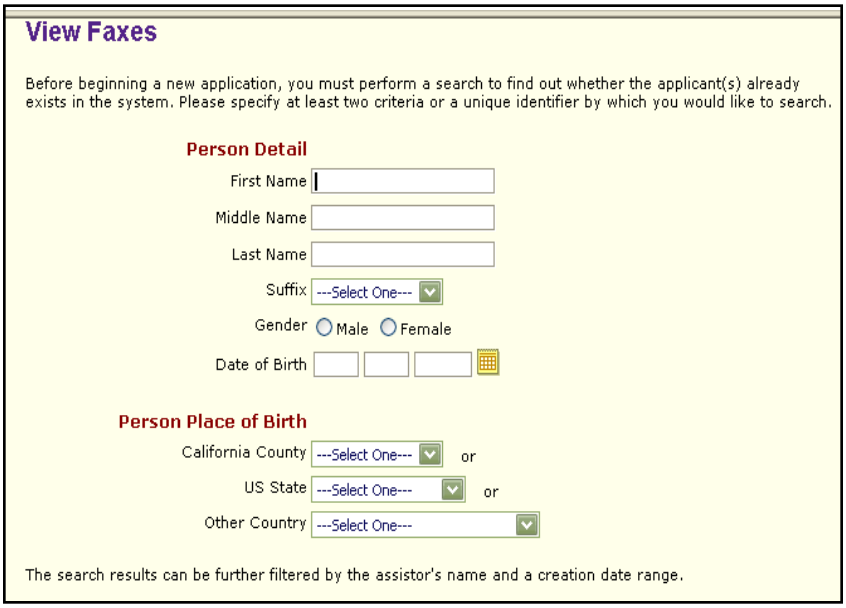
Tickler Types:

- General
- Required Documents
- Premium
- Appointment with client —Office Visit
- Appointment with client —Phone Call
- Application Modified.



VIEW FAXES

The ***View Faxes*** function will will allow you to view and print the verification documents that were faxed using the One-e-App Fax Cover Sheet.



You will first be prompted to perform an application search.

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID		Score	
Susan Brownstick	7/4/1965	Liz Ramirez	11/29/2006	Medi-Cal for Children and Pregnant Woman	Fax	200633200221	31900062332063		100.00	
Susana Brown	3/4/1970	Debbie Winski	12/4/2006	N/A	N/A	200633700345	31900092337066		93.50	
Susan Smith	12/12/1970	Suresh Govindarajalu	12/11/2006	N/A	N/A	200634400697	31900146344068		68.00	
Susan Smith	10/10/2002	Suresh Govindarajalu	12/13/2006	Healthy Kids	Fax	200634601039	31900174346068		68.00	
Susana Torres	1/18/1959	Arasceli Colon	12/4/2006	N/A	N/A	200633700436	31900115337069		67.50	
Susana Dameroon	2/3/1975	Sonali Joshi	12/4/2006	N/A	N/A	200633700089	31900033337068		67.00	
Susana Steven	5/5/1973	Erika Guevara	12/11/2006	N/A	N/A	200634400358	31900088344068		67.00	
Susana Moreno	1/3/2004	Diana Andrade	2/1/2007	Healthy Kids	Fax	200703000113	31900004031070		67.00	
Susana Blanco	7/27/1969	Vilma Champion	12/1/2006	N/A	N/A	200633400466	31900115334066		65.50	
Susanna White	2/18/1975	Barbara Siegel	12/4/2006	N/A	N/A	200633700451	31900125337067		64.50	
Susana Stevenson	1/1/1964	Manju Kulkarni	12/11/2006	N/A	N/A	200634400374	31900099344065		63.00	

RESULTS: VIEW FAXES

You can view and print the fax verification documents by clicking on the name of the applicant highlighted in green.

Application ID:**200633200221**

Date Submitted: **11/29/2006**
(24 days)

Preliminary Eligibility for Programs

Opt Out	Person ID	Person Name	Program Name	Coverage Type
☐	31900062332063	Susan Brownstick	Medi-Cal for Children and Pregnant Women	Primary
☐	31900064332061	Wendy Brownstick	Healthy Families	Primary
☐	31900065332060	Katty Brownstick	Healthy Families	Primary

Healthy Kids Disposition Details

Assigned User:

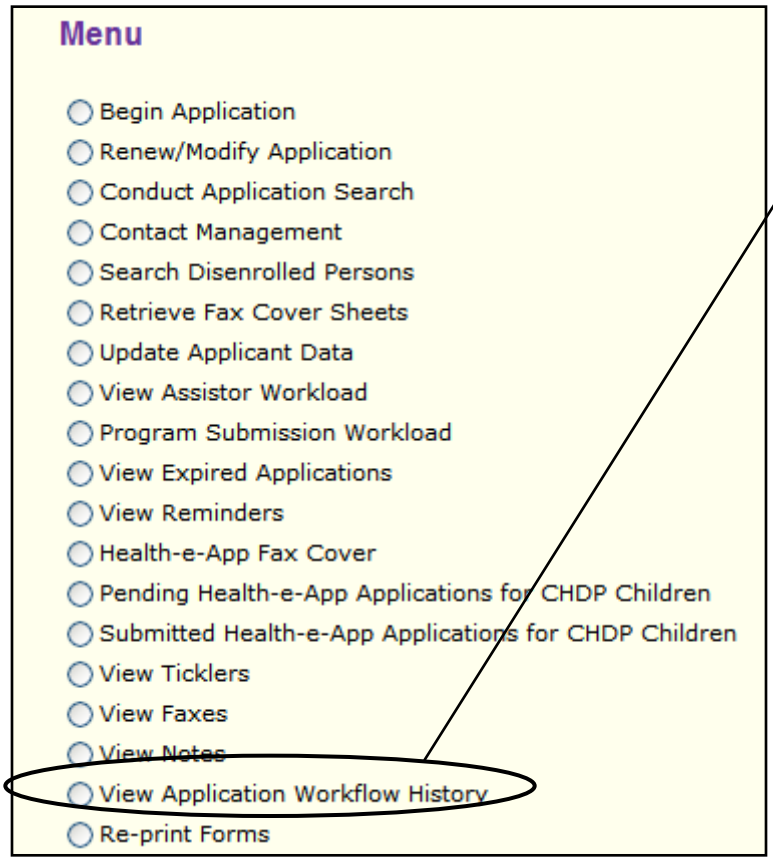
Applicant Name	Disposition	Disposition Date	Coverage Type	Denial Reasons	Coverage Period
No matching records were found.					

Verification Documents

Temporary Verification Documents	FAX 12/1/2006
Proof of Income	☑
Proof of Los Angeles County Residency	☑

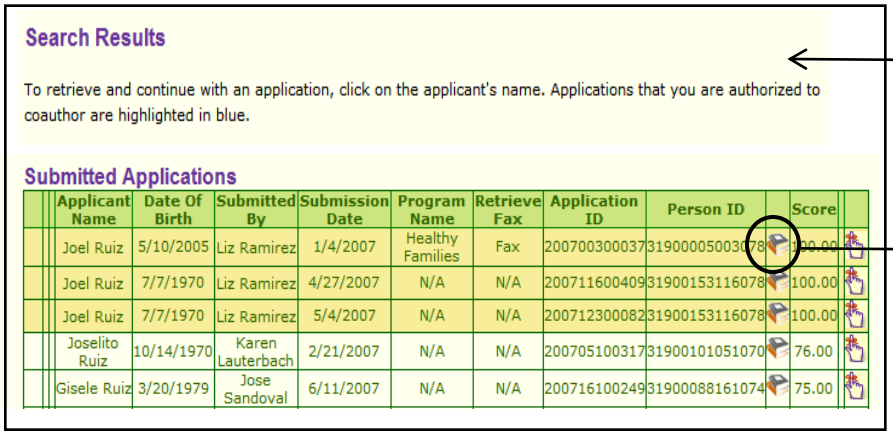
Click on the word **FAX** to view and print verification documents.

For tips on faxing documents, you can refer to the Fax Tip Sheet in the Frequently Asked Questions section.



APPLICATION WORKFLOW HISTORY

This function will provide you with a complete history of the application: application creation, preliminary eligibility determination, submission and application expiration.



You will be prompted to conduct an application search.

To access the workflow history you must click on the stack of books.

Workflow History for One-e-App Application ID: 200712300082 (Modified)
Renew/Modify Application ID: 200711600409

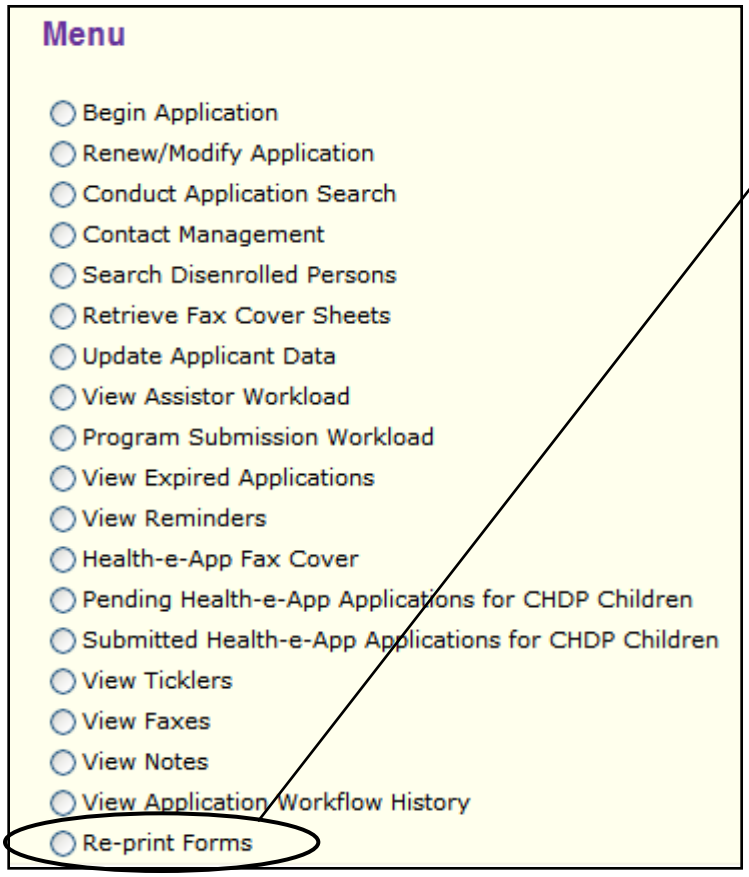
Pre Preliminary Determination History

Applicant Name	User Name	Status	Status Date	Person ID
Joel Ruiz	Liz Ramirez	Created	05/04/2007	31900153116078

Post Preliminary Determination History

Applicant Name	User Name	Program Name	Status	Status Date	Person ID
Lizzie Ruiz	Liz Ramirez	Child Health Disability Prevention Program	Applications Pending Submission	05/04/2007	31900154116077
Lizzie Ruiz	Liz Ramirez	Healthy Kids	Applications Pending Submission	05/04/2007	31900154116077
Lizzie Ruiz	Liz Ramirez	Healthy Kids	Signed Pending Submission	05/04/2007	31900154116077
Lizzie Ruiz	Liz Ramirez	Healthy Kids	Completion	05/04/2007	31900154116077
Lizzie Ruiz		Child Health Disability Prevention Program	Expired	05/19/2007	31900154116077

This screen will provide you with a complete history of the application: application creation, preliminary eligibility determination, submission and renewed application with the new Application ID.

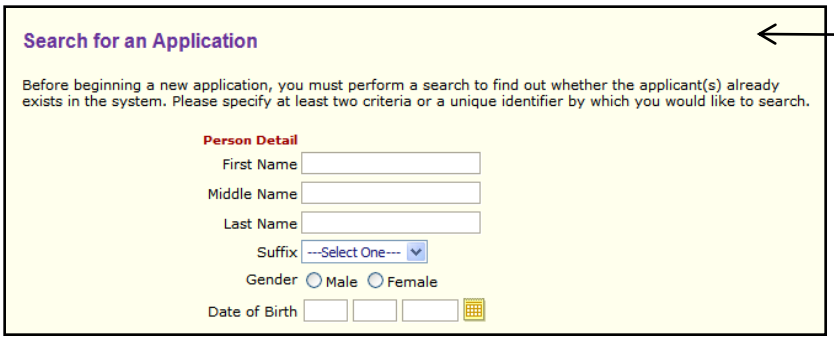


RE-PRINT FORMS

This menu function will provide you the ability to re-print forms you have filled out or that you forgot to print before:

- Healthy Kids Rights and Declarations
- Healthy Kids Consent to release of records
- Income Affidavits
- One-e-App Fax Cover Sheets
- Universal Summary
- Healthy Families Renewal forms
- Healthy Families Add-a-Child form

(You will see applicant's signature on the Healthy Kids form)



You will be prompted to conduct an application search.

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Joel Ruiz	5/10/2005	Liz Ramirez	1/4/2007	Healthy Families	Fax	200700300037	31900005003078	100.00
Joel Ruiz	7/7/1970	Liz Ramirez	4/27/2007	N/A	N/A	200711600409	31900153116078	100.00
Joel Ruiz	7/7/1970	Liz Ramirez	5/4/2007	N/A	N/A	200712300082	31900153116078	100.00
Joselito Ruiz	10/14/1970	Karen Lauterbach	2/21/2007	N/A	N/A	200705100317	31900101051070	76.00
Raul Ruiz	3/13/1997	Karen Lauterbach	2/21/2007	N/A	N/A	200705100317	31900102051079	69.50
Juanito Ruiz	6/14/1991	Manju Kulkarni	12/11/2006	Healthy Kids	Fax	200634400374	31900107344065	67.50
Dan Ruiz	10/20/1965	Juana Felix	12/13/2006	N/A	N/A	200634600247	31900076346067	67.50
Lizzie Ruiz	2/2/2005	Liz Ramirez	4/27/2007	Healthy Kids	Fax	200711600409	31900154116077	64.00

SEARCH RESULTS: RE-PRINT FORMS

You can view and re-print forms by clicking on the finger with a ribbon tied around it.

Print Documents and Forms

Application ID:**200711600409**

Date Submitted: **4/27/2007** (11 days)

Person Information

Person ID	Person Name	Date of birth	Gender
31900153116078	Joel Ruiz	7/7/1970	Male
31900154116077	Lizzie Ruiz	2/2/2005	Female

Self Affidavit of Income

Person Name	Income Type	Gross Monthly Amount	Document
Joel Ruiz	Monthly	$800.00	Self Affidavit of Income Letter

Healthy Kids Summary

Person Name	Program	Document
Lizzie Ruiz	Healthy Kids	Healthy Kids Summary

Rights and Declarations

Program Name	Document	Signed
Healthy Kids	Consent to Release of Records & Information	☑
Healthy Kids	Healthy Kids Rights and Declarations	☑

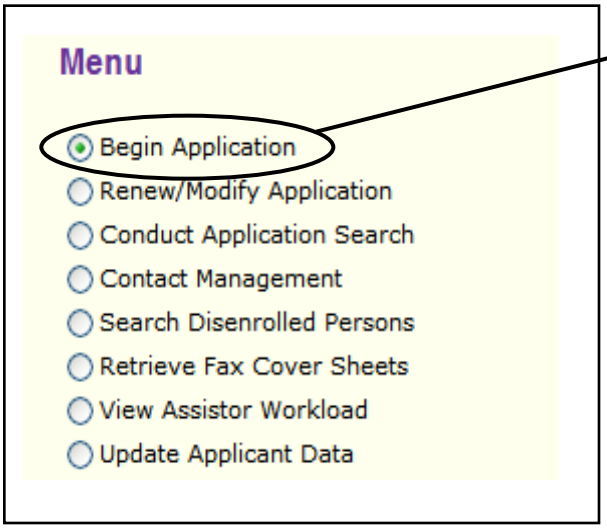
Language | Generate Universal Summary | Generate Fax Cover | Next

Click on the highlighted field of the document you would like to reprint.

CHAPTER 4

Program Application

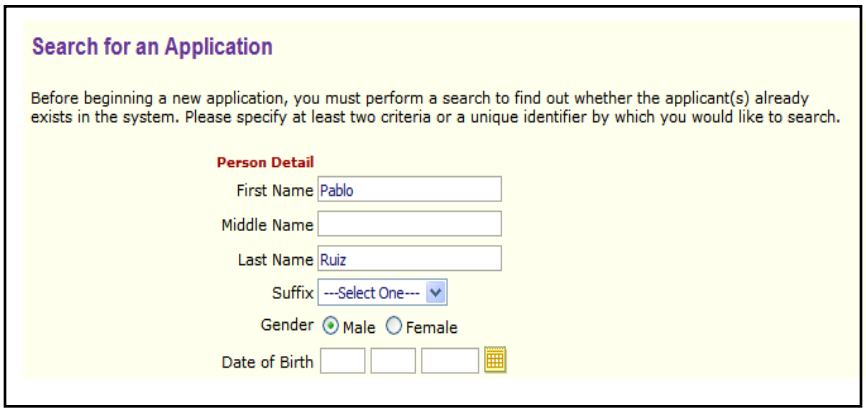
FROM INTERVIEW THROUGH SUBMISSION



Begin Application

When you begin a new application, One-e-App will always prompt you to conduct an application search for the primary informant and/or household members.

This search will assist in eliminating duplicate applications in the system. Later, you will search for other people on the application.

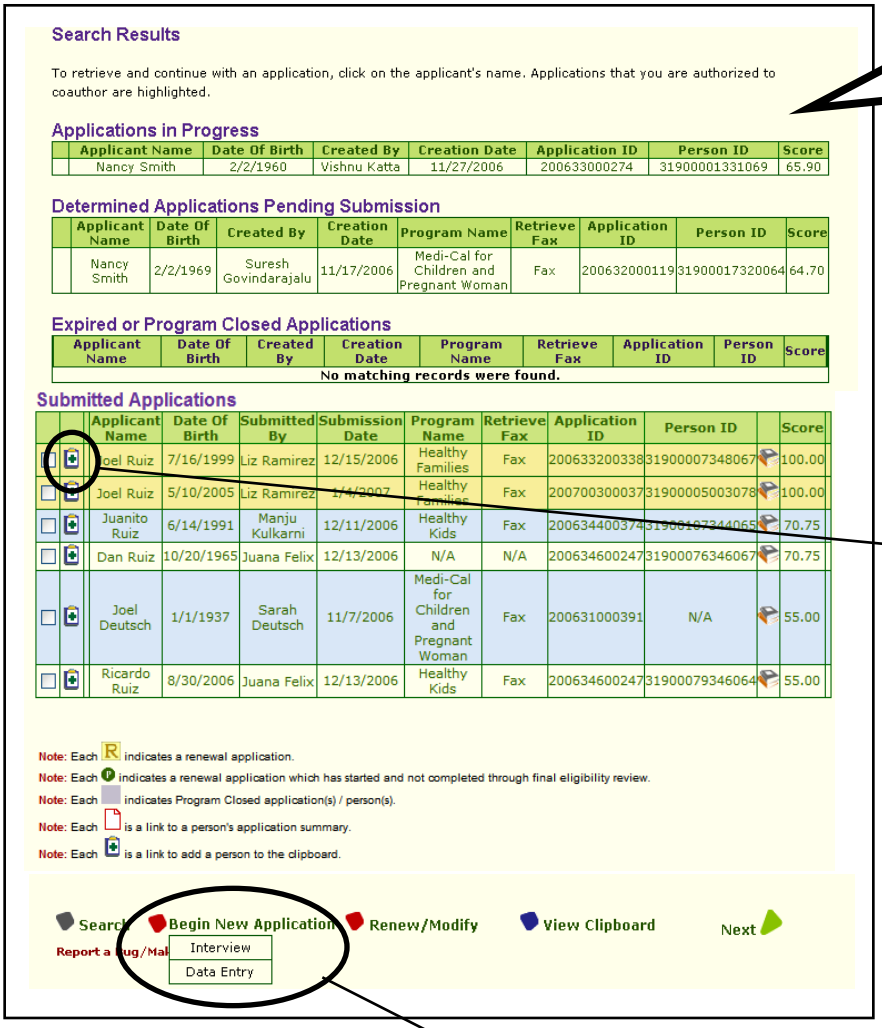


When you conduct searches for an application, enter at least two of the following criteria:

- Applicant's name
- Gender, or
- Date of birth

During the initial application search it is not necessary to fill out criteria beyond the *Person Detail*.

You can also search by Application Assistor



Search Results

To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted.

Applications in Progress

	Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score
	Nancy Smith	2/2/1960	Vishnu Katta	11/27/2006	200633000274	31900001331069	65.90

Determined Applications Pending Submission

	Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
	Nancy Smith	2/2/1969	Suresh Govindarajalu	11/17/2006	Medi-Cal for Children and Pregnant Woman	Fax	200632000119	31900017320064	64.70

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
No matching records were found.								

Submitted Applications

		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID		Score
		Joel Ruiz	7/16/1999	Liz Ramirez	12/15/2006	Healthy Families	Fax	200633200338	31900007348067		100.00
		Joel Ruiz	5/10/2005	Liz Ramirez	1/4/2007	Healthy Families	Fax	200700300037	31900005003078		100.00
		Juanito Ruiz	6/14/1991	Manju Kulkarni	12/11/2006	Healthy Kids	Fax	200634400374	31900107344065		70.75
		Dan Ruiz	10/20/1965	Juana Felix	12/13/2006	N/A	N/A	200634600247	31900076346067		70.75
		Joel Deutsch	1/1/1937	Sarah Deutsch	11/7/2006	Medi-Cal for Children and Pregnant Woman	Fax	200631000391	N/A		55.00
		Ricardo Ruiz	8/30/2006	Juana Felix	12/13/2006	Healthy Kids	Fax	200634600247	31900079346064		55.00

Note: Each R indicates a renewal application.
Note: Each P indicates a renewal application which has started and not completed through final eligibility review.
Note: Each indicates Program Closed application(s) / person(s).
Note: Each is a link to a person's application summary.
Note: Each is a link to add a person to the clipboard.

Search | Begin New Application | Renew/Modify | View Clipboard | Next
Report a Bug/Mal
Interview
Data Entry

RESULTS

The search will provide all possible matches in the One-e-App system among all agencies working with One-e-App in Los Angeles.

After you verify that your client is not in the search results you can begin a new application.

If your search comes back with a match and you can verify that it is the same person. You can utilize the Clipboard function.

Clipboard:

The Clipboard function is a tool that can be used to add persons to an application that already exists in the One-e-App data base. This function can help with creating, renewing and modifying applications by avoiding re-typing personal information such as: name, date of birth, gender, etc. If the person is already known to One-e-App and is in the submitted application workload, the person can be pasted to the clipboard and them be added to a new, renewal, or modified application. Click on the Clipboard icon next to the clients name, and then click on Begin New Application. Clicking on the Clipboard icon will pre-populate the client's information in the new application. You should verify that the information is still current.

Scroll to the bottom of the page and click on *Begin New Application*.

