Healthy San Francisco

Application Assistor

Eligibility Reference Manual

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Prepared by Shelly Grimaldi, San Francisco Health Plan with contributions from the Training Lead Committee members.

Email: sgrimaldi@sfhp.org

This reference manual was compiled by San Francisco Health Plan with sources from the HSF Enrollment & Eligibility Logic, the HSF Policies and Procedures, the One-E-App Reference Manual, and the HSF Participant Handbook. Other sources include the *Healthy San Francisco* Website and presentations prepared by the HSF Training Lead committee.

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Section 1: Program History and Overview

1.1 - History of Healthy San Francisco and Application Assistors

Purpose of this Manual
The intent of this reference manual is support HSF Application Assistors with the information necessary to provide application assistance for the *Healthy San Francisco* Program.

Scope of this Manual
The reference manual is limited to program eligibility, application submission and enrollment, overview of the HSF program, and other topics related to carrying out ongoing participant enrollment and renewal for the program.

This reference manual does not provide information on HSF Medical Home administration. For HSF Medical Home administration information, please refer to the HSF Network Operations Manual provided to medical home leadership. You can also contact HSF Provider Relations at (415) 615-5180

Similarly, this manual provides an Overview of the One-e-App system, including important functionalities and log in information. For detailed One-e-App user information, please contact Social Interest Solutions.

The reference manual is updated as needed. Any changes to the program will be communicated through HSF Assistor Updates, as explained below.

Program Background & History
In August 2006, the San Francisco Board of Supervisors passed the Health Care Security Ordinance (HCSO) to improve healthcare service delivery to San Francisco's uninsured residents.

This ordinance is comprised of two separate components:

First, it established a new requirement for employers of a certain size to contribute to the cost of their employees' healthcare; second, it created *Healthy San Francisco (HSF)* to provide uninsured San Franciscans access to comprehensive healthcare services.

Currently, HSF is open to San Francisco residents with income up to 500% of the FPL, has expanded the age requirement to all eligible applicants over the age of 18, and has a network of 33 Medical Homes.

Healthy San Francisco is NOT Health Insurance
HSF is a program designed by the City and County of San Francisco to provide access to health care to the uninsured. It is **extremely important** not to confuse or mislead people into thinking that HSF is insurance:

***Healthy San Francisco* is NOT health insurance.** HSF provides services within a limited network in the City and County of San Francisco.

HSF is not portable. HSF does not cover any services, including emergency services, received outside of the City and County of San Francisco.

Additionally, participants may be assessed Participation Fees according to their income and countable assets and Point of Service fees which vary based on their Medical Home selection. As a program of the City and County of San Francisco, HSF may be modified based on action taken by the San Francisco Department of Public Health, San Francisco Health Commission or Board of Supervisors.

Administrative Partners & Roles

Healthy San Francisco is a program of the San Francisco Department of Public Health that partners with a variety of health care organizations. HSF Assistors should be aware of the roles by organization listed below. Please note that this is not a comprehensive list and is intended to give HSF Assistors an idea of the program's partners.

San Francisco Department of Public Health (DPH)

- HSF Program Administration and Management
- Medical Homes
- Enrollment Sites
- HSF Assistor Training Lead

San Francisco Health Plan (SFHP)

- Third-party administrator
- City Option Employee Enrollment Center & support
- Customer Service
- Citywide HSF Assistor Support & Training Planning
- HSF Billing Unit
- Enrollment Site
- HSF Assistor Training Lead

San Francisco Community Clinic Consortium (SFCCC)

- Medical Homes
- Enrollment Sites
- HSF Assistor Training Lead

Dignity Health

- Medical Home
- Participating Hospitals
- Enrollment Site
- HSF Assistor Training Lead

Kaiser Permanente San Francisco Medical Center

- Medical Home
- Participating Hospital

BAART Community HealthCare

- Medical Home
- Enrollment Site
- HSF Assistor Training Lead

Social Interest Solutions

- One E App Development & Management

Role of the Application Assistor
Above providing application assistance, Application Assistors play an important role in educating individuals, families, and children about their health coverage options and as well as keeping people informed about program changes so they can maintain their health coverage.

Steps to Becoming a HSF Application Assistor
Only staff at approved HSF Enrollment Sites can become HSF Application Assistors.

Potential HSF Application Assistors should contact their Training Lead and/or Supervisor to discuss in detail the necessary time and resources needed to complete the training requirements.

In addition to certifying to become an HSF Application Assistor, Assistors are required to read all policy communication updates sent by the Training Lead Committee. All CAA supervisors are required to attend Refresher Trainings when they are offered, and other CAAs are strongly encouraged to attend whenever possible.

HSF Assistor Values
HSF requires HSF Application Assistors to sign a Code of Ethics agreement upon completion of the New CAA Training. The HSF Application Assistor Code of Conduct and Ethics outlines the responsibilities of HSF Application Assistors and guidelines for their conduct (See Appendix A). As a reminder, the HSF Application Assistor Code of Conduct and Ethics agreement is summarized below:

HSF Application Assistors agree to:

- Assist applicants in properly completing the application and One-e-App process.
- Ensure the confidentiality of all applications, records, and any information received in written, graphic, oral, or other tangible forms.
- Answer questions pertaining to the application.
- Review and explain the documents that are required with the application.
- Act in a courteous and professional manner.
- Abide by HSF program rules and enrollment procedures.

HSF Application Assistors must never:

- Provide application assistance to their immediate, extended family members of any relation, personal friends or themselves.
- Participate in any activity or enterprise with clients or providers where income, profit or other gain may be accrued;
- Coach a client to give deceiving or otherwise false or misleading information in order for the client to become eligible for County/State/ Federal programs. Doing so may constitute fraudulent activity.
- Solicit or accept gifts, gratuities, kickbacks, or anything of monetary value from clients, providers, contractors, or potential contractors.

- Use One-e-App services or data to view or gather information on him or herself, co-workers or people with any personal relationship.
- Disclose ANY information about applicants or their families, including their names, addresses, Social Security numbers, health status, or incomes to any other party.
- Disclose their One-e-App username and passwords.

Confidentiality

Maintaining confidentiality and protecting the privacy of patients' health care information is an extremely important aspect of being a HSF Application Assistor. The following information/text from Knox-Keene Act and the Medi-Cal website describes in detail the legal mandate related to protecting patients' confidentiality, which the HSF Program encourages HSF Application Assistors also follow:

> *"The Welfare and Institutions Code (W & I Code) Section 10850 and 45 Code of Federal Regulations Section 205.50(a) were created to protect both applicants and recipients of public assistance against identification, exploitation, or embarrassment that could result from the release of information identifying them as having applied for, currently receiving, or having received public assistance. These regulations outline under what circumstances and to whom this information can be released. Disclosure of information that identifies by name, address, or Social Security number any applicant of public social services, which includes Medi-Cal without the consent of the applicant, is prohibited and punishable by law as a misdemeanor.*
>
> *CAAs may not disclose ANY information about applicants or their families, including their names, addresses, Social Security numbers, health status, or incomes to any other party. CAAs must hold this information in the strictest of confidence and safeguard it from being revealed. Under NO circumstances should applicants receive solicitations or be placed on any mailing lists as a result of their applications or contacts with CAAs."*

HSF Assistor Support

To support HSF Application Assistors, a structure has been developed that includes Training Leads and an HSF Program Training Specialist. The roles of the Training Leads and the HSF Program Training Specialist are outlined below.

HSF Training Leads

- Participate in monthly Training Lead Committee meetings
- Primary contact for feedback, concerns, and suggestions from HSF Application Assistors from designated enrollment site
- Responsible for Distributing HSF Application Assistor Updates to staff
- Communicate important HSF programmatic changes/updates to staff Provide suggestions for HSF Refresher Training content Represent and discuss best practices and solutions to Enrollment Site issues
- Support HSF audit efforts
- Provide feedback on the development of HSF Application Assistor tools
- Support One-e-App system testing

HSF Program Training Specialist

- Primary contact for questions, feedback, concerns, and suggestions from all HSF Application Assistors
- Coordinates and moderates Training Lead Committee meetings
- Plans HSF Assistor Trainings for new and existing HSF Application Assistors
- Maintains and updates the HSF Application Assistor Eligibility Reference Manual
- Produces the quarterly HSF Application Assistor Updates

Training Leads

HSF Program Training Specialist
Shelly Grimaldi – 1(415) 615-4265, sgrimaldi@sfhp.org

SF Department of Public Health
Alice Kurniadi 1(415) 759-2309 alice.kurniadi@sfdph.org
Reginauld Jackson 1 415-759-4504 reginauld.jackson@sfdph.org
Raul Alarcon, 1(415) 206-7809, raul.alarcon@sfdph.org

San Francisco Community Clinic Consortium
Merrill Buice, 1(415) 355-2234, mbuice@sfccc.org

San Francisco Health Plan
Wendy Li 1(415) 615-4283, wli@sfhp.org

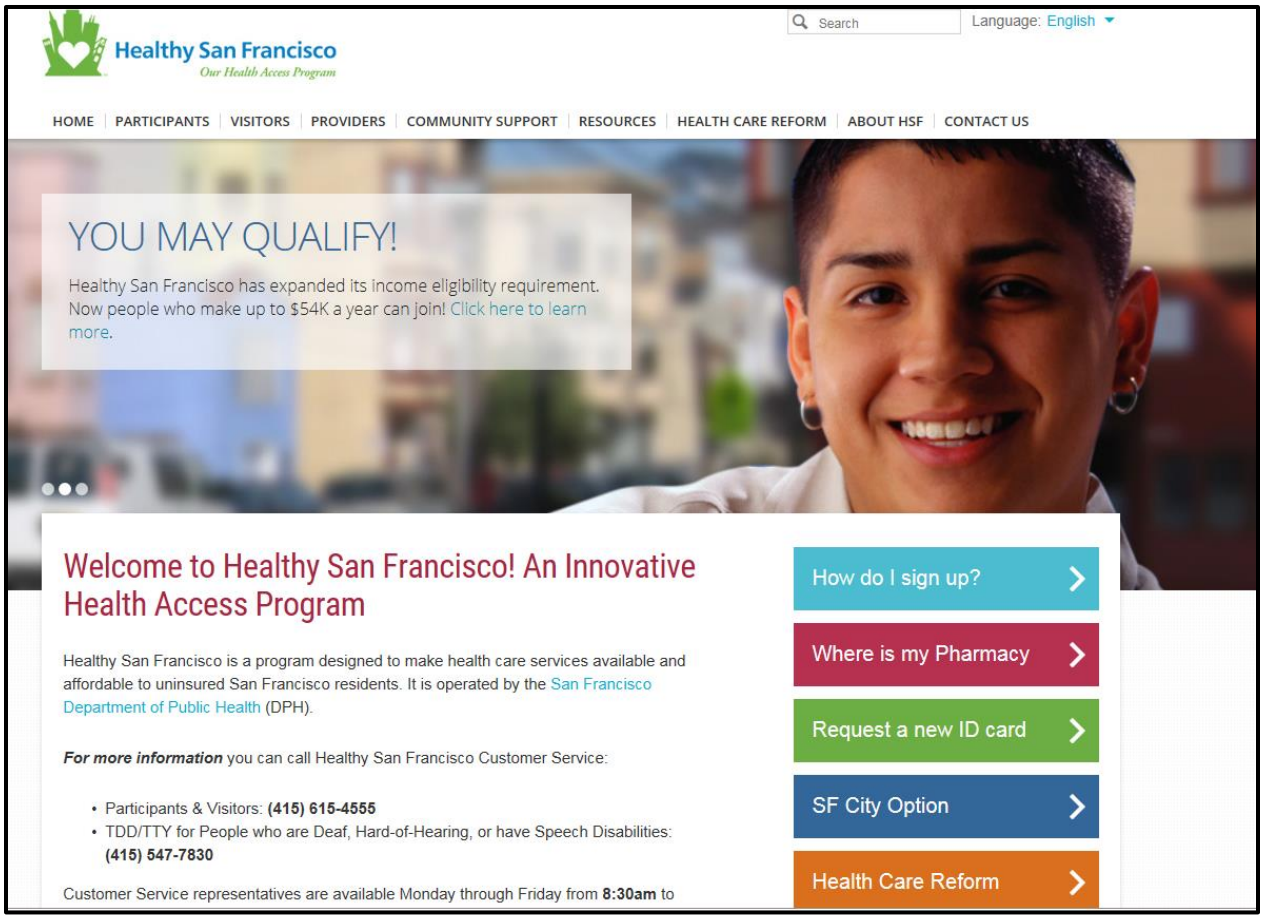
North East Medical Services
Christina Ng, 352-5060, chris.ng@nems.org

BAART Community HealthCare
Kevin Houston, 1(415) 863-3883, khouston@baartprograms.com

HSF Website

The *Healthy San Francisco* website is an excellent resource for up to date information.

http://www.healthysanfrancisco.org



This link is password protected. The password is: **caa**

The link provided above is dedicated to HSF Application Assistors and contains resources, such as u HSF Application Assistor tools, the HSF Application Assistor Eligibility Reference Manual, and past training materials.

Assistor Updates

HSF Assistor Updates are quarterly newsletters that contain important program information. HSF Application Assistor Updates are produced through feedback and suggestions from the Training Lead Committee and HSF Program administration.

Assistor Updates are an essential part of staying current with the program rules. All HSF Assistor Updates should be added to this training manual to ensure you have the most up-to-date information.

1.2 - HSF Program Overview

Eligibility Requirements

To be eligible for *Healthy San Francisco*, an applicant must meet all of the following eligibility requirements:

A. Uninsured

B. A resident of the City & County of San Francisco

C. At least 18 years of age (emancipated minors are eligible)

D. Must not have been covered by employer-sponsored or individually purchased insurance in the past 90 days, with some exceptions

E. Deemed ineligible for other State, Federal, or Local full-scope programs (with or without share of cost)

F. At or below 500% of the Federal Poverty Level.
   a. Applicants with verifiable participation in the City Option program of the Employer Spending Requirement are exempt from this rule.

A more comprehensive description of each requirement is outlined in "Section 3: Completing an Enrollment".

Medical Homes

A medical home is where *Healthy San Francisco* participants receive all of their primary care services and generally, where most of their care is coordinated. Applicants are required to select a medical home during their enrollment.

Overview of Accessible Services

The following services are accessible through *Healthy San Francisco*:

Preventive and Routine Care	Alcohol and Substance Abuse Treatment
Specialty Care	Laboratory Services and Tests
Urgent Care	Mental Health Care
Emergency Care	Family Planning
Ambulance Services *	Durable Medical Equipment
Hospital Care	Prescription Medicine

*Only for emergency transportation within San Francisco.

Some services varies by medical home. Please refer to the HSF Medical Home Directory in Appendix D to learn about service locations.

The following services are **not** accessible with *Healthy San Francisco* (non-exclusive list):

Dental Services**	Genetic testing and counseling
Acupuncture	Infertility
Allergy testing and injections	Long-term care
Chiropractic	Organ transplants
Cosmetic	Sexual reassignment surgery
Dental	Non-emergency transportation
Gastric by-pass surgery and services	Vision**

** *Healthy San Francisco d*oes not include vision or dental services. However, some participants can obtain basic services at the locations listed on the HSF Vision and Dental Resource handout, located in Appendix C, Participant Materials

Pharmacy Network

All HSF medical homes have a designated pharmacy or pharmacy network. Participants must go to the pharmacy designated for their medical home to obtain medications.

To view the pharmacy designated with each medical home please refer to the HSF Medical Home Directory.

Emergency Medical Transport Services

Healthy San Francisco Healthy San Francisco includes transportation by ambulance only for life-threatening emergencies and only within San Francisco. In most cases, participants will not receive a bill for services. Participants who receive a bill for emergency transport by ambulance are required to comply with the provider's application process to obtain free or reduced fee services.

You should refer all HSF participants to contact HSF Customer Service at 1(415)615-4555 for questions regarding Emergency Transport services.

HSF Program Costs

There are two fees that an HSF participant may be required to pay: a Participant Fee and Point-of-Service Fees.

Participant Fee

The Participant Fee is a quarterly amount that must be paid in order to avoid disenrollment from HSF.

Federal Poverty Level	Quarterly
0-100%	$0
101-200%	$60
201-300%	$150
301-400%	$300
401-500%	$450
500%+ *	$675

* The HSF program is open to persons between 0 – 500%. HSF participants participating in the Employer Spending Requirement may have household incomes above 500% of the FPL.

The Participant Fee is based on an individual's family size, household income and liquid assets.

Participants who are required to pay a Participant Fee (101% FPL and higher) will receive an invoice in the mail. They must submit their payment via mail in the form of a check or money order along with the invoice stub. You can find a sample HSF Invoice in Appendix C, Participant Materials.

The participant has an initial 30 day period from the date of enrollment to submit the first Participant Fee payment. Following those 30 days, the participant will get an additional 30 day grace period if needed.

Participants who do not pay their participant fee within 60 days from their enrollment date will be disenrolled from *Healthy San Francisco*. These participants must re-apply for the program.

If participants have further billing questions, they should be referred to HSF Customer Service at 1 (415) 615-4555.

Enrollment sites are not responsible for collecting, reconciling, or managing quarterly participant fee payments. All questions regarding billing should be directed to the HSF Billing Unit through HSF Customer Service at 1 (415) 615-4555.

Point-of-Service Fees

A Point-of-Service Fee is what a participant pays for medical services at the time they are provided and are in addition to the Participant Fee. A participant may need to pay a fee each time he or she visits the medical provider, goes to the Emergency Room, or has a prescription filled.

The fee amount will depend on the participant's Medical Home, household income, and what medical service the participant is receiving.

Medical Homes will be responsible for the collection of point of service fees. The participant will not be disenrolled for failure to pay point of service fees.

Point of service fees differ by Medical Home, they are subject to change, and are not publicly available. HSF Application Assistors should refer to the Point-of-Service Fee Charts in Appendix A. These Point-of-Service Fee charts are for reference only. HSF Application Assistors should refer to these charts during the enrollment process when participants ask about Point-of-Service fees for Medical Homes.

HSF Application Assistors should **NOT** distribute copies of the Point-of-Service fee charts for participants.

For more information regarding point of service fees participants can contact their Medical Home.

Refunds

If a participant is disenrolled from the program before the end of a paid 12-month eligibility period, he or she may request a partial refund for unused months of the fee paid. These refunds are not automatic and must be requested. **All participation fee refund requests must be directed to HSF Customer Service at 1 (415) 615-4555 for review.** HSF Customer Service will coordinate with the appropriate staff to review and process the refund, if appropriate.

Section 2: Overview of One-e-App

One-e-App is a web-based system for connecting families with a range of health and social service programs. One-e-App can be used to make referrals, submit electronic applications, and enroll applicants to a variety of programs.

Referrals – programs for which the applicant may be eligible based upon the information shared in the One-e-App application. One-e-app does NOT submit applications to these programs. To determine eligibility, the applicant must contact that program's assistor network or program center.

- Medi-Cal Access Program (Access for Infants and Mothers, AIM)
  - http://mcap.dhcs.ca.gov/Home/default.aspx
  - 1800-433-2611

- Cancer Detection Program
  - http://www.cdph.ca.gov/programs/cancerdetection
  - 1800-511-2300

- FamilyPACT
  - http://www.familypact.org
  - 1800-942-1054

- Child Health and Disability Program (CHDP)
  - http://www.dhcs.ca.gov/services/chdp
  - 415-575-5712

Application Submission – programs for which One-e-App will submit an application for applicants who may be eligible based upon the information shared in the One-e-App application. Final eligibility determination will be made by the program's administration.

- Restricted Medi-Cal
  - Human Services Agency (HSA)
  - 1440 Harrison Street
  - 415-863-9892
- Healthy Kids
  - San Francisco Health Plan
  - 7 Spring Street
  - 415-547-7800

Complete Same Day Enrollment

Healthy San Francisco

The One-e-App system is maintained by Social Interest Solutions.

2.1 - One-e-App: *Healthy San Francisco's* Eligibility and Enrollment System

One-e-App is the eligibility and enrollment system and the customer service tool for Healthy San Francisco.

One-e-App is designed to enroll applicants into *Healthy San Francisco.* Applications are not "submitted" to a central location for eligibility processing. Healthy San Francisco Application Assistors are doing full eligibility determinations and enrollments for HSF applicants. For this reason Enrollment Sites, Medical Homes, and Application Assistors are required to have training to use One-e-App.

Creating a One-e-App Account

You will receive your User ID and password information from your agency's One-e-App System Administrator or Training Lead. At your first log in you will be asked to change your password as well as set a secret question.

Password Requirements: 8 characters in length Contain at least one number, one upper case character and one special character (#, @, %) Case sensitive (It matters if you type in capital or lower case letters).

You will be required to change your password periodically for system security.

Forgotten Password or Disabled Account

Click on the Hyperlink**,** "Click here" to reset your password if you forgot it or if your account has been disabled after you entered five incorrect passwords. You will need to answer your secret question correctly for your password to be reset to the default password. If this doesn't work, contact your Agency One-e-App System Administrator or Training Lead to reset or reactivate your password.

Remember, passwords expire every 30 days. Seven days before your One-e-App password expires, you will receive a tickler reminder that your password is about to expire.

Default or Reset Password

When your password has been reset, the password will always default to: **Password1***

You will be prompted to change your password when you log in.

2.2 - One-e-App Websites

Live Site

This site is where Application Assistors should log in to enroll applicants into Healthy San Francisco. This site is Healthy San Francisco's system of record.

http://thecenter.oneeapp.org

Training Site

The training site is available for all HSF Application Assistors to practice conducting enrollment applications and contains all functionalities of the live website. This website will NOT enroll an applicant into Healthy San Francisco.

Http://thecenter.oneeapp.info

2. 3 - Troubleshooting and Bugs in One-e-App

One-e-App Help Desk

HSF Assistors play an important role in identifying system bugs when they arise in One-e-App.

Whenever you encounter an issue which you do not believe is related to an eligibility error, or believe that One-e-App may not be responding properly, you should first inform your Supervisor and/or Training Lead (this will vary by site) and then report the bug via email or phone to The Center.

HSF Assistors can report bugs via phone or email:

EMAIL: ttpro@oneapp.org (note it is not oneeapp)

- Attach Bug Template
- Include APP ID #
- Explain Issue and Expected Outcome
- Provide Screen Print-out whenever possible
- Cc your supervisor or system administrator for notification of bug

PHONE: One-E-App Health Desk, 1-866-429-1979

Options When Experiencing a Bug

- Print blank forms for applicant to sign
- Collect verifications from applicant
- Allow applicant to leave
- Contact and notify applicant when enrollment/application is complete

Section 3: Completing an Enrollment

With your knowledge of the HSF program, use the following steps detailed in this section:

1. Determine whether the application is new, renewing, and/or receiving Employer Contributions through City Option
2. Use Pre-Screening Steps to determine the applicant for:
    a. Medi-Cal, then;
    b. Covered CA with subsidies, then,
    c. Healthy San Francisco
3. Check One-e-App for Old Applications
4. Submit an application using One-e-App
5. Fax cover sheets and verification documents to 1(916) 779-8291
6. Only modify applications the next day – do not modify applications the same day they are created.

You will need:

- One-e-App access
- Applicants verification documents

1. New/Renewing/City Option

Determining whether an applicant is new or renewing in HSF can provide you with important background information regarding what medical home the applicant may want as well as how to search for their application when you get to the One-e-App section of the interview.

However, regardless of whether an applicant is new or renewing, you must:

1. Ask whether their employer participates in City Option – this program can help them pay for health related expenses, HSF participations fee, and/or insurance premiums.

2. Pre-screen the participant again for Medi-Cal and Covered CA with subsidies (unless the client has a recent Notice of Action (NOA) denying them eligibility for Medi-Cal).

If the applicant has received a notice about their employer's participation in HSF City Option, please end the appointment and call the SFHP Service Center **at 1(415) 615-4555** to make an appointment on the client's behalf. The applicant must enroll into HSF City Option at the SFHP Enrollment site; other HSF enrollment sites do not have the One-e-App functions to enroll them.

2. Pre-Screen the Applicant for Medi-Cal, Covered CA, and HSF

Remember, you are neither a Medi-Cal eligibility worker nor a Covered CA Certified Enrollment Counselor after participating in the New HSF CAA training course. However, CAAs serve a very important role with guiding clients to the health coverage program for which they are eligible and which can provide them with the best set of benefits available to them.

Step 1: Applicant is Currently Uninsured

Applicants who are already enrolled in Medi-Cal, employer-sponsored coverage, privately purchased coverage, or coverage purchased through Covered CA are not eligible to enroll into HSF.

Application Assistors should verify that an applicant is not currently insured by cross referencing systems and databases that are available at their sites before beginning a *Healthy San Francisco* application. These systems may include MEDS, CalWIN, CalHEERS or the Medi-Cal Website.

Furthermore, the applicant cannot have voluntarily disenrolled from insurance within the past 90 days. Applicants are exempt from this rule if coverage was lost non-voluntarily, for example, under the following circumstances:

- Job loss and health insurance terminated
- Moved and no insurance is available
- Individual providing coverage died, legally separated, domestic partnership terminated or divorced
- Aged out of parent's or guardian's health insurance
- Employer terminated employee's health insurance
- COBRA coverage ended

There is no enrollment waiting period for those covered by public coverage within the last 90 days. There is no enrollment waiting period for those who drop, disenroll, or decide not to enroll in COBRA coverage after job loss. However, individuals must disenroll from COBRA and be uninsured to be eligible for HSF.

Step 2: Applicant lives within the City & County of San Francisco

An applicant must be a resident of the City & County of San Francisco. Residency is defined as living in the City and County of San Francisco with the intent to reside permanently. Persons with an active I-94 form are NOT eligible (except for applicants with a T-Visa, asylees, and refugees who may be eligible).

- Homeless applicants are allowed to provide verbal confirmation of homelessness if they are not receiving housing from a 3rd party.
- If a household member is away at school but is claimed as a tax dependent AND currently and in the future will spend at least part of the year in San Francisco, they are considered a San Francisco resident.

Step 3: Applicant is at least 18 Years of Age

An applicant must be at least 18 years old to apply.

- Emancipated minors or minors applying for coverage on their own behalf who are not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent or stepparent may also be eligible to apply.

Step 4: Applicant's Immigration Status
Although HSF accepts eligible applicants regardless of their immigration status, it is important to ask about immigration status in addition to age, family size, and income because applicants may be eligible for other programs which will provide them with more comprehensive care and benefits:

- Remind the applicant that neither you nor any of the health care programs will share immigration status information with federal agencies *for any other reason than to determine eligibility for health care programs.*
- Ask the applicant to describe his/her immigration status to the best of his/her ability.
- Ask to see whatever documentation they may have available to them.

If the applicant has the following immigration status categories, he or she may be eligible for Medi-Cal depending upon their income:

- Legal Permanent Resident
- Asylum Seeker
- PRUCOL (Permanent Resident Under Color of Law) or DACA (Deferred Action for Child Arrivals) – see the MC 13 form the Print Blank Forms section of One-e-App for examples of situations included in PRUCOL

If the applicant has the following immigration status categories, he or she may be eligible for subsidies for insurance through Covered CA depending upon their income:

- Lawfully present nonimmigrant visa holders
- Legal Permanent Resident
- Asylum Seeker

If the applicant is undocumented and does not fall into any of the other non-citizen immigrant categories, proceed through the next steps to determine eligibility for HSF.

If the applicant does not know what their immigration status is, options include:

- Look for their Alien Registration Number ("A Number") on any of their immigration related documents.
- If they have no documents, they may wish to seek out an immigration lawyer.

Assessment between Steps 4 and 5: STOP
Assess where this pre-screen needs to go next:

Not an SF Resident → If legally present, may be eligible for Covered CA or Medi-Cal in another County. → Connect them with their county.

Yes a SF resident but No Documented Immigration Status → Potentially eligible for HSF - continue to Step 6 to calculate income. → Complete pre-screen and use One-e-App.

Yes a SF resident and Has a Documented Immigration Status → Potentially eligible for Medi-Cal or Covered CA → Potentially eligible for HSF → Go to Shop and Compare first.

This last group is the most complicated to pre-scree; because they are legally present, you must determine whether they are eligible for Medi-Cal or premium assistance before you can continue with a pre-screen for HSF.

To do this, we strongly recommend you use Covered CA's Shop and Compare Tool, which is design to use income, age, and family size information to help you determine whether a client is potentially eligible for Medi-Cal or for subsidies to purchase full-scope insurance.

- If the Shop and Compare tool determines that the applicant is within the income limits for Medi-Cal, you may stop the pre-screen and recommend that the client submit a Medi-Cal application. Remember that eligibility for Medi-Cal makes an applicant ineligible for HSF. **You may not enroll this individual into HSF** unless you can determine that he/she is not eligible for Medi-Cal by other exclusions.
- If the Shop and Compare tool determines that the applicant is over income for Medi-Cal and appears to be eligible for Advance Premium Tax Credits (APTC) or subsidies for coverage, you may need to:
    - Refer the client to a Certified Enrollment Counselor (CEC) for more information about Insurance
    - Counsel them about the pros and cons of choosing HSF over insurance through Covered CA

If a client is eligible for subsidies but elects to enroll into HSF instead, you may continue with the HSF pre-screening to determine eligibility based on income and FPL.

Step 5: Calculating Household Income and Assets

An applicant must have a calculated monthly household income at or below 500% of the FPL. There is no income limit for individuals participating in HSF as part of the City Option, offered under the Employer Spending Requirement.

The Healthy San Francisco program counts three types of income towards an applicant's household monthly income:

1. Earned income
2. Unearned income
3. Liquid assets

Please refer to Appendix A, Healthy San Francisco Acceptable Verification Documents for a comprehensive list of countable earned income, unearned income, and liquid assets.

Only incomes and assets of those people counted in the family size are taken into consideration.

For counted family members, determine how often each person receives income and then covert this income into a monthly amount, as follows:

- Once a month: Use the gross monthly amount
- Twice a month: Multiply by 2
- Every two weeks: Multiply by 2.167
- Every week: Multiply by 4.33
- Quarterly(every three months): Divide by 3
- Annually(once a year): Divide by 12

** Remember, when calculating income use the gross amount received before any taxes or other withholdings.*

Often applicants do not realize that there is a difference between being paid twice a month and being paid every two weeks:

- If an applicant is paid on two specific dates (ex: 1st and 15th), they are paid twice a month
- If an applicant is paid on a specific day (ex: every other Friday), they are paid every two weeks

Parts 6a through 6d outline how to calculate monthly income using income from common sources other than wages.

The following chart outlines countable family members:

Countable	Not Countable
♦ Spouses/domestic partners (certified or self-declared) ♦ Biological or adopted children under age 21 (0-20 inclusive, including unborn) living in the household or away at school and claimed as tax dependents	♦ Caretaker relatives (grandparents or other relatives) ♦ Legal guardians or foster parents ♦ Recipients of most forms of public assistance (i.e., SSI/SSP, CalWORKS, TANF or General Relief) ♦ Unmarried father of an unborn child if he has no other children with the pregnant woman ♦ Roommates, friends, and others who are not self-declared domestic partners

Note: For applicants 18-20 years of age, parents may be considered countable family members if required to screen for the Medi-Cal program.

5a. Calculating Self-Employment Income

Healthy San Francisco treats average monthly **net profit** as income for self-employed applicants only; all other applicants' income will be assessed using gross income.

- Net income is defined as the business revenue minus employment related expenses, plus disallowable expenses, such as depreciation, meals, and entertainment expenses.

There are no deductions applied to the household's calculated monthly income for living expenses of any kind, such as rent, food, child care, or utilities.

To calculate self-employment income, you must use one of the two following options:

<u>Recent Federal Tax Form 1040 with Schedule C</u>

- Take the applicant's total annual net profit or loss, after business income and expenses, reported on the 1040 (line 12) and add back depreciation (line 13 on Schedule C) and deductible meals and entertainment expenses (line 24b on Schedule C). Negative income should be reported as zero
- Annual income is divided by 12 in the eligibility system to derive an average monthly income
- See Appendix A, Healthy San Francisco Application Assistor Tax Form Guide for more information

<u>Three Month Profit and Loss Statement (If tax form is not an option)</u>

- If the applicant lacks a copy of their tax return or their income has significantly changed since the completion of their last tax return, the applicant can prepare and submit a signed Three Month Profit and Loss statement. The statement should itemize the expenses to ensure that assistors can remove disallowable expenses.
    i. Disallowable expenses are depreciation, meals, and entertainment expenses
    ii. Assistors should add back disallowable expenses to the monthly net income

- The assistor must then sum the past three months of countable income, divide by 3, and enter that monthly figure in the eligibility system
- A sample Three Month Profit and Loss Statement can be found in Appendix A and under the "blank forms" section in One-e-App.

5b. Calculating Rental Income

Rental income may include rents received from renting out a room in the applicant's home or from renting out a secondary residence. Healthy San Francisco counts net rental income: rents received less countable rental expenses. Countable rental expenses include the following:

- Cleaning and maintenance
- Insurance
- Mortgage interest paid to banks
- Other interest
- Repairs
- Taxes
- Utilities

To calculate rental income, you must use one of these two options:

<u>Recent Federal Tax Form 1040 with Schedule E</u>

- Take the applicant's rents received from line 3 on Tax Form 1040 and subtract all countable rental expenses on Schedule E (lines 7,9,12,13,14,16,17)
- See Appendix A, Healthy San Francisco Application Assistor Tax Form Guide for more information

<u>Rental Income Worksheet (if Tax Form is not an option)</u>

- If the applicant lacks a 1040 tax return and Schedule C, a signed and dated Rental Income Worksheet can be used to calculate the rental income. Subtract the countable rental expenses, as detailed on the Rental Income Worksheet, from rents received.
- Blank Rental Income Worksheets can be found in Appendix A and under the "blank forms" section in One-e-App.

5c. Calculating Self-Declared Income

Employed individuals who lack a formal pay stub, tax return or other proof of income can submit an Income Statement documenting their last three months of income.

To calculate Self-Declared Income:

1. Add the three monthly amounts listed on the Income Statement and divide by 3 to obtain a figure for gross monthly income.
2. Income Statement Forms must be completed and submitted and can be found in Appendix A and under the "blank forms" section in One-e-App.

5d. Calculating Seasonal Income

HSF defines seasonal income as income that is received during only part of the year or income that varies significantly during the year due to variations in hours worked. Employees with seasonal income may include, but are not limited to:

- Employees who work on an on-call/as needed/temporary basis
- Employees who work in seasonal professions, such as teachers, farm workers, etc.
- Employees with variable hours/wages, such as waiters.

Application Assistors must calculate average monthly income from applicants with seasonal income.

Calculations vary according to the type of documentation available from the applicant as follows:

- Applicants with a Year-to-Date (YTD) Figure on Most Recent Paystub
    - For individuals with a formal paystub with a "year to date" earnings figure, divide the year to date figure by the total number of months which have occurred, and obtain average monthly income
- Applicants without a YTD Figure on Most Recent Paystub
    - For individuals who lack a paystub with a YTD earning figure, sum all income reported on all paystubs/checks received over the past three months from all employers and divide by 3 to obtain an average monthly income figure.
- Applicants with a HSF Income Statement
    - For individuals with a HSF Income Statement who are paid in cash, sum all income reported on the statement over the past three months and divide by three to obtain an average monthly income figure.

5e. Countable Liquid Asset Limits
Total countable liquid assets are added to the applicant's gross monthly income. Liquid assets at or below the following thresholds are excluded from the Healthy San Francisco income calculation:

- Single Applicant = $2000
- Married Applicant (or applicant with certified or non-certified domestic partner) = $3000
- Each additional household member = $150

See next page for examples.

For example, if a single person applicant earns $1000 per month and has $2600 in a savings account the applicant will be provided a limit of $2000 exemption in liquid assets:

($2600 in savings account - $2000 exemption = $600)

The remaining $600 must be divided by 12:

($600 / 12 = $50)

The total should then be added to the applicant's monthly income:

($1000 earned income + $50 liquid assets = $1050)

This would bring the applicant's total countable income to $1050 per month.

While liquid assets impact an applicant's Healthy San Francisco FPL, unlike other programs, *Healthy San Francisco* does not have an asset limit for applicants, provided their total FPL is at or below 500% FPL. As shown below, an applicant can have several thousand dollars and still be eligible. One-e-App's rules engine will make this determination based on the income and assets amount entered.

For example, if a single person applicant earns $0 per month and has $33,200 in a savings account the applicant will be provided a limit of $2000 exemption in liquid assets:

($33,200 savings - $2000 exemption = $31,200)

The remaining $31,200 must be divided by 12:

($31,200 / 12 = $2,600)

The total should then be added to the applicant's monthly income:

($0 earned income + $2,600 liquid assets = $2,600)

This would bring the applicant's total countable income to $2,600 per month.

3. Verifications

Healthy San Francisco applicants must provide valid form of proof of the following:

- Identity (Signed **Affidavit of Identity** accepted for homeless applicants)
- S.F. residency status (Verbal self-declaration accepted for homeless applicants)
- Household income
- Household assets
- US Citizenship/Immigration Status (Optional)

Submission of documents proving U.S. Citizenship or Legal Permanent Residency is not required for program enrollment, but you should request documentation from applicants who self-identify as U.S. Citizens or Legal Permanent Residents during the application process.

Please see Appendix B, Healthy San Francisco Acceptable Verification Documents for a comprehensive list of acceptable documents.

Affidavits of Identity, Income, and Residency
Healthy San Francisco allows self-declaration of income, San Francisco residency and/or identity

Residency

If an applicant is self-declaring residency using a 3rd party, the applicant must complete the Affidavit of Third Party Support which must contain a signature from the 3rd party in addition to the applicant (two signatures total). The applicant will also have to provide SF residency verification for the 3rd party from the above list. Homeless applicants who are not receiving 3rd party support may provide verbal proof of San Francisco residency.

Income

If an applicant is self-declaring income using a 3rd party, the applicant must complete the Affidavit of Third Party Support containing a signature from the 3rd party in addition to the applicant (two signatures total). No verification other than the affidavit is required. Applicants who are paid in cash and do not have an acceptable form of income verification can submit an Affidavit of Income.

Identity

A signed self-affidavit of identity will be accepted for an individual who does not have a source of identity verification (ex. undocumented, homeless). This self-affidavit must be signed by the applicant.

These affidavits can be found in Appendix A or in the "blank forms" section of One-e-App.

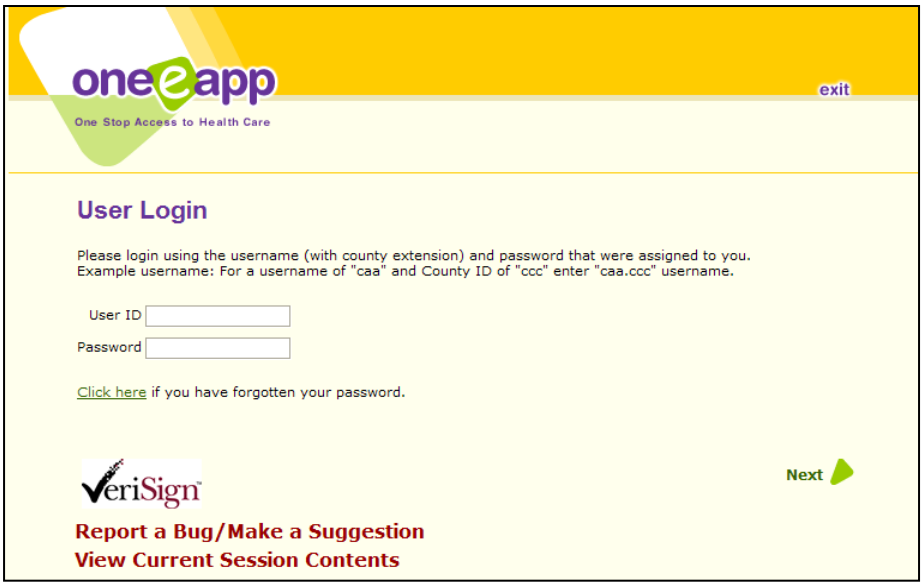
Collect Documentation
A *Healthy San Francisco* applicant has 45 days from the date of the application initiation to submit all required documents. After the 45th day, the applicant must re-submit all temporary documentation (income, assets, S.F. residency) if the application has not been completed.

3.2 Sign in to One-e-App

After you have completed your pre-screen, and you have established that the applicant has his or her documents, open the One-e-App website to begin the HSF application.

The One-e-App website is: http://thecenter.oneeapp.org.

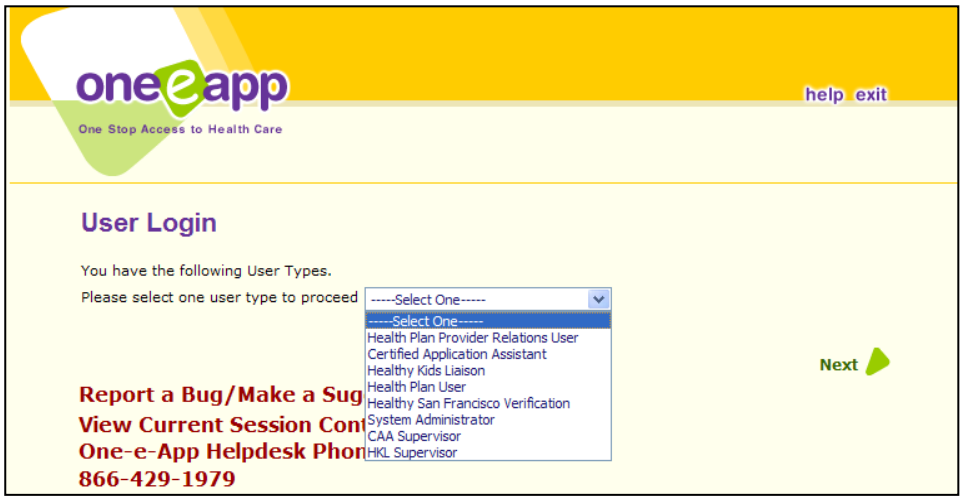
Please select the language in which you plan to conduct the application interview. Next, you will be asked to log in. Enter your assigned User ID and Password.



Your User ID and Password will be assigned to you by your agency's One-e-App System Administrator.

Do not forget to add .sfo to the end of your username. Ex: csmith.sfo

Depending on your job functions, you may have more than one User Type. Select the appropriate User Type from the drop down box.



Only certain User Types are able to begin New Applications.

These User Types are:

Certified Application Assistor
CAA Supervisor
DPH II
DPH III

One-e-App Tips

Tips to remember when working in One-e-App:

- For everything you say "YES" to, you will likely need to provide documentation/extra information:
    - Ex, if the applicant says they were denied for Medi-Cal in the last 45 days, you will need to include the denial notice in the verification documents.
- If a pop-up appears, READ IT!
    - There are points in the application where you are prompted to double check information, or fill in empty spaces before you can move on.
- If you have the information called for in an application field, fill it in:
    - If the applicant has a SSN, you are required to include it in the application
    - If the applicant ahs an active email account, include it for easier communication
- If you can't move on from a page, check to see every question has been filled in as necessary:
    - Ex, Middle name? Fill in OR click "None"

One-e-App Vocabulary

Vocabulary to remember includes:

- Primary Informant, or PI: the person whom you interview in order to apply for coverage. The PI is not always applying for coverage for him or herself (for example, a mother can act as a PI for an adult child who may need coverage through HSF). The HSF application always begins with questions about the PI, and then collects information about the other household members, including anyone who is and is not applying for coverage.
- Application Categories:
    - Applications in Progress: still in the interview process and the preliminary eligibility has not been determined
    - Determined Applications Pending Submission: preliminary eligibility has been determined but pending program submission
    - Pending Verifications Submitted Applications: Applications that have been submitted but are missing 1 or more required verifications
    - Expired Applications: applications expired due to incomplete submission
    - Completed Applications: Submitted applications that are not eligible for programs in OeA
    - Enrolled Applications: Applications with current eligibility
    - Future Applications: Processed renewal applications which are not yet active
    - Disenrolled Applications- Applications have been disenrolled from the HSF Program

3.3 One-e-App How To...

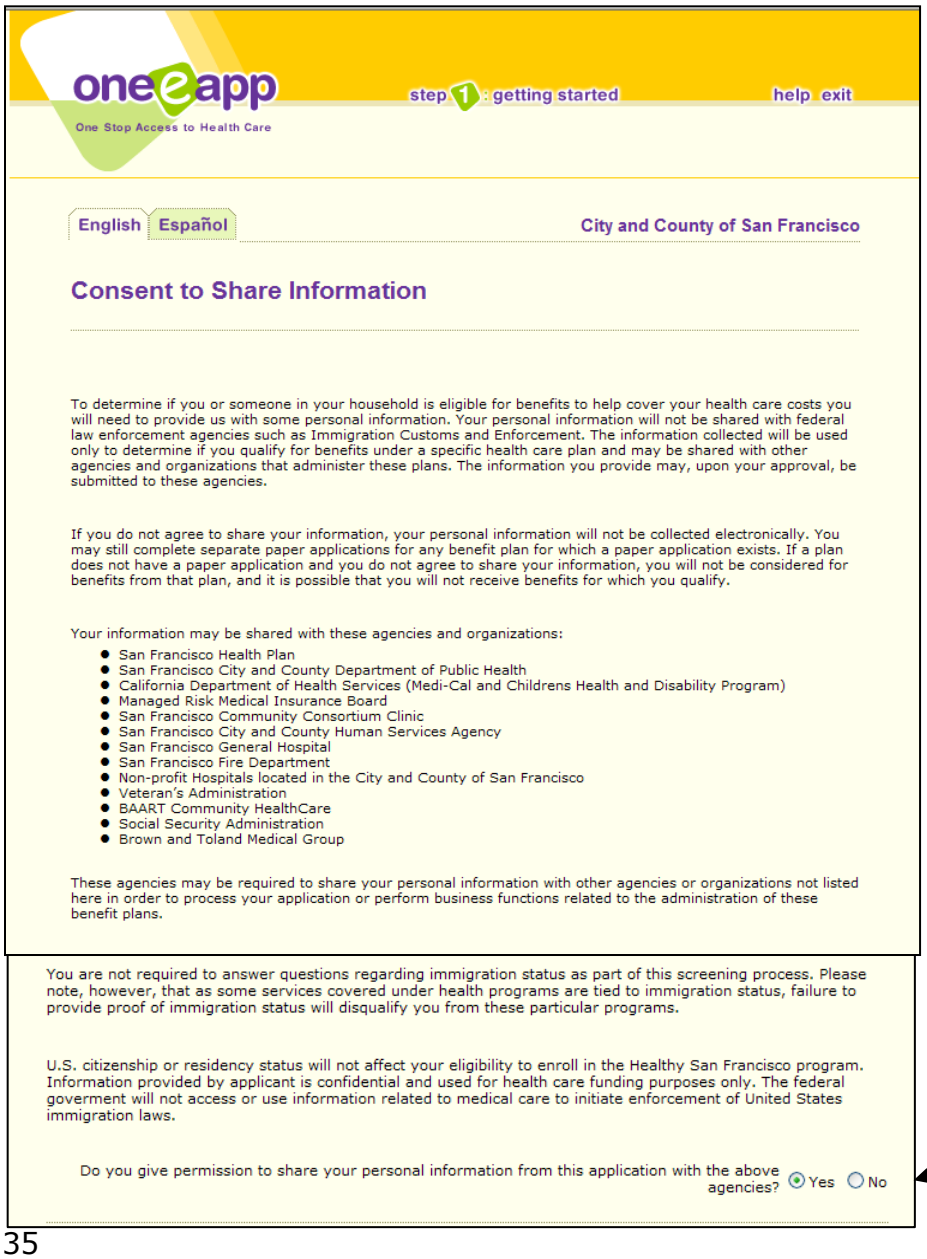
This section will take you through important How Tos, commonly missed fields, and important application markers.

Begin a New Application

To begin a new application, One-e-App will require you to search for the applicant to see if the person has already begun an application or is already enrolled; this is done to avoid duplicate applications or enrollment.