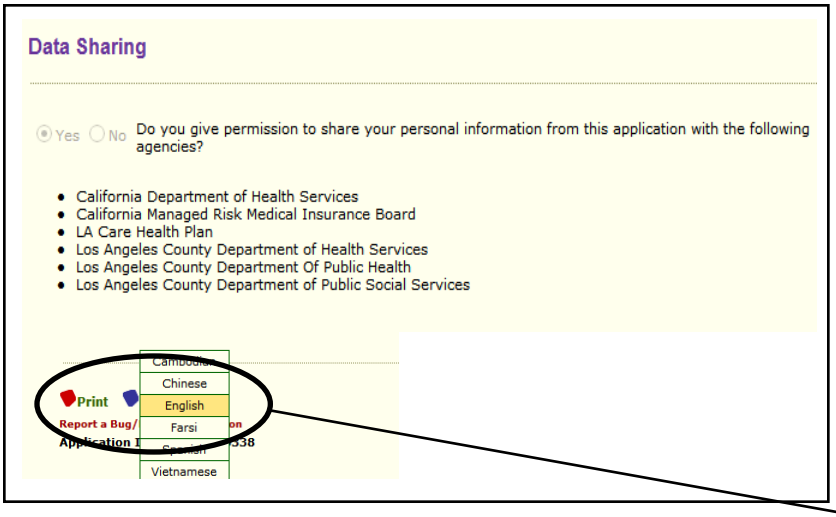
You have the choice of **Interview** mode or **Data Entry** mode.

- **Interview** mode is recommended when working directly with a client.
- **Data Entry** mode is recommended when taking an application over the phone, or when agencies have a dedicated person entering data after the client interview or application is complete.

THINGS TO CONSIDER

If you locate a person in the search results there may already an open case for that person. Refer to the ***Resource*** section to learn how to check the status of a case for the various programs.

STEP 1: Getting Started



DATA SHARING

In order to submit an application using One-e-App, a client must give permission to share his or her data with partnering agencies. You can tell the client that the information will only be used in eligibility determination. No personal information will be shared with anyone else. **This is a very important screen for you to explain to the family.**

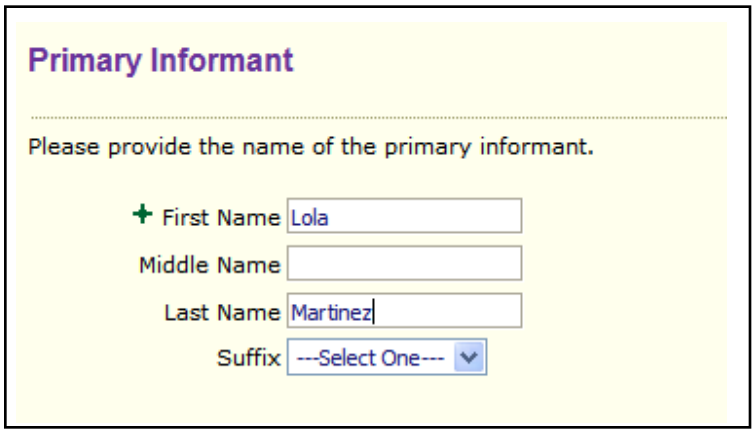
You should give a copy of the **Data Sharing** screen to the client for his/her records. You can do this by clicking on the **Print** icon. The data sharing screen can be printed in Cambodian, Chinese, English, Farsi, Spanish, and Vietnamese.

If the client refuses to give permission to share data, you cannot process the application using the One-e-App system. You will need to use the appropriate paper application or the Health-e App for Medi-Cal or Healthy Families.

THINGS TO CONSIDER

Anytime there is a need to give consent or a signature is required, it is a good practice to give a copy of the completed document to the client for their records.

STEP 1: Getting Started

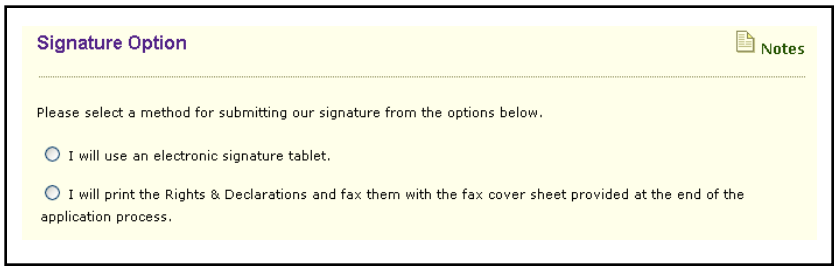


PRIMARY INFORMANT

The Primary Informant is the person providing the information for the application.

He or she does not need to be a member of the household.

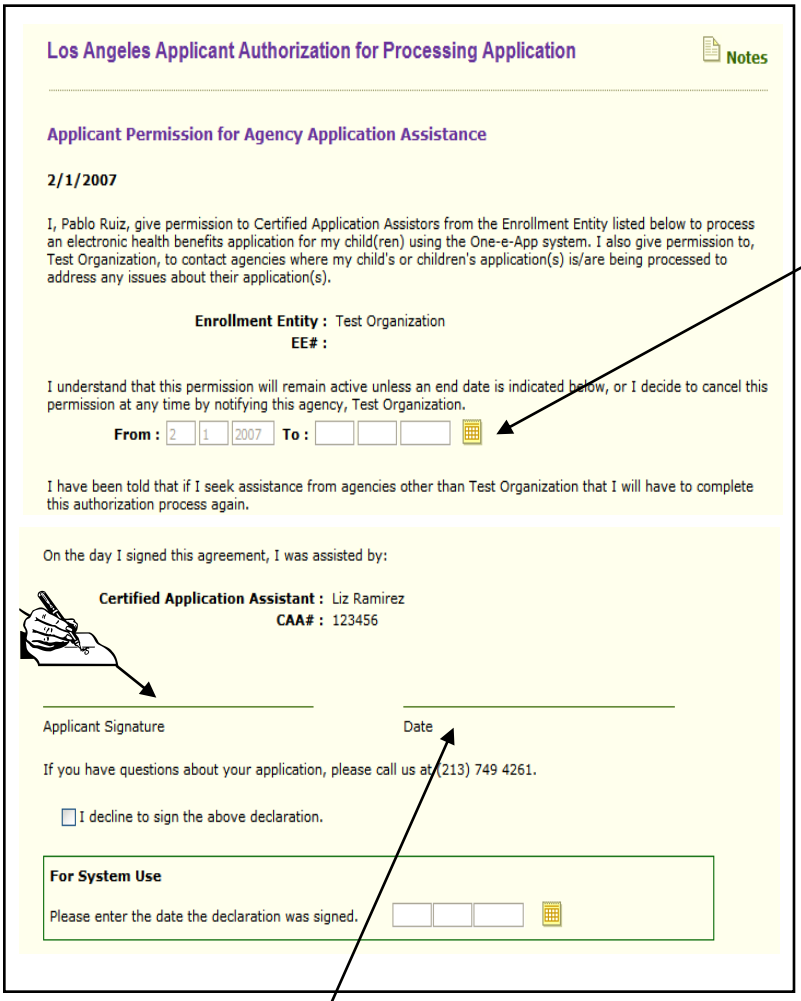
STEP 1: Getting Started



SIGNATURE OPTION

One of the first things you must do is select a method for submitting a signature. You must have an electronic signature tablet and software to select the electronic signature option.

STEP 1: Getting Started



Los Angeles Applicant Authorization for Processing Application

Notes

Applicant Permission for Agency Application Assistance

2/1/2007

I, Pablo Ruiz, give permission to Certified Application Assistors from the Enrollment Entity listed below to process an electronic health benefits application for my child(ren) using the One-e-App system. I also give permission to, Test Organization, to contact agencies where my child's or children's application(s) is/are being processed to address any issues about their application(s).

Enrollment Entity : Test Organization
EE# :

I understand that this permission will remain active unless an end date is indicated below, or I decide to cancel this permission at any time by notifying this agency, Test Organization.

From : 2 1 2007 **To :**

I have been told that if I seek assistance from agencies other than Test Organization that I will have to complete this authorization process again.

On the day I signed this agreement, I was assisted by:

Certified Application Assistant : Liz Ramirez
CAA# : 123456

Applicant Signature Date

If you have questions about your application, please call us at (213) 749 4261.

I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed.

You must enter the date the authorization is signed. You can skip the date to allow for phone applications, but it must be signed before submitting the application to the program.

THINGS TO CONSIDER

Healthy Families has a separate Authorized Reprehensive form, available at **http://www.healthyfamilies.ca.gov/English/Publications/AuthorizedRepForm.pdf.** CAAs are allowed a limited amount of time to contact Healthy Families on the applicant's behalf (until the application is processed).

LOS ANGELES APPLICANT AUTHORIZATION FOR PROCESSING APPLICATIONS

This authorization allows the applicant to give you and your agency permission to process the application for the applicant and to contact agencies on the client's behalf. This permission may or may not be accepted by the health program agencies. Medi-Cal often, but not always, requests the ***Authorized Representative Form***, good for up to a year (see ***Resources***).

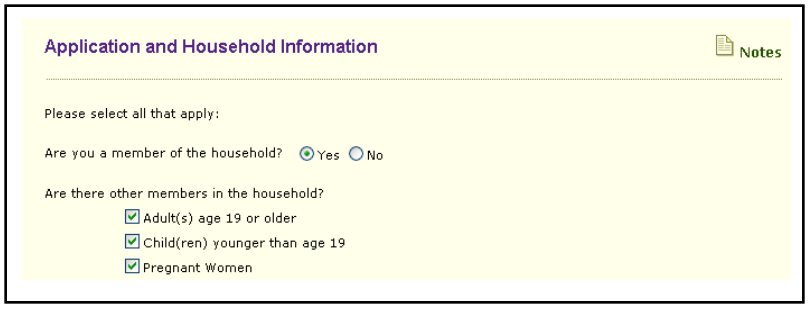
You should discuss the amount of time the client wants you and your agency to have this permission. The client may make the authorization open-ended, by leaving the date range blank, or may choose to limit the amount of time. If, at a later time, the applicant chooses to work with another agency, your permission is ended.

Tips for Phone Applications

If you are working with someone over the phone, print the authorization along with other documents that need a signature and mail them to the applicant, with a pre-stamped envelope if possible, or fax them. The application will have to be suspended while this process takes place (see ***Suspending an Application***, page 91).

Note that the authorization will have to be completed for each agency that works with the client.

STEP 1: Getting Started

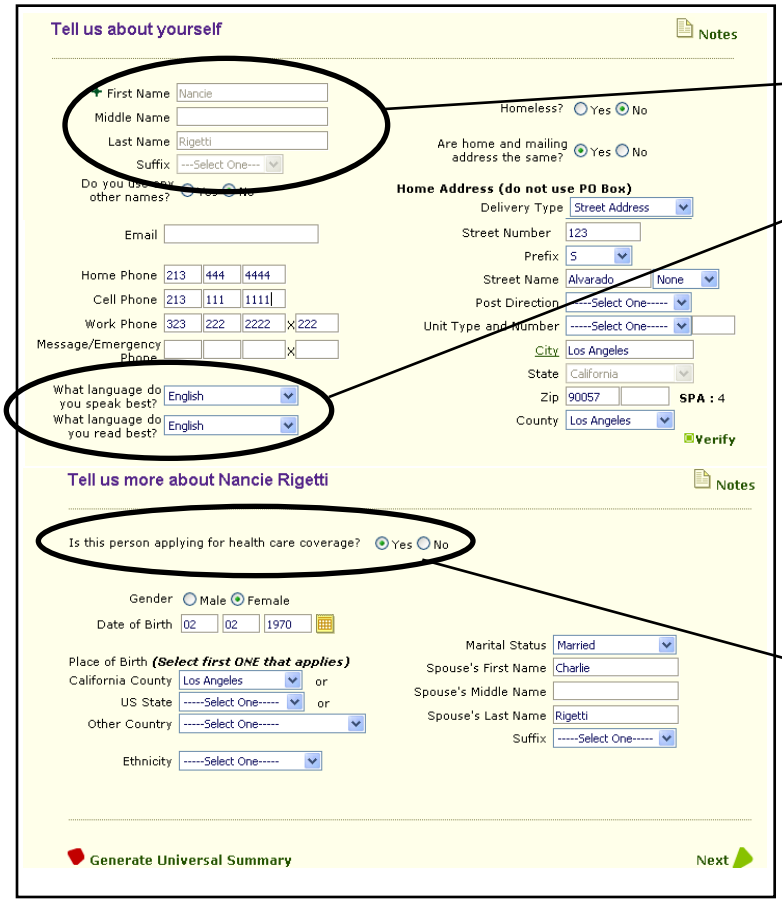


APPLICANT AND HOUSEHOLD INFORMATION:

The primary informant, entered in the beginning of the application, must indicate if she or he is a member of the household.

You must indicate if there are other Adults, Children, or Pregnant Women in the same household. The One-e-App system has the intelligence to create separate family budget units, so that separate family units from the same household may be entered on the same application if you wish. One-e-App then sends separate applications to each program.

STEP 2: Your Household



PRIMARY INFORMANT

Enter the applicant's name, and demographic information.

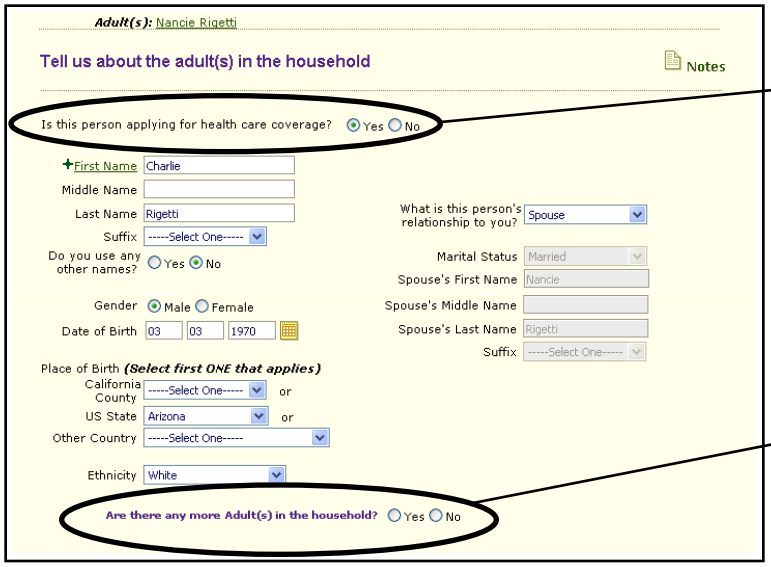
Carefully select the language preference to ensure that Notification documents are sent in the language of choice. Currently, One-e-App has notification letters in English and Spanish. Any other language is defaulted to English.

If the client is applying for Medi-Cal, this choice should ensure that all notices are sent in the appropriate language.

You are required to click on the "verify" button to validate the address with the U.S. Postal Service before you can continue.

Indicate whether the applicant or informant is applying for health care coverage for herself or himself.

STEP 2: Your Household



OTHER ADULTS

Indicate if the other adults are applying for health care coverage.

Whenever you see a green link, called a hyperlink, it is a shortcut to adding information that already has been provided.

Enter the next adult's name, and demographic information.

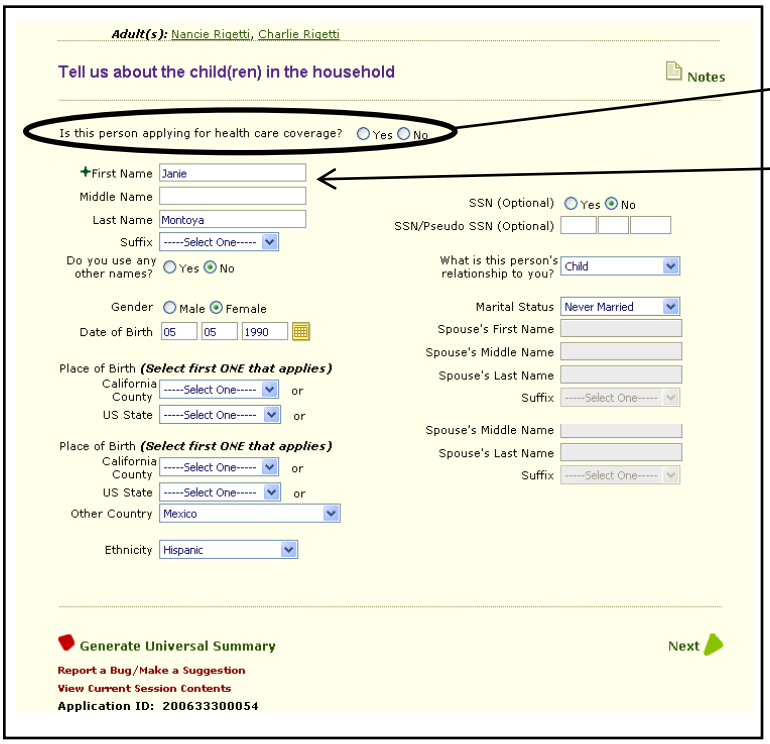
If there are no more adult(s) in the household, check *no*.

THINGS TO CONSIDER

Remember that any adult who needs Medi-Cal coverage quickly for medical expenses in the last three months or for a medical need should apply directly with a DPSS worker (see ***Resources***).

One-e-App does NOT submit Medi-Cal applications for adults at this time unless pregnant.

STEP 2: Your Household



CHILDREN

Indicate if the child named is applying for health care coverage.

Enter the child's name, demographic information and place of birth.

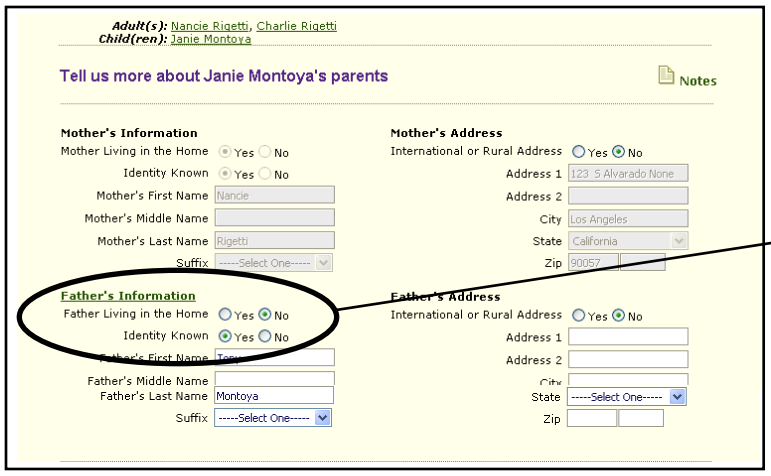
The child's Social Security Number is optional.

THINGS TO CONSIDER: Medi-Cal Deemed Eligible Infants

Babies born to a mother on Medi-Cal and who still reside with the mom do not need to have a Medi-Cal application submitted. The babies are "Deemed Eligible". **One** of the following methods for reporting the birth can be used until the infant is a year old, at which point the infant's income eligibility needs to be redetermined:

1. Call the mom's Eligibility Worker to report the birth; if she does not have her Eligibility Worker contact information, she can call **(877) 597-4777.**
2. The ***MC 330, Newborn Referral Form***, can be filled out by an assistor, signed by a parent and faxed over to a central fax number **(213) 763-8666.** Including the mom's CIN, BIC or Social Security number on this form really helps! See resource section for copy of Newborn Referral Form.
3. A Child Health and Disability Prevention (CHDP) exam will also serve to report the birth, provided that the CHDP Pre-Enrollment Application form (DHS 4073) is correctly and completely filled out to match the mother's name and date of birth. Having the mom's CIN, BIC or SS number really helps!

STEP 2: Your Household



CHILDREN (continued)

Enter the child's parents' information and whether they are living in the home.

Hyperlinks are highlighted in green and can be used as a short cut to add information that was previously given.

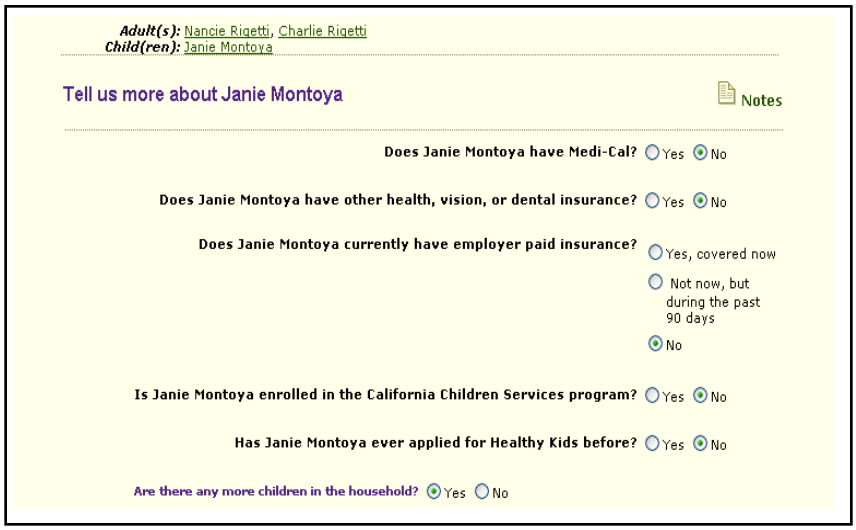
For example: Father's Information has a hyperlink. By clicking on the link you can pre-populate the information without retyping it.

THINGS TO CONSIDER:

Information on the absent parent is required in Medi-Cal in order for the custodial parent, not the child, to receive benefits. There are some exceptions to this rule for "good cause", such as when there is a belief of threat to the custodial parent or to the child's well-being by the absent parent (*see* ***Resources***).

The child's eligibility is not affected if the custodial parent refuses to provide this information for any reason. Information on the absent parent should not be requested for a pregnant woman if she is the custodial parent until after the 60 day postpartum period.

STEP 2: Your Household



CHILDREN (continued)

Enter the child's other health care coverage, if any.

THINGS TO CONSIDER:

Answering yes to any of the above questions does not mean that the child will be denied health care coverage.

If the families have health insurance that they pay for themselves, it should not cause a Medi-Cal or Healthy Families denial.

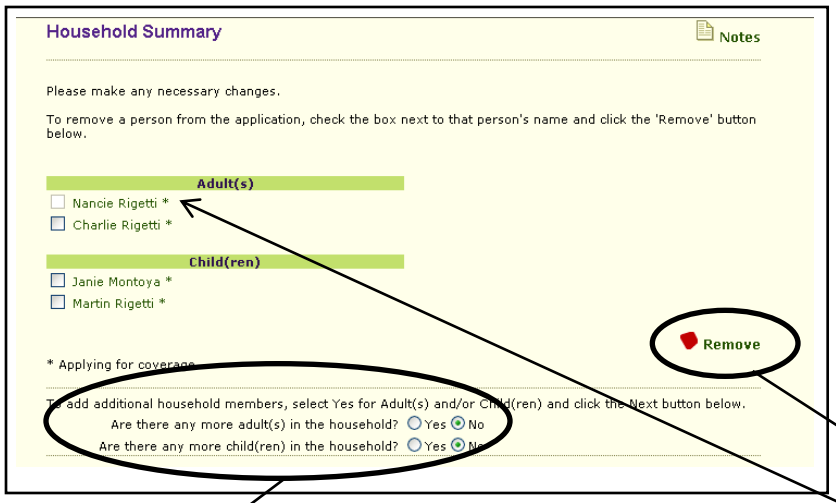
You can have other health coverage and still qualify for Medi-Cal. With dual coverage, the other insurance pays first and Medi-Cal becomes the secondary coverage.