If the applicant is renewing and has a Person ID (PID) number, you can search for the application with that number. If not, you can use the applicant's name, birthday, and other personal identifiers to see if this applicant already has an open or expired application. If you are not using a PID number, One-e-App will require you to searching using at least 2 criteria (name and birthday, for example).

If there is no existing or expiring application for your client, click "Begin New Application." Before you can get to the interview questions, you will need to have the applicant's verbal consent to collect his or her information for the interview mode application:



The information on this page is regarding the Primary Informant (PI). Be sure to completely fill out all sections.

<u>Consent to Share Data</u>
Every time a new application is started you will see this screen. **Applicants must consent to share their data with the agencies and organizations listed to use One-e-App.**
Be sure to print out and review this document with the applicant(s). This document can be generated in English, Spanish and Chinese.

Select "Yes" to continue with the application. If the applicant selects "No" they will not be able to continue with the application in One-e-App.

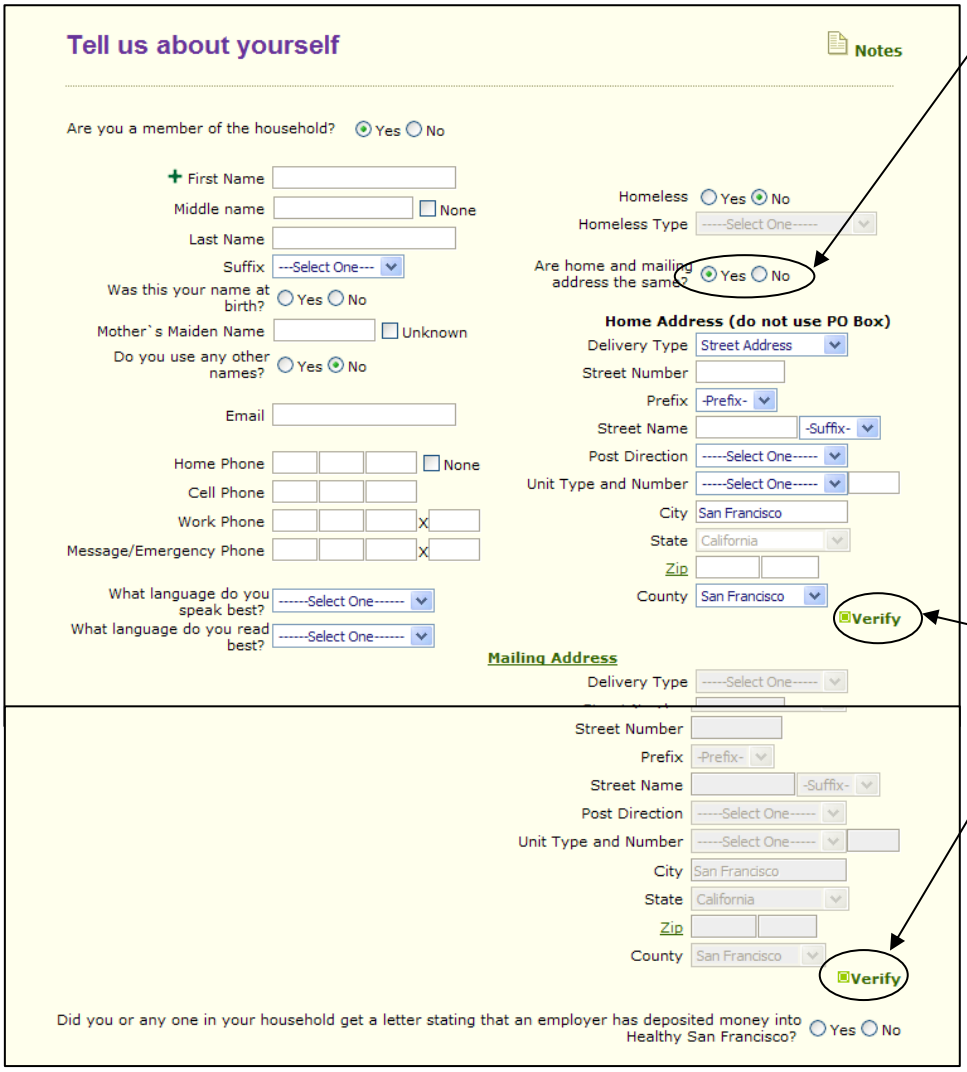
Verify an Address

On the first pages of the HSF application, One-e-App will ask you for address of the Primary Informant (PI), or the person who is with you conducting the application interview. This information is required regardless if the PI is applying for coverage or not (ex. a mother submitting application materials for an adult child).

This address must be a verifiable US Postal Service address; One-e-App will not allow you to enter PO boxes or addresses which are not verifiable.

You cannot move on to other parts of the application without submitting a verifiable mailing and/or home address.

To verify an address:

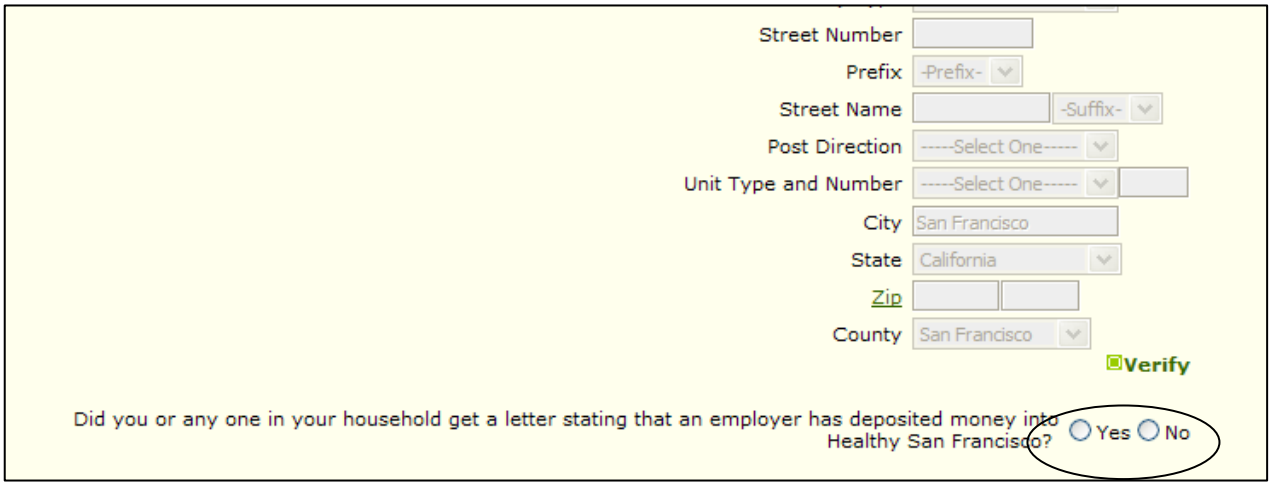


Select Yes or No to indicate if the applicant's home and mailing address are the same; if not, you will need to verify both address.

You **must** click the "verify" button in order to validate the address with the U.S. Postal Service before you can continue.

Direct a City Option Applicant

If your applicant indicates that he or she received a letter regarding City Option, or instructions to sign up for HSF and City Option from an employer, please select "Yes" to the question highlighted below:

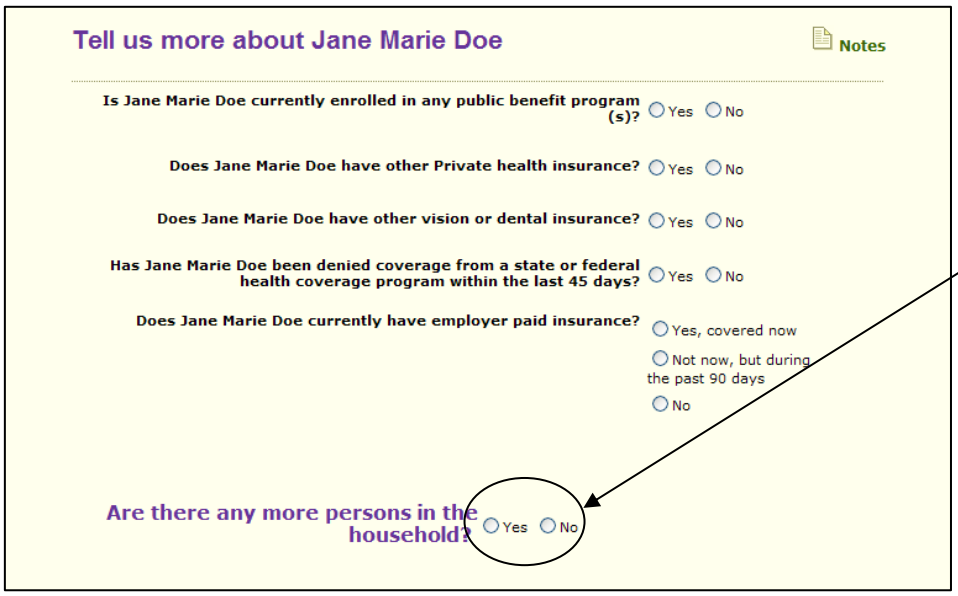


Selecting yes will halt the application temporarily. One-e-App will signal you to contact the SFHP enrollment center where the City Option applicant can get further assistance. Remember:

- City Option Employees are employees whose employers have made contributions on their behalf to *Healthy San Francisco*.
- City Option Employees receive invitations in the mail to enroll at the Employee Enrollment Center
- At non-SFHP Enrollment sites, One-e-App will not let an application continue if an applicant is a City Option Employee.
- These employees should be instructed to call the Employee Enrollment Center at (415) 615-4588 to apply

Add or Remove Household Members on the Application

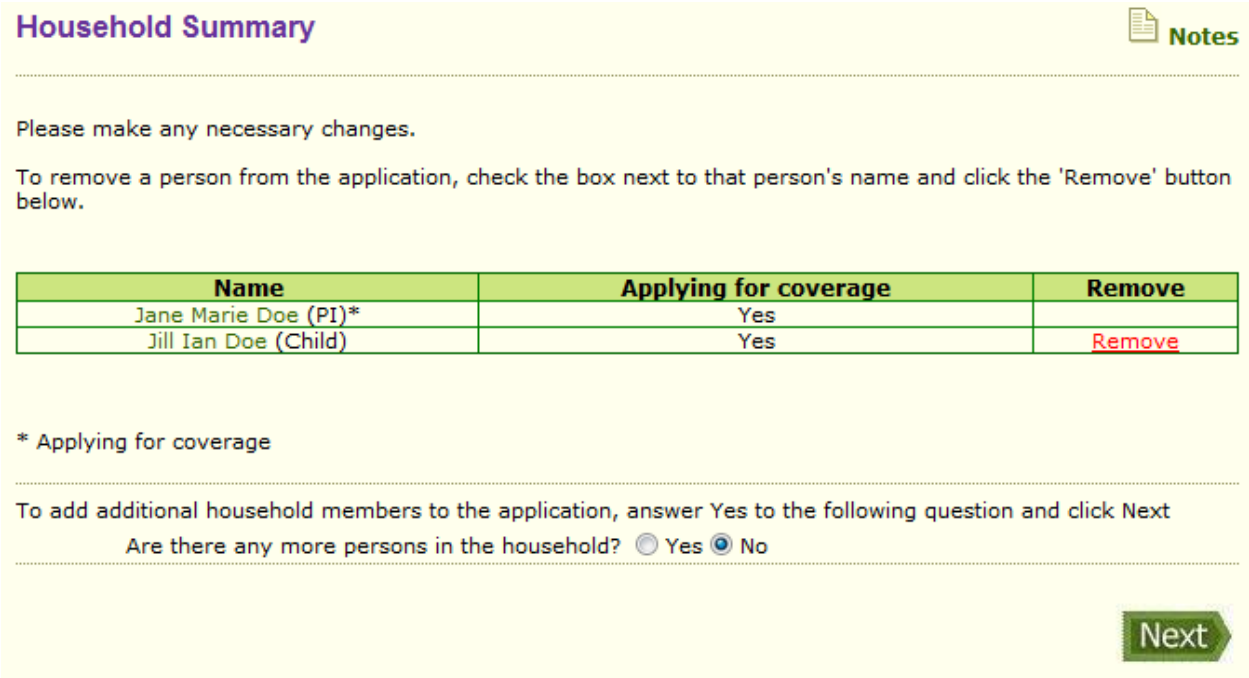
As you are finishing the information pages pertaining to the PI, there should be a question at the bottom of the last page which asks if there are any other persons in the household. If there are other household members, regardless of whether they are applying for coverage or not, select yes, and begin to fill out questions describing the other household members.



If there are additional adults in the household select "Yes". Otherwise click "No" to continue.

If you have advanced past this page of the application and need to return to add an additional household member, use the "Jump Back To" menu to go back to this section to add the other household members.

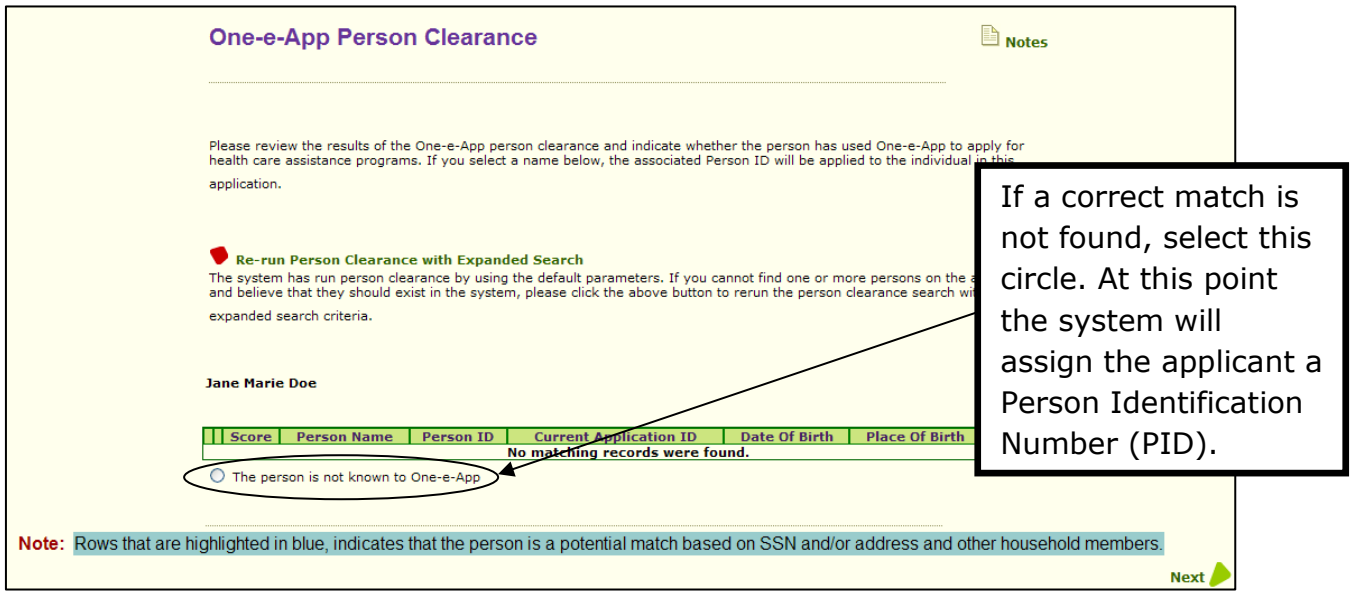
Once you have completed the household section, you will reach a summary page which contains all the members of the household.



Review the Household Summary to ensure that all the household members appear. You can remove a person by clicking on the box under "Remove". You can also add additional members

by selecting "Yes" when asked if there are any other persons in the household. You will then be navigated to a screen where you can enter the individual's information.

Once you have entered all the household members, the system will search for the individuals you entered and indicate any possible matches. This is done in order to avoid duplicate records in One-e-App.

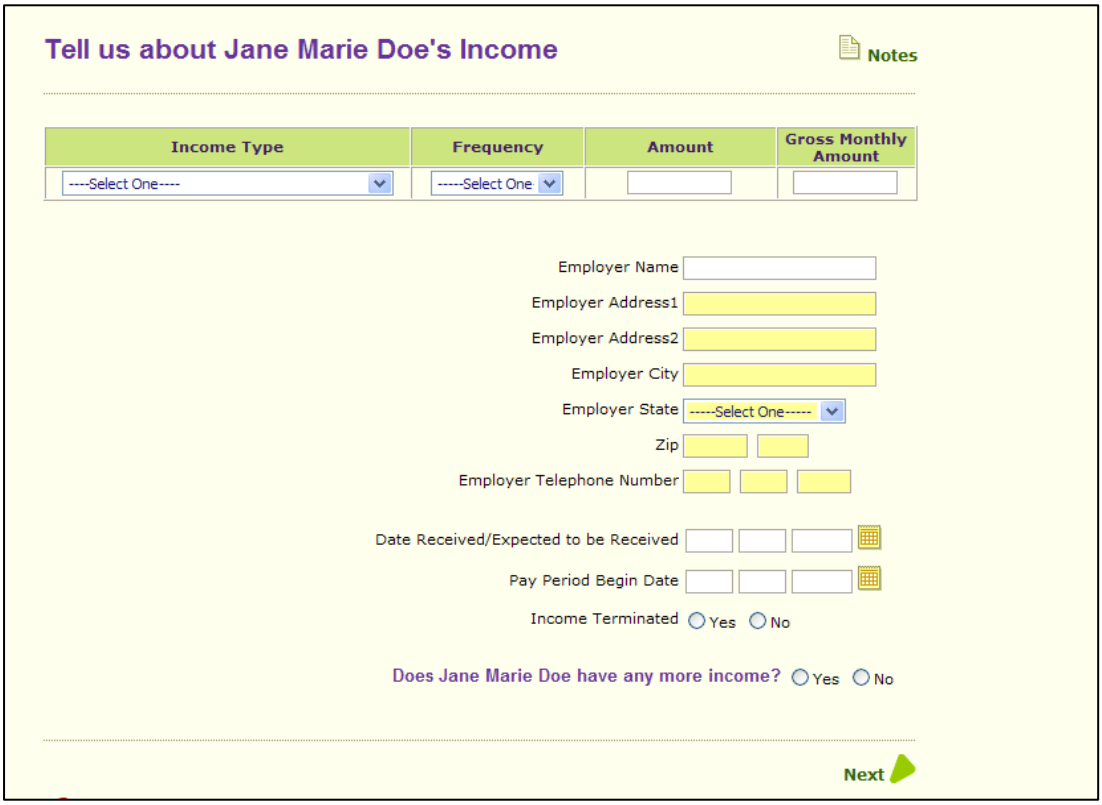


If possible matches are found, you can click on the person's name to view an Application Summary that will provide you with additional information to help you determine if it is the same person.

Add or Remove Household Income

To assess household income for Healthy San Francisco, the applicant will need to answer questions about his or her earned and unearned income, as well as liquid investments. One-e-App will also ask about Care Expenses because care expenses are considered as part of income assessments for Medi-Cal.

To submit a complete and accurate application, you must collect income information for each of the household members, regardless if they are applying for coverage or not. The system requires you to choose the income type, frequency, and amount. The gross monthly amount is calculated automatically.

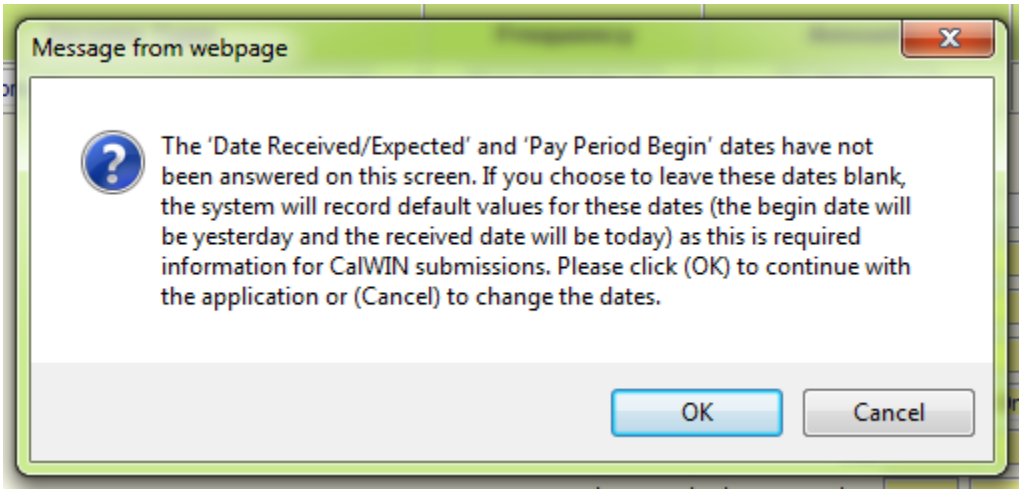


When documenting income in One-e-App, you must document the exact income amount stated on the income verification collected (i.e. pay stub, 1040 tax form, employer statement) and never round off an income. Entering an income amount other than what is stated on the income verification may result in an incorrect FPL determination.

Instructions:

- You must enter the income as it is stated on the verifications into the "Amount" section.
- Do not round up or round down the value
- Do not calculate the monthly income as One-e-App does that calculation for you.
- Each type of income must be entered separately.
- Ex: If a client submits a tax return form 1040 as income documentation and has various types of incomes listed (wages, business income, rental income), enter the first type of income and then select "Yes" when asked if the client has any more income and enter the next income type.
- If the applicant has other income, select "Yes," and repeat this process until all income types have been entered.

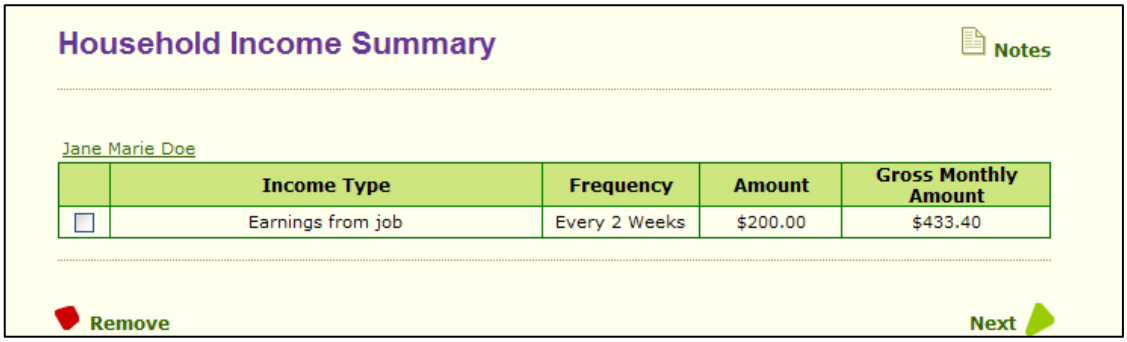
If you do not submit Employer Information for an earned income type, the following window will appear:



Failure to add employer information may delay with the applicant's application for Medi-Cal.

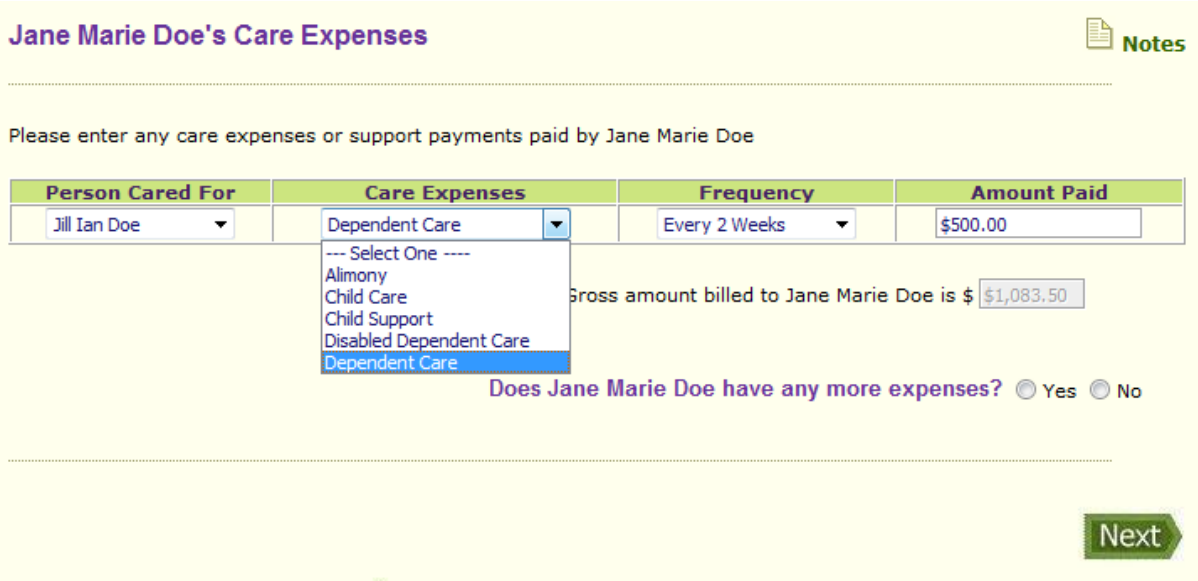
Remember, all income countable and non-countable should be entered in the system. Refer to Appendix A, Healthy San Francisco Acceptable Verification Documents and Tax Form Guide for further guidance.

Once you have entered all the income information for each household member, a Household Income Summary page will be generated.



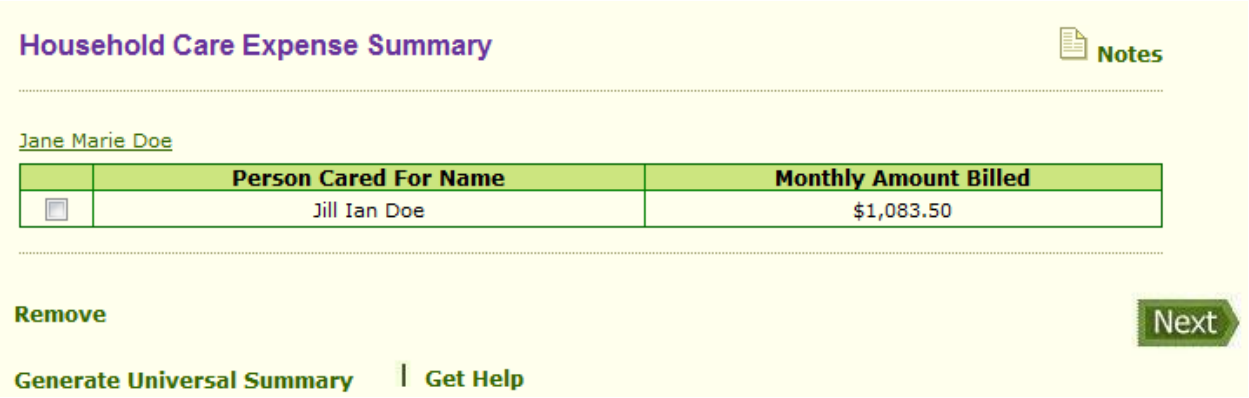
Carefully review the information to make sure it has been input correctly. If any changes are needed, click on the applicant's name, or you can remove an income source by clicking on the box next to the income item and click "Remove".

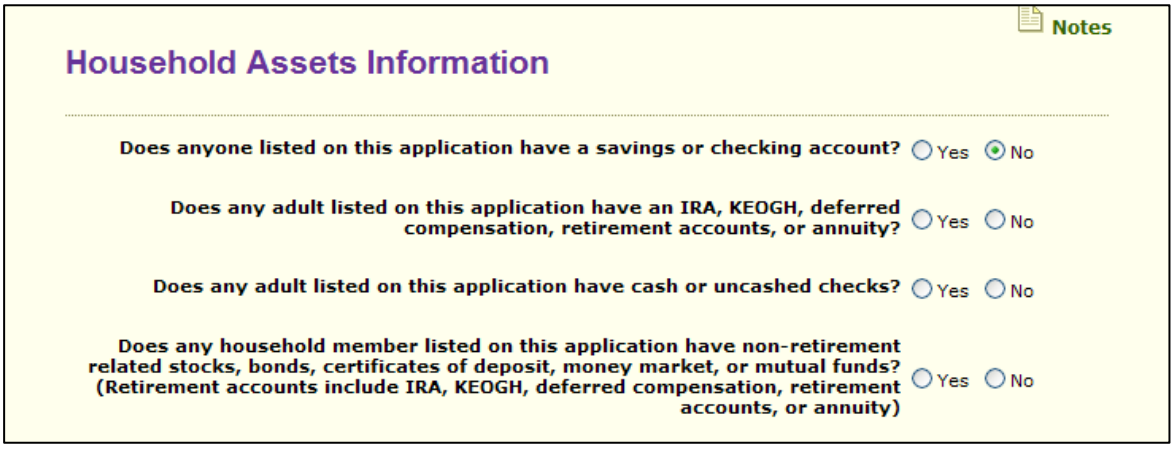
If the household has any "Care Expenses" such as child care, adult dependent care, or child support payments made by the adult in the household:



Remember that the Healthy San Francisco Program does not allow deductions but other programs, such as Medi-Cal and Healthy Families, do allow deductions.

Once all Care expenses have been listed, a summary page of all care expenses will be generated. Carefully review the summary and make any changes necessary.

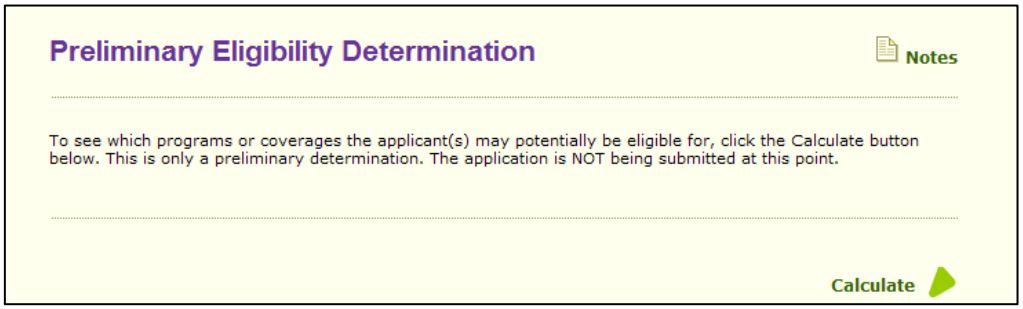




Reminder: If an applicant answers "Yes" they will be required to submit verification documents for their assets.

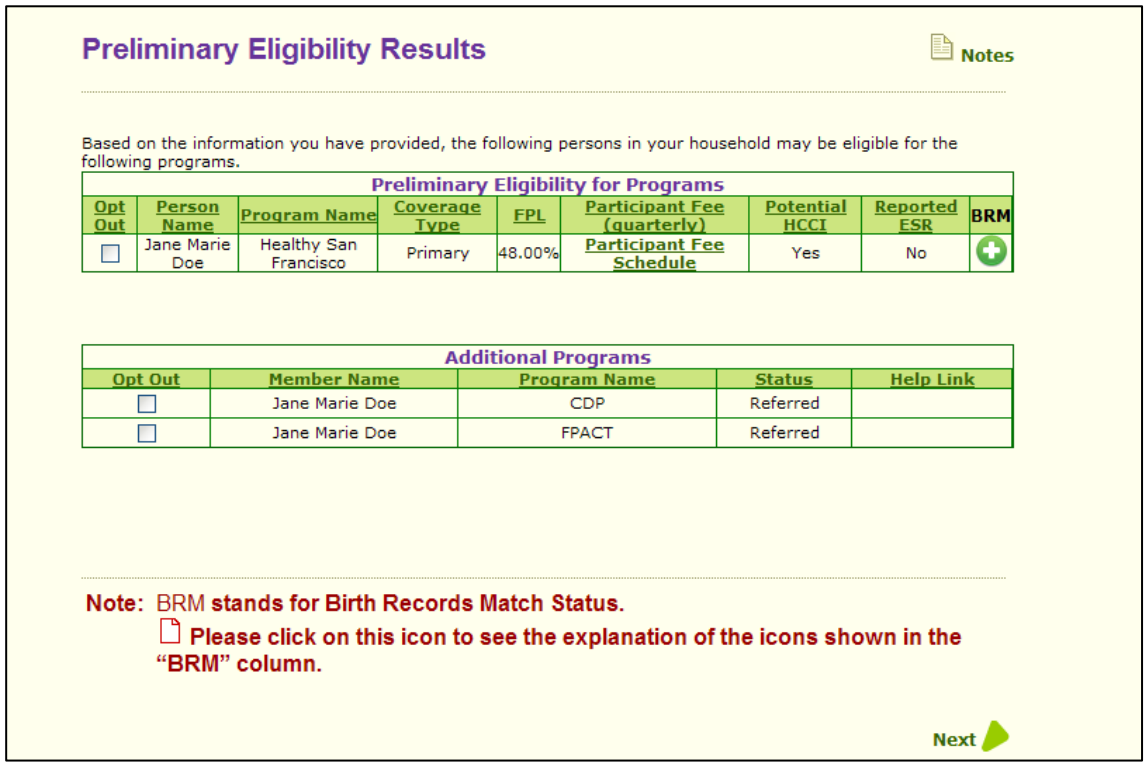
Interpret the Preliminary Eligibility Page

The One-e-App system will calculate a Preliminary eligibility Determination for each applicant based on the income information provided.



When you click the calculate icon, you will receive a Preliminary Eligibility Determination for each applicant based on the information entered up to this point. This Preliminary Eligibility Determination is an estimate based on the information in the application so far; your applicant(s) will need to provide additional information to confirm eligibility.

The Preliminary Eligibility Results page will list all the programs for which you applicant(s) may be eligible for:



Important notes about the Preliminary Eligibility Results Page:

1. If an applicant is "referred" to a program, this means One-e-App believes the person is eligible and should contact the program for an eligibility determination. Referrals are not sent by the One-e-App System. It is the responsibility of the applicant and/or the provider to connect the applicant to the referred program.

2. The Preliminary Eligibility Results page will also allow applicants to "Opt Out" of a program for which he or she may be eligible, which means that their application will not be submitted for that program. **If an applicant screens for Medi-Cal DO NOT OPT-OUT.** Healthy San Francisco participants must screen out of Medi-Cal before they can enroll in Healthy San Francisco. In addition, Healthy Kids applicants cannot opt out of Medi-Cal.
3. If a pregnant woman is eligible for both Medi-Cal through HSA and Medi-Cal for Children and pregnant women through Single Point of Entry, the One-e-App system will require you to submit the application to a single location. Please submit all applications to H.S.A. where they will be fully reviewed for all Medi-Cal program types.
4. Birth Record Matching - Application Assistors are able to search for the birth records of CA born applicants in One-e-App for individuals who are CA born but do not have copies of or have challenges in obtaining citizenship documentation. One-e-App is directly linked to the State Vital Birth Records Index, which has the birth record of every person born in CA. Application Assistors are able to search for a CA-born applicant during the application process. If an applicant has a birth record match, the result will serve as a valid form of proof of citizenship for Medi-Cal and HSF.

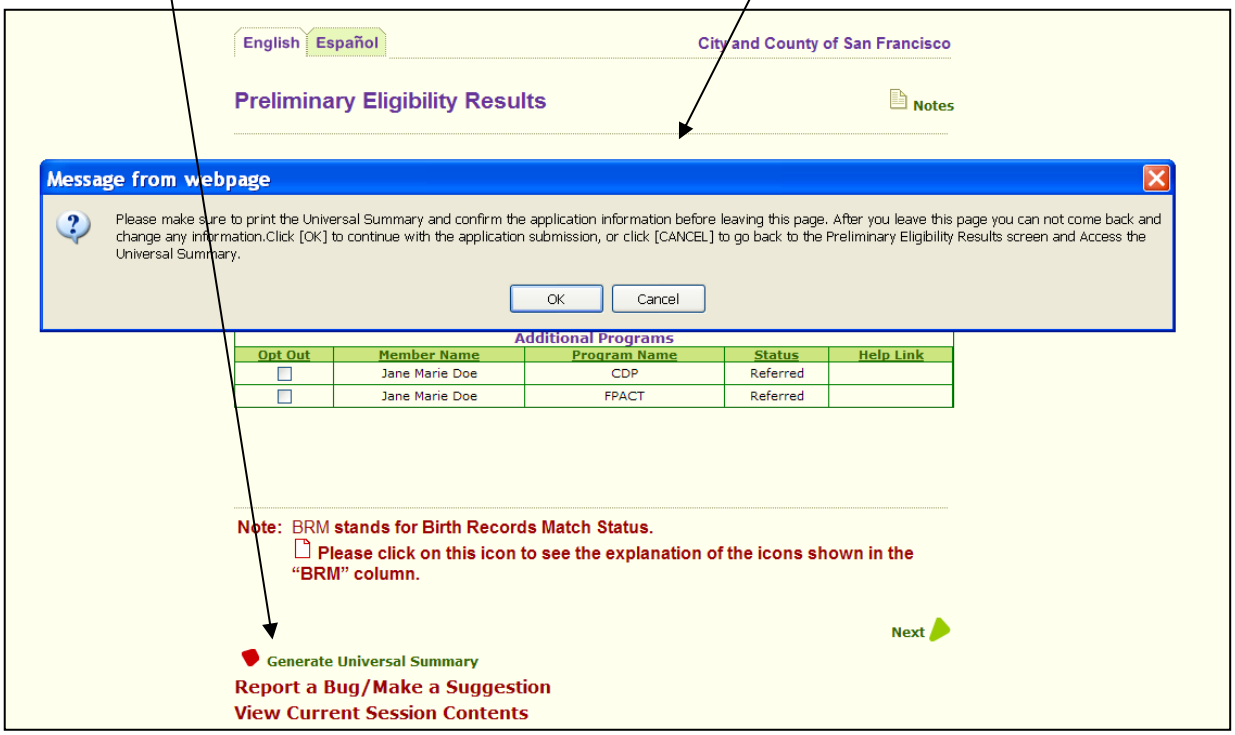
Generate the Universal Summary

The Universal Summary puts all the information currently attached to this application into a single document so that you and the applicant can review the information for completeness and correctness.

It is critical that you generate the Universal Summary and go over the material with the applicant before continuing past this point because once you leave the final Preliminary Eligibility Results page, YOU CANNOT MODIFY ANY APPLICATION INFORMATION FOR 24 HOURS.

Click on "Generate Universal Summary" to review and validate that all information listed is correct before clicking "Next".

When you click "Next" One-e-App will prompt a pop-up reminding you that "After you leave this page you cannot come back and change any information. Click OK to continue with the application submission, or click CANCEL to go back to the Preliminary Eligibility Results…"



A recommended Best Practice is to print the Universal Summary and go over the printed version of the information with the applicant to confirm the information is correct and complete.

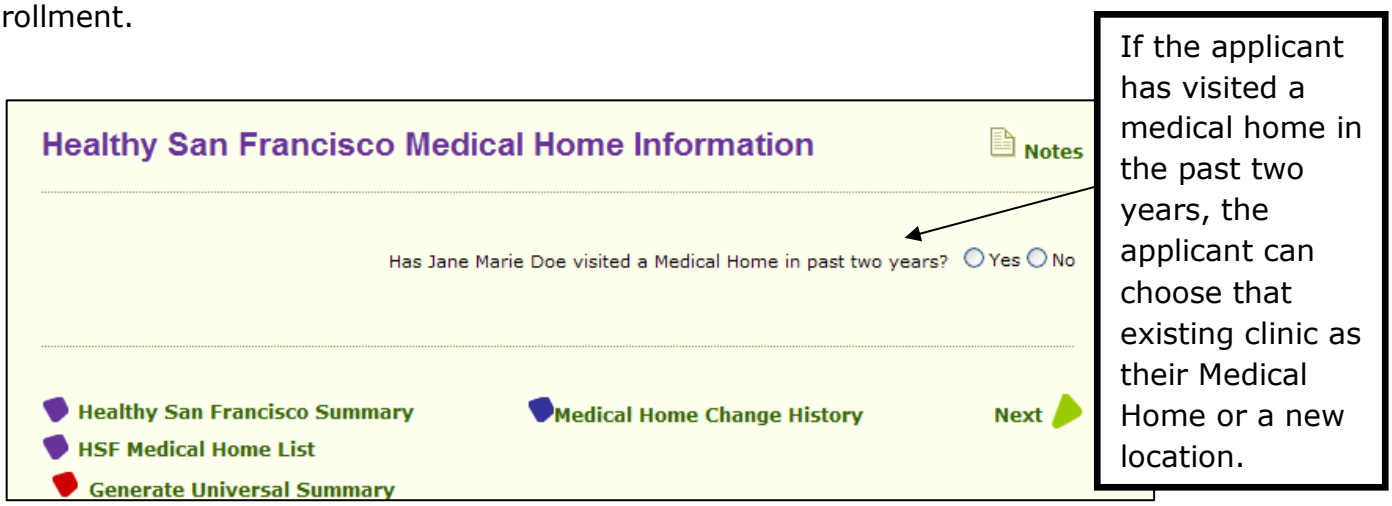
Complete a Medical Home Selection

As a reminder, a medical home is where *Healthy San Francisco* participants receive all of their primary care services and generally, where most of their care is coordinated. Applicants are required to select a medical home during One-e-App screening.

Assistors can search for a medical home meeting the applicant's stated preferences for the following:

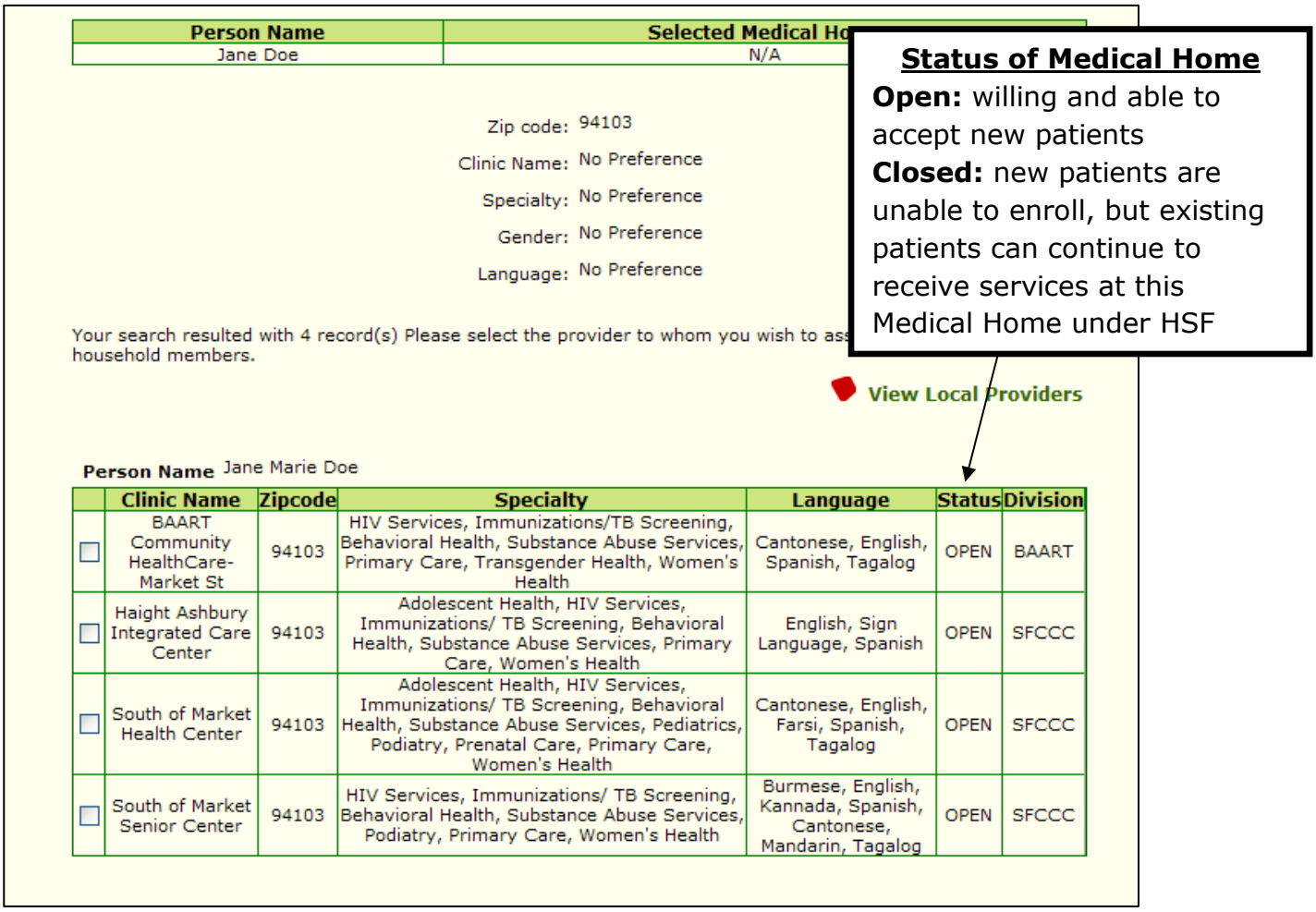
- Languages spoken by practitioners at a clinic
- Clinic Name
- Zip Code
- Specialty
- Availability of female or male provider at a clinic

Healthy San Francisco applicants with an existing medical home can maintain their existing medical home or select an alternative open medical home during Healthy San Francisco annual enrollment.



If the applicant is not associated with a Medical Home or would like to select a new location, you can conduct "Medical Home Search" according to the applicant's preferences.

All applicants are permitted to select any open medical home. Applicants who indicate that they have received primary care services at an HSF medical home within the past two years are permitted to select that medical home which is closed to new patients in One-e-App.



Person Name	Selected Medical Ho
Jane Doe	N/A

Zip code: 94103
Clinic Name: No Preference
Specialty: No Preference
Gender: No Preference
Language: No Preference

Your search resulted with 4 record(s) Please select the provider to whom you wish to ass
household members.

View Local Providers

Status of Medical Home
Open: willing and able to accept new patients
Closed: new patients are unable to enroll, but existing patients can continue to receive services at this Medical Home under HSF

Person Name Jane Marie Doe

	Clinic Name	Zipcode	Specialty	Language	Status	Division
☐	BAART Community HealthCare-Market St	94103	HIV Services, Immunizations/TB Screening, Behavioral Health, Substance Abuse Services, Primary Care, Transgender Health, Women's Health	Cantonese, English, Spanish, Tagalog	OPEN	BAART
☐	Haight Ashbury Integrated Care Center	94103	Adolescent Health, HIV Services, Immunizations/ TB Screening, Behavioral Health, Substance Abuse Services, Primary Care, Women's Health	English, Sign Language, Spanish	OPEN	SFCCC
☐	South of Market Health Center	94103	Adolescent Health, HIV Services, Immunizations/ TB Screening, Behavioral Health, Substance Abuse Services, Pediatrics, Podiatry, Prenatal Care, Primary Care, Women's Health	Cantonese, English, Farsi, Spanish, Tagalog	OPEN	SFCCC
☐	South of Market Senior Center	94103	HIV Services, Immunizations/ TB Screening, Behavioral Health, Substance Abuse Services, Podiatry, Primary Care, Women's Health	Burmese, English, Kannada, Spanish, Cantonese, Mandarin, Tagalog	OPEN	SFCCC

Please note: The exception to this rule is **Kaiser Permanente.** **Kaiser should never be selected by non-San Francisco Health Plan HSF Assistors, even when a participant claims to have been a patient within the past 2 years.** Enrollment for Kaiser can only be done at San Francisco Health Plan Enrollment Unit. To schedule an appointment, interested applicants can call (415) 615-4588.

REMINDER: Securing an enrollment appointment does not guarantee enrollment into a particular Medical Home.

For HSF Medical Homes requesting more information about open and closed status, please refer to the HSF Medical Home Network Operations Manual.