You can have Share of Cost Medi-Cal, dental or vision coverage and still be eligible for Healthy Families or Healthy Kids.

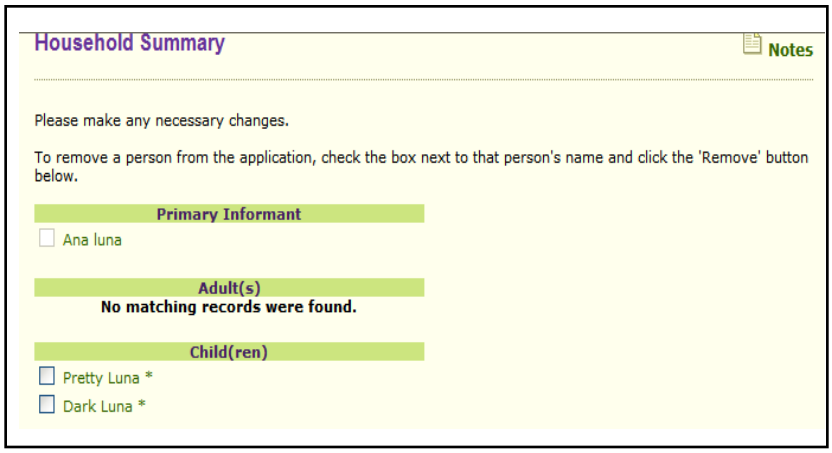
Employer Paid Insurance in the last 90 days does not always disqualify the child; exceptions include: lost job, company no longer provides benefits, family has moved and no insurance is available, and COBRA coverage has ended.

Providing information about California Children Services will alert the other health program about the need for care coordination for the child.

STEP 2: Your Household



You also have the ability to add a child or an adult that was not added by clicking on the Yes button. You will then be navigated to a screen where you can enter the missing child or adult's information.



HOUSEHOLD SUMMARY

Once you have completed the household section you will be navigated to a summary page of all the information you just provided.

Review the Household Summary to ensure that all the family members appear on this screen.

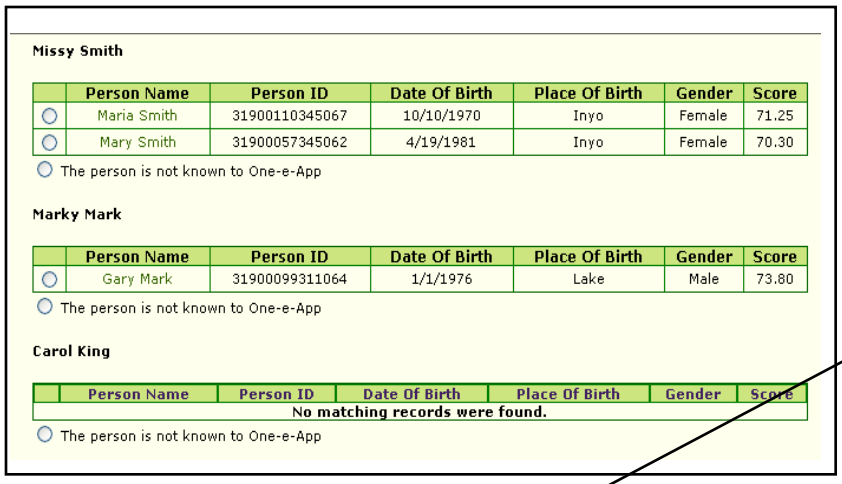
You can add or remove someone from the Household by clicking on the box next to the name of the person being removed and clicking *remove*.

You can modify information for a person by clicking on person's name.

The system will display an alert if relationships entered are not consistent with the information already entered on the household screen.

The household summary screen will look slightly different when the Primary Informant does not live in the household.

STEP 2: Your Household



Missy Smith

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
○	Maria Smith	31900110345067	10/10/1970	Inyo	Female	71.25
○	Mary Smith	31900057345062	4/19/1981	Inyo	Female	70.30

○ The person is not known to One-e-App

Marky Mark

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
○	Gary Mark	31900099311064	1/1/1976	Lake	Male	73.80

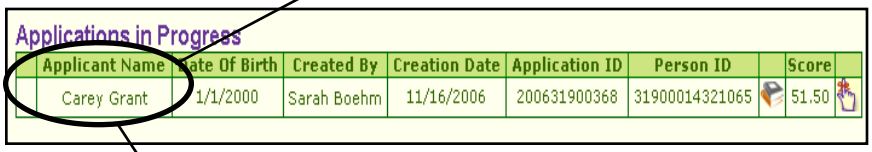
○ The person is not known to One-e-App

Carol King

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
	No matching records were found.					

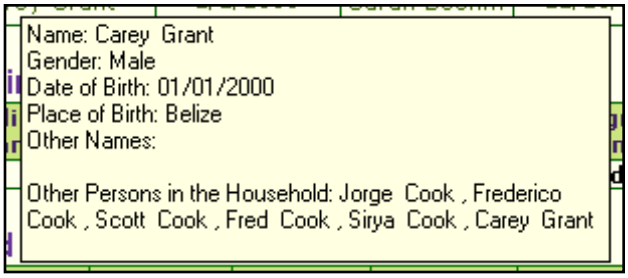
○ The person is not known to One-e-App

Next you will be moved to clear other people listed in the household.



Applications in Progress

	Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID		Score	
	Carey Grant	1/1/2000	Sarah Boehm	11/16/2006	200631900368	31900014321065		51.50	



Name: Carey Grant
Gender: Male
Date of Birth: 01/01/2000
Place of Birth: Belize
Other Names:

Other Persons in the Household: Jorge Cook , Frederico Cook , Scott Cook , Fred Cook , Sirya Cook , Carey Grant

PERSON CLEARANCE

The One-e-App System will conduct another match with the information that was entered in order to minimize duplicate records.

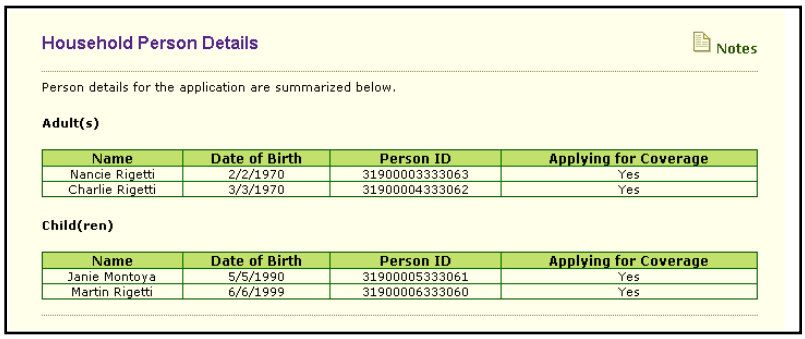
If multiple records are found (applications with the same first and last name), you can point your curser on the name of the client. That will provide you with additional information specific to that case to help determine if it is a duplicate record. If a duplicate record is found (an application started for your applicant at a different agency), you can provide unique information, like a Social Security Number of anyone in the household. That will give you and anyone in your agency the ability to access and submit that application.

Select the individual from the list OR if the right person is not found, select the circle below the box that says, “The person is not known to One-e-App”. Repeat these steps for each individual. At this point the system assigns a Person Identification Number.

A Person Identification Number is a Unique Identifier for each individual that can assist you in locating an individual in the One-e-App system.

To learn more about ***Unique Identifiers***, refer to the **Menu** Section *Conduct Application Search*.

STEP 2: Your Household



Household Person Details

Notes

Person details for the application are summarized below.

Adult(s)

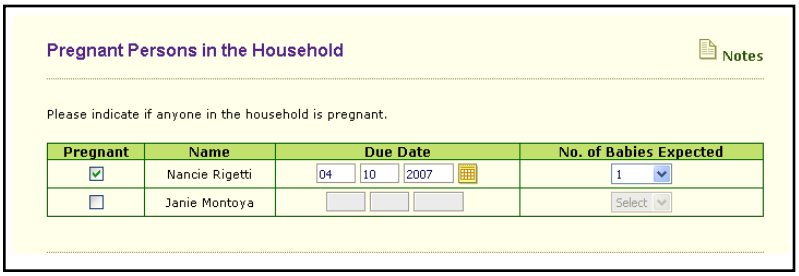
Name	Date of Birth	Person ID	Applying for Coverage
Nancie Rigetti	2/2/1970	31900003333063	Yes
Charlie Rigetti	3/3/1970	31900004333062	Yes

Child(ren)

Name	Date of Birth	Person ID	Applying for Coverage
Janie Montoya	5/5/1990	31900005333061	Yes
Martin Rigetti	6/6/1999	31900006333060	Yes

HOUSEHOLD PERSON DETAILS

The system will then provide another Household Summary which includes Date of Birth, Person ID and an indication if the person is applying for coverage.



Pregnant Persons in the Household

Notes

Please indicate if anyone in the household is pregnant.

Pregnant	Name	Due Date	No. of Babies Expected
☑	Nancie Rigetti	04 10 2007	1
☐	Janie Montoya		Select

The One-e-App system will list all females of childbearing age in the household (broadly).

You will need to indicate if each female is pregnant, and if so, include the due date and number of babies expected.

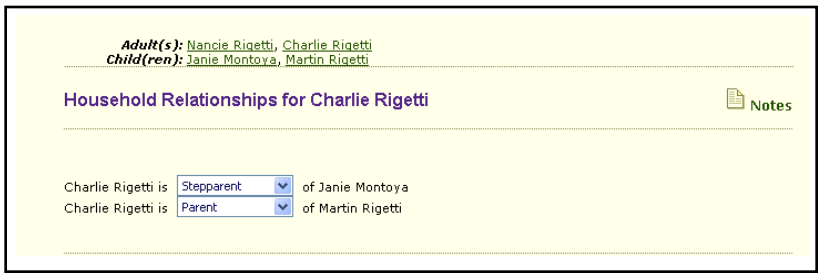
The number of babies expected will increase the family size: if twins, the family size will increase by two.

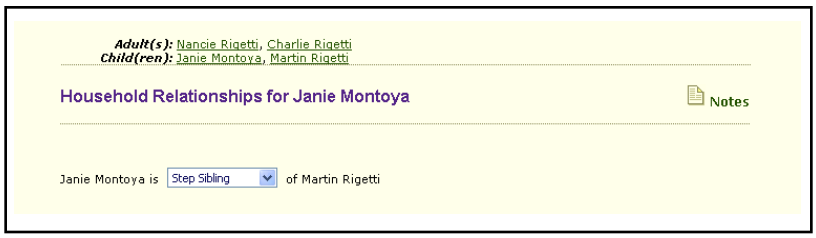
THINGS TO CONSIDER:

Pregnant women with income over 200% of the Federal Poverty Level who are less that 30 weeks pregnant may be eligible for the Access for Infants and Mothers (AIM) program (see ***Resources***).

One-e-app does NOT submit applications for AIM. See resource section for information on obtaining an AIM application.

STEP 2: Your Household

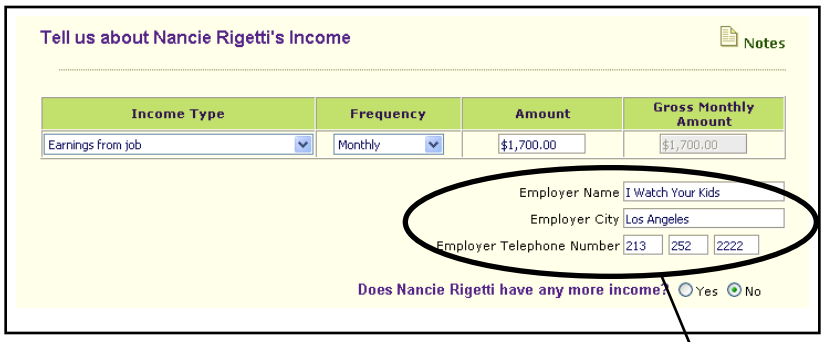




HOUSEHOLD RELATIONSHIPS

The system will then prompt you to select the correct relationship between household members. This helps to create family budget units for Medi-Cal.

STEP 3: Household Income



In this section you will provide the income information for each of the household members.

The system requires you to choose income type from a pull-down menu.

It will automatically generate a sample of a Self-Affidavit form when you choose earnings from a job or cash income. The applicant must provide this affidavit handwritten unless there is a physical or literacy issue that prevents doing so.

In cases where applicants are not able to handwrite their income affidavit, it may be written by someone other than the applicant and must include that person's printed name and signature as a witness.

In case no paycheck proof exists you may choose to use the affidavit (see next page).

THINGS TO CONSIDER:

If the family's income will increase or decrease within the next few months, explain on a separate sheet of paper that will be faxed with documentation (see ***Checklist*** on Fax Cover Sheet for each program).

Income Deeming Rules; income is deemed (or "counts") ONLY from

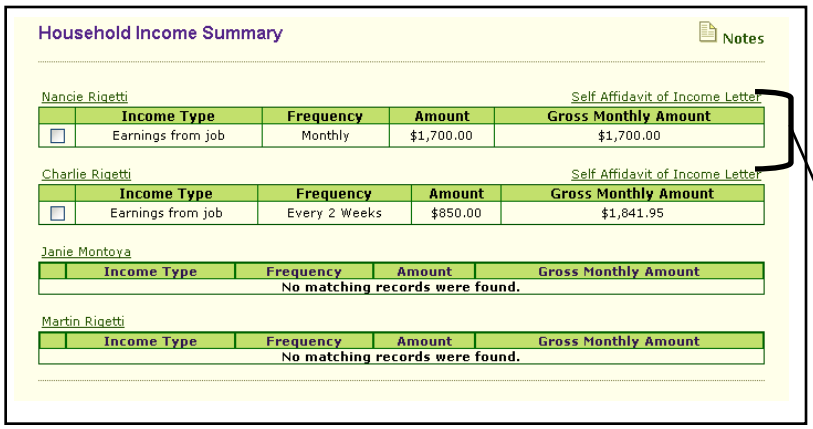
- Legally married spouse to spouse
- Biological/adopted parent to child.

Child Support is income for the child, not the parent.

Employer information

Including employer information is optional and should only be included if you have the family's permission. Employer information is NOT required for a self-affidavit. It implies permission to call the employer and some clients might have concerns about such calls. You can access the sample income Affidavit when you are on the Household Income Summary screen on the next page.

STEP 3: Household Income



Household Income Summary

Notes

Nancie Rigetti — Self Affidavit of Income Letter

	Income Type	Frequency	Amount	Gross Monthly Amount
☐	Earnings from job	Monthly	$1,700.00	$1,700.00

Charlie Rigetti — Self Affidavit of Income Letter

	Income Type	Frequency	Amount	Gross Monthly Amount
☐	Earnings from job	Every 2 Weeks	$850.00	$1,841.95

Janie Montoya

	Income Type	Frequency	Amount	Gross Monthly Amount
	No matching records were found.			

Martin Rigetti

	Income Type	Frequency	Amount	Gross Monthly Amount
	No matching records were found.			

Once you have completed the Household Income section you will be navigated to a summary page of the household income.

Carefully review the income, ensure it has been inputted correctly and make any changes needed.

If no other income verification is available, click on the sample, ***Self-Affidavit of Income Letter.*** The applicant must handwrite the income affidavit unless there is a physical or literacy issue that prevents them from doing so.

If an applicant is unable to handwrite the income affidavit, it may be written by someone else, but that person must have his/her printed name and signature on the affidavit as a witness.

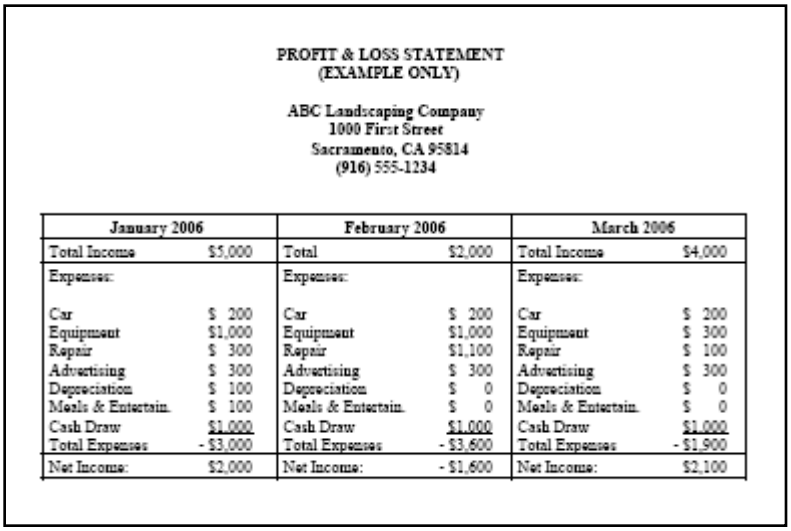
Remove | Generate Universal Summary | Sample Profit and Loss Statement | Next

Report a Bug/Make a Suggestion

Application ID: 200717000059

Clicking on the *Sample Profit and Loss Statement* will generate three useful forms:

- Sample Profit and Loss Statement
- Blank Profit and Loss Statement
- How Healthy Families Calculates Income sheet.

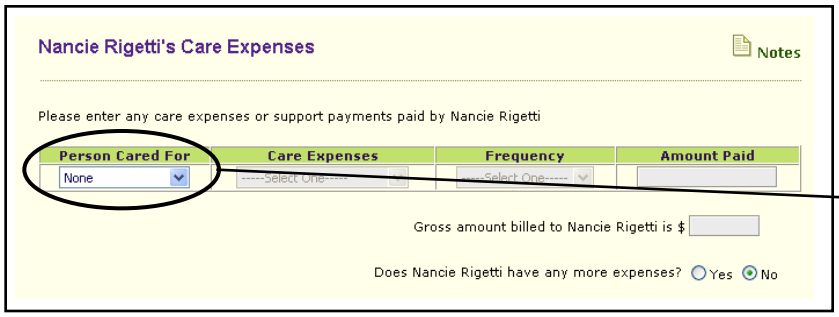


PROFIT & LOSS STATEMENT
(EXAMPLE ONLY)

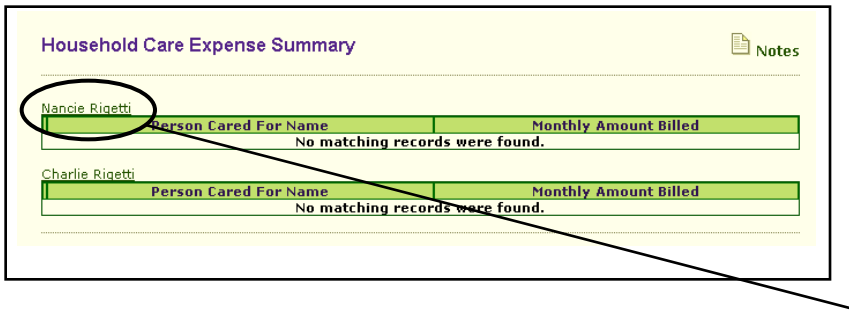
ABC Landscaping Company
1000 First Street
Sacramento, CA 95814
(916) 555-1234

January 2006		February 2006		March 2006	
Total Income	$5,000	Total	$2,000	Total Income	$4,000
Expenses:		Expenses:		Expenses:	
Car	$ 200	Car	$ 200	Car	$ 200
Equipment	$1,000	Equipment	$1,000	Equipment	$ 300
Repair	$ 300	Repair	$1,100	Repair	$ 100
Advertising	$ 300	Advertising	$ 300	Advertising	$ 300
Depreciation	$ 100	Depreciation	$ 0	Depreciation	$ 0
Meals & Entertain.	$ 100	Meals & Entertain.	$ 0	Meals & Entertain.	$ 0
Cash Draw	$1,000	Cash Draw	$1,000	Cash Draw	$1,000
Total Expenses	- $3,000	Total Expenses	- $3,600	Total Expenses	- $1,900
Net Income:	$2,000	Net Income:	- $1,600	Net Income:	$2,100

STEP 3: Household Expenses



In this section you will provide information on any care expenses, such as child care, adult dependent care or child support payments made by each adult, from the pull-down menus provided.

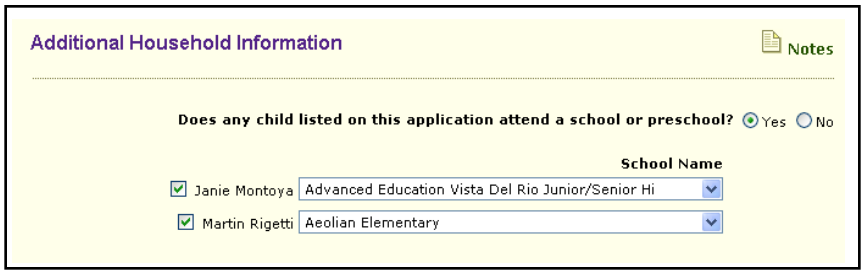


Once you have completed the ***Household Care Expenses*** section you will be navigated to a summary page of all the information entered.

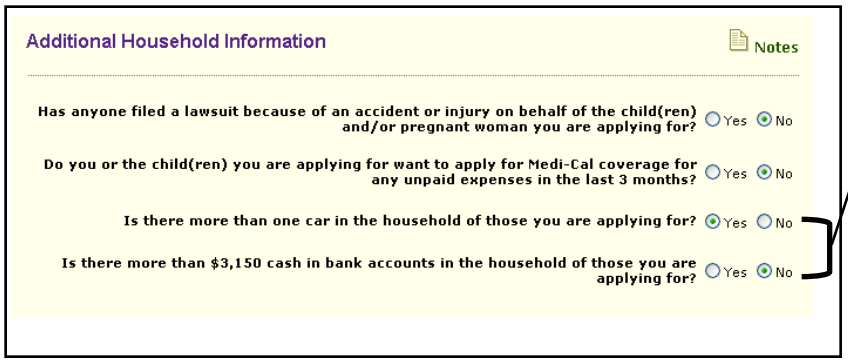
Carefully review the expenses or payments included and make any changes needed.

To change any expenses, click on the person's name.

STEP 4: Other Information



If the child listed on the application attends a school or preschool you will be prompted to select a school from the list. **This information is optional**.



The last two questions on this screen are optional and will not affect your eligibility, but are included to help the state to get additional federal money to pay for health care programs. They are also asked on the joint MC 321 Medi-Cal/Healthy Families application.

THINGS TO CONSIDER

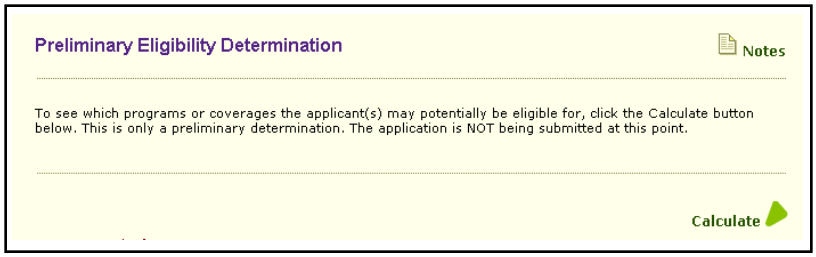
The questions on this screen will provide additional household information.

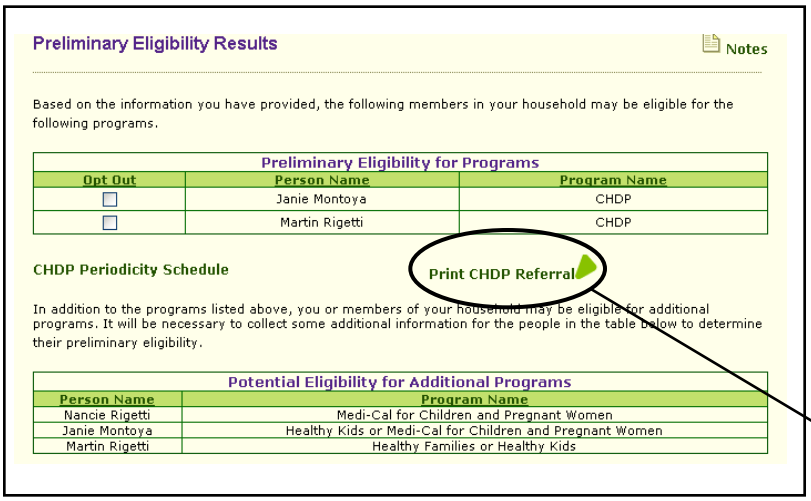
If Medi-Cal ends up covering medical services that are required because of an accident or injury, Medi-Cal's costs may be taken out of a lawsuit settlement if the client receives money.

Medi-Cal may be able to help pay for medical expenses the client incurred (paid or was billed for) in the three months before the date of applications. Healthy Families does not provide any retroactive coverage. Even if the applicant appears to be income eligible for Healthy Families, he/she can request retroactive Medi-Cal coverage that may have a Share of Cost.

Any adult who needs Medi-Cal coverage quickly for medical expenses in the last three months or for a medical need should apply directly with a DPSS worker (see ***Resources***).

STEP 5: Preliminary Eligibility Determination





PRELIMINARY ELIGIBILITY DETERMINATIONS

When you click on the Calculate icon, you will receive a Preliminary Determination of the programs for which the client(s) may be eligible, based on the information entered.

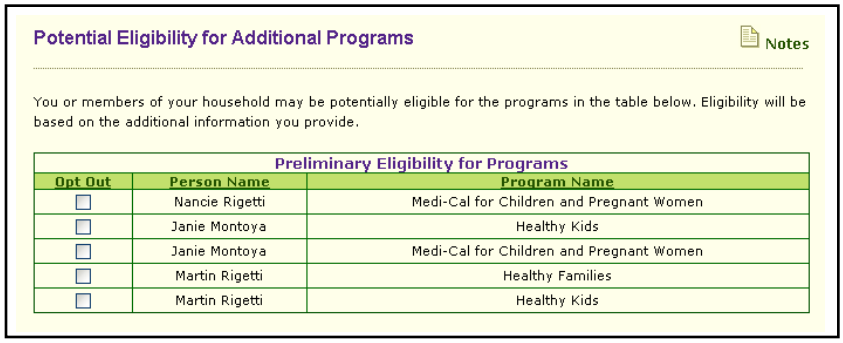
The Preliminary Eligibility results will list all the programs for which your client may be eligible in One-e-App.

- Medi-Cal for children (under 19) and pregnant women
- Healthy Families
- Healthy Kids
- CHDP

CHDP Referrals

Based on these results, your client may choose to make a CHDP appointment for medical need, or for a required exam for school entrance, sports or camp physical. If so, click on the icon to print the CHDP Referral. The form will be pre-populated with demographic information provided during the interview. If the client needs a CHDP provider, call 1-800-993-CHDP (1-800-993-2437) or **http://lapublichealth.org/cms/chdp/provider_finder.asp**

STEP 5: Eligibility Determination



Potential Eligibility for Additional Programs

Notes

You or members of your household may be potentially eligible for the programs in the table below. Eligibility will be based on the additional information you provide.

Preliminary Eligibility for Programs

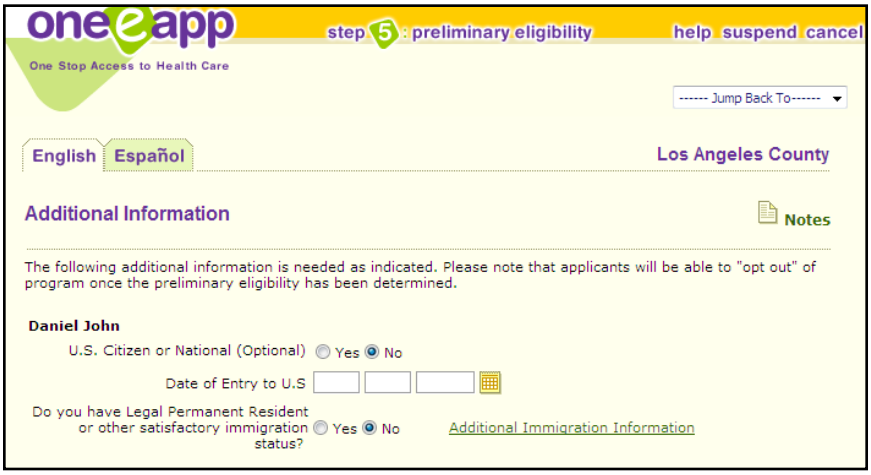
Opt Out	Person Name	Program Name
☐	Nancie Rigetti	Medi-Cal for Children and Pregnant Women
☐	Janie Montoya	Healthy Kids
☐	Janie Montoya	Medi-Cal for Children and Pregnant Women
☐	Martin Rigetti	Healthy Families
☐	Martin Rigetti	Healthy Kids

POTENTIAL ELIGIBILITY

This is the first preliminary eligibility page, and the list of programs for which the applicant maybe eligible.

This is done prior to including immigration status as a factor of eligibility, which is why multiple programs are listed.

STEP 5: Eligibility Determination



ADDITIONAL INFORMATION

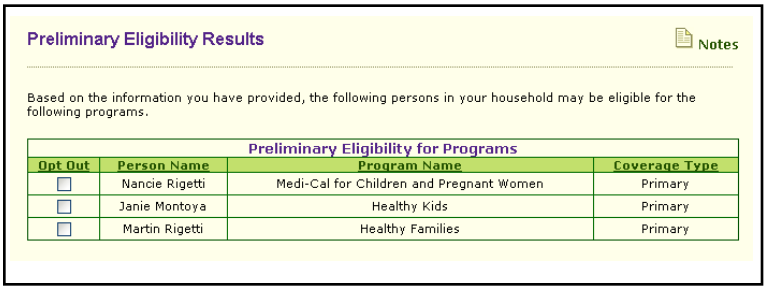
This screen will gather the immigration information needed to make the appropriate application submission.

If the applicant is a U.S. Citizen or National, he or she has the option to indicate it on this screen. The immigration information gathered on this screen is optional and the family may choose not to provide this information at all. This information may be needed to make the appropriate application submission.

If the person checks that he/she does not have Legal Permanent Residency or other satisfactory immigration status, the system will prompt you to enter a Date of Entry. You will not be able to move forward until a Date of Entry is entered.

If person has a green card, the Date of Entry can be found on the reverse side of the card. But if the applicant is concerned about entering a date, he or she may be more comfortable with a paper application.

STEP 6: Preliminary Eligibility Determination



Preliminary Eligibility Results

Notes

Based on the information you have provided, the following persons in your household may be eligible for the following programs.

Preliminary Eligibility for Programs			
Opt Out	Person Name	Program Name	Coverage Type
☐	Nancie Rigetti	Medi-Cal for Children and Pregnant Women	Primary
☐	Janie Montoya	Healthy Kids	Primary
☐	Martin Rigetti	Healthy Families	Primary

Based on the immigration status provided, the One-e-App system will again provide "Preliminary Eligibility Results". Applicants may opt out of programs here. They will be navigated to select a provider for Healthy Kids and Healthy Families, and to consent screens that require the applicant signature.

Each program has its own application forwarding process.

THINGS TO CONSIDER:

The One-e-App system does not make the final eligibility determination.

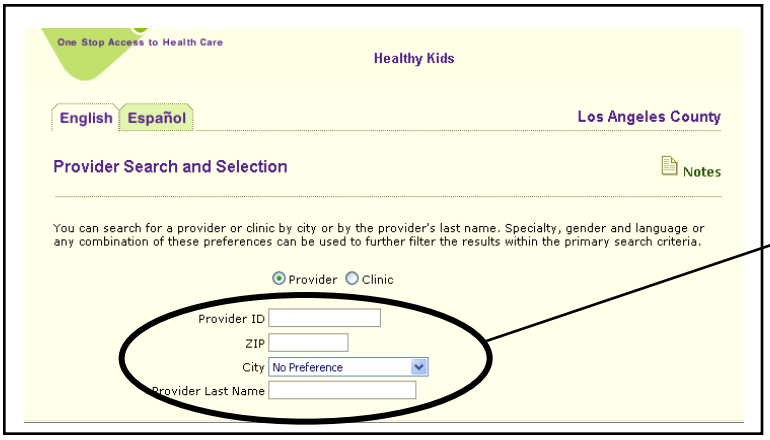
The system gathers the information and electronically sends the application to the appropriate program.

CONFIRM INFORMATION

Be sure the information entered is correct and as complete as possible! You can do this by viewing the Universal Application Summary

After you cross the second preliminary eligibility screen the only way to make changes to the application is to have your application reset by a System Administrator.

STEP 7: Program Information



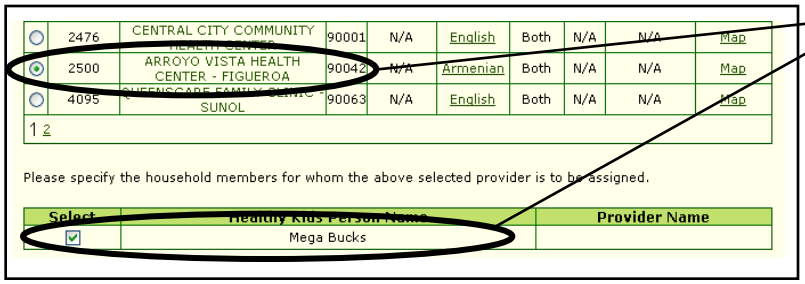
PROCESSING THE HEALTHY KIDS APPLICATION

The following series of screens are for those applications that have been found preliminarily eligible for the Healthy Kids program.

The client will need to select a provider or clinic for both medical and dental services. Vision care is provided through the medical plan and does not need to be selected.

You are able to find a provider by any one or more of the following:

- zip code
- city
- provider name
- provider specialty, gender, or language spoken.



Make sure you click on both the clinic selection and the household member which will be assigned to that provider.

You will receive a Provider Selection Summary which can be printed for the client's records. You may change the provider selection by clicking on the applicant's name in the Provider Search Summary page.

The system will continue to return to this page until all children have an identified provider.

STEP 7: Program Information

PROCESSING THE HEALTHY KIDS APPLICATION

Healthy Kids Declaration

Notes

Application ID: 200633300054
Representative Name: Nancie Rigetti

DECLARATIONS

I declare that each child I am applying for:

- Lives in Los Angeles County.
- Is not in the juvenile justice system or in a mental hospital.

I further declare that:

- All individuals listed on this application will follow the rules of the program, the utilization review process, and the dispute resolution process of Healthy Kids.
- I agree to a pay the premiums. If I do not pay the premiums, I will either apply for premium payment by the Healthy Kids Premium Assistance Fund or I understand my child will be taken off the program.
- I give Healthy Kids permission to check my family income, health coverage, and all other facts on this application.
- I agree to notify L.A. Care Health Plan within 30 days of any of address or any person listed here who is accepted into the program and any changes in billing address.

RESOVLING DISPUTES

If you enroll in Healthy Kids you have certain rights to file a grievance or appeal with L.A. Care concerning any dispute you may have. In addition, you may ask for mediation to resolve a grievance. You may still appeal to the Department of Managed Healthcare (DMHC) even if you use mediation or request a grievance resolution or an appeal of L.A. Care. If you have any questions, call L.A. Care at **1-888-4LA-KIDS** (1-888-452-2273) to find out more. You can also call the Consumer Hotline at the DMHC at **1-888-HMO-2219**.

PRIVACY NOTICE

The Information Practices Act of 1977 and the Federal Privacy Act require Healthy Kids to provide the following notice to individuals who are asked by Healthy Kids to supply information.

- Personal and medical information requested is for member identification and program administration purposes only. Member's information may be shared with state and local agencies involved in administration of health programs.
- Information about persons who apply will be used only for eligibility determination and program administration. Failure to provide this information may result in the return of application as incomplete.
- The following information on the application is optional:

☐ **I declare that I have applied to enroll the(se) eligible child(ren) listed on this application in the *Healthy Kids Program*.**
☐ **I certify that the information in this application is true and correct.**

Applicant Signature _____ Date _____

Witness (if applicant signed with a mark) _____ Date _____

☐ I decline to sign the above declaration.

For System Use
Please enter the date the declaration was signed.

Healthy Kids Declaration

You will now be navigated to the screens that require the applicant's consent, declaration, and signature. You will need to print and fax documents to complete the application submission process.

Anytime there is a need to give consent and a signature is required, it is a good practice to read and review the consent and to give a copy to the client for his/her records.

Since Healthy Kids has a Premium Assistance Fund, it is a good practice to explain how and when this may be used (see ***Resources***).

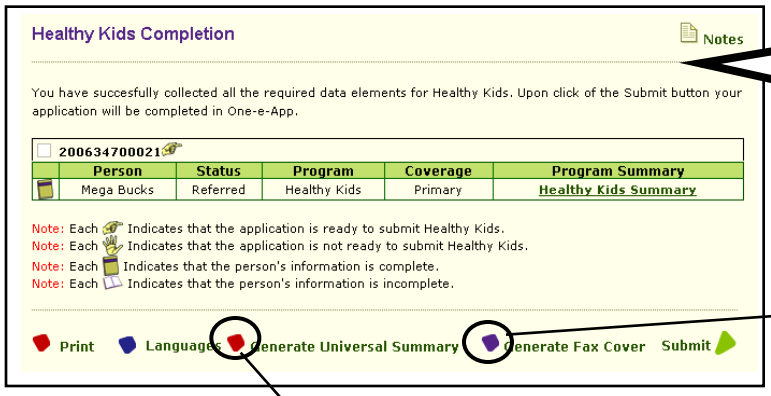
REMEMBER

1. Review the Healthy Kid's Rights and Declarations with the applicant.
2. Print a copy. You will need this signed form faxed with other verification documents.
3. It is also a good practice to give a copy of the signed document to the client for his/her records.
4. Provide the signatures as required.

   You will need to add the date that the application was signed.

STEP 7: Program Information

PROCESSING THE HEALTHY KIDS APPLICATION



Healthy Kids Completion

When you reach this screen, you have completed the intake process and are now ready to submit the application.

At this point you can print fax cover sheets by clicking on the cover sheet icon. It will create two cover sheets for temporary and permanent documents. It will have a list of documents on the fax cover sheet that you can check off to indicate that they are being sent.

WARNING!

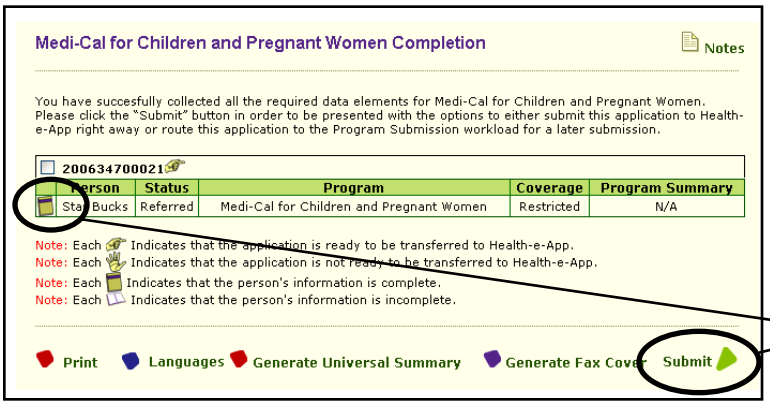
This cover sheet should be used ONLY for the documents for this application; problems are caused when multiple or other applications are sent with a cover sheet that does not correspond to the documents behind it.

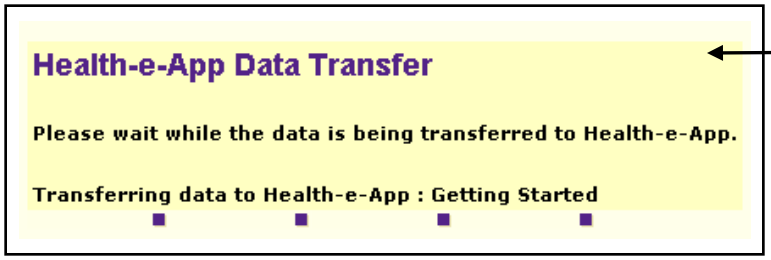
You can click on the *Generate Universal Summary* icon to print a program summary that can be given to the applicant for his/her records.

If you have other programs to process, continue until the end of the whole application process before you print either the Fax Cover Sheet or Universal Summary.

For more information on faxing, please refer to the Fax Tip Sheet in the resource section.

STEP 8: Health-e-App Data Transfer





PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

In One-e-App, applications for Medi-Cal for Children and Pregnant Women are sent to the state through Health-E-App. For problems with data transfers, refer to the Data Transfer Error section.

When you reach this screen you are ready to submit your application to Health-e-App.

You must click on the box next to the application ID and then click on the "*submit*" icon.

The system will go through a data transfer process that is interactive.

This may take several minutes.

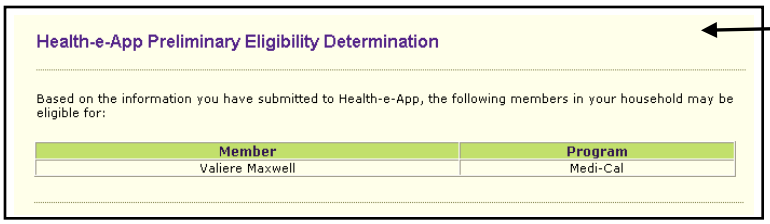
You will see a Data Transfer Pop Up each time a section of the application is transferred into the Health-e-App system.

THINGS TO CONSIDER:

Remember that it is a best practice to send the Medi-Cal-eligible pregnant woman to a PE provider and the full Medi-Cal application directly to Los Angeles County (see ***Resources***). Apply through One-e-App separately for her children

Apply for the Access for Infants and Mothers (AIM) program separately for women who meet AIM criteria (see ***Resources***).

STEP 8: Health-e-App Data Transfer



PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

The system will ask if any people listed below want Medi-Cal and gives one last chance to add a household member that did not request enrollment.

Remember that adults needing immediate coverage or with past medical bills or expenses should apply elsewhere (see ***Resources***). If the adult checks "*yes*" on this application, she or he should follow up with the Department of Public Social Services to ensure timely application.

See Things to Consider, below, for CAA Best Practice Tips

The system will list the household members and the programs for which they are potentially eligible.

When you click "*next*" you will begin the consent and signature process for Medi-Cal.

Things to Consider:

If an adult indicates that he/she would like to be screened for Medi-Cal eligibility, be sure to remind them that in order for the county to determine whether he/she is eligible supplemental forms such as asset or documentation will have to be provided.

STEP 8: Health-e-App Data Transfer

Medi-Cal Rights & Declarations

Step 6 Application Submission

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Rights and Declarations

Medi-Cal Confidentiality Notice

The information given in this application is private and confidential under Welfare and Institutions Code Sections 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

Medi-Cal Privacy Notice

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following notice to individuals who asked by Healthy Families to supply information: Welfare and Institutions Code section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide the eligibility information requested in this application. This information may be shared with federal, state and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except in cases of fraud.) The information will be used by Electronic Data Systems to process claims and make

Signatures

I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application, the declarations made, and the documents submitted are true and correct to the best of my knowledge and belief. I declare that I have read and understand the application instructions, the declarations, and all information displayed in this application.

Applicant Signature _____ Date _____

Witness (if person signed with a mark) _____ Date _____

Authorized Representative (if any) _____ Date _____

CAA#: oneeapp EE#: 87105

Information continued next page

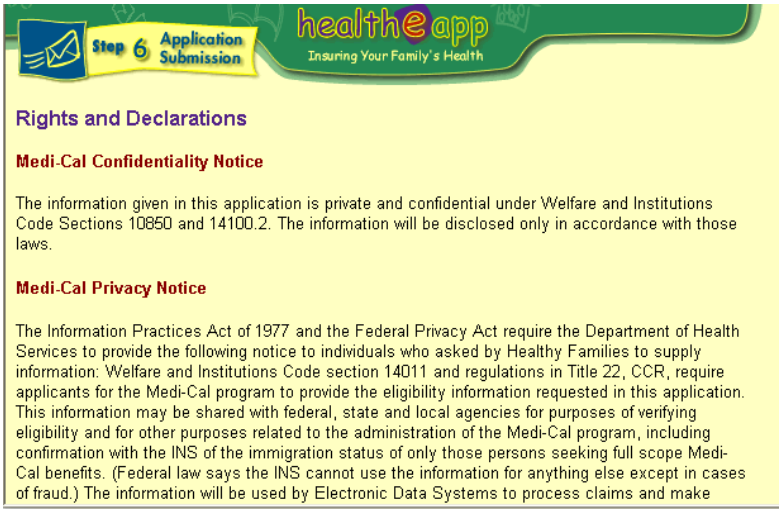
PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION – RIGHTS AND DECLARATIONS

REMEMBER

1. Review the Medi-Cal Rights and Declarations with the applicant.
2. Print a copy. You will need this signed form faxed with other verification documents. It is also a good practice to give a signed copy to the client for his/her records.
3. Provide the signatures as required.
4. Fax the Rights and Declaration with the verification documents to the number listed on the Health-e-App Fax Cover sheet.

STEP 8: Health-e-App Data Transfer

Medi-Cal Rights & Declarations (continued)



Step 6 Application Submission

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Insuring Your Family's Health

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PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

THINGS TO CONSIDER

If the applicant is denied Medi-Cal, the applicant has 90 days after receiving the denial notice to ask for a hearing to tell Medi-Cal why he or she thinks the decision was wrong. The applicant can call the Health Consumer Center (1-800-896-3203) for assistance.

If the applicant does not speak English, explain that Medi-Cal is required to communicate with the applicant in his or her language. The applicant can ask for Medi-Cal to provide someone who speaks his or her language.