Point of Service Fees

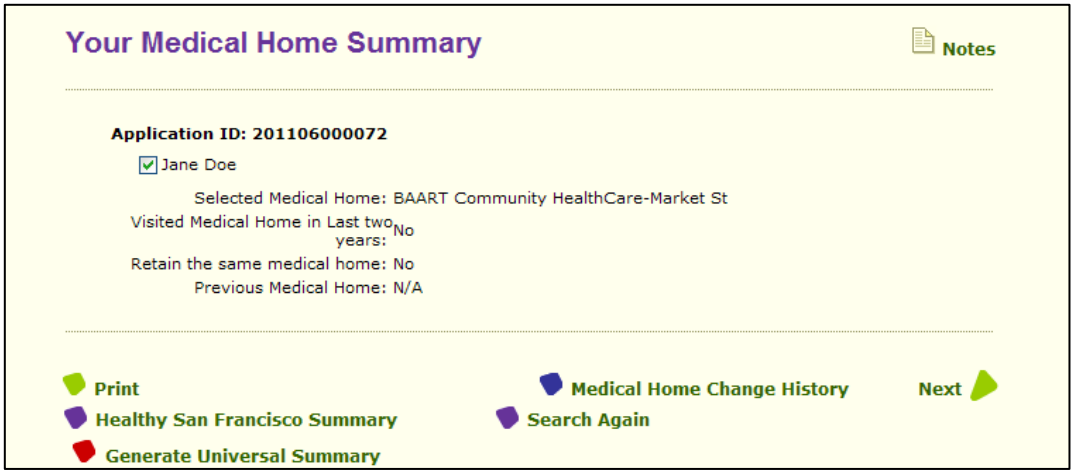
Before the applicant finalizes their selection of Medical Home, Assistors are **required** to review the Point of Service (POS) Fee Chart with the applicant. Each Medical Home has a different range of POS Fees based on income and type of service received. Assistors **should not** allow applicants to keep the Point of Service Fee Chart.

Appointment Availability

Open medical homes are those able to accommodate new patients and can currently provide an appointment within 60 days of a new patient calling for an appointment.

HSF medical homes are responsible for providing clinical appointments to all new HSF participants that have selected their clinic. If a new HSF participant attempts to schedule their first clinical appointment after their medical home has closed, it is the responsibility of the medical home to ensure that the patient gets a clinical appointment.

Once the applicant has selected a Medical Home, you will be directed to the Medical Home Summary:



Ensure that the correct Medical Home was chosen and click "Next".

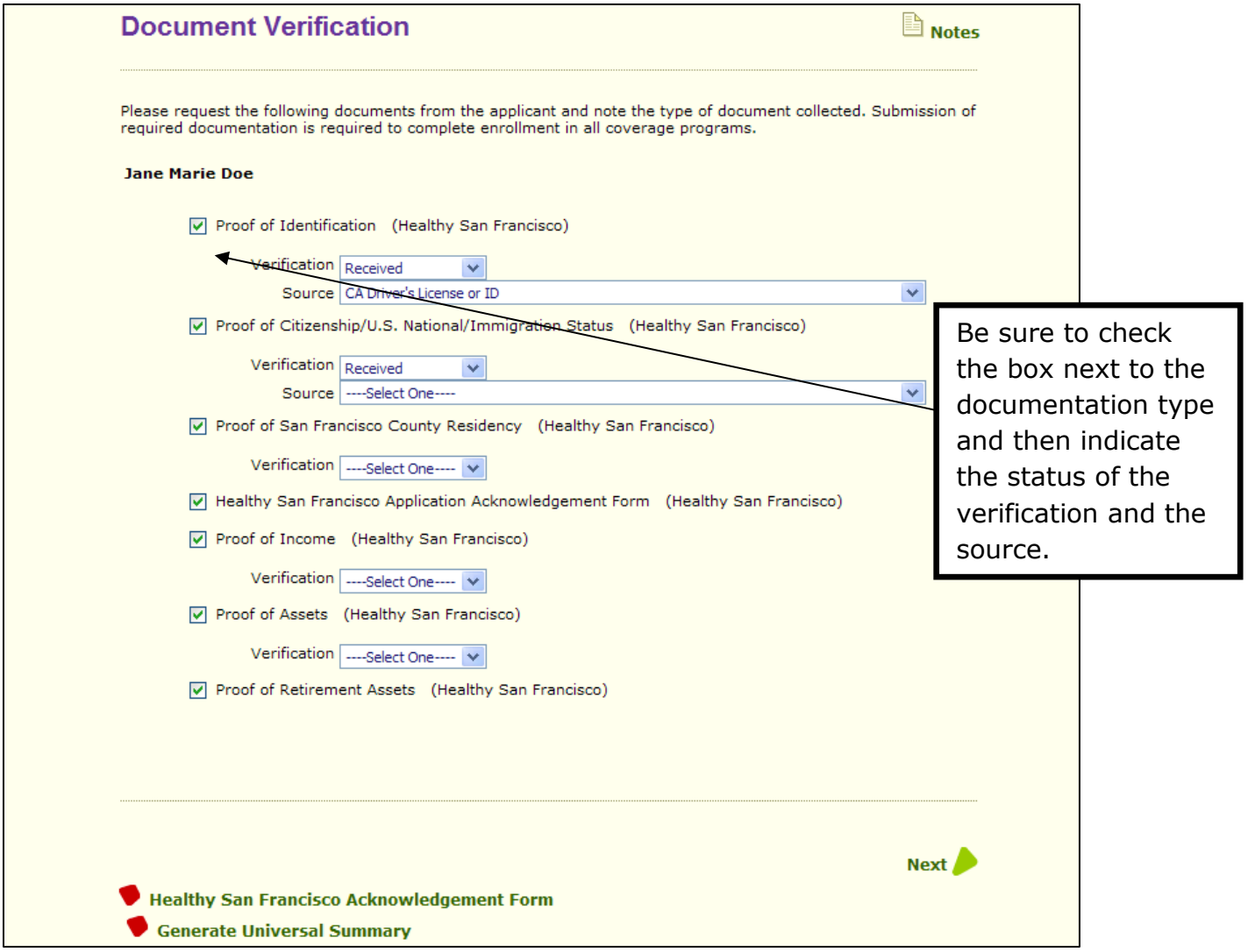
Collect and Record Verification Documents

Next, the One-e-App system will ask you to indicate the status of the required documentation for each applicant.

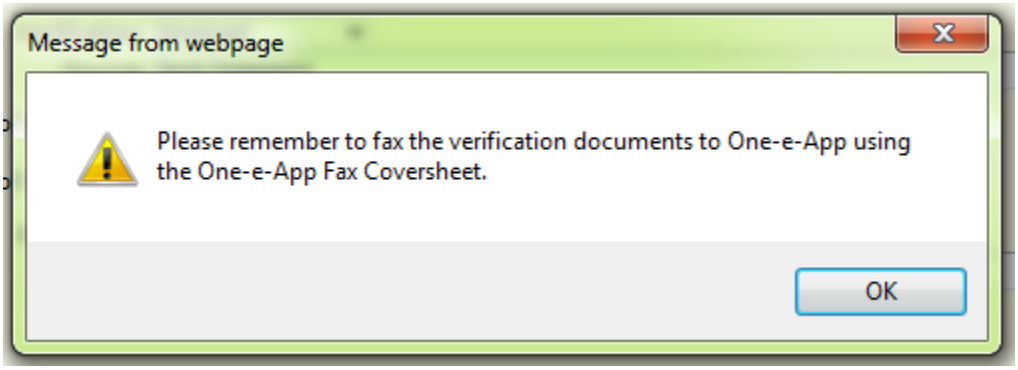
Remember, Healthy San Francisco applicants must provide valid form of proof of the following:

1. Identity (Signed **Affidavit of Identity** accepted for homeless applicants)
2. S.F. residency status
3. Household income
4. Household assets
5. US Citizenship/Immigration Status (Optional) - Submission of documents proving U.S. Citizenship or Legal Permanent Residency is not required for program enrollment, but you should request documentation from applicants who self-identify as U.S. citizens or Legal Permanent Residents during the application process.

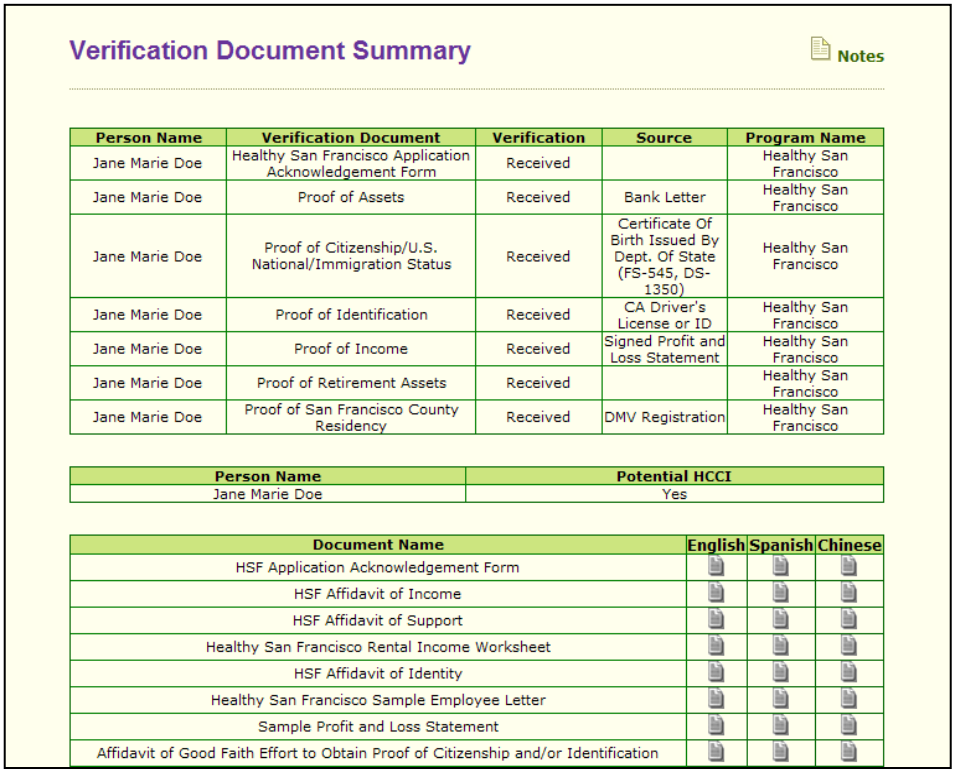
For a list of acceptable verification documents, see Appendix A, Healthy San Francisco Acceptable Verification Documents.



One-a-App will remind you to collect up the Verification documents to send with the Application and One-e-App Fax Cover Sheet:



Once you have indicated the status of each required document you will see a "Verification Document Summary".



Verification Document Summary

Notes

Person Name	Verification Document	Verification	Source	Program Name
Jane Marie Doe	Healthy San Francisco Application Acknowledgement Form	Received		Healthy San Francisco
Jane Marie Doe	Proof of Assets	Received	Bank Letter	Healthy San Francisco
Jane Marie Doe	Proof of Citizenship/U.S. National/Immigration Status	Received	Certificate Of Birth Issued By Dept. Of State (FS-545, DS-1350)	Healthy San Francisco
Jane Marie Doe	Proof of Identification	Received	CA Driver's License or ID	Healthy San Francisco
Jane Marie Doe	Proof of Income	Received	Signed Profit and Loss Statement	Healthy San Francisco
Jane Marie Doe	Proof of Retirement Assets	Received		Healthy San Francisco
Jane Marie Doe	Proof of San Francisco County Residency	Received	DMV Registration	Healthy San Francisco

Person Name	Potential HCCI
Jane Marie Doe	Yes

Document Name	English	Spanish	Chinese
HSF Application Acknowledgement Form			
HSF Affidavit of Income			
HSF Affidavit of Support			
Healthy San Francisco Rental Income Worksheet			
HSF Affidavit of Identity			
Healthy San Francisco Sample Employee Letter			
Sample Profit and Loss Statement			
Affidavit of Good Faith Effort to Obtain Proof of Citizenship and/or Identification			

Verify on the information on this page is correct and then click "Next".

Generate Verification Documents as Needed

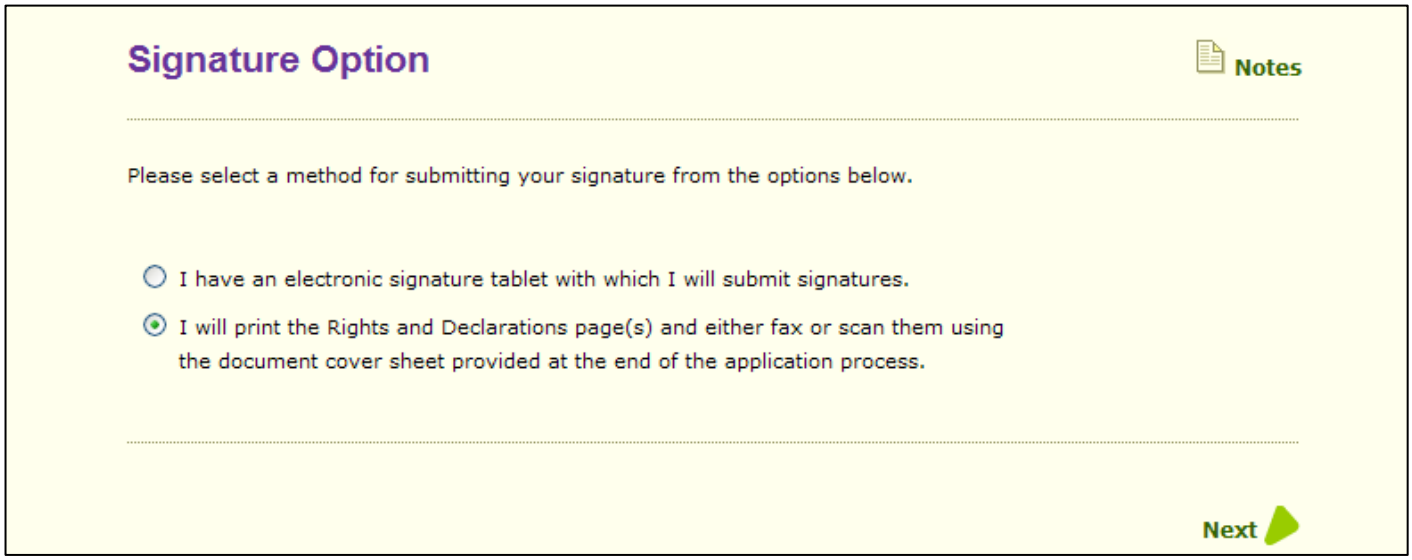
For homeless applicants and other special scenarios where appropriate, please use the following documents:

Criterion	Alternative Document	Find it:
Identity	Signed **Affidavit of Identity** accepted for homeless applicants	The "Blank Forms" section of One-e-App, available on the CAA homepage.
San Francisco Residency	Verbal and written self-declaration accepted for homeless applicants	An example letter is available in the "Blank Forms" section of One-e-App, available on the CAA homepage.
Income	For individuals claiming zero income, they can have whoever is supporting them sign an **Affidavit of Support** indicating what income, housing, or other support they are providing.	The "Blank Forms" section of One-e-App, available on the CAA homepage.

Application Acknowledgement Form

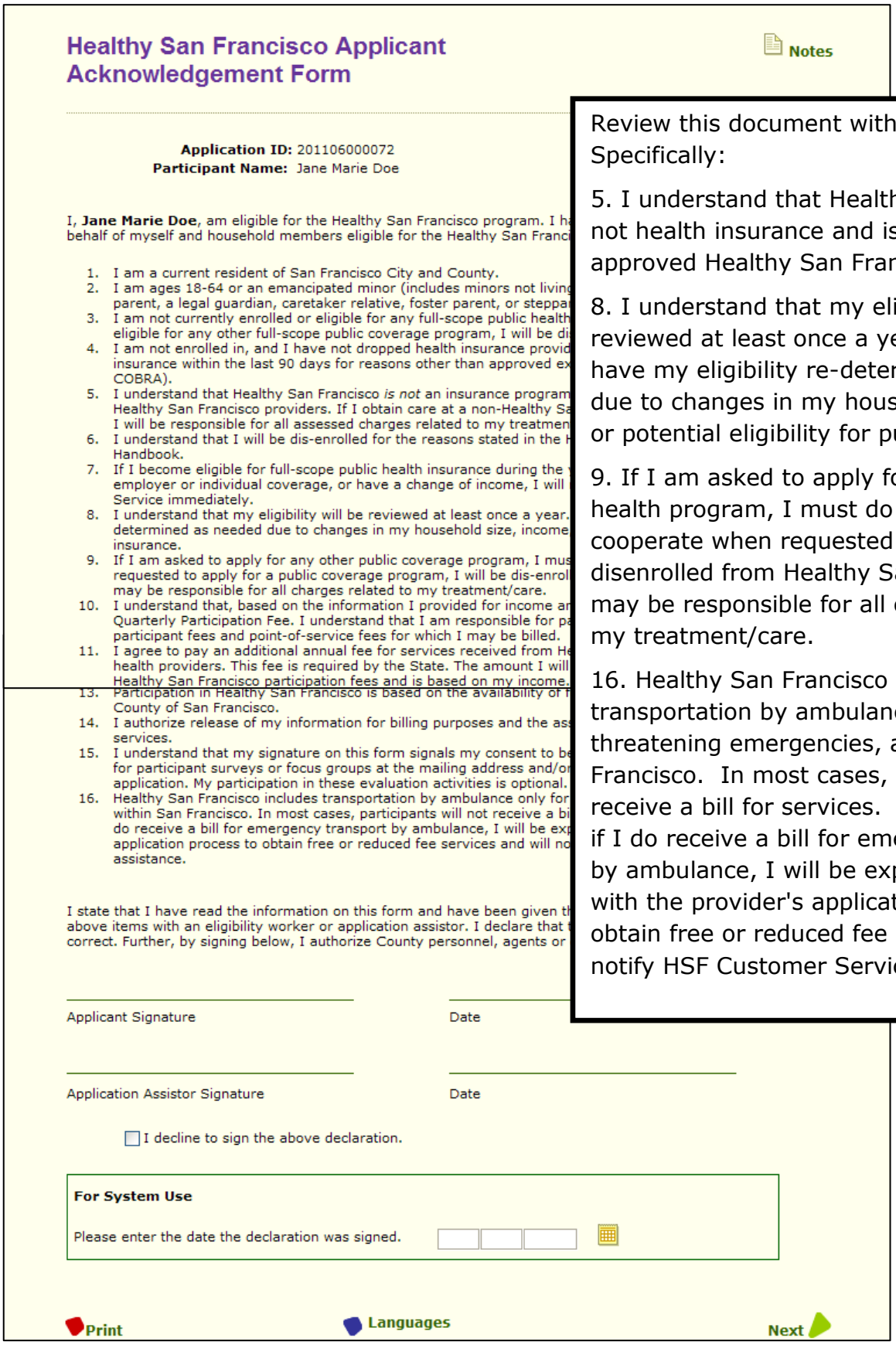
All applicants must sign and date the Healthy San Francisco Application Acknowledgement Form.

One-e-App will ask whether the applicant will be signing the HSF Application Acknowledgement Form with an electronic signature pad or printing and manually signing. Generally, Assistors are recommended to print the form, have the applicant sign the printed form, and then add the form to the faxed verification documents.



Instructions:
1. Print a copy for the applicant to sign
2. Have the applicant sign and date.
3. Add your signature and date
4. Enter the date it was signed in One-e-App
5. Make a copy for the applicant
6. Fax this document in with the other required Temporary Documents.

A



Healthy San Francisco Applicant Acknowledgement Form

Notes

Application ID: 201106000072
Participant Name: Jane Marie Doe

I, **Jane Marie Doe**, am eligible for the Healthy San Francisco program. I ha
behalf of myself and household members eligible for the Healthy San Franci

1. I am a current resident of San Francisco City and County.
2. I am ages 18-64 or an emancipated minor (includes minors not living
parent, a legal guardian, caretaker relative, foster parent, or steppa
3. I am not currently enrolled or eligible for any full-scope public health
eligible for any other full-scope public coverage program, I will be di
4. I am not enrolled in, and I have not dropped health insurance provid
insurance within the last 90 days for reasons other than approved ex
COBRA).
5. I understand that Healthy San Francisco *is not* an insurance program
Healthy San Francisco providers. If I obtain care at a non-Healthy Sa
I will be responsible for all assessed charges related to my treatmen
6. I understand that I will be dis-enrolled for the reasons stated in the H
Handbook.
7. If I become eligible for full-scope public health insurance during the
employer or individual coverage, or have a change of income, I will
Service immediately.
8. I understand that my eligibility will be reviewed at least once a year.
determined as needed due to changes in my household size, income
insurance.
9. If I am asked to apply for any other public coverage program, I mus
requested to apply for a public coverage program, I will be dis-enrol
may be responsible for all charges related to my treatment/care.
10. I understand that, based on the information I provided for income ar
Quarterly Participation Fee. I understand that I am responsible for pa
participant fees and point-of-service fees for which I may be billed.
11. I agree to pay an additional annual fee for services received from He
health providers. This fee is required by the State. The amount I will
Healthy San Francisco participation fees and is based on my income.
13. Participation in Healthy San Francisco is based on the availability of f
County of San Francisco.
14. I authorize release of my information for billing purposes and the ass
services.
15. I understand that my signature on this form signals my consent to be
for participant surveys or focus groups at the mailing address and/or
application. My participation in these evaluation activities is optional.
16. Healthy San Francisco includes transportation by ambulance only for
within San Francisco. In most cases, participants will not receive a bi
do receive a bill for emergency transport by ambulance, I will be exp
application process to obtain free or reduced fee services and will no
assistance.

I state that I have read the information on this form and have been given th
above items with an eligibility worker or application assistor. I declare that t
correct. Further, by signing below, I authorize County personnel, agents or

Applicant Signature Date

Application Assistor Signature Date

☐ I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed.

Print Languages Next

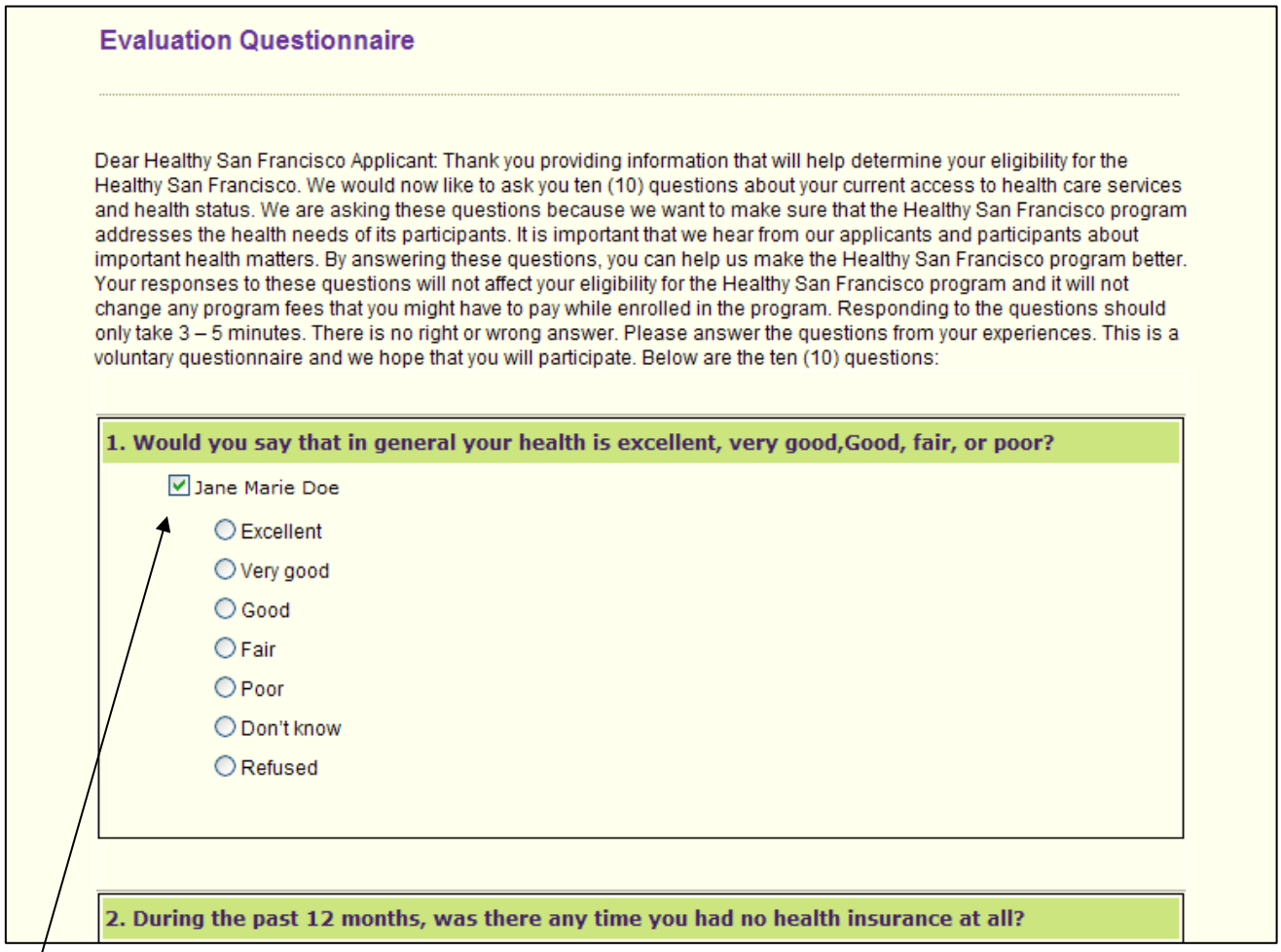
Review this document with the applicant. Specifically:

5. I understand that Healthy San Francisco is not health insurance and is only valid at pre-approved Healthy San Francisco Providers.