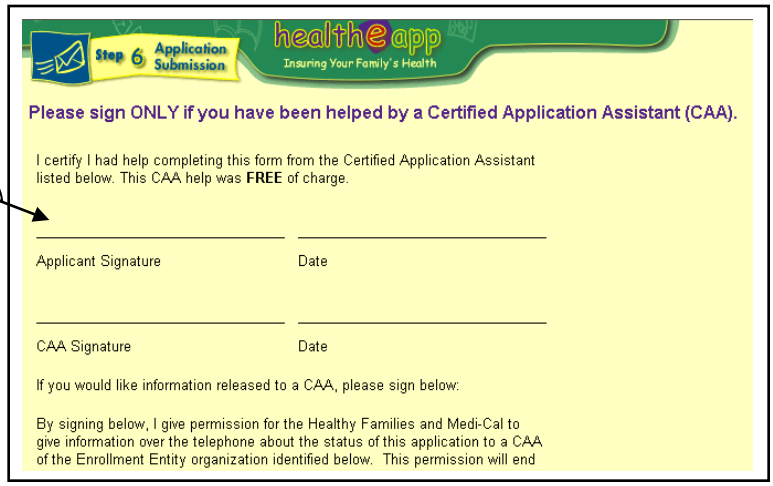
It is important to read over and review this document with your client since 53% percent of adults in Los Angeles have low literacy skills.

To be a “resident” means that the Medi-Cal applicant must live in California at the time of the application and intend to remain in California for the indefinite future; the term is NOT related to immigration status.

There is no requirement that the applicant have lived in California for a certain time before applying to Medi-Cal.

It is a good practice to remind the applicant that if information submitted with this application changes, the applicant must inform the Medi-Cal Eligibility Worker assigned to the applicant’s case within ten (10) days of the change. Changes include things like address changes, increase or decrease in work income, family composition (i.e. parent or child enters or leaves the household), pregnancy, or change in immigration status.

STEP 8: Health-e-App Data Transfer


Step 6 Application Submission

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Insuring Your Family's Health

Please sign ONLY if you have been helped by a Certified Application Assistant (CAA).

I certify I had help completing this form from the Certified Application Assistant listed below. This CAA help was **FREE** of charge.

Applicant Signature Date

CAA Signature Date

If you would like information released to a CAA, please sign below:

By signing below, I give permission for the Healthy Families and Medi-Cal to give information over the telephone about the status of this application to a CAA of the Enrollment Entity organization identified below. This permission will end

THINGS TO CONSIDER:

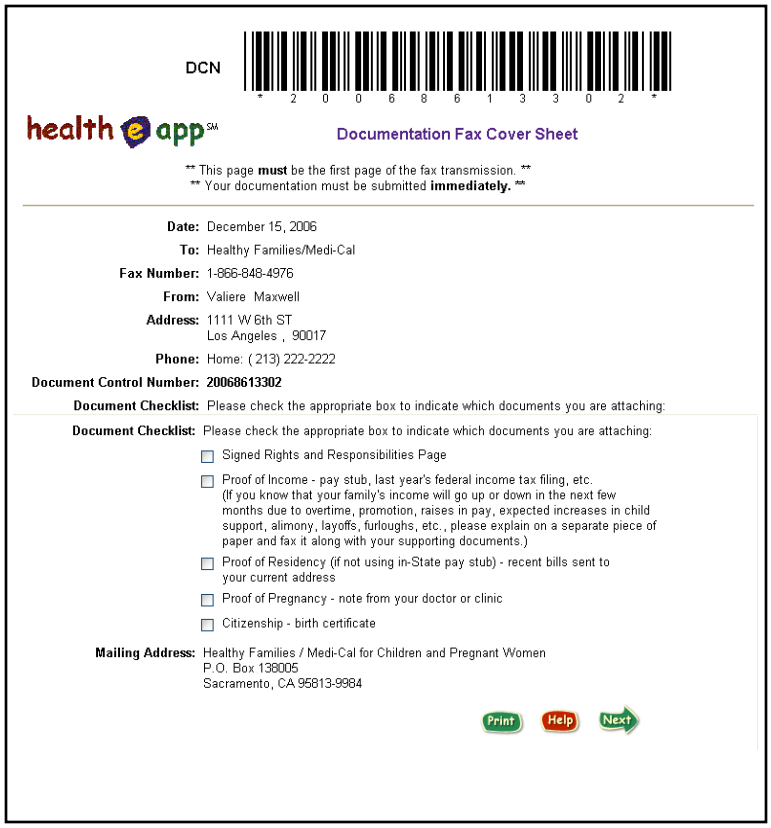
Even though the Healthy Families consent "expires", you may assist a family having trouble with the Healthy Families program.

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

The primary informant/applicant needs to certify that the application was completed free of charge.

This screen also allows the applicant to provide consent for release of information to the Healthy Families Program. This gives the Application Assistor the ability to work with Healthy Families on behalf of the applicant. This consent will last until Healthy Families enrolls the child into the program.

STEP 8: Health-e-App Data Transfer



DCN

* 2 0 0 6 8 6 1 3 3 0 2 *

health e app℠

Documentation Fax Cover Sheet

** This page **must** be the first page of the fax transmission. **
** Your documentation must be submitted **immediately.** **

Date: December 15, 2006
To: Healthy Families/Medi-Cal
Fax Number: 1-866-848-4976
From: Valiere Maxwell
Address: 1111 W 6th ST
Los Angeles , 90017
Phone: Home: (213) 222-2222
Document Control Number: **20068613302**
Document Checklist: Please check the appropriate box to indicate which documents you are attaching:

Document Checklist: Please check the appropriate box to indicate which documents you are attaching:

- ☐ Signed Rights and Responsibilities Page
- ☐ Proof of Income - pay stub, last year's federal income tax filing, etc. (If you know that your family's income will go up or down in the next few months due to overtime, promotion, raises in pay, expected increases in child support, alimony, layoffs, furloughs, etc., please explain on a separate piece of paper and fax it along with your supporting documents.)
- ☐ Proof of Residency (if not using in-State pay stub) - recent bills sent to your current address
- ☐ Proof of Pregnancy - note from your doctor or clinic
- ☐ Citizenship - birth certificate

Mailing Address: Healthy Families / Medi-Cal for Children and Pregnant Women
P.O. Box 138005
Sacramento, CA 95813-9984

Print Help Next

Fax Within 24 Hours!

Once you have completed the Data Transfer Process you have 24 hours to fax over the verification document(s).

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

You will be navigated to the Health-e-App Fax Cover Sheet. This should automatically happen after you have completed the printing and signing of Rights and Declarations.

If you are not navigated to the Health-e-App Fax Cover Sheet, you can access it from the Menu page. For more information on printing Health-e-App Cover Sheets, please refer to Chapter 3, page 39; or call the One-e-App Help Desk *1-866-429-1979.*

The final step in the Data Transfer from One-e-App to Health-e-App is the printing of the Health-e-App Fax Cover Sheet.

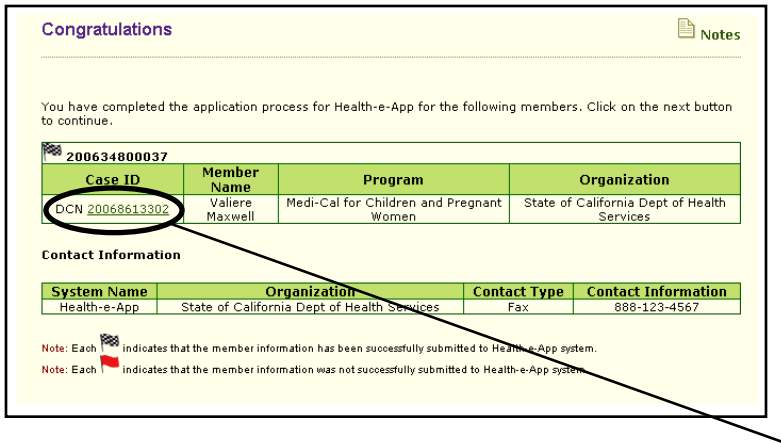
The system will verify, using a pop-up, that you have printed the Fax Cover Sheet before you click *next*.

REMEMBER

Once you have completed the Data Transfer Process you have 24 hours to fax over the verification document to Health-e-App.

1. Print the Fax Cover Sheet
2. Review the document check list located on the fax coversheet. Check off the verification documents that will be faxed.
3. Write the Document Control Number (DCN) on each document faxed. This will help keep the documents from getting lost.
4. Fax the all the documents to the Health-e-App fax number listed on the Fax Cover Sheet.
5. For more information on faxing, please refer to the Fax Tip Sheet located in the resource section.

STEP 8: Health-e-App Data Transfer



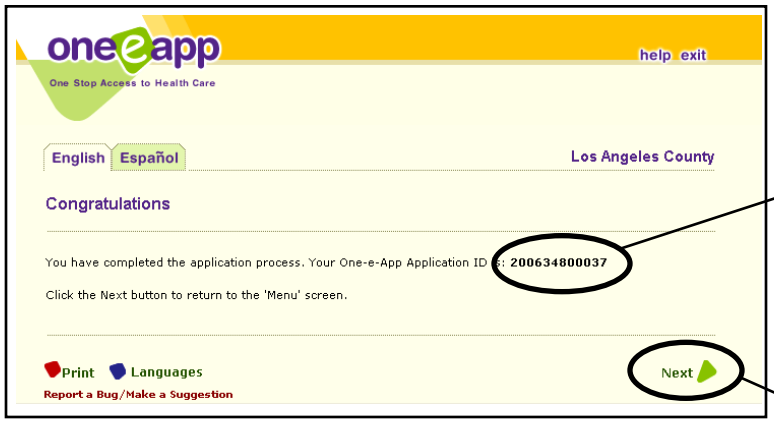
PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

This screen will indicate if the application was successfully submitted to Health-e-App.

A state contact number for Medi-Cal or Healthy Families is provided if the applicant was found potentially eligible.

Once you have completed the submission process a Health-e-App Application Summary is generated and will pop up on the screen.

You can also generate the Application Summary by clicking on the Document Control Number (DCN) If you do not receive the pop up, you may have a pop up blocker that is preventing you from accessing it. Call the One-e-App Help Desk for more information. You can access the Health-e-App Summary from the Menu function, *Re-print Forms*.



Congratulations!

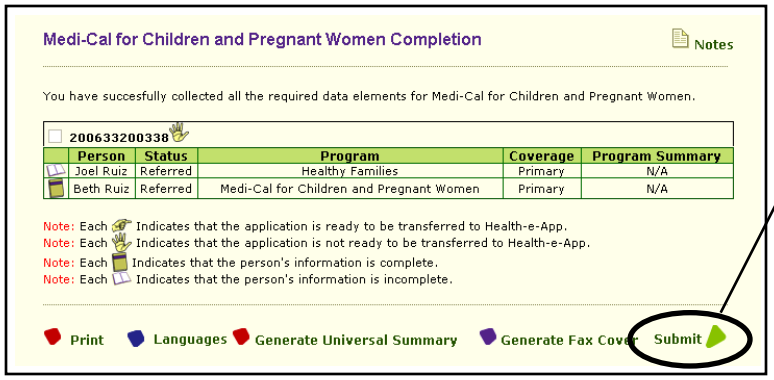
You have completed the application process!

The application ID number is listed on this screen.

An application ID is a Unique Identifier that can assist you in locating the application again in the One-e-App system.

You will be navigated back to the main menu when you click on *Next*.

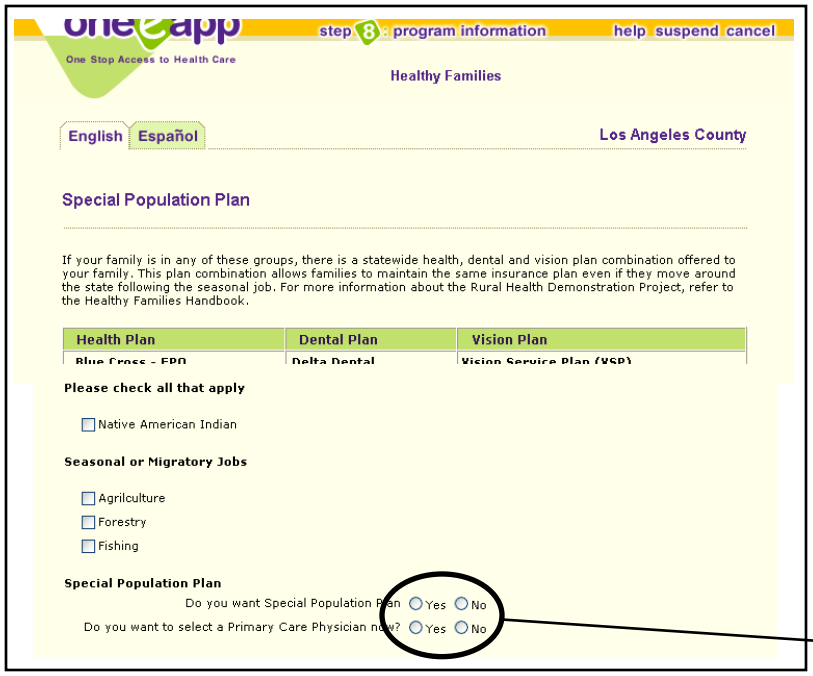
STEP 8: Health-e-App Data Transfer



PROCESSING A HEALTHY FAMILIES APPLICATION

When you click on s*ubmit* you will begin the processing for **Healthy Families applications**.

STEP 8: Health-e-App Data Transfer



PROCESSING A HEALTHY FAMILIES APPLICATION

SPECIAL POPULATION PLAN

Within Healthy Families there is a special insurance plan called the ***Special Population Plan*** which offers health, dental and vision coverage for American Indians and families employed in seasonal jobs in agriculture, fishery or forestry.

This plan combination is available statewide (see ***Resources***).

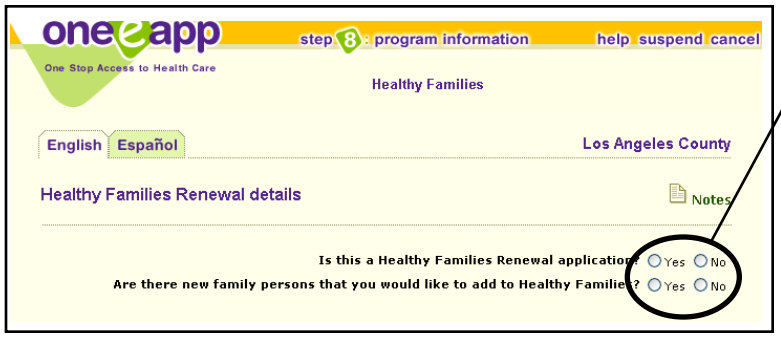
It allows families to keep the same health plans even if they move around the state.

Indicate whether the applicant wants the Special Population Plan by clicking *Yes* or *No*.

If the applicant selects *Yes*, they can also Opt to select a Primary Care Physician.

If the applicant selects *No* click on next.

STEP 8: Health-e-App Data Transfer



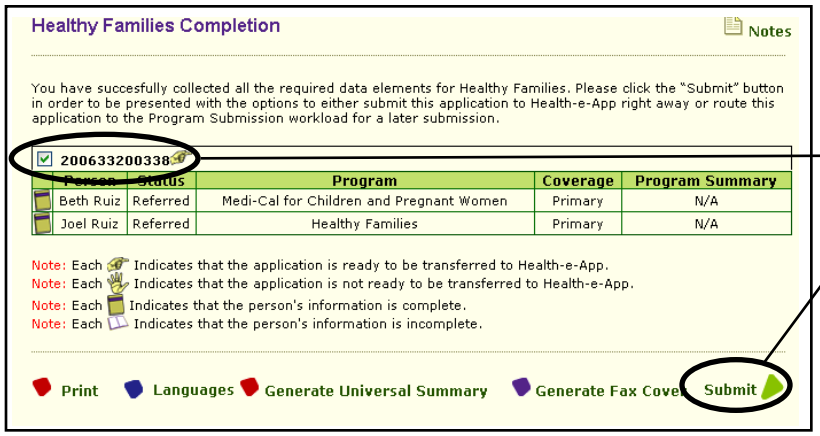
PROCESSING A HEALTHY FAMILIES APPLICATION

Indicate if you are processing a Healthy Families Renewal here.

One-e-App does not process ***Healthy Families Renewals*** electronically; the system will generate a pre-populated renewal form to print and mail to the Healthy Families Program.

Refer to the ***Healthy Families Renewal*** Section for more detailed information.

STEP 8: Health-e-App Data Transfer



PROCESSING A HEALTHY FAMILIES APPLICATION

When you reach this screen you are ready to submit your application to Health-e-App.

You must click on the box next to the application ID and then click on the ***Submit*** icon.

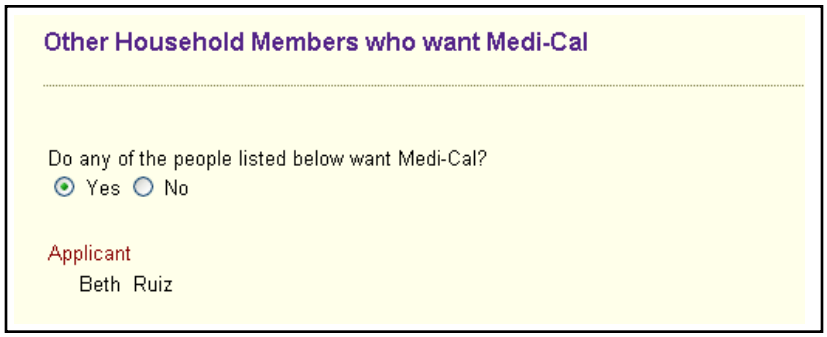
The system will go through a data transfer process that is interactive.

This may take several minutes.

You will see a ***Data Transfer*** Pop Up each time a section of the application is transferred into the Health-e-App system.

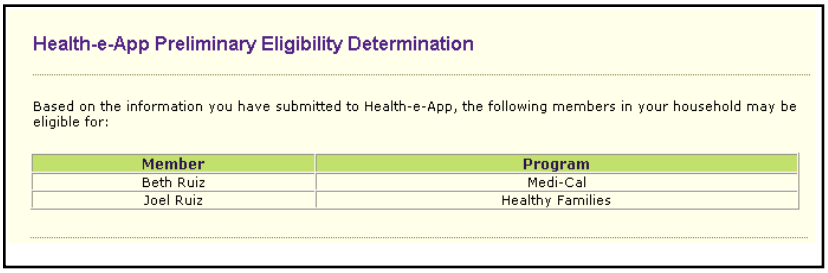
STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION



The system will ask if any people listed below want Medi-Cal.

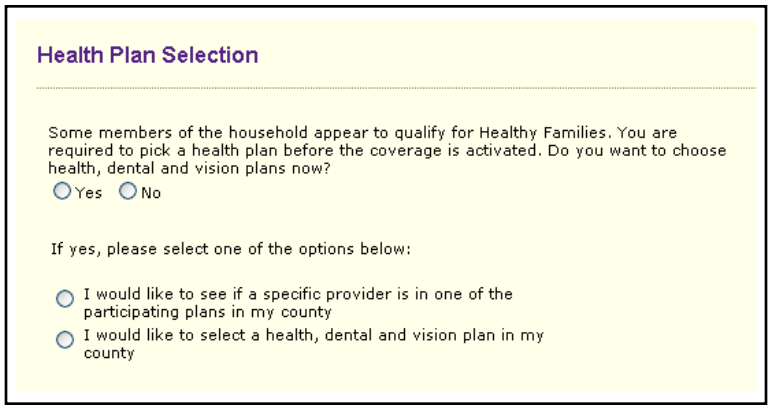
This screen gives a final opportunity to add a household member who did not request benefit enrollment.



The system will list the household members and the programs for which they are potentially eligible.

When you click ***next*** you will begin the consent and signature process.

STEP 8: Health-e-App Data Transfer


Health Plan Selection

Some members of the household appear to qualify for Healthy Families. You are required to pick a health plan before the coverage is activated. Do you want to choose health, dental and vision plans now?

Yes No

If yes, please select one of the options below:

I would like to see if a specific provider is in one of the participating plans in my county

I would like to select a health, dental and vision plan in my county

THINGS TO CONSIDER:

Applicants should be advised to be prepared to make plan and provider choices when they come to the One-e-App enrollment. They should be allowed to discuss the choices with family members, their providers or others. They should be allowed time to do so if they are unsure of their health plan or provider choice. Never pressure an applicant to choose a provider just to complete the application.

PROCESSING A HEALTHY FAMILIES APPLICATION

Health Plan Selection

The applicant can choose a health plan or a specific provider at this time or wait and contact Healthy Families later. If the applicant does not choose and does not contact Healthy Families, Healthy Families personnel will contact the family.

Applicants can search for a specific provider or health plan that they want.

If families who do not make a choice cannot be reached by phone (within 20 days, with four attempts) or in writing, the child will be defaulted into the Community Plan for that county so that health coverage can start. The family can change plans within the first 90 days, with no questions asked.

STEP 8: Health-e-App Data Transfer

Please select a health, dental, and vision plan:

For those individuals potentially eligible for Healthy Families, please select a health plan below.

HEALTH PLANS			
Select	Plan Name	Plan Rate	Phone Number
○	MOLINA	$ 9	(888) 665-4621
○	BLUE SHIELD - HMO	$ 9	(800) 424-6521
○	CARE 1ST HEALTH PLAN	$ 9	(800) 605-2556
○	L.A. CARE HEALTH PLN	$ 9	(888) 839-9909
○	COMMUNITY HEALTH PLN	$ 6	(800) 475-5550
○	BLUE CROSS - HMO	$ 9	(800) 845-3604
○	HEALTH NET	$ 9	(888) 231-9473
◉	KAISER PERMANENTE	$ 9	(800) 464-4000

DENTAL PLANS		
Select	Plan Name	Phone Number
○	WESTERN DENTAL	(800) 805-8000
○	SAFEGUARD DENTAL	(800) 880-3080
◉	ACCESS DENTAL	(888) 849-8440
○	HEALTH NET DENTAL	(800) 977-7307

VISION PLANS		
Select	Plan Name	Phone Number
○	EYE MED VISION CARE	(513) 492-3541
○	SAFEGUARD VISION	(949) 425-4301
◉	VISION SERVICE PLAN	(800) 877-7239

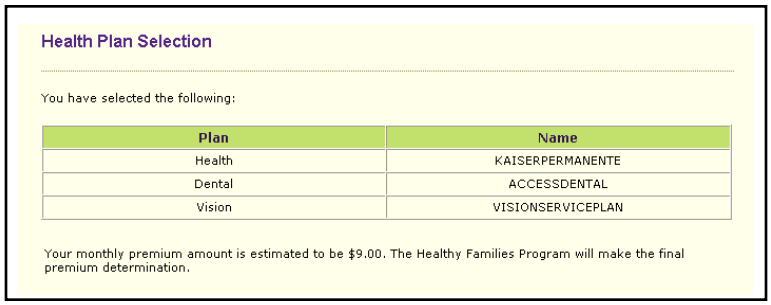
Do you want to select a primary care physician now? ○ Yes ◉ No

PROCESSING A HEALTHY FAMILIES APPLICATION

Health Plan Selection *(continued)*

Applicants will be able to select their health, dental and vision plan from the list.

STEP 8: Health-e-App Data Transfer



Health Plan Selection

You have selected the following:

Plan	Name
Health	KAISERPERMANENTE
Dental	ACCESSDENTAL
Vision	VISIONSERVICEPLAN

Your monthly premium amount is estimated to be $9.00. The Healthy Families Program will make the final premium determination.

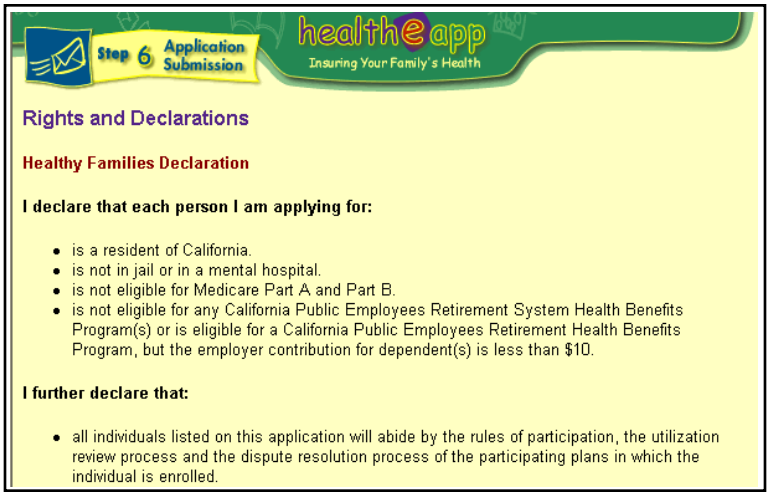
PROCESSING A HEALTHY FAMILIES APPLICATION

Health Plan Selection *(continued)*

Review the plans that the applicant has selected and confirm that they are correctly listed on screen.

The system will give an estimate of the premium payment based on the health plan selected. The Healthy Families program will make the final premium determination. Coverage may start without payment and families will be billed.

STEP 8: Health-e-App Data Transfer


Step 6 Application Submission

healthe app
Insuring Your Family's Health

Rights and Declarations

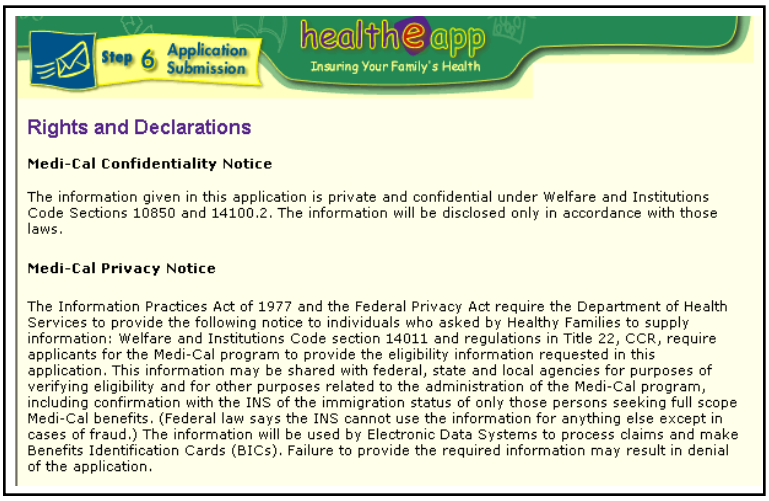
Healthy Families Declaration

I declare that each person I am applying for:

- is a resident of California.
- is not in jail or in a mental hospital.
- is not eligible for Medicare Part A and Part B.
- is not eligible for any California Public Employees Retirement System Health Benefits Program(s) or is eligible for a California Public Employees Retirement Health Benefits Program, but the employer contribution for dependent(s) is less than $10.

I further declare that:

- all individuals listed on this application will abide by the rules of participation, the utilization review process and the dispute resolution process of the participating plans in which the individual is enrolled.


Step 6 Application Submission

healthe app
Insuring Your Family's Health

Rights and Declarations

Medi-Cal Confidentiality Notice

The information given in this application is private and confidential under Welfare and Institutions Code Sections 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

Medi-Cal Privacy Notice

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following notice to individuals who asked by Healthy Families to supply information: Welfare and Institutions Code section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide the eligibility information requested in this application. This information may be shared with federal, state and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except in cases of fraud.) The information will be used by Electronic Data Systems to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application.

PROCESSING A HEALTHY FAMILIES APPLICATION

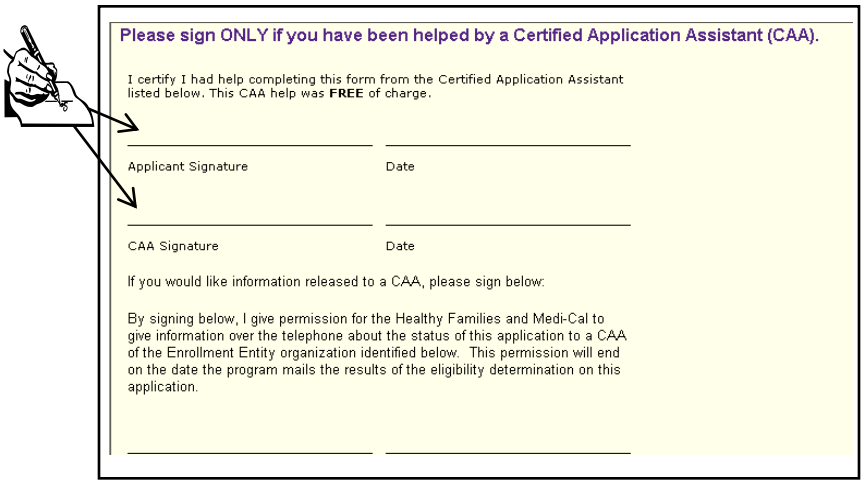
REMEMBER

1. Review the Medi-Cal Rights and Declarations with the applicant.
2. Print a copy. You will need this signed form faxed with other verification documents.
3. It is also a good practice to give a signed copy to the client for his/her records.
4. Provide the signatures as required.
5. Fax the rights and declaration along with the other verification documents to the number listed on the Health-e-App Fax Cover Sheet.

THINGS TO CONSIDER

- Children eligible for Healthy Families must reside in California with the intent to remain for the indefinite future. There is no length of time a child must reside in California before applying for Healthy Families.
- There is NO ten (10) day requirement to report changes for Healthy Families like there is in Medi-Cal. Once the child is enrolled in Healthy Families, changes in income or household composition in the following 12 months do not matter. If family income decreases during the year, the child can apply for Medi-Cal and request that the Healthy Families case be terminated once the child is on Medi-Cal. Decrease in income may also lead to a decreased monthly premium cost. Families may voluntarily report the income change to Healthy Families.
- It is a good idea to report address changes to Healthy Families by calling 1-866-848-9166.
- If the family believes that the children are wrongly denied Healthy Families, the family can request a review by filing an appeal with Healthy Families. The family can also call the Health Consumer Center at 1-800-896-3203 for help.
- Remind the family that they will receive an Annual Eligibility Review that must be completed and returned to Healthy Families for benefits to continue and that you can help them.

STEP 8: Health-e-App Data Transfer


Please sign ONLY if you have been helped by a Certified Application Assistant (CAA).

I certify I had help completing this form from the Certified Application Assistant listed below. This CAA help was **FREE** of charge.

Applicant Signature Date

CAA Signature Date

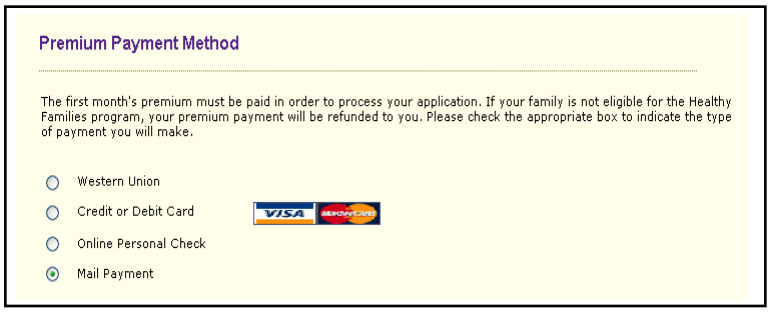
If you would like information released to a CAA, please sign below:

By signing below, I give permission for the Healthy Families and Medi-Cal to give information over the telephone about the status of this application to a CAA of the Enrollment Entity organization identified below. This permission will end on the date the program mails the results of the eligibility determination on this application.

PROCESSING A HEALTHY FAMILIES APPLICATION

The applicant will need to certify that the application was completed free of charge.

This screen also allows the applicant to provide consent for release of information to the Healthy Families Program. This gives the Applicant Assistor the ability to work with Healthy Families on behalf of the applicant. This consent will last until Healthy Families enrolls the child into the program.


Premium Payment Method

The first month's premium must be paid in order to process your application. If your family is not eligible for the Healthy Families program, your premium payment will be refunded to you. Please check the appropriate box to indicate the type of payment you will make.

- Western Union
- Credit or Debit Card
- Online Personal Check
- Mail Payment

Premium Payment Method

Indicate the method for paying the premium.

There are four ways to pay premiums in the Healthy Families program:

1. Payments may be made by mail with a: Personal Check, Cashier's Check, or Money Order. Make checks out to the "Healthy Families Program". Mail payments to:

   Healthy Families
   P.O. Box 537019
   Sacramento, CA 95853-7019

2. Payments may be made by cash in person at certain **Western Union Convenience Pay Locations**. Call **1(800) 354-0005**, option 5, to find a Western Union near the client. There is no charge for this service.

3. Payments may be made by **Credit or Debit Card** online or by phone. Click on the link to pay online or call **1(888) 256-6167** to pay over the phone.

4. Payments maybe taken electronically from the applicant's banking account with **Electronic Fund Transfers** (EFT). To pay by EFT follow the steps on the back of the monthly statements received once enrolled in Healthy Families.

STEP 8: Health-e-App Data Transfer

DCN

* 2 0 0 6 8 6 1 3 3 0 5 *

health e app℠

Documentation Fax Cover Sheet

** This page **must** be the first page of the fax transmission. **
** Your documentation must be submitted **immediately.** **

Date: December 15, 2006
To: Healthy Families/Medi-Cal
Fax Number: 1-866-848-4976
From: Holly Tower
Address: 325 W Ave 45 None
Los Angeles , 90065
Phone: Home: (323) 222-2222
Document Control Number: **20068613305**
Document Checklist: Please check the appropriate box to indicate which documents you are attaching:

- ☐ Signed Rights and Responsibilities Page
- ☐ Proof of Income - pay stub, last year's federal income tax filing, etc. (If you know that your family's income will go up or down in the next few months due to overtime, promotion, raises in pay, expected increases in child support, alimony, layoffs, furloughs, etc., please explain on a separate piece of paper and fax it along with your supporting documents.)
- ☐ Proof of Residency (if not using in-State pay stub) - recent bills sent to your current address
- ☐ Citizenship - birth certificate

Premium: $15.00 per month. Pay for 3 months (total of $45.00), get the 4th month free.

The first month's premium must be paid in order to get coverage.
Please check the appropriate box to indicate how you will submit payment:

- ☐ Sending a personal check, money order or cashier's check to address below. Please make sure that your Document Control Number is written on the check and make it payable to: Healthy Families Program

Mailing Address: Healthy Families / Medi-Cal for Children and Pregnant Women
P.O. Box 138005
Sacramento, CA 95813-9984

PROCESSING A HEALTHY FAMILIES APPLICATION

Documentation Fax Cover Sheet

The final step in the data transfer from One-e-App to Health-e-App is the printing of the ***Health-e-App Fax Cover Sheet***.

For additional examples and options for required documentation, see ***Resources***.

The Fax Cover Sheet will list the amount of premium payment along with the mailing address.

The system will send you a pop up screen to verify that you have printed the Fax Cover Sheet before you click *next*.

Fax Within 24 Hours!

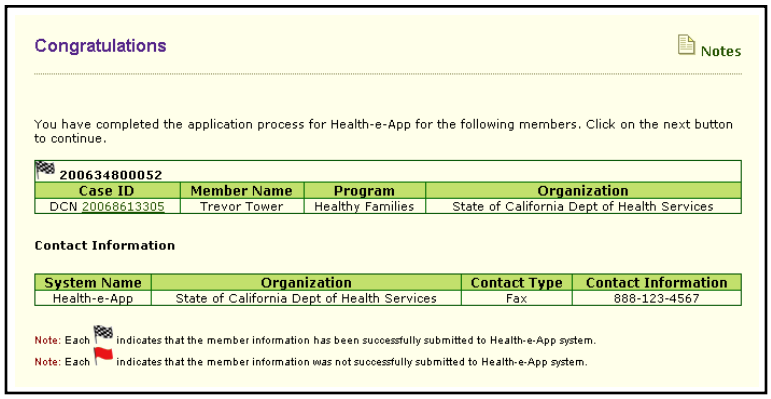
Once you have completed the Data Transfer Process you have 24 hours to fax over the verification document(s) to Health-e-App

REMEMBER: Print the Fax Cover Sheet

1. Review the document check list located on the Fax Cover Sheet. Check off the verification documents that will be faxed.
2. Write the Document Control Number (DCN) on each document faxed. This will help keep the documents from getting lost.
3. Fax all the documents to the fax number listed on the Fax Cover Sheet.

For more information on faxing, please refer to the Fax Tip Sheet located in the Resource section.

STEP 8: Health-e-App Data Transfer



Congratulations

Notes

You have completed the application process for Health-e-App for the following members. Click on the next button to continue.

200634800052

Case ID	Member Name	Program	Organization
DCN 20068613305	Trevor Tower	Healthy Families	State of California Dept of Health Services

Contact Information

System Name	Organization	Contact Type	Contact Information
Health-e-App	State of California Dept of Health Services	Fax	888-123-4567

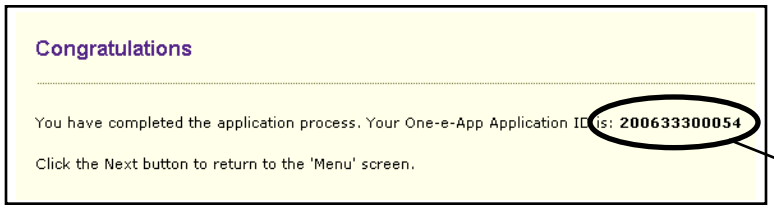
Note: Each indicates that the member information has been successfully submitted to Health-e-App system.

Note: Each indicates that the member information was not successfully submitted to Health-e-App system.

PROCESSING A HEALTHY FAMILIES APPLICATION

This screen will indicate if the application was successfully submitted to Health-e-App.

A state contact number for Medi-Cal or Healthy Families is provided.



Congratulations

You have completed the application process. Your One-e-App Application ID is: 200633300054

Click the Next button to return to the 'Menu' screen.

Congratulations!

You have completed the application process!

The **Application ID** number is listed on this screen.

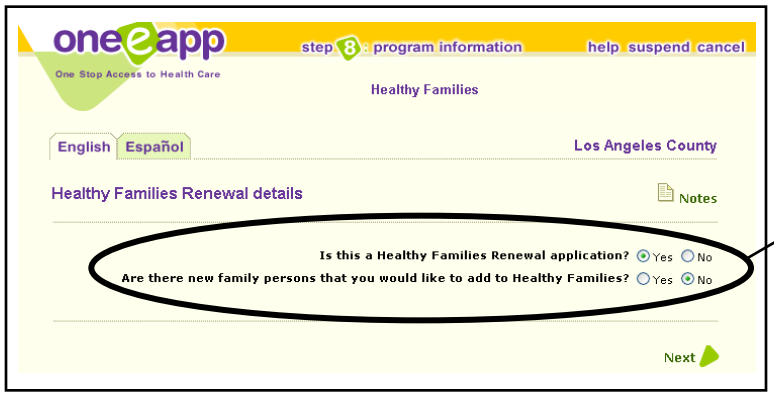
An **Application ID** is a Unique Identifier that can assist you in locating an application in the One-e-App system.

You will be navigated back to the main menu when you click on *next*.

STEP 8: Health-e-App Data Transfer

Healthy Families AER and **Add a Child Form** cannot be processed using the One-e-App system at this time.

The system will provide a **Healthy Families AER** and/or an **Add a Child Form** that can be filled out, printed and faxed or mailed to the Healthy Families program.

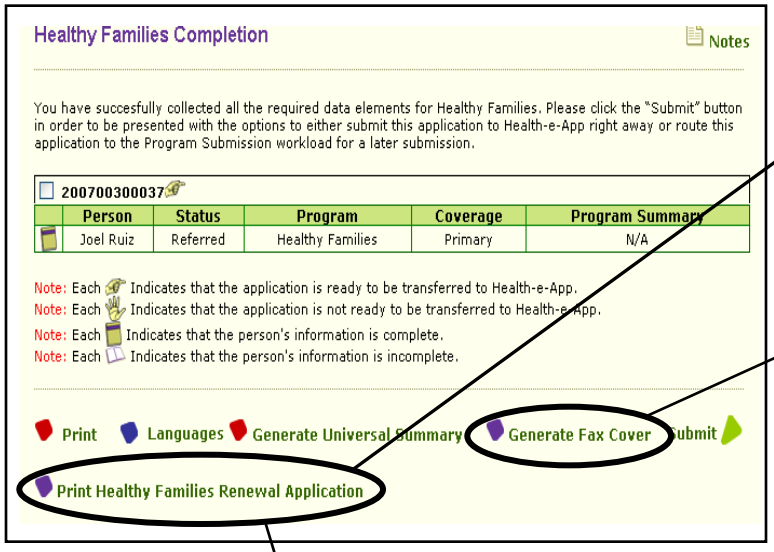


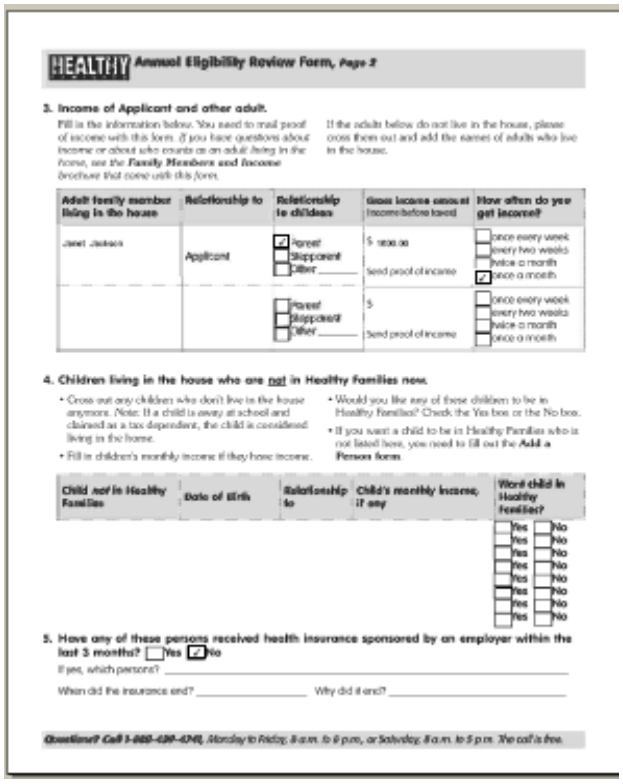
Healthy Families Annual Eligibility Review (AER) & Add a Child Form

To begin, select *Begin Application* from the **Menu** screen. You will enter the information as you would with a new application.

When you get to *Step 8: Program Information*, you will indicate that this application is a **"Healthy Families Renewal"** and/ or indicate if you would like to **"add a person (child)"** to the Healthy Families case. When you click *Next,* you will be navigated to a ***Healthy Families Completion*** screen.

STEP 8: Health-e-App Data Transfer





Healthy Families Completion Screen

You are now able to print out the **Healthy Families Renewal** or **Add a Child Form** by clicking on the *Print Healthy Families Renewal* option.

It is recommended that in addition to sending the forms and documents to the Healthy Families program, you also fax them to One-e-App. You can click on *Generate Fax Cover Sheet* which will generate a cover sheet that can be used to fax over documents to One-e-App (For more information on faxing refer to the **Faxing Tip Sheet** in the Frequently Asked Questions and Tip Sheet section)

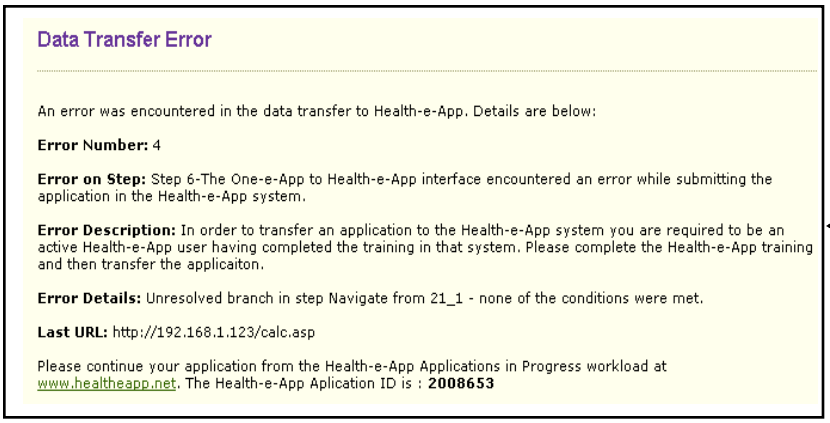
This will be an extra step, but it ensures that the documents will be stored so that you can view documents faxed or mailed to Health-e-App, in case they are lost.

Mail the form, proof of income and proof of expenses paperwork to:

Healthy Families
PO Box 138010
Sacramento, CA 95813-8010

Or, you can fax the form and documents to: 1 (866) 848-4975

STEP 8: Health-e-App Data Transfer



Data Transfer Error

An error was encountered in the data transfer to Health-e-App. Details are below:

Error Number: 4

Error on Step: Step 6-The One-e-App to Health-e-App interface encountered an error while submitting the application in the Health-e-App system.

Error Description: In order to transfer an application to the Health-e-App system you are required to be an active Health-e-App user having completed the training in that system. Please complete the Health-e-App training and then transfer the applicaiton.

Error Details: Unresolved branch in step Navigate from 21_1 - none of the conditions were met.