8. I understand that my eligibility will be reviewed at least once a year. I also agree to have my eligibility re-determined as needed due to changes in my household size, income, or potential eligibility for public insurance.

9. If I am asked to apply for any other public health program, I must do so. If I refuse to cooperate when requested to apply, I will be disenrolled from Healthy San Francisco and I may be responsible for all charges related to my treatment/care.

16. Healthy San Francisco includes transportation by ambulance only for life-threatening emergencies, and only within San Francisco. In most cases, participants will not receive a bill for services. I acknowledge that if I do receive a bill for emergency transport by ambulance, I will be expected to comply with the provider's application process to obtain free or reduced fee services and will notify HSF Customer Service for assistance.



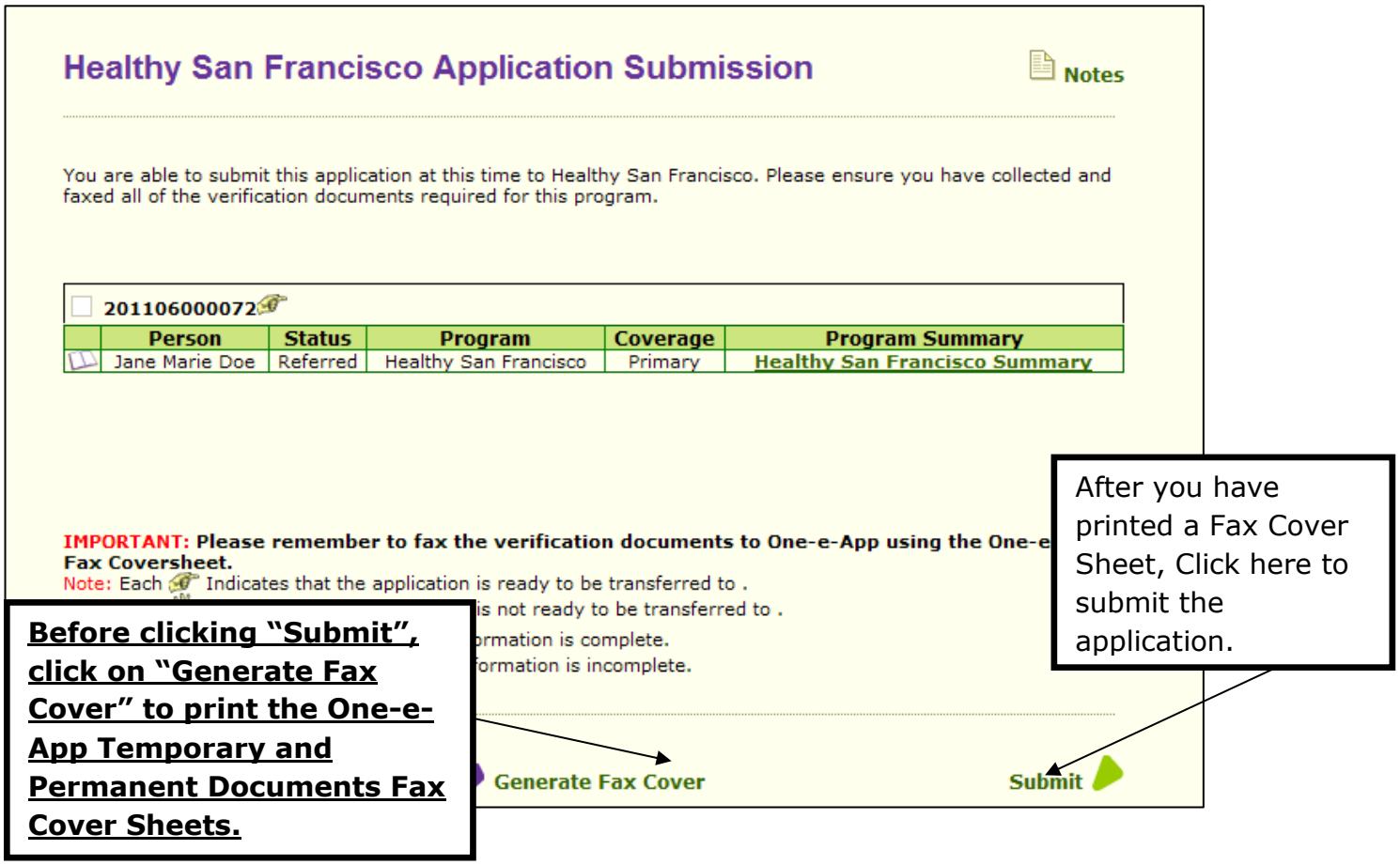
Assistors must answer all the Evaluation Questionnaire questions for each applicant.

- Click on box next to the name of whom you are interviewing.
- If an applicant is not physically present, check off the name of the absent person and check "Refused" for the answer.

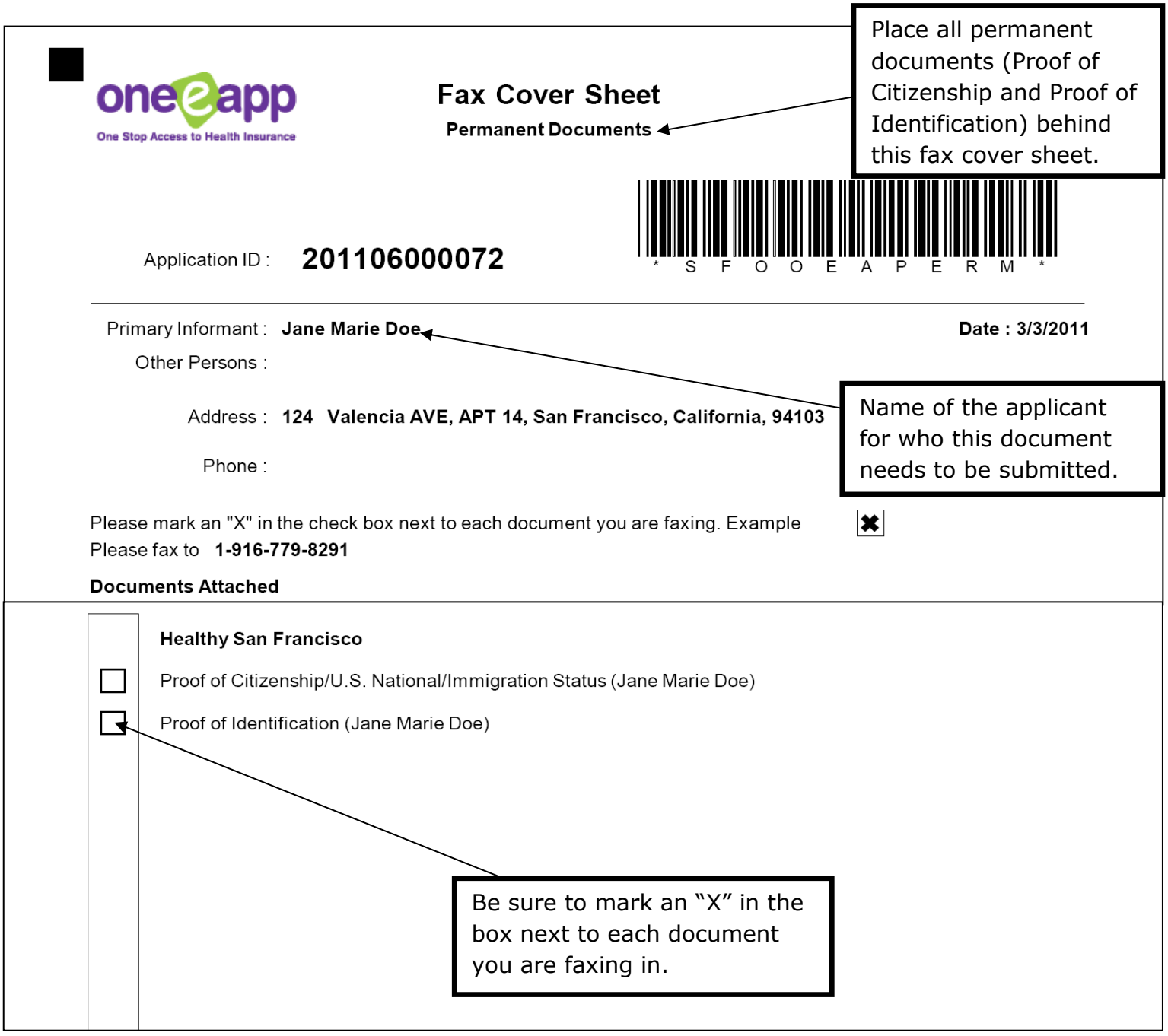
After this survey, you will reach the Application Submission page, where you must print the Fax Cover Sheet and fax in the verification documents

Faxing Verifications

To complete the Healthy San Francisco enrollment, you must fax the verification documents to One-e-App after submitting the application.



Two cover sheets will be including in the pop up window after you click "Generate Fax Cover"; one will represent the permanent verification documents (proof of identity and proof of citizenship only), which can be used for the applicants renewal applications. The second sheet covers the temporary documents (income, housing, etc.)



oneeapp
One Stop Access to Health Insurance

Fax Cover Sheet

Temporary Documents

14406711

Application ID : **201106000072**

Primary Informant : **Jane Marie Doe**

Other Persons :

Address : **124 Valencia AVE, APT 14, San Francisco, Calif**

Phone :

Place all temporary documents (Proof of Income, Proof of San Francisco Residency, Proof of Assets, Healthy San Francisco Acknowledgement Form, and Proof of Retirement Assets) behind this fax cover sheet.

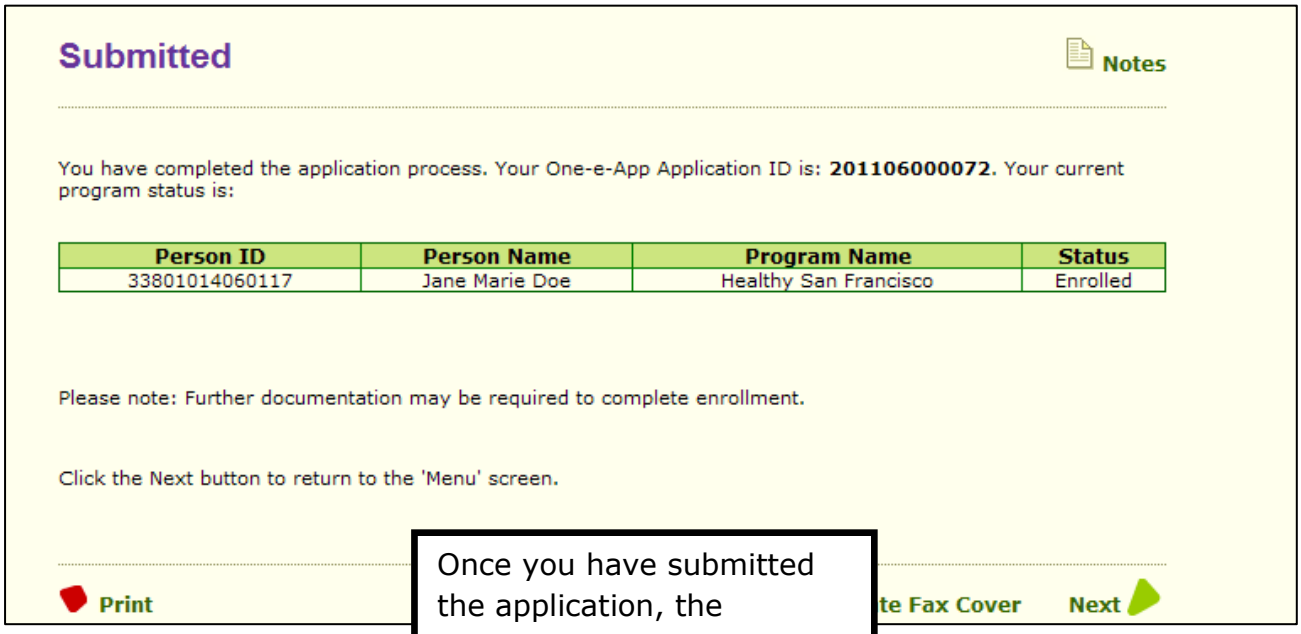
Please mark an "X" in the check box next to each document you are faxing
Please fax to **1-916-779-8291**

Documents Attached

Healthy San Francisco

- ☐ Proof of Income (Jane Marie Doe)
- ☐ Proof of San Francisco County Residency (Jane Marie Doe)
- ☐ Proof of Assets (Jane Marie Doe)
- ☐ Healthy San Francisco Application Acknowledgement Form (Jane Marie Doe)
- ☐ Proof of Retirement Assets (Jane Marie Doe)

After the Fax Cover Sheets have been printed, the documents have been faxed underneath the appropriate cover sheet, you may click "Submit," and you will be brought to the final page of the application:

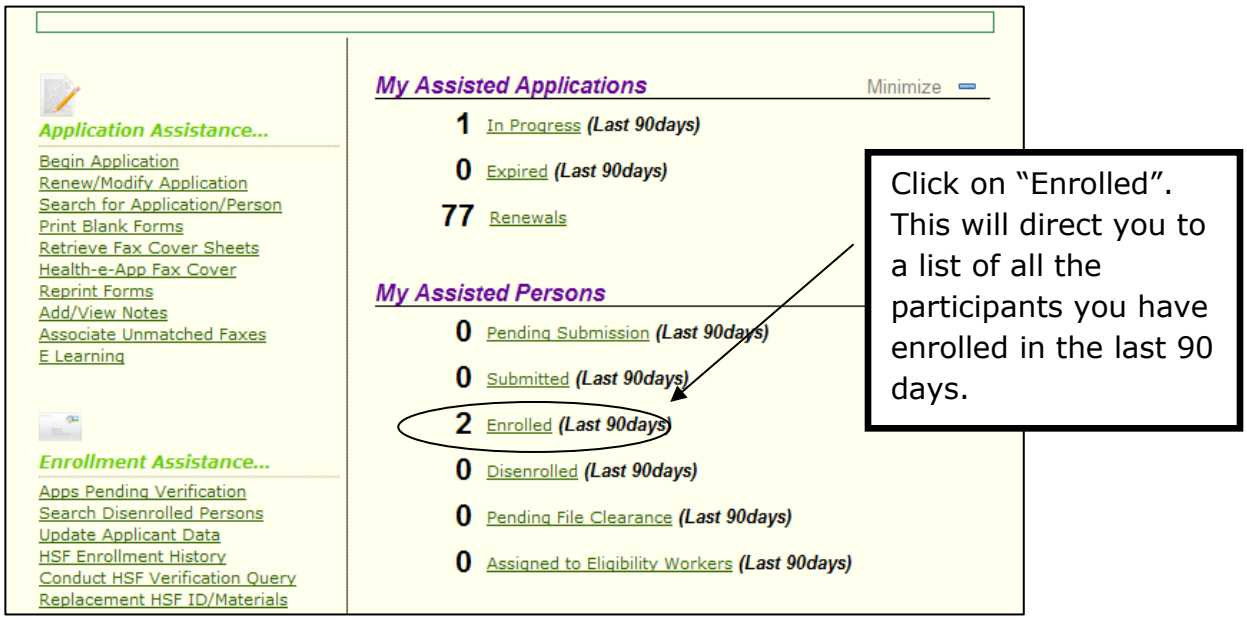


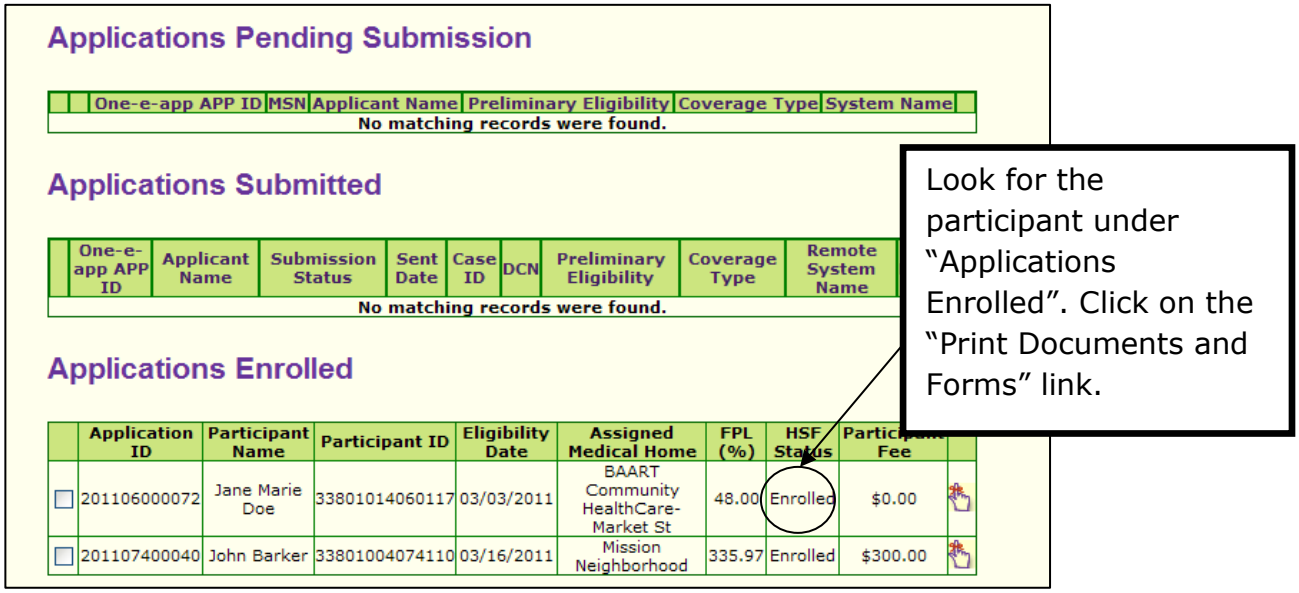
Once you have submitted the application, the "Status" will change from "Referred" to "Enrolled".

An HSF participant can access services as soon as the participant is enrolled, but an enrollment is only official once the verification documents have been uploaded and associated with the application. If a participant receives HSF services and an application audit finds that their verification documents are lacking, the participant may be liable to pay for services received if the verification documents do not confirm the eligibility.

Confirming HSF Enrollment

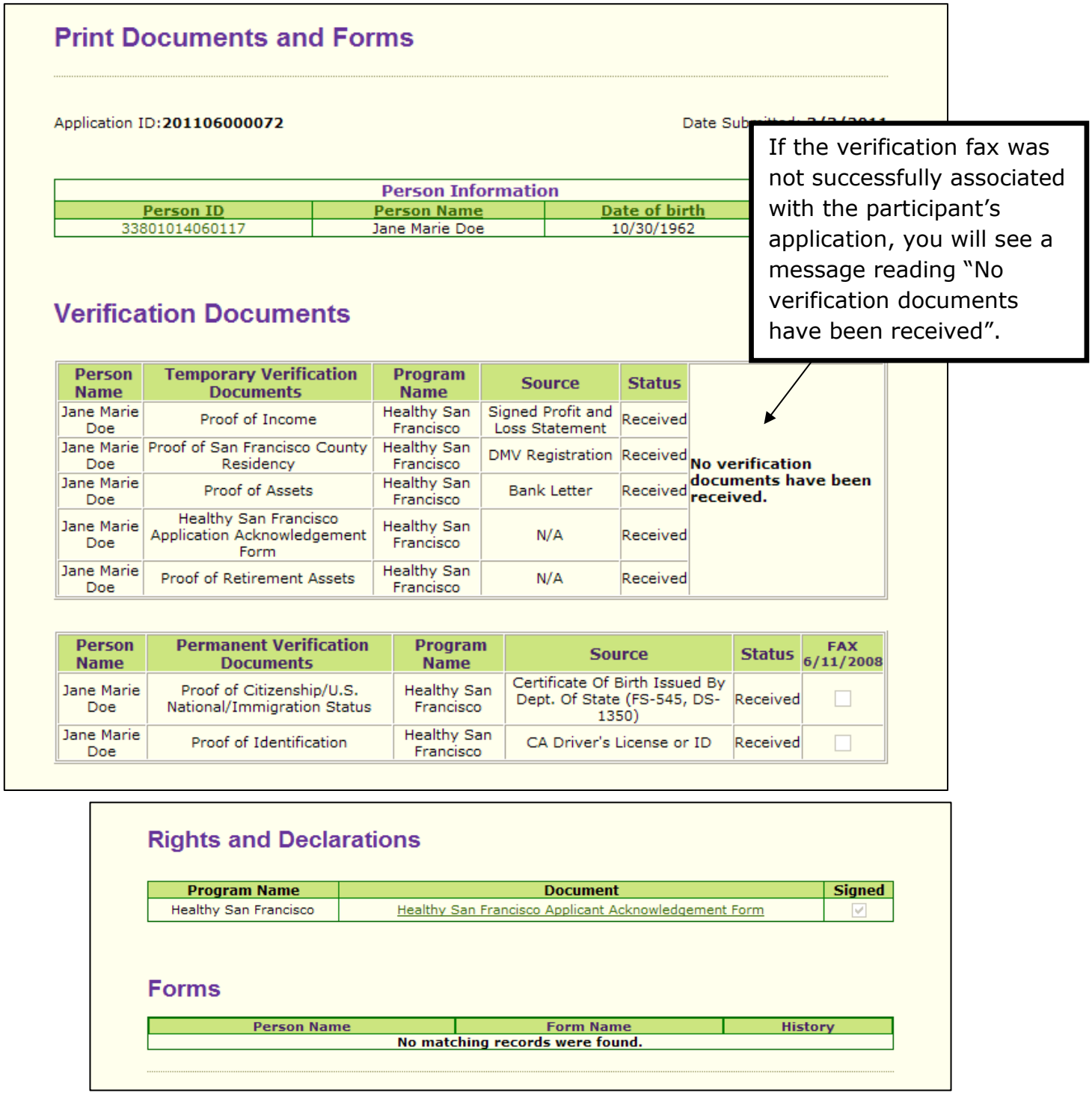
Verify if the system has received the verification documents. Return to the main menu:





<u>Reminder: DO NOT</u> modify any applications (whether they are new, renewing or future applications) the same day that they are created. Doing so will "close" the original application and open a new application which will appear in One-e-App as incomplete.

Wait one calendar day before making any modifications to any applications.



Print Documents and Forms

Application ID:**201106000072**

Date Sub

If the verification fax was not successfully associated with the participant's application, you will see a message reading "No verification documents have been received".