Last URL: http://192.168.1.123/calc.asp

Please continue your application from the Health-e-App Applications in Progress workload at www.healtheapp.net. The Health-e-App Aplication ID is : **2008653**

DATA TRANSFER ERROR

What to do if you encounter a Health-e-App Transfer Error

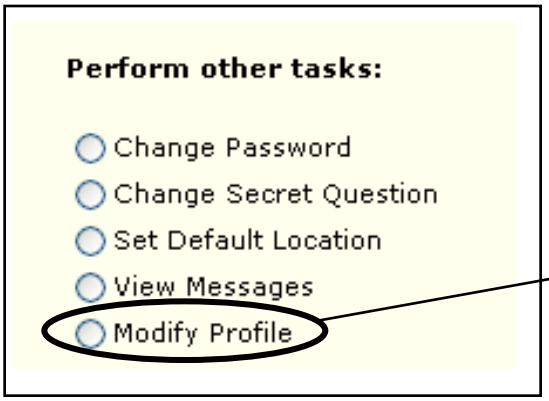
Once the system has completed the data transformation process it will start migrating the application data to the Health-e-App system. When the transfer fails due to System Error you see this screen.

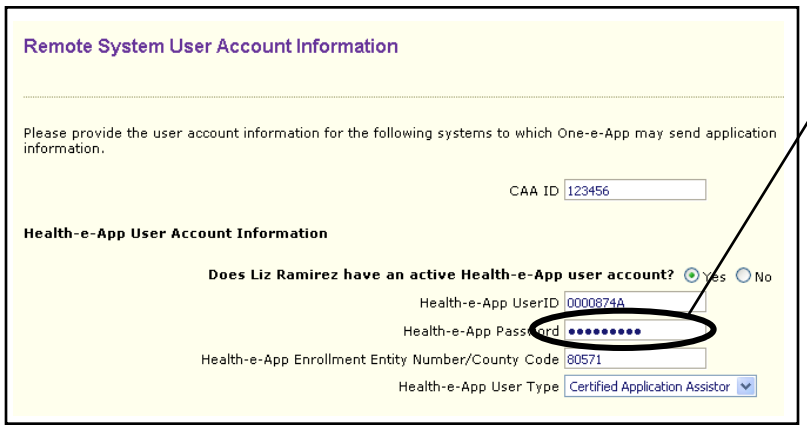
- Call the One-e-App help desk and notify them of the error received. Be prepared to give detailed information, including the application ID number and error number (the first line in the screen).
- Take a screenshot of the error message and send in an e-mail it to One-e-App help desk. (see Bug Reporting chapter)

Password Data Transfer Errors

- If the transfer failed after the Health-e-App password verification, some information may have been sent to the Health-e-App. You will need to log in to Health-e-App, look in your workload, find the application in question and continue from there.
- If the reason for the transfer error was that your Health-e-App password is disabled, you will need to log in to Health-e-App, **www.healtheapp.net** and have your password reset or you can call the Health-e-App Help Desk at **(866) 861-3443**.
- Once you have confirmed your new password you must now go to One-e-App and update it there.

STEP 8: Health-e-App Data Transfer





UPDATING YOUR HEALTH-E-APP PASSWORD IN ONE-E-APP

To update your Health-e-App password in One-e-App, you will need to:

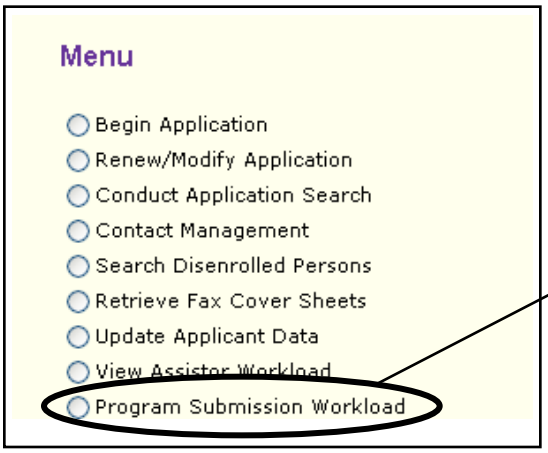
1. Log in to https://thecenter.oneeapp.org
2. Select *Modify Profile* on the Menu page.
3. Keep clicking *Next* until you get to the **Remote System User Account Information** screen. You then can update your password.
4. Notify supervisor or anyone else of new password according to agency protocol.

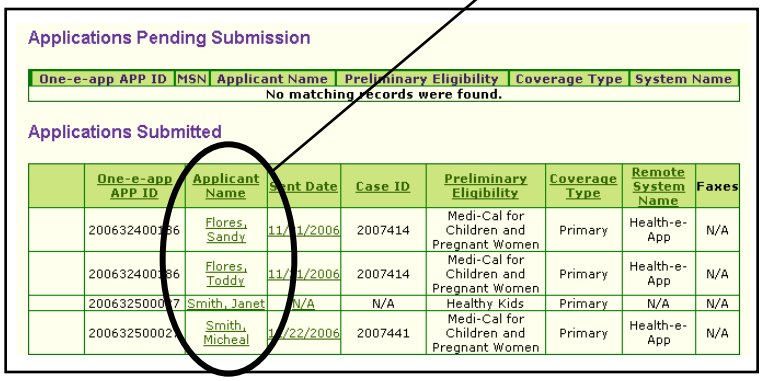
PASSWORDS TIPS

Passwords must be changed every 30 days in both One-e-App and Health-e-App. One-e-App will remind you with a tickler to change your password. You can use the One-e-App Password for Health-e-App (but not the reverse). When you get the reminder follow these steps:

1. Change your password in One-e-App
2. Modify your profile in One-e-App to change your Health-e-App password (the same one you changed it to in One-e-App)
3. Go to Health-e-App and change your password to the new password

STEP 8: Health-e-App Data Transfer

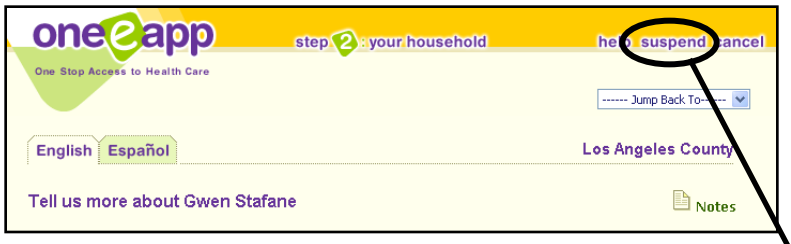




CONTINUE A TRANSFER TO HEALTH-E-APP

To continue to transfer to Health-e-App you must :

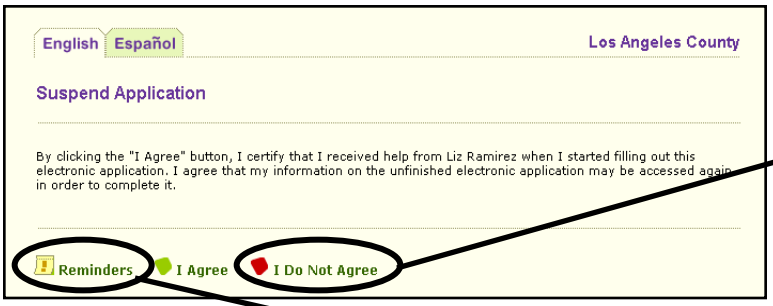
1. Select *Program Submission Workload* from the **Menu** screen.
2. Click on the name of each client for whom an application is to be submitted. The workload screen will show you that the application has been submitted.



The One-e-App system has the ability to suspend, or temporarily hold, applications that you are working on. This gives you the opportunity to continue working on the application at a later date, up to 14 days later.

The ***suspend*** function is available when you reach Step 2 of the application process.

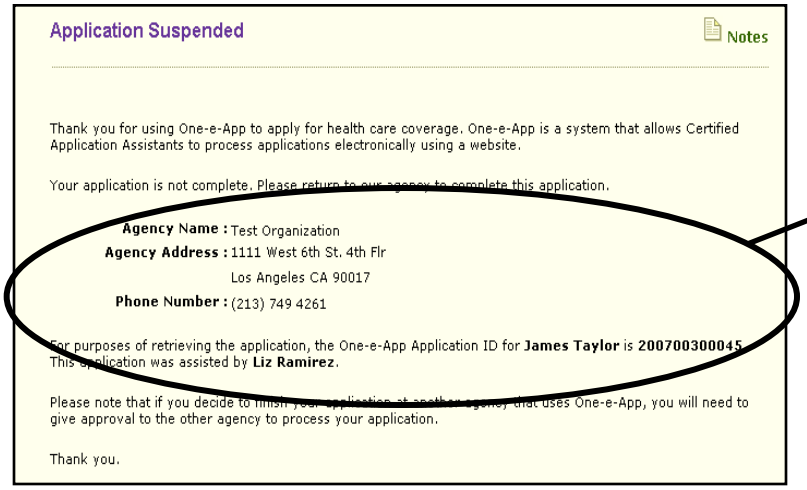
You can access this function by clicking on the "***suspend***" option that is located in the upper right hand corner of the screen.



You will then be navigated to a ***Suspend Application*** confirmation screen and the client must either agree, or disagree, to suspend the application.

If the applicant "**Does Not Agree**", you will be navigated to the household summary page. Information collected will be stored in the system and can be accessed if the applicant changes his/her mind and wants to continue at a later date. You will have to conduct a search to locate the information that has been stored in One-e-App.

If the applicant does "**Agree**", you can create a reminder for yourself by clicking on the "***Reminder***" option. The reminder will show in the workload for that application.



Application Suspended

Notes

Thank you for using One-e-App to apply for health care coverage. One-e-App is a system that allows Certified Application Assistants to process applications electronically using a website.

Your application is not complete. Please return to our agency to complete this application.

Agency Name : Test Organization
Agency Address : 1111 West 6th St. 4th Flr
Los Angeles CA 90017
Phone Number : (213) 749 4261

For purposes of retrieving the application, the One-e-App Application ID for **James Taylor** is **200700300045**. This application was assisted by **Liz Ramirez**.

Please note that if you decide to finish your application at another agency, that uses One-e-App, you will need to give approval to the other agency to process your application.

Thank you.

When the applicant agrees, the information will remain unfinished in the One-e-App system and may be accessed again in order to complete it.

You will be navigated to a screen that will include:

- who assisted the applicant;
- information on that person's agency; and
- an application ID number that can be used to search for the application when the applicant returns to complete the process.

The application will show up in the ***Application in Progress Workload***.

CHAPTER 5

How to Report Bugs or Issues in One-e-App

One-e-App: How to Report Production Issues to Test Track Pro

When you experience an issue or problem in One-e-App, please contact the One-e-App Help Desk by phone at **(866) 429-1979** or email at **ttpro@oneapp.org** to report your issue. The following are instructions for contacting the Help Desk by phone or email.

I. Calling the Help Desk

When calling the Help Desk to report an issue, please be prepared to providing the following information:

- County reporting the call
- Your name and organization
- Your User ID and role (example, CAA)
- The Application ID or name of applicant or primary informant on the application
- Screen print of error message or the URL of the screen name where the issue was encountered, Example URL**:** **https://thecenter.oneeapp.org**
- Detailed description of the problem, at what point in the system that the problem occurred (e.g., Searches, Application Processing, Eligibility Calculation, Data Transfer to Health-e-App, User Account, Faxing of Verification Documents, Generation of Universal Summary, Notices or PDF Documents.

II. Sending an e-mail

Send an e-mail to **ttpro@oneapp.org** with a brief summary of the issue in the subject line and a detailed description of the problem you are experiencing in the body of the e-mail, along with the One-e-App Application ID, User Name and, whenever possible, a screen-shot of the error you have encountered.

The e-mail will get loaded into Test Track Pro's Help Desk Log and you will receive an automatic e-mail notification with a ticket number, which can be used for future reference.

DO NOT REPLY TO EMAIL FROM TEST TRACK PRO

You should not reply to the automatic messages sent by Test Track Pro, nor should you "cc" or copy anyone at the "ttpro" e-mail address while 'Replying' or 'Forwarding' your original message. This will generate new ticket numbers and duplicate the issues in the helpdesk log!

Feel free to “cc” or copy your e-mails to necessary individuals from One-e-App Helpdesk/Support Team, One-e-App Management, County System Administrators, and/or your own Supervisor.

Attaching screen-shots on e-mails to TTPro

Attaching screen-shots is a great way to communicate a One-e-App bug, as they help the Development Team recreate the issue and/or isolate the cause of the problem.

Test Track Pro

E-mails sent to **ttpro@oneapp.org** are directly received by the One-e-App Support Team. The text in the body of the e-mail is imported as the “ticket description” and any attachments to the e-mail are attached to the ticket in Test Track Pro. It is important that if a screenshot is included with the e-mail sent to this address, **it must be saved to a file and then the file must be attached separately to the e-mail.**

INSTRUCTIONS:

1. When you make the screen-shot, be sure you are looking at the screen with the problem!
2. Press *print screen* on your keyboard to record the screen-shot to your computer’s clipboard.
3. Open your word processing software (such as Microsoft Word) and create a new document.
4. Choose *Edit* → *Paste* from the menu (or *Control* + *V* on the keyboard) to paste the screen-shot into the document.
5. Save the document to your computer—remember where you saved it! Saving it to your desktop or a special folder for “One-e App” may be helpful.
6. Address your e-mail to: **ttpro@oneapp.org** **-** Write your message.
7. From your e-mail software (i.e., MS Outlook, Groupwise, Yahoo, etc...) select *attach a file.*
8. Find the document you saved in step 4 and select it.
9. Verify that your document is now attached to the e-mail (open it up and look at it as a final check, if there is any chance that you might have attached the wrong document!)
10. Send the e-mail.

SAMPLE PROBLEM REPORTING FORM – below are samples of the e-mail notifications of Tickets created from a bug report

Report that a Ticket was created for a bug.

Ticket 16206 has been created on Aug 13, 2007.

Severity: P3 – Medium

Project: OEA DOT NET

Summary: Question about Topaz Tip Sheet

Description: Liz Ramirez called to find out about the document regarding Topaz that was sent out on 8/10/2007. Brian explained to her that this was a Tip Sheet sent out with our build that explains how to install the Topaz software on the user's computer when they are going to begin using electronic signature pads. He told her that she did not need to do anything to current machines that were already set up with the Topaz software, successfully being used to store electronic signatures. Liz requested that on the future builds that we give more of an explanation as to what the documents attached are to be used.

Thank you for your input.

Application Support Team

Please DO NOT reply to this automated message. If you need further assistance please call the Help Desk at **1-866-429-1979.**

Report that a Ticket was closed— the issue was solved.

Ticket 16206 was closed on 8/13/2007.

Severity: P3 - Medium

Project: OEA DOT NET

Summary: Question about Topaz Tip Sheet

Description: Liz Ramirez called to find out about the document regarding Topaz that was sent out on 8/10/2007. Brian explained to her that this was a Tip Sheet sent out with our build that explains how to install the Topaz software on the user's computer when they are going to begin using electronic signature pads. He told her that she did not need to do anything to current machines that were already set up with the Topaz software, successfully being used to store electronic signatures. Liz requested that on the future builds that we give more of an explanation as to what the documents attached are to be used.

Should you wish to re-open this issue, please refer to the Ticket#16206 and contact the Help Desk at 1-866-429-1979 for further assistance.

Thank you for your patience.

Application Support Team

Please DO NOT reply to this automated message.

Resources & Health Care Program Alternatives

oneeapp
One Stop Access to Health Care

What can I do for a child, teen or family member that does not qualify for Full Scope Medi-Cal or Healthy Families?

- Is the child under 5 years of age? Enrollment is still open in the Healthy Kids program for children who are 5 1/2 and younger. You can call **(888) 452-5437** for more information.
- Does the child's family have an open, active case with Kaiser Child Health Plan for another sibling? If so, you can add a child that is not currently enrolled. You can call **(800) 464-4000** for more information.
- Does the child or family member have an urgent need for health care? Refer to LA County Department of Health Services or a Public Private Partnership program, depending on need. For urgent or ongoing care, LAC/DHS and PPPs should have free, a sliding scale or low-cost (for some PPP's) health care. If the family is under 133 1/3 % of poverty, the child or family member may be eligible for free coverage under ORSA – (Outpatient Reduced-Cost and Simplified Application) or the PPP's free services if under 133 1/3% of poverty. You can call **(800) 427-8700** to locate a LA County location or a PPP provider.
- Is the child within the Child Health and Disability Prevention Program (CHDP) schedule of visits or is a problem suspected or a visit needed outside the schedule for sports physical or foster care exam? See **http://www.dhs.ca.gov/pcfh/cms/chdp/**. If so, the child can get up to two months full Medi-Cal if s/he does not already have Restricted (sometimes called Emergency) Medi-Cal. During that time, it is possible to receive care for even longer by applying for ongoing coverage. To find a CHDP provider you can call toll-free (800) 993-CHDP.

CHDP Periodicity (schedule of visits):

Less than 1 month of age	9 months of age	2 years of age	9-12 years of age
2 months of age	12 months of age	3 years of age	13-16 years of age
4 months of age	15 months of age	4-5 years of age	17-20 years of age
6 months of age	18 months of age	6-8 years of age	

- For citizen/Qualified Immigrant children, has the parent's income been correctly determined? (deductions, countable/noncountable income, sibling income, stepparent issues) You want to be sure the child is not actually under 250% of poverty and thus eligible for Healthy Families.

- Is it possible the family member is "PRUCOL" (a Medi-Cal category) and thus eligible for full-scope Medi-Cal? The most likely reason is that his/her immigration status is being adjusted; the family has applied for Legal Permanent Residency (LPR or "green card") or in some other way is adjusting the child's status. For more information on PRUCOL you can call The Health Consumer Center of Los Angeles at **(800) 896-3203**.

- Does the child or family member have an urgent need that may be considered an emergency? If so, s/he may be able to use Restricted or Emergency Medi-Cal, regardless of immigration status. Children who have Restricted Medi-Cal will not be able to get full-scope Medi-Cal from the CHDP Gateway, but are still eligible for a CHDP exam and immunizations.

- Is the child or teen in need of confidential services for family planning, pregnancy, rape treatment, exam or treatment for a possible Sexually Transmitted Infection, outpatient mental health care, or alcohol or drug abuse services? S/he may be eligible for Minor Consent Medi-Cal if living in the parents' home; the parents' income will not count, immigration status does not matter, and parental consent is not required. Call the Department of Public Social Service Central Help Line at (877) 481-1044 to locate an office to apply.

- Is the teen or family in need of confidential health education, reproductive health services such as family planning, emergency contraception, or a gynecological exam, HIV and other STI screening, available from the Family PACT program? Call (800) 942-1054 or see **www.dhs.ca.gov/pcfh/ofp/Programs/FamPACT/default.htm** to locate a provider.

- Does the child have a serious or chronic medical condition? Immigrants ineligible for regular Medi-Cal and Healthy Families are still eligible for health care for serious and/or chronic medical conditions from California Children's Services (CCS), services from Regional Centers, mental health care, etc., in addition to Medi-Cal emergency services, Minor Consent Medi-Cal, and FamPACT. See the Health Consumer Center's brochure at **http://www.healthconsumer.org/publications.htm.** To make a referral to CCS, or for more information on the program, call **(800) 288-4584**.

- **Access for Infants and Mothers (AIM): 1-800-433-2611**
  http://www.aim.ca.gov/english/AIMHome.asp
  AIM provides health coverage for pregnant women who are less than 30 weeks pregnant at the time their application is accepted. The mother's immigration status does not matter. **This program is for pregnant women who do not qualify for free Medi-Cal for pregnancy.**

Medi-Cal and Deemed Eligibility for Newborns

A Medi-Cal application usually requires completing an application form and providing verification such as proof of income. But for babies whose mothers had Medi-Cal at the time of delivery, there's a "shortcut" for enrollment for the first year of life *without* any of the usual paperwork.

Infants born to teens or women who were receiving Medi-Cal at the time of the birth and who live with their mothers during the birth month. These infants are "**deemed eligible**" for "full-scope" Medi-Cal for the first year of life.

Minor Consent Medi-Cal moms are treated just like infants of moms with other kinds of Medi-Cal: they are "deemed eligible" for full-scope Medi-Cal until the first birthday if they live with the mom in the birth month.

Reminder: Newborns are automatically covered for full-scope Medi-Cal under the mother's Medi-Cal card and number during the birth month and the month after. This gives families a little breathing room to inform the County that the baby has been born so that the County can issue a separate Medi-Cal card and number for the newborn.

What is the process for enrolling a "deemed eligible" infant into Medi-Cal using the shortcut?

The most direct way is to contact the mother's Eligibility Worker, preferably by phone. If the client does not know who his/her Eligibility Worker is they can call (877) 481-1044 to find out.

You also have the option of faxing or mailing a MC 330, Newborn Referral Form (attached in Spanish and English) to the County. You can use the attached copy to fax or download form at:
http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx

FAX TO: (213) 763-8666

State of California—Health and Human Services Agency

Department of Health Services

NEWBORN REFERRAL
(NOT AN APPLICATION FOR MEDI-CAL)

(PLEASE USE INK AND PRESS FIRMLY.)

The Newborn Referral Form is used to assist a Medi-Cal eligible mom to report the birth of her child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn. Mail or fax this form to the county. County information is located on the back of this form. Any changes to the household must be reported to the county, so, turn in this information quickly. The mother may also report the birth by phone to her eligibility worker. If you are acting on behalf of the mother and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If entering through Gateway Program enter the BIC number assigned to the infant ***(optional).***

SECTION A *The mother's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

Mother's name (first, MI, last)		Mother's date of birth	BIC or Medi-Cal ID number or SSN
Mailing address (number and street) or location			County
City	State	ZIP code	Telephone number ( )

SECTION B **Reminder:** *A child born to a mother with restricted benefits is eligible for full-scope benefits.*

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender ☐ Male ☐ Female	*Optional*—Gateway ID number
Newborn **2** name (first, MI, last)	Date of birth (month/day/year)	Gender ☐ Male ☐ Female	*Optional*—Gateway ID number
Newborn **3** name (first, MI, last)	Date of birth (month/day/year)	Gender ☐ Male ☐ Female	*Optional*—Gateway ID number

Where born (hospital name, clinic name, etc.)

Address (number and street, if available)	City	State	ZIP code

Will baby and mother live in the same household? ☐ Yes ☐ No

If no, has the mother given up rights to the newborn child? ☐ Yes ☐ No

If yes, date child(ren) given up: _____/_____/_____

This form does not start Medi-Cal, CalWORKs, or Food Stamp benefits. If you currently get these benefits, you must contact your eligibility worker to continue getting these benefits.

I hereby authorize release of this information to the County Department of Social Services/county welfare department.

Date of request	Parent/Relative/Guardian (of the infant) signature ⊠

SECTION C *(Fill in this section if form was completed by person other than parent, relative, or guardian.)*

Completed by **(PLEASE PRINT)**	Title
Medi-Cal ID number (If Medi-Cal provider/hospital/clinic/group, etc.)	Telephone number ( )

I certify to the best of my knowledge that the information above is verified and accurate.

Signature (person other than parent, relative, or guardian) ⊠	Date completed

For provider billing inquiries concerning or how to bill for infants, call the EDS Billing Hotline at 1-800-541-5555.