Person Information

Person ID	Person Name	Date of birth
33801014060117	Jane Marie Doe	10/30/1962

Verification Documents

Person Name	Temporary Verification Documents	Program Name	Source	Status	
Jane Marie Doe	Proof of Income	Healthy San Francisco	Signed Profit and Loss Statement	Received	
Jane Marie Doe	Proof of San Francisco County Residency	Healthy San Francisco	DMV Registration	Received	**No verification documents have been received.**
Jane Marie Doe	Proof of Assets	Healthy San Francisco	Bank Letter	Received	
Jane Marie Doe	Healthy San Francisco Application Acknowledgement Form	Healthy San Francisco	N/A	Received	
Jane Marie Doe	Proof of Retirement Assets	Healthy San Francisco	N/A	Received	

Person Name	Permanent Verification Documents	Program Name	Source	Status	FAX 6/11/2008
Jane Marie Doe	Proof of Citizenship/U.S. National/Immigration Status	Healthy San Francisco	Certificate Of Birth Issued By Dept. Of State (FS-545, DS-1350)	Received	☐
Jane Marie Doe	Proof of Identification	Healthy San Francisco	CA Driver's License or ID	Received	☐

Rights and Declarations

Program Name	Document	Signed
Healthy San Francisco	Healthy San Francisco Applicant Acknowledgement Form	☑

Forms

Person Name	Form Name	History
No matching records were found.		

An HSF enrollment is not official until the verification document images are viewable in One-e-App. If after 10 minutes you do not see the verifications you just faxed in, please search for the document using the **"Associate Unmatched Faxes"** menu item. This feature will enable you to view faxes sent to the system on specific dates and link these faxes to a specific application in the system.

On the Associated Unmatched Faxes page, look through the faxes based on the date they were faxed. Click the checkbox to the right of the documents which apply to your participant. Then

select whether the documents are Permanent or Temporary, and then type in the Application ID to which you want the documented assigned.

Once the verification documents have been associated with the application, you have successfully enrolled the applicant into the Healthy San Francisco Program.

3.4 Healthy San Francisco Application Audits

The HSF Administration and the HSF Training Leads audit a random sample of all new HSF applications submitted each month to ensure data integrity, accuracy of participant contact information, and adherence to the HSF Application Assistor Training Manual instructions.

Audit Process

- Each month, the HSF Administration sends the Audit Team committee members a list of randomly selected application ID numbers for review.
- Auditors locate the application in One-e-App, print submitted faxes of verification documents, and complete an audit check-list.
- The auditor reviews all applications for accuracy and completeness.

The auditor may work directly with the assistor and assistor supervisor to complete needed repairs. The repairs include, but are not limited to repairing data entry errors (i.e. addresses, etc) and re-faxing missing documentation. Based on the audit results, HSF administration will develop a report with major findings and recommendations and use this data to improve HSF Application Assistor training procedures.

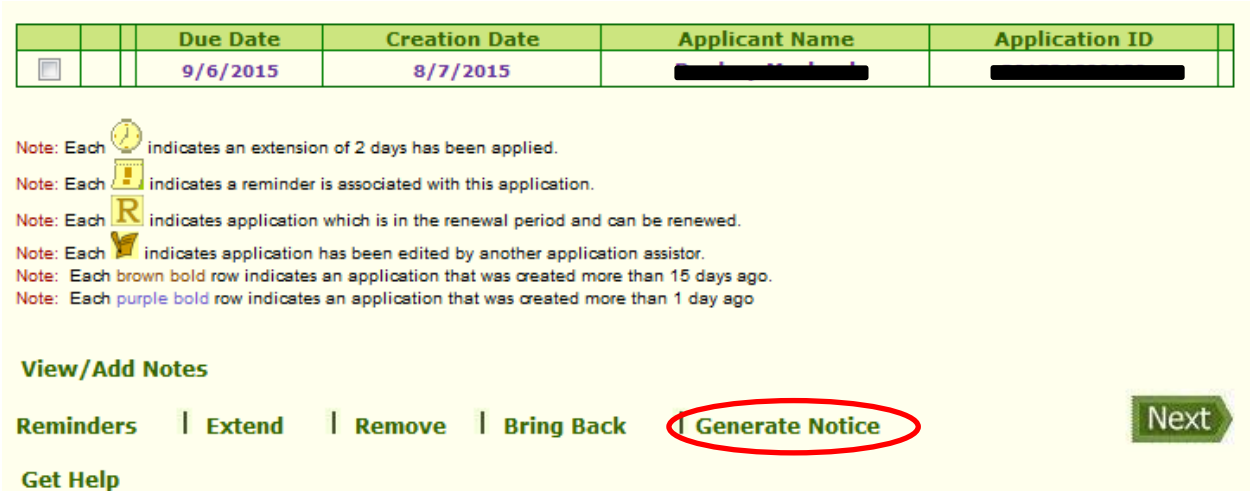
3.5 Post Enrollment Participant Materials

Participant Materials Received at the Enrollment Appointment

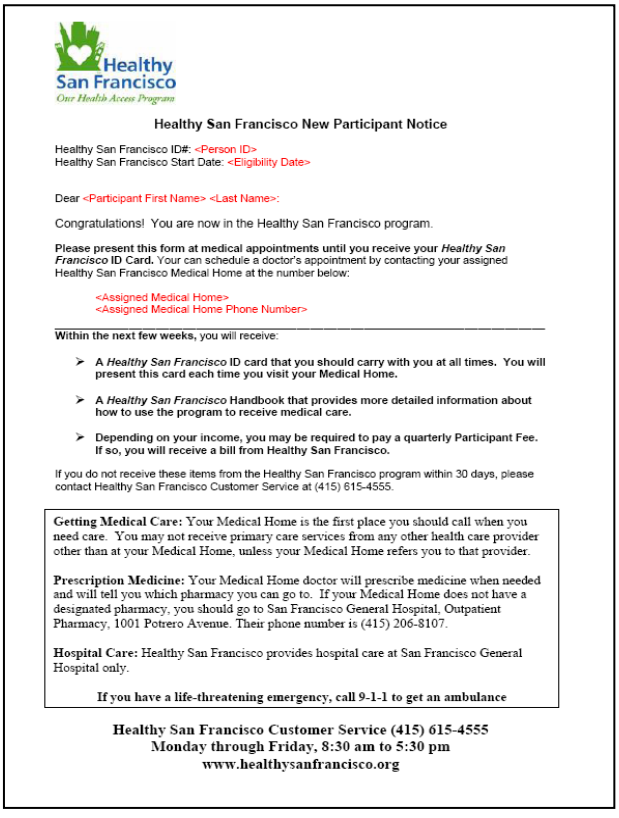
Before the participant leaves the enrollment appointment, be sure to discuss the following items with the participant:

Approval Notice:

The HSF Approval Notice will appear when you click "*Generate Notice*" when an HSF Application is completed.



Explain to the participant that they may present this form at medical appointments until they receive their Healthy San Francisco ID card in the mail. Be sure to point out their selected Medical Home and Medical Home phone number.



Healthy San Francisco
Our Health Access Program

Healthy San Francisco New Participant Notice

Healthy San Francisco ID#: <Person ID>
Healthy San Francisco Start Date: <Eligibility Date>

Dear <Participant First Name> <Last Name>:

Congratulations! You are now in the Healthy San Francisco program.

Please present this form at medical appointments until you receive your *Healthy San Francisco* ID Card. Your can schedule a doctor's appointment by contacting your assigned Healthy San Francisco Medical Home at the number below:

<Assigned Medical Home>
<Assigned Medical Home Phone Number>

Within the next few weeks, you will receive:

- **A *Healthy San Francisco* ID card that you should carry with you at all times. You will present this card each time you visit your Medical Home.**
- **A *Healthy San Francisco* Handbook that provides more detailed information about how to use the program to receive medical care.**
- **Depending on your income, you may be required to pay a quarterly Participant Fee. If so, you will receive a bill from Healthy San Francisco.**

If you do not receive these items from the Healthy San Francisco program within 30 days, please contact Healthy San Francisco Customer Service at (415) 615-4555.

Getting Medical Care: Your Medical Home is the first place you should call when you need care. You may not receive primary care services from any other health care provider other than at your Medical Home, unless your Medical Home refers you to that provider.

Prescription Medicine: Your Medical Home doctor will prescribe medicine when needed and will tell you which pharmacy you can go to. If your Medical Home does not have a designated pharmacy, you should go to San Francisco General Hospital, Outpatient Pharmacy, 1001 Potrero Avenue. Their phone number is (415) 206-8107.

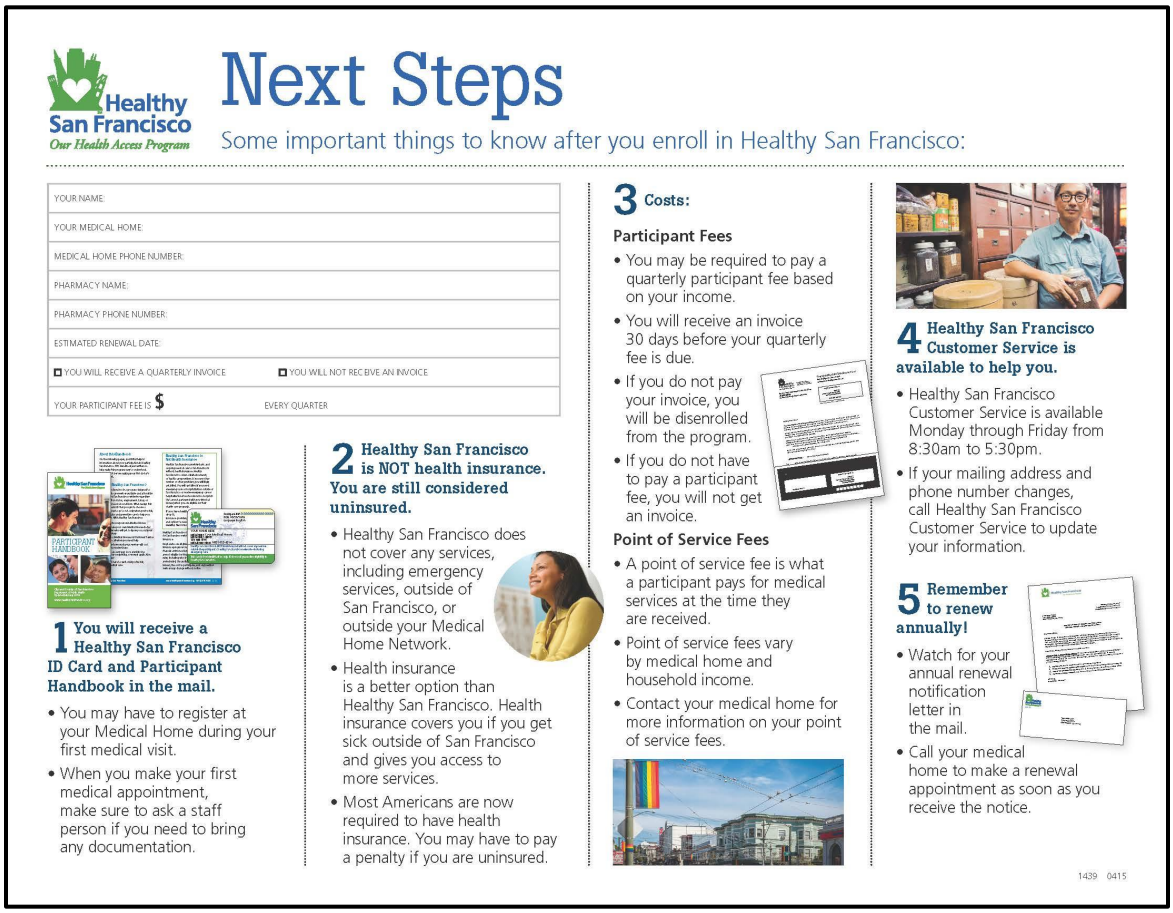
Hospital Care: Healthy San Francisco provides hospital care at San Francisco General Hospital only.

If you have a life-threatening emergency, call 9-1-1 to get an ambulance

Healthy San Francisco Customer Service (415) 615-4555
Monday through Friday, 8:30 am to 5:30 pm
www.healthysanfrancisco.org

Next Steps Guide:

The Next Steps Guide is a document with five important reminders that you must go over with a participant after you have assisted them with a new, renewal, re-enrollment, or a modification of an HSF application. The HSF Next Steps Guide will appear when you click "*Generate Notice*" at HSF application completion after the HSF Approval Notice. The guide will automatically appear in the applicant's preferred language.



Healthy San Francisco
Our Health Access Program

Next Steps

Some important things to know after you enroll in Healthy San Francisco:

YOUR NAME:
YOUR MEDICAL HOME:
MEDICAL HOME PHONE NUMBER:
PHARMACY NAME:
PHARMACY PHONE NUMBER:
ESTIMATED RENEWAL DATE:
☐ YOU WILL RECEIVE A QUARTERLY INVOICE ☐ YOU WILL NOT RECEIVE AN INVOICE
YOUR PARTICIPANT FEE IS $ EVERY QUARTER

1 You will receive a Healthy San Francisco ID Card and Participant Handbook in the mail.

- You may have to register at your Medical Home during your first medical visit.
- When you make your first medical appointment, make sure to ask a staff person if you need to bring any documentation.

2 Healthy San Francisco is NOT health insurance. You are still considered uninsured.

- Healthy San Francisco does not cover any services, including emergency services, outside of San Francisco, or outside your Medical Home Network.
- Health insurance is a better option than Healthy San Francisco. Health insurance covers you if you get sick outside of San Francisco and gives you access to more services.
- Most Americans are now required to have health insurance. You may have to pay a penalty if you are uninsured.

3 Costs:

Participant Fees

- You may be required to pay a quarterly participant fee based on your income.
- You will receive an invoice 30 days before your quarterly fee is due.
- If you do not pay your invoice, you will be disenrolled from the program.
- If you do not have to pay a participant fee, you will not get an invoice.

Point of Service Fees

- A point of service fee is what a participant pays for medical services at the time they are received.
- Point of service fees vary by medical home and household income.
- Contact your medical home for more information on your point of service fees.

4 Healthy San Francisco Customer Service is available to help you.

- Healthy San Francisco Customer Service is available Monday through Friday from 8:30am to 5:30pm.
- If your mailing address and phone number changes, call Healthy San Francisco Customer Service to update your information.

5 Remember to renew annually!

- Watch for your annual renewal notification letter in the mail.
- Call your medical home to make a renewal appointment as soon as you receive the notice.

1439 0415

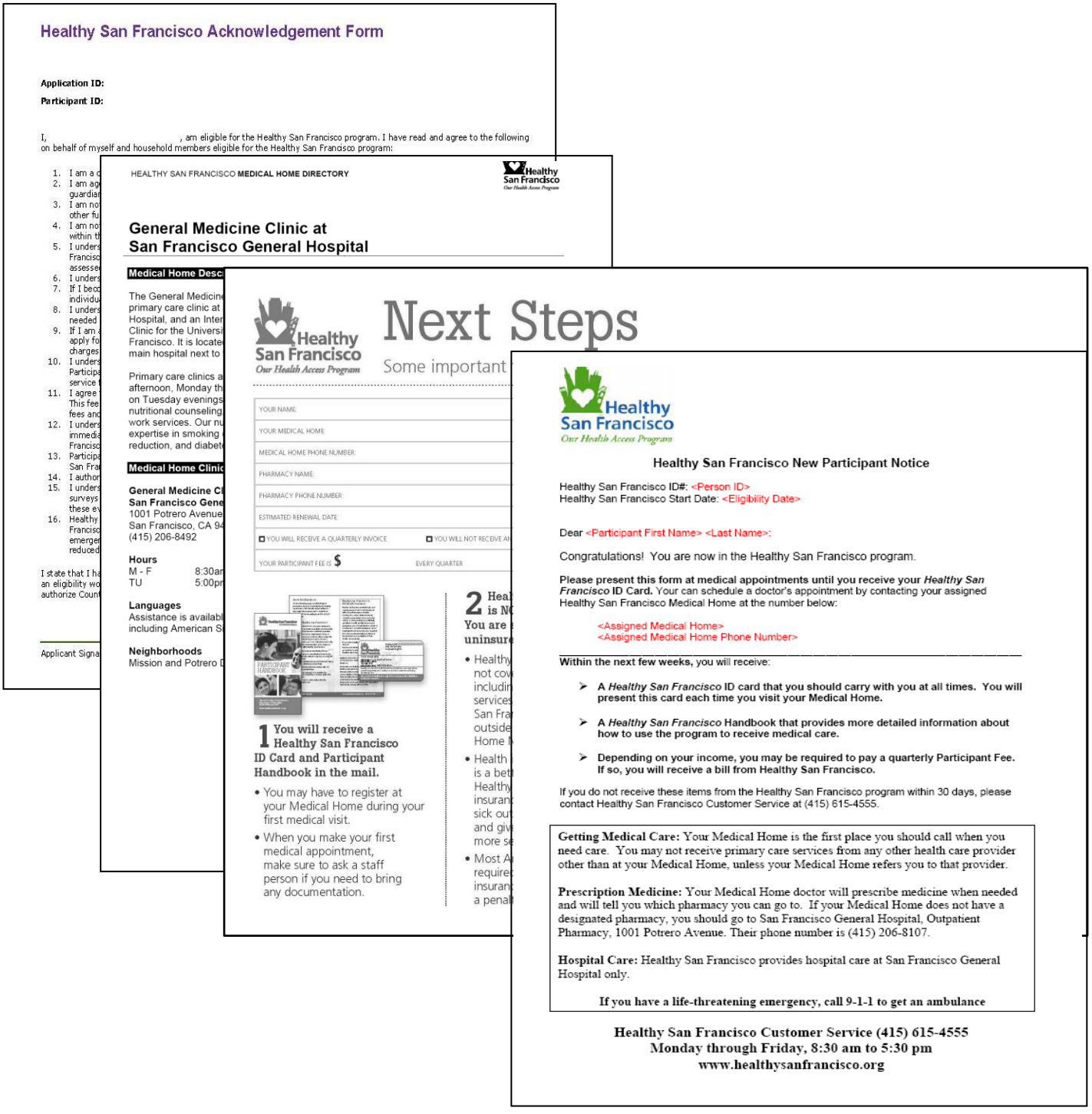
HSF Application Assistors are required to print the HSF Next Steps Guide and review this hand-out with participants to ensure they are clear on critical HSF program details (e.g. HSF is NOT insurance)

Instructions for Assistors:

1. Review the five areas on the handout with the new participants.
2. Write the participant's name, medical home and phone number, pharmacy name and phone number, estimated renewal date.
3. Put a check in the box if the participant will receive an invoice or not. If so, note the participant fee.
4. Copies of this guide are available in English, Spanish and Chinese and can be downloaded at:

http://healthysanfrancisco.org/community-support/assistor-tools/

Other Forms: Along with the HSF Approval Notice and Next Steps Guide, make sure the participant receives a copy of the HSF Acknowledgement Form, One-e-App Universal Summary, and any other Medical Home information that may be relevant.



Healthy San Francisco Acknowledgement Form

Application ID:

Participant ID:

I, , am eligible for the Healthy San Francisco program. I have read and agree to the following on behalf of myself and household members eligible for the Healthy San Francisco program:

HEALTHY SAN FRANCISCO **MEDICAL HOME DIRECTORY**

General Medicine Clinic at San Francisco General Hospital

Medical Home Desc

The General Medicine primary care clinic at Hospital, and an Inter Clinic for the Universi Francisco. It is locate main hospital next to

Primary care clinics a afternoon, Monday th on Tuesday evenings nutritional counseling work services. Our nu expertise in smoking reduction, and diabet

Medical Home Clinic

General Medicine Cl San Francisco Gene 1001 Potrero Avenue San Francisco, CA 94 (415) 206-8492

Hours
M - F 8:30ar
TU 5:00pr

Languages
Assistance is availabl including American S

Neighborhoods
Mission and Potrero D

Healthy San Francisco
Our Health Access Program

Next Steps

Some important

YOUR NAME:

YOUR MEDICAL HOME:

MEDICAL HOME PHONE NUMBER:

PHARMACY NAME:

PHARMACY PHONE NUMBER:

ESTIMATED RENEWAL DATE:

YOU WILL RECEIVE A QUARTERLY INVOICE YOU WILL NOT RECEIVE A

YOUR PARTICIPANT FEE IS $ EVERY QUARTER

1 You will receive a Healthy San Francisco ID Card and Participant Handbook in the mail.

- You may have to register at your Medical Home during your first medical visit.
- When you make your first medical appointment, make sure to ask a staff person if you need to bring any documentation.

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Healthy San Francisco
Our Health Access Program

Healthy San Francisco New Participant Notice

Healthy San Francisco ID#: <Person ID>
Healthy San Francisco Start Date: <Eligibility Date>

Dear <Participant First Name> <Last Name>:

Congratulations! You are now in the Healthy San Francisco program.

Please present this form at medical appointments until you receive your *Healthy San Francisco* ID Card. Your can schedule a doctor's appointment by contacting your assigned Healthy San Francisco Medical Home at the number below:

<Assigned Medical Home>
<Assigned Medical Home Phone Number>

Within the next few weeks, you will receive:

- **A *Healthy San Francisco* ID card that you should carry with you at all times. You will present this card each time you visit your Medical Home.**
- **A *Healthy San Francisco* Handbook that provides more detailed information about how to use the program to receive medical care.**
- **Depending on your income, you may be required to pay a quarterly Participant Fee. If so, you will receive a bill from Healthy San Francisco.**

If you do not receive these items from the Healthy San Francisco program within 30 days, please contact Healthy San Francisco Customer Service at (415) 615-4555.

Getting Medical Care: Your Medical Home is the first place you should call when you need care. You may not receive primary care services from any other health care provider other than at your Medical Home, unless your Medical Home refers you to that provider.

Prescription Medicine: Your Medical Home doctor will prescribe medicine when needed and will tell you which pharmacy you can go to. If your Medical Home does not have a designated pharmacy, you should go to San Francisco General Hospital, Outpatient Pharmacy, 1001 Potrero Avenue. Their phone number is (415) 206-8107.

Hospital Care: Healthy San Francisco provides hospital care at San Francisco General Hospital only.

If you have a life-threatening emergency, call 9-1-1 to get an ambulance

Healthy San Francisco Customer Service (415) 615-4555
Monday through Friday, 8:30 am to 5:30 pm
www.healthysanfrancisco.org

Participant Materials Received in the Mail

All *Healthy San Francisco* participants receive the following materials by mail:

Participant Handbook

The Participant Handbook provides information and explanation about *Healthy San Francisco* services and how to obtain services. Supplemental program information includes explanation of program fees, instructions on reapplying for the program, and whom to call for additional information or assistance.

Participant ID Card

The *Healthy San Francisco* ID card is presented by the participant when accessing medical services at a medical home or pharmacy. The ID card includes the participant name, identification number, and Medical Home information. Participants receive the ID card within one month of enrolling, and may request a replacement card at any time by contacting Customer Service at 1 (415)615-4555.

Participant Newsletter

The *Healthy San Francisco* newsletter, *HeartBeat*, is a quarterly publication that provides information to participants about how to make the most of *Healthy San Francisco* services. It also promotes healthy living through articles on the importance of regular exercise, good nutrition, and preventive care.

Renewal Reminder Notices

Participants approaching the anniversary of their HSF Participation receive a three notices in the mail inviting them to schedule an appointment to renew for HSF.

Well Women/Well Man

These direct mail brochures encourage preventive care by educating participants about the importance of regular checks-ups, eating healthy and recommended exams, screenings and immunizations to have at different stage of life. All new *Healthy San Francisco* participants receive a preventive health care mailer after 60 days of enrollment. Continuing participants receive the mailer annually.

Healthy San Francisco participant materials are available in English, Chinese, Tagalog, and Spanish.

3.6 Renewals and Application Modifications

Participants are permitted to renew 90 days prior to the end of their first term. Renewal in the program is contingent upon meeting all five *Healthy San Francisco* eligibility criteria. Failure of a participant to renew prior to the term date will result in disenrollment from the program.

Renewal Reminder Notices

Healthy San Francisco Administration mails HSF participant's renewal reminder letters 60 and 30 days prior to the end of their annual term. Participants who complete a renewal will not be sent subsequent reminder notices. Separate reminder notices may also be sent by the participant's medical home.

Renewal Outreach Calls

HSF Administration calls HSF participants 30 days before term end to remind them to renew. HSF Application Assistors are also encouraged to contact participants by phone. Assistors can obtain a call list of participants at their enrollment site 90 days from term end in the One-e-App enrollment system.

Renewal Process

The Renewal Process for HSF Application Assistors will be as follows:

1. HSF Participants will receive a notice to re-enroll on the 60th, and 30th day marks prior to their designated 12-month term date.