Distribution: *White—County* *Yellow—Hospital/Clinic/Nurse-Midwife/CAA/AR* ☐ *Pink—Parent/Relative/Guardian*

Envie Por Fax Al: (213) 763-8666

FORMULARIO DE INFORMACIÓN DE RECIÉN NACIDOS (NO ES UNA SOLICITUD PARA RECIBIR MEDI-CAL)

(Por favor use una pluma e imprima firmemente)

Este Formulario De Información De Recién Nacidos es para asistirle a la madre elegible para Medi-Cal reportar el nacimiento de su bebé(s) a Medi-Cal. Completando la información en este formulario, usted ayuda al condado a confirmar la elegibilidad del recién nacido. Envíe por correo o fax este formulario al condado. La información del condado se encuentra al reverso de este formulario. Cualquier cambio en el hogar tiene que ser reportado al condado, por eso, envíe esta información lo más pronto posible. La madre también puede reportar el nacimiento por teléfono a su trabajador de elegibilidad. Si usted está actuando en representación de la madre y no es esposo, familiar o tutor, entonces su firma e información de identificación son requeridas en la Sección C. Si está entrando por medio del Programa Gateway escriba el número del BIC asignado al bebé. ***(Opcional)***

SECCIÓN A *La tarjeta de Medi-Cal de la madre se puede usar durante el mes de nacimiento del bebé y el mes siguiente para servicios y cobros del recién nacido.*

Nombre de la madre (nombre, inicial de en medio, apellido)		Fecha de nacimiento de la madre	BIC o Identificación de Medi-Cal o N. del Seguro Social
Dirección postal (número y calle) o ubicación			Condado
Ciudad	Estado	Código postal	Número de teléfono ( )

SECCIÓN B ***Recordatorio:*** *Un bebé nacido a una madre con beneficios limitados es elegible para beneficios completos.*

Nombre del recién nacido	Fecha de nacimiento (mes/día/año)	Sexo ☐ Niño ☐ Niña	*Opcional*—Número de Gateway
Nombre del recién nacido #2	Fecha de nacimiento (mes/día/año)	Sexo ☐ Niño ☐ Niña	*Opcional*—Número de Gateway
Nombre del recién nacido #3	Fecha de nacimiento (mes/día/año)	Sexo ☐ Niño ☐ Niña	*Opcional*—Número de Gateway

Lugar de nacimiento (nombre del hospital, nombre de la clínica, casa, etc.)

Dirección (número y calle, si es disponible)	Ciudad	Estado	Código postal

¿El bebé y la madre vivirán en el mismo hogar? ☐ Sí ☐ No

Si su respuesta es no, ¿Ha renunciado la madre a sus derechos sobre el recién nacido? ☐ Sí ☐ No

Si es así, de la fecha de renuncia: _____/_____/_____

Este formulario no inicia los beneficios de Medi-Cal, CalWORKs o Estampillas de Comida. Si usted ahora está recibiendo estos beneficios, tiene que llamar a su trabajador de elegibilidad para que continúe recibiendo estos beneficios.

Autorizo la entrega de esta información al Condado del Departamento de Servicios Sociales/condado del departamento de bienestar.

Fecha de petición	Firma del padre/madre/pariente/tutor del niño ⊠

SECTION C *(Fill in this section if form was completed by person other than parent, relative, or guardian.)*
SECCIÓN C *(Llene esta sección si este formulario fue completado por otra persona además de un padre, familiar o tutor.)*

Completed by **(Please print)** / *Completado por* ***(Por favor escriba en letra de molde)***	Title / *Título*
Medi-Cal number (if Medi-Cal provider/hospital/clinic/group, etc.) / *Número de Medi-Cal (sí es completado por el proveedor de Medi-Cal/hospital/clínica/grupo, etc)*	Telephone number / *Número de teléfono* ( )

I certify to the best of my knowledge that the information above is verified and accurate.
Certifico al mejor de me conocimiento que la información arriba es verificada y exacta.

Signature (person other than parent, relative, or guardian) / *Firma (otra persona que no sea un padre, familiar o tutor)* ⊠	Date completed / *Fecha en que se completó este formulario*

For provider billing inquiries concerning or how to bill for infants, call the EDS Billing Hotline at 1-800-541-5555.

Distribution: *White—County* *Yellow—Hospital/Clinic/Nurse-Midwife/CAA/AR* ☐ *Pink—Parent/Relative/Guardian*

According to our Department of Public Social Services, some 60% of the denied Medi-Cal applications for children that arrive in Los Angeles monthly either already have Medi-Cal or already have started the process to apply. Duplicate submissions waste resources that could be used to help more children with enrollment and finding health care.

Healthy Families

Healthy Families will only answer questions from the CAA who originally helped the client, until the application is accepted or denied, or that person him/herself (the parent or teen). If you are not the original assistor, it may be necessary to have the client on the phone, in person or with a three-way phone call, or have client sign a Authorized Representative form that can be faxed. You can download one at http://www.healthyfamilies.ca.gov/English/download.html

Call (800) 880-5305 to find out about the status of an application or an existing or previous case.

Healthy Kids

If the applicant thinks she or he might have an open Healthy Kids case, call LA Care at (888) 452-5437 for assistance.

Medi-Cal

The following pages contain resources to help you screen clients for any open Medi-Cal case.

Certified Application Assistor (CAA) Questionnaire
Medi-Cal Benefits Screening Tool

Ask your clients the following questions before filing out the MC 321, Joint Medi-Cal/Healthy Families application.

		Yes	No
1)	**Are you receiving cash (CalWORKs) benefits?** If yes, as a recipient of CalWORKs, the client is entitled to receive Medi-Cal. Ask the client for his/her BIC. If the client never received one, check eligibility.*	☐	☐
2)	**Are you receiving Supplemental Security Income (SSI)?** If yes, as a recipient of SSI, the client is entitled to receive Medi-Cal. Ask the client for his/her BIC. If the client never received one and/or needs a replacement BIC, he/she can request one from any Department of Public Social Services (DPSS) office by presenting his/her award letter to the SSI Liaison.	☐	☐
3)	**Do you have a Benefits Identification Card (BIC)?** If yes, then check eligibility on MEDS, AEVS, SAEVS or with the client's Eligibility Worker. If the client needs a replacement card, he/she can call his/her Eligibility Worker to request one. If the client does not know his/her Worker, he/she can call the Los Angeles County Health & Nutrition Hotline at 1(877)597-4777.	☐	☐
4)	**Are you enrolled in a health plan or HMO such as Health Net or Care First?** If yes, ask the client if he/she has a BIC and check eligibility.* Ask if the client has a health plan card and if yes, explain to them how managed care works. To use dental benefits, the client needs to show a BIC, not a health plan card.	☐	☐
5)	**Have you or your children received medical treatment or dental care anywhere recently?** If yes, how did the client pay for these services or is the client receiving bills? Did the client fill out any paperwork at a county or other facility? Ask the client to bring any paperwork he/she has. Help the client to address any bills and obtain retroactive Medi-Cal if needed and if eligible.	☐	☐
6)	**Have your children received free immunizations?** The child may have been put through the CHDP Gateway. Did the client receive a BIC? Check eligibility.* The child may need to fill out the joint Medi-Cal/Healthy Families application to finish the application process.	☐	☐

		Yes	No
7)	**Are there other children in the household already receiving aid?** If yes, the client and/or other children may be able to be added onto an existing case. Check eligibility. *	☐	☐

If the applicant answers "Yes" to any of the above mentioned questions, he/she may already be receiving Medi-Cal benefits. Additionally, if the application is for a newborn, determine if a Newborn Referral (MC 330) should be completed instead of the Joint Medi-Cal/Healthy Families Application (MC 321 HFP).

***Ways of checking eligibility:**

1. **Medi-Cal Eligibility Data System (MEDS)**
   This State system is used by Los Angeles County DPSS Eligibility Workers; at provider offices and hospitals; at county clinics and hospitals; and at the health departments in the cities of Long Beach and Pasadena.

2. **Automated Eligibility Verification Systems (AEVS)**
   Non-providers can apply to get a PIN number to check eligibility via the telephone. To obtain an application for AEVS call (916) 552-9492. AEVS will not work, however, unless the client has Medi-Cal. In addition, AEVS does not have information for "pending" Medi-Cal.

3. **Supplemental Automated Eligibility Verification System (SAEVS)**
   Non-providers can access a temporary PIN number which is good for 24 hours only. Non-providers can request a PIN every day if needed.
   - Call 1(800) 541-5555 Monday – Friday from 8:00 a.m. to 5:00 p.m.
   - Press option 11, 16, 16
   - Request a temporary PIN number for non-provider
   - EDS will ask for first name, first letter of last name and agency telephone number
   - You will be issued a five-digit number that is good for 24 hours only. However, depending, when you call it may be good for a few hours only until midnight
   - To check eligibility, call 1(800) 541-5555
   - Press option 11, 16, 15, 2
   - Verify PIN number
   - Press 1 for eligibility, enter the recipient ID # and press #
   - Press 2 for Share of Cost (SOC) clearance

4. **Calling DPSS Eligibility Workers**
   Have the client contact his/her Medi-Cal or CalWORKs worker if a new/replacement BIC card is needed. The client may also call the Los Angeles County Health & Nutrition Hotline at 1(877) 597-4777.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714.744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941

SEP 5 1995

Dear Organization:

BENEFIT ASSISTANCE TO MEDI-CAL BENEFICIARIES

When the Department of Health Services (DHS) transferred from the old paper Medi-Cal card to the new Beneficiary Identification Card, or plastic card, the fact that many other government agencies and even community-based civilian organizations provided assistance and/or benefits to welfare recipients in general, and Medi-Cal recipients in particular were not recognized; therefore, many of those organizations are now having problems in verifying eligibility for their clients. These organizations used the paper Medi-Cal card as a quick means of verifying eligibility for various community benefits. DHS completed implementation to a one-time issue plastic card September 1, 1994.

Due to confidentiality laws and regulations, these organizations are legally barred from access to the Medi-Cal Eligibility Data System (MEDS) or any other present means to verify the client's current eligibility. Until now, the organizations had to rely on the client or call the county welfare office to verify eligibility.

With the assistance of Electronic Data Systems, DHS can now provide these organizations with a modified version of the Automated Eligibility Verification Systems (AEVS) which is a voice response system that will enable you to perform eligibility verification transactions for Medi-Cal and County Medical Services Program recipients using a touch-tone telephone. A copy of the Telephone AEVS User Guide is included with this letter as Enclosure No. 2. The AEVS service is provided at no cost to the user. The AEVS User Guide was developed for the use of Medi-Cal providers seeking billing information. Some information will not pertain to your organization. AEVS is available by using a touch-tone telephone between the hours of 2:00 A.M. and midnight, seven days a week.

With reference to page 100-54-2 of the enclosed User Guide for Telephone AEVS, the information you should have ready to enter using your touch-tone telephone when prompted by AEVS is your eight-digit PIN, the recipient's Medi-Cal ID number and the recipient's month and year of birth and the date the recipient's Medi-Cal card was issued. This information is required for each eligibility transaction.

The enrollment procedure to participate in AEVS consists of completion of the enclosed AEVS Enrollment Form which is included as Enclosure No. 1. You must provide all requested information. Once DHS receives the completed enrollment form, you will be issued a non-Medi-Cal provider number and a PIN number, which you must have to use AEVS.

If you have any questions, please contact ana.fellines@dhcs.ca.gov
Ana Fellines at (916)552-9507

Sincerely,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

Automated Eligibility Verification Systems (AEVS) Enrollment Form

All non-providers intending to perform eligibility verification through AEVS must complete the Oath of Confidentiality and provide all other information as requested by this form.

- -

OATH OF CONFIDENTIALITY

As a condition of obtaining access to the Automated Eligibility Verification System maintained by the California Department of Health Services, I/we agree to not divulge any information obtained in the course of my/our assigned duties to unauthorized persons, and I/we agree not to publish or otherwise make public any information regarding persons receiving Medi-Cal services such that the persons who received such services are identifiable.

Access to such data shall be limited to personnel who require the information in the performance of their duties, and to such others as may be authorized by Department of Health Services.

I/we recognize that unauthorized release of confidential information may make me/us subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2.

_____
Organization Name

SIGNATURE(S): DATE:

_____ _____
_____ _____
_____ _____
_____ _____

- -

Organization: _____

Attention to: _____

Address: _____

City: _____

ZIP Code: _____

Contact Person: _____ Phone #: (___) ___-_____

The purpose of requesting this access is to: _____
_____

When complete, fax this form to: Ana Fellines (916)552-9478

AEVS Eligibility-Checking by Internet

You need to have either a Medi-Cal Provider Number or apply for an AEVS non-provider number (see page 115).

•Go to www.medi-cal.ca.gov/Eligibility/Login.asp

•Click on Transaction Log-in on the left hand side

•Enter your user ID (provider number) and password and click on Submit

•Click on Single Subscriber and enter the clients Subscriber ID (BIC number), birth date, the BIC issue date and the service date, and click on Submit

AEVS will give you the clients name, eligibility status, county code, aid code, scope of benefits and which health plans (if any) the client is enrolled in.

What do I do if I get a Health-e-App Data transfer error?

Once the system has completed the data transformation process it will start migrating the application data to the Health-e-App system. When the transfer fails due to System Error you will receive a pop-up message that your transmission has failed.

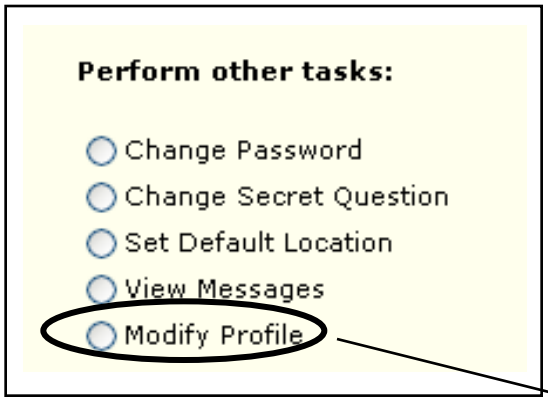
- Call the One-e-App Help Desk and notify them of the error received. Be prepared to give detailed information, including the application ID number and error number (the first line in the screen).

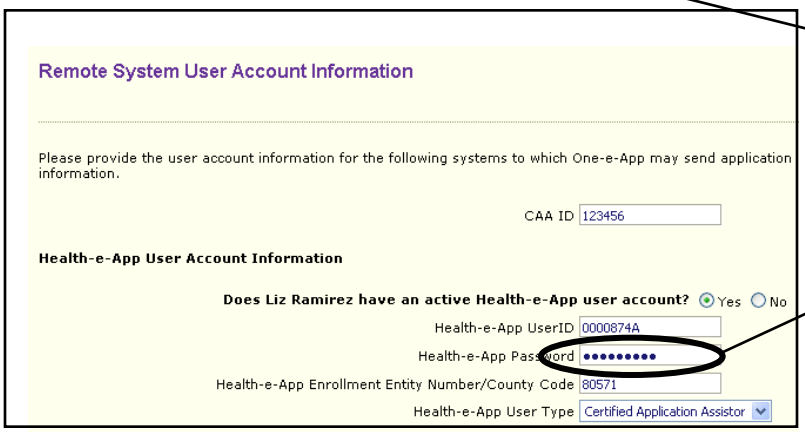
Take a screenshot of the error message and send in an e-mail to the One-e-App Help Desk. (see Bug Reporting in Chapter 5)

Health-e-App Data Transfer

Password Data Transfer Errors

- If the transfer failed after the Health-e-App password verification, some information may have been sent to the Health-e-App. You will need to log in to Health-e-App, look in your workload, find the application in question and continue from there.
- If the reason for the transfer error was your Health-e-App password being disabled, you will need to login in to Health-e-App, **www.healtheapp.net** and have your password reset or you can call the HeA Help Desk at **(866) 861-3443.**
- Once you have confirmed you new password you must now go to One-e-App and update it there.





UPDATING YOUR HEALTH-E-APP PASSWORD IN ONE-E-APP

To update your Health-e-App password in One-e-App, you will need to:

1. Log in to

   https://thecenter.oneeapp.org

1. Select *Modify profile* on the Menu page.
2. Keep clicking *Next* till you get to the **Remote System User Account Information** screen. You then can update your password.
3. Notify supervisor or anyone else of new password according to agency protocol.

PASSWORD TIPS

Passwords must be changed every 30 days in both One-e-App and Health-e-App. Seven days before your One-e-App password expires you will receive a tickler reminder that your password is about to expire, it will be displayed on the tickler banner on the top of the Menu screen until the user changes the password. Health-e-App does not remind about password changes, however, it is recommended that you update your Health-e-App password (on the Health-e-App website or by calling the Health-e-App help desk to reset) every time your One-e-App password is reset. That way you won't receive data transfer errors from the Health-e-App website from an expired password. **www.healtheapp.net** or (866) 861-3443.

You can use the One-e-App Password for Health-e-App (but not the reverse). When you get the reminder follow these steps:

1. Change your password in One-e-App
2. Modify your profile in One-e-App to change your Health-e-App Password (the same one you changed it to in One-e-App)
3. Go to Health-e-App and change your password to the new password.

Password Requirements

The following are requirements for the password you create each 30 days:

- It must be at least 8 characters in length
- It must contain at least one number
- It must be a combination of upper and lower case characters
- It must contain at least one special character, like, #, @, %
- It must be case sensitive (It matters if you type in capital or lower case letters)

Faxing Tip Sheet

To complete the application process, you must fax your verification documents (e.g., income, rights and declarations, proof of residency) after submitting an application in One-e-App. This one-pager contains tips on the faxing process.

IMPORTANT – Suspend until you are ready to fax: Please note that there are some time limits associated with faxing documents. We strongly recommend that if you are not ready to fax documents immediately after submitting the application, you should suspend the application **prior to submitting**. When the documents are ready for faxing, you can continue to submit the application and fax the documents immediately after.

Step 1: Print the Fax Cover Sheets

There are different fax cover sheets for documents for One-e-App and Health-e-App as described below:

- **One-e-App** has a one set of two fax cover sheets for documents *for each application* - one for permanent and one for temporary documents. These can be used for all four children's programs (Medi-Cal, Healthy Families, Healthy Kids, and CHDP). Fax cover sheets may be printed during the application process by clicking the "Generate Fax Cover" button at the bottom of the submit page OR by selecting the Menu option "Retrieve Fax Cover Sheets".

- **Health-e-App** has one fax cover sheet *for each Medi-Cal/Healthy Families application*. You will be navigated to the Health-e-App fax cover sheet during the data transfer process. If you forget to print out the Health-e-App fax cover sheet during the data transfer process, you can access it from the Menu by selecting the "Health-e-App Fax Cover".

Note: If you use the Menu option to print fax cover sheets, you will be asked to conduct an application search. From the search results, click on "Fax" in the "Retrieve Fax" column to retrieve the fax cover sheets.

Step 2: Fax Verification Documents

- **For <u>Healthy Kids or CHDP</u>, you are *required* to fax to <u>One-e-App</u> at 888-398-6328.**
  - Arrange documents behind the permanent and temporary cover sheets
  - Clearly mark an "X" on the cover sheet next to those items that are attached
  - Send the set of two fax cover sheets and documents in each fax transmission

- **For <u>Medi-Cal or Healthy Families</u>, you are *required* to fax to <u>Health-e-App within 24 hours of submitting the application</u> at 866-848-4976.**
  - Arrange documents behind the fax cover sheet
  - Clearly mark an "X" on the cover sheet next to those items that are attached
  - Send only one fax cover sheet and documents in each fax transmission

As a *best practice*, we strongly recommend to also fax Health-e-App documents into One-e-App for permanent storage. This provides easy access to documents if they need to be re-faxed to Health-e-App and stores permanent documents for renewals.

Step 3: Verify the fax was received

For faxes sent to One-e-App, you should verify that the fax was received and is showing up properly. To do this,

1. Select "View Faxes" from the Menu
2. Search for the application
3. In the search results, click on the Applicant's Name. This will take you to the Application Details page. To view the faxes, click on the column header labeled "Fax" under "Verification Documents".

oneeapp
One Stop Access to Health Insurance

Monday, January 14, 2008

Dave Cote
3600 Oak Hill Ave
Los Angeles, CA - 90032

Application ID:

Dear Dave Cote ,

On 01/20/2007 you begain an application for health care coverage at (Los Angeles Unified School District,Lausd Main Office). It appears you have not finished the application process. Without a complete and signed application, we can not submit your application for the health care coverage. Your application is not complete for the reason(s) listed in the attached page.

We cannot finish processing your application, please call me so we can arrange a time for you to provide the missing information and complete the interview.

Your application will expire on 3/31/2007. You will need to complete a new application if we do not hear from you by the expiration date.

We know how important it is to obtain health coverage. Call me at 1-866-429-1979 to schedule your appointment or with questions.

Sincerely,

Mitchell Smith

One-e-App Sample 13 Day Letter

oneeapp
One Stop Access to Health Insurance

Monday, January 14, 2008

Dave Cote
3600 Oak Hill Ave
Los Angeles, CA - 90032

Application ID:

Dear Dave Cote

On 01/20/2007, you began an application for health care coverage at (Los Angeles Unified School District, Lausd Main Office). It appears you have not finished the application process. Without a complete and signed application, we were unable to submit your application for health care coverage.

At this time, your application has expired and we can not continue with your application. If your needs or circumstances change, we encourage you to reapply for health care coverage. When you decide to reapply please bring with you the information as indicated on the attached page.

Feel free to call me at 1-866-429-1979 with any questions.

Sincerely,

Mitchell Smith

Medi-Cal Authorized Representative Designation Form

TO: Los Angeles County Department of Public Social Services

I, _____ residing at _____,

_____,

have requested _____,
(NAME)

_____,
(ADDRESS)

to represent me in matters concerning my case.

I also authorize your department to release to the above authorized representative any non-privileged information requested about my _____ case. This authorization is valid until
(AID TYPE OR TYPES)
_____. I understand that this authorization will expire on the above date or in
(DATE)
one year, whichever is earlier, unless I cancel it.

(SIGNATURE OF APPLICANT/RECIPIENT)		(DATE)
(BIRTHDATE)	(SOCIAL SECURITY NUMBER)	(STATE NUMBER, IF KNOWN)
(BIRTHPLACE) (TOWN OR CITY)	(COUNTY)	(STATE)

(SIGNATURE OR NAME OF SPOUSE: HE/SHE MUST SIGN IF IN THE HOME)	(DATE)
(BIRTHDATE OF SPOUSE)	(BIRTHPLACE OF SPOUSE)

LDA/Perm

WE CAN HELP!

hcc

Health Consumer Center
of Los Angeles

- Learn About Health Care Programs
- Find Free or Affordable Health Care
- Choose the Right Health Care Plan
- Get Medical Treatment & Prescriptions
- Be Heard By Your HMO, Clinic or Doctor
- Use Grievance & Appeals Procedures

CALL 800-896-3203

9:00am - 11:45
Mondays, Tuesdays, Thursdays & Fridays

SERVICES ARE FREE IF YOU ARE A LIMITED-INCOME RESIDENT OF LOS ANGELES COUNTY

A project of Neighborhood Legal Services

Los Angeles County NEIGHBORHOOD Legal Services

Funded by The California Endowment