2. The letter will notify participants that if they would like to continue coverage they must re-apply for HSF with an application assistor at their Medical Home or at the enrollment site noted on the Renewal Reminder Notice.

3. HSF Application Assistors will use One-e-App to re-new existing HSF Participants during the 90-day window prior to a participant's term date.

4. Upon a successful enrollment of a complete and eligible application, the HSF participant will be given an additional 12 months of coverage beginning the day after their designated term date. The participant will have no gap in coverage.

Renewal applicants only have to submit temporary documents if permanent document images were received at initial enrollment. Images of their permanent documents (citizenship, identity) are retained and are viewable in One-e-App. Information for the renewal application will be pre-populated with information from the participant's most current application. The Assistor must ask the applicant to verify that the system reflects the most recent information, and make updates as needed (update address, etc).

The participant must submit the assessed first quarter payment, if required, to Healthy San Francisco within 60 days after their renewal date. If they fail to submit payment, they will be disenrolled from HSF.

Reminder: Any changes made at the time of Renewal will not take effect until the participant's current term has ended.

3.7 Modifying an Application

When you modify a HSF application, you are **"Re-Submitting"** the application and asking One-e-App to determine if the participant is still eligible for the program. Modifying an application, for any other reason than changing name and/or address, **will always trigger a new 12 month eligibility period (if the applicant is still found eligible for HSF).**

Use the modify feature to change income, assets, or other critical elements like family size or date of birth. These changes will result in a change in eligibility

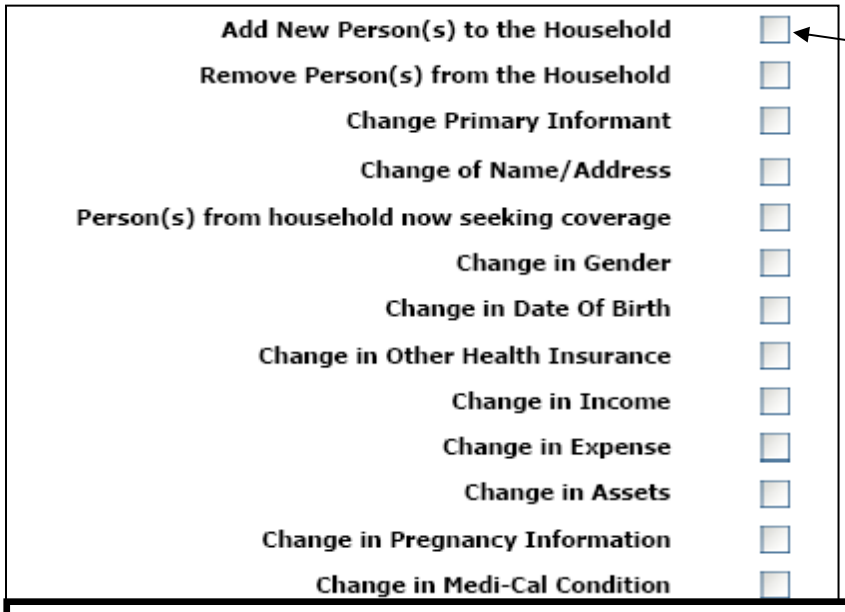
A new eligibility period would be begin, a possible change in fees, or a possible change in program.

If you modify an application you must communicate the following to the participant(s):

1. You have a new 12 month eligibility period beginning today. Your renewal date will be a year from today.

2. If above 100% FPL, you will receive invoice within 7 days. Your payment must be received within 60 days or you will be disenrolled from the program.

3. Any unused participant fees that may have already been paid in advance for unused months will either be refunded and/applied to the new participant fees. For questions regarding billing, call HSF Customer Service at 615-4555.



1. You can modify an application by clicking on the box on any of the options to the left. Not all options will result in modification.
2. When you modify an application, you will always be asked to fax all temporary verifications into One-e-App.

TIP: Do not Modify an Application the Same Day It Was Created

Avoid "Modify" a HSF application the same day application was created. A best practice to avoid doing a same day "modify" for HSF is to print the HSF Summary **PRIOR** to submitting an application to verify that all the information is correct.

3.8 Disenrolling an Application

An individual may be disenrolled prior to the end of their 12-month eligibility period for the following reasons:

- Insufficient Payment of Participant Fees
- Not a San Francisco Resident
- Cannot Afford Participant Fee
- Exceeds Program Age Requirements
- Enrolled in Public Coverage
- Enrolled in Employer-Sponsored Insurance
- Enrolled in Private Insurance
- Determined Eligible for Other Programs During Renewal or Modify
- Did Not Complete Renewal – Insufficient Payment
- Did Not Complete Renewal - Incomplete Documentation
- Did Not Complete Renewal - Failure to Complete Rescreening
- Program Dissatisfaction (administration, services, medical home, etc)
- Participant is Deceased

A HSF participant may be disenrolled automatically or manually in One-e-App. Only CAA Supervisor, DPH III and Customer Service user types may disenroll a participant. CAA user types in One-e-App cannot disenroll participants. You must contact your supervisor if you encounter a situation where an HSF Participant may need to be disenrolled.

A participant can voluntarily disenroll during their coverage period by contacting Healthy San Francisco Customer Service or an Application Assistor supervisor. The customer service representative will manually disenroll the participant in One-e-App, ask for a disenrollment reason, populate the disenrollment reason, and coordinate refunds, if applicable, of pre-paid participant fees.

The party (customer service, application assistor, etc) that disenrolls the participant in One-e-App will select the appropriate disenrollment reason from the above list. A disenrollment notice will be generated. The participant will receive the letter within one week of their disenrollment date confirming that they are no longer in the *Healthy San Francisco* program. The letter clearly states the reason for the disenrollment.

Individuals disenrolled because they have exceed program age requirements will receive an age-out notice that will give them steps on how to apply for other coverage programs.

3.9 Submitting Applications for other programs

If during the One-e-App process the applicant develops linkage to a public insurance program, the participant must apply for the program that they may be preliminarily eligible for.

Please refer to the One-e-App San Francisco User Manual for instructions on submitting applications to other programs. You can find the One-e-App San Francisco User Manual: http://www.healthysanfrancisco.org/eligibility_staff/Enrollment_Tools.aspx

Dual Eligibility

An applicant can be eligible and/or concurrently enrolled in both *Healthy San Francisco* and the following limited scope programs:

HSF Dual Coverage Program	Program Description	One-e-App Designated Primary	One-e-App Designated Secondary
Medi-Cal Restricted/ Emergency Related Services	Restricted services provided to those ineligible for full-scope Medi-Cal	Medi-Cal Restricted/ Emergency Related Services	Healthy San Francisco
Medi-Cal Access Program (formerly AIM)	Medi-Cal coverage for pregnant women and for infants during the month after birth.	AIM Access for Infants and Mothers (old name still in system).	Healthy San Francisco
Family PACT	Family planning and sexual health services for those ineligible for full-scope Medi-Cal	Family PACT	Healthy San Francisco
Every Woman Counts (also called Breast and Cervical Cancer Treatment Program) (state-only)	EWC assists uninsured and underinsured women obtaining high quality cancer screening and follow-up services.	Breast and Cervical Cancer Treatment Program (state-only)	Healthy San Francisco
Improving Access, Counseling & Treatment (IMPACT)	Provides free prostate cancer treatment to Californian men with little or no health insurance.	Improving Access, Counseling & Treatment (IMPACT)	Healthy San Francisco

- If an individual is eligible for *Healthy San Francisco* and is also found eligible in One-e-App or currently enrolled in one of the other programs listed above, One-e-App will designate

Healthy San Francisco as the "secondary" coverage and automatically designate the other program as the participants "primary" coverage in the final eligibility screen. These applicants will get enrolled into HSF and their eligibility will not be affected.

Pregnancy Related Services

Healthy San Francisco is the program of last resort and **will only include pregnancy-related services in the event the participant is screened and is not found eligible for pregnancy-related coverage programs.**

- If an HSF Participant is approved for a type of Medi-Cal that covers only their pregnancy related services, those services, including abortion, will be covered under Medi-Cal. Non-pregnancy related services will continue to be accessed under HSF.
- If HSF Participant is approved for Medi-Cal Pregnancy Related Services and Full Scope Medi-Cal, all services will be covered under Medi-Cal. You should notify a CAA Supervisor to disenroll the participant from HSF.
- Providers will direct patients seeking pregnancy-related services to the appropriate eligibility staff and enrollment site to complete applications for these programs.
- Compliance with these application processes is required to ensure that the patient can receive these services under a coverage program.

Medi-Cal (NO LONGER APPLICABLE)

Wondering why your client is found eligible for Medi-Cal in One-e-App instead of Healthy San Francisco? Here are the rules for full-scope Medi-Cal linkage for adults embedded in the One-e-App system in San Francisco:

Linkage Rule 1:

The following criteria must be met in order for the system to find a family preliminarily eligible for full-scope Medi-Cal:

1. At least one child in the household under age of 21 years, regardless if the child is seeking coverage AND
2. Parents should be applying for coverage AND
3. Relationship between adult and child is parent or ward.
4. There is an absent parent, regardless of FPL (at least one parent is deceased or identity unknown or not living in home) OR
5. There is an intact family (parents living with the child) with potential deprivation, as defined by:
   - At least one parent is unemployed AND household FPL is <=100%, OR
   - At least one parent is working more than 100 hours and the household FPL is <=100%,

OR

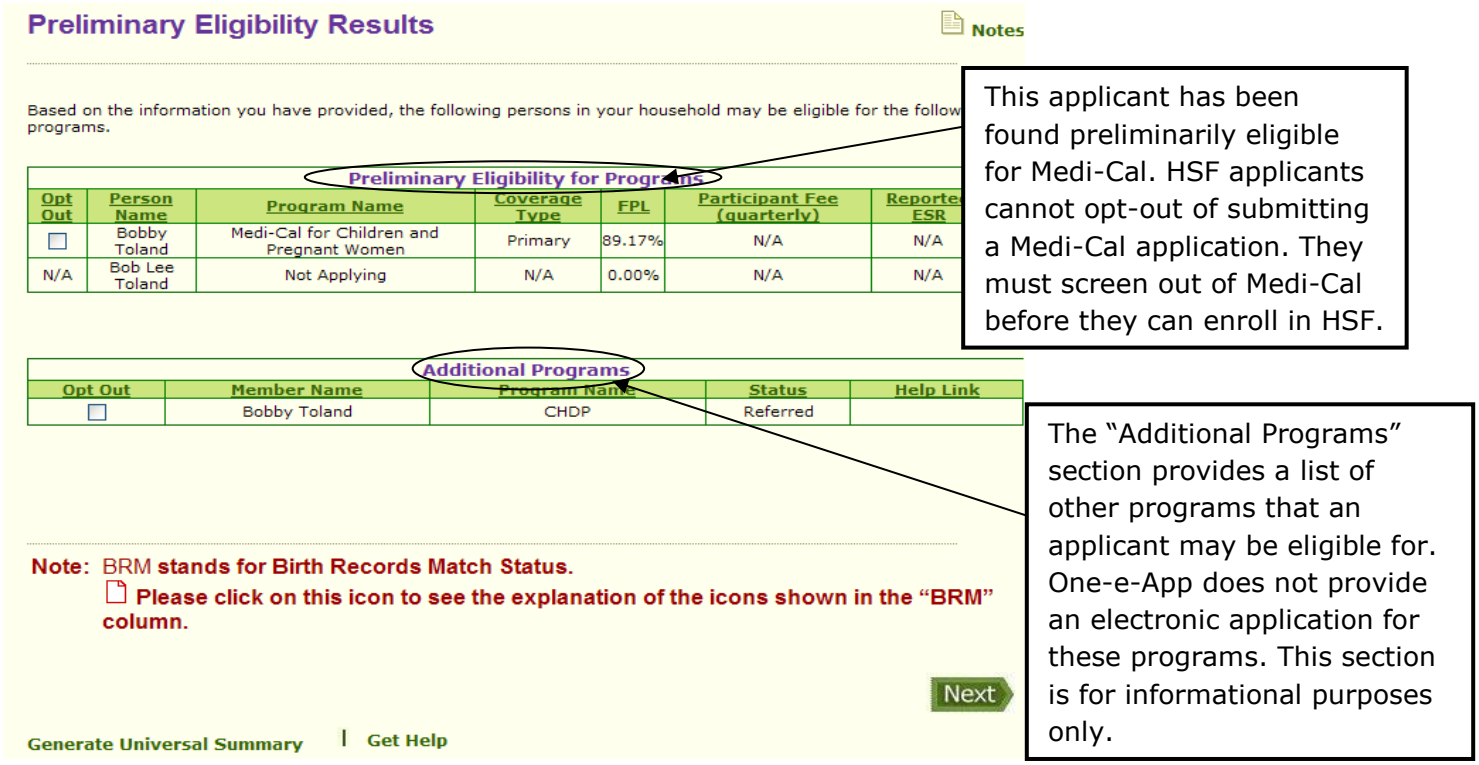
   - One or both of the parents is employed and not working more than 100 hours, REGARDLESS of household income, who is the primary informant in One-e-App, or who the primary wage earner is.

Linkage Rule 2:

Person is applying is disabled or pregnant, regardless of their FPL.

Please note that the system will only refer clients with acceptable immigration status for full-scope Medi-Cal. In addition, the system is not programmed to examine an applicant's assets, so it is possible that after a detailed screening by the Medi-Cal staff, that the family may be determined ineligible for full-scope Medi-Cal.

Based on the immigration status provided on the previous screen, the final Preliminary Eligibility Results will list the programs the applicant may be eligible for.



This applicant has been found preliminarily eligible for Medi-Cal. HSF applicants cannot opt-out of submitting a Medi-Cal application. They must screen out of Medi-Cal before they can enroll in HSF.

The "Additional Programs" section provides a list of other programs that an applicant may be eligible for. One-e-App does not provide an electronic application for these programs. This section is for informational purposes only.

After this screen, you will not be able to make any changes to the application. Click on "Generate Universal Summary" to review and validate that all the information is correct before proceeding. Once the information has been validated, click "Next".

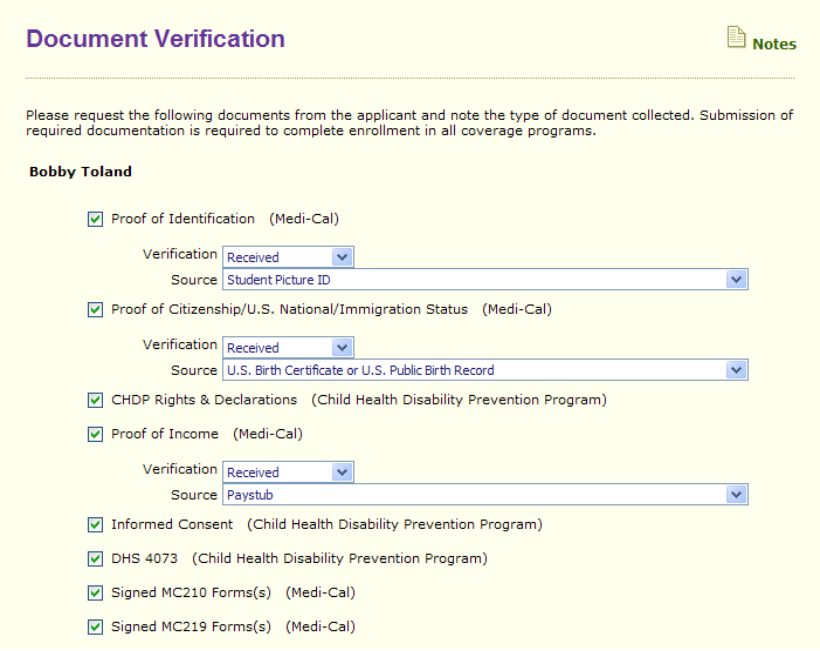
The following screen will ask you to select where you would like to submit the Medi-Cal application: Single Point of Entry or Cal Win.

Medi-Cal Application Submission

All Medi-Cal applications should be submitted to the County SSA (CalWIN). Applications submitted via Health-e-App will take significantly longer to process and will delay the applicant receiving coverage.

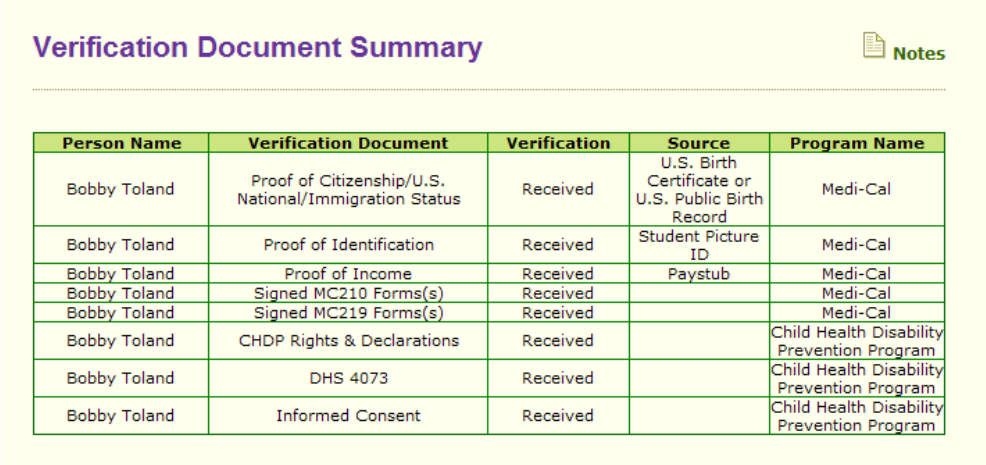
The process outlined below is for a Medi-Cal application submitted to the County SSA.

The following screen will ask you to request the documents listed from the applicant.



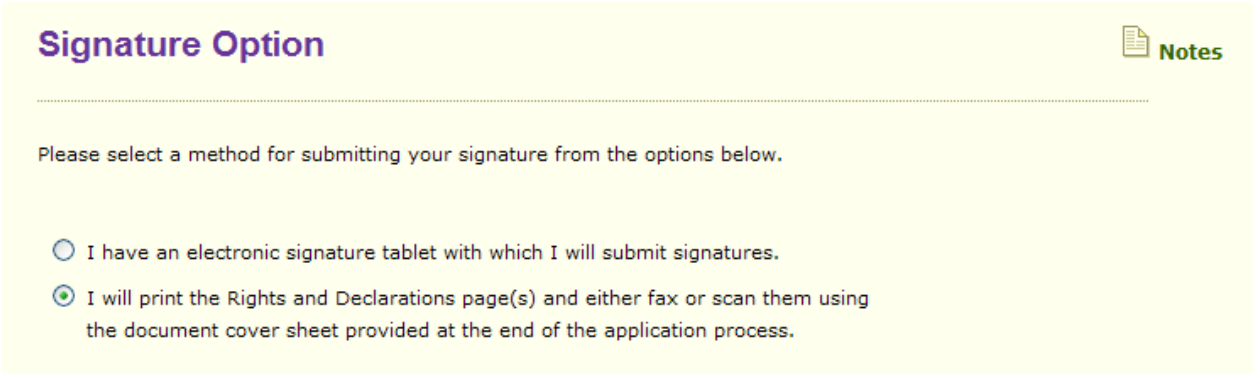
Indicate the status of the required documents for each applicant by checking the box next to the requested documentation. Next, indicate whether the verification was received or not and what type of verification was submitted.

The following screen will show you a summary of the documents that have been received and those that are missing. Review this page to ensure all verifications needed have been received.



Person Name	Verification Document	Verification	Source	Program Name
Bobby Toland	Proof of Citizenship/U.S. National/Immigration Status	Received	U.S. Birth Certificate or U.S. Public Birth Record	Medi-Cal
Bobby Toland	Proof of Identification	Received	Student Picture ID	Medi-Cal
Bobby Toland	Proof of Income	Received	Paystub	Medi-Cal
Bobby Toland	Signed MC210 Forms(s)	Received		Medi-Cal
Bobby Toland	Signed MC219 Forms(s)	Received		Medi-Cal
Bobby Toland	CHDP Rights & Declarations	Received		Child Health Disability Prevention Program
Bobby Toland	DHS 4073	Received		Child Health Disability Prevention Program
Bobby Toland	Informed Consent	Received		Child Health Disability Prevention Program

On the following screen, indicate which method of signature submission the applicant will use.



The following screens will ask the applicant further information regarding their household and assets.

Other Information

Notes

Does anyone in the household own or is anyone buying a home outside California? ○ Yes ○ No

Does anyone have a court ordered settlement or judgment? ○ Yes ○ No

Does anyone have long term care insurance? ○ Yes ○ No

Does anyone own any items such as stocks, bonds, retirement funds, trusts, real estate, motor vehicles for a business, business accounts, promissory notes, mortgages, deed of trusts, recreational vehicles, burial trusts or funds, annuities, jewelry (not heirloom or wedding), oil or mineral rights? ○ Yes ○ No

Has anyone listed on this form transferred, sold, traded or given away any items such as those listed above in the last 30 months? ○ Yes ○ No

Have any items listed in this section been spent or used as security for medical costs? ○ Yes ○ No

Additonal Household Assets Information

Notes

Mark Yes for each of the following items held in the name of, or held for the benefit of a Medi-Cal applicant, parent, stepparent, child, or spouse of a Medi-Cal applicant, or mark No if none of those people have such an item.

Shares of stock or mutual funds? ○ Yes ○ No

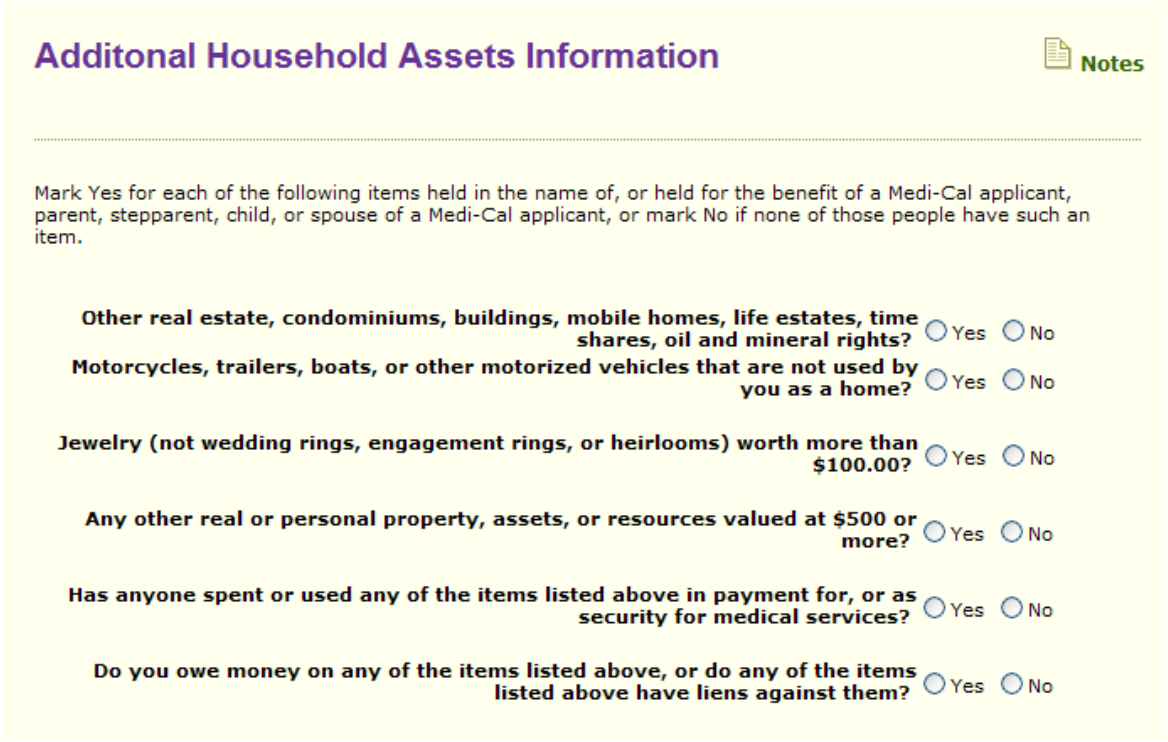
Individual Retirement Accounts (IRAs), Keoghs, or work-related pension funds? ○ Yes ○ No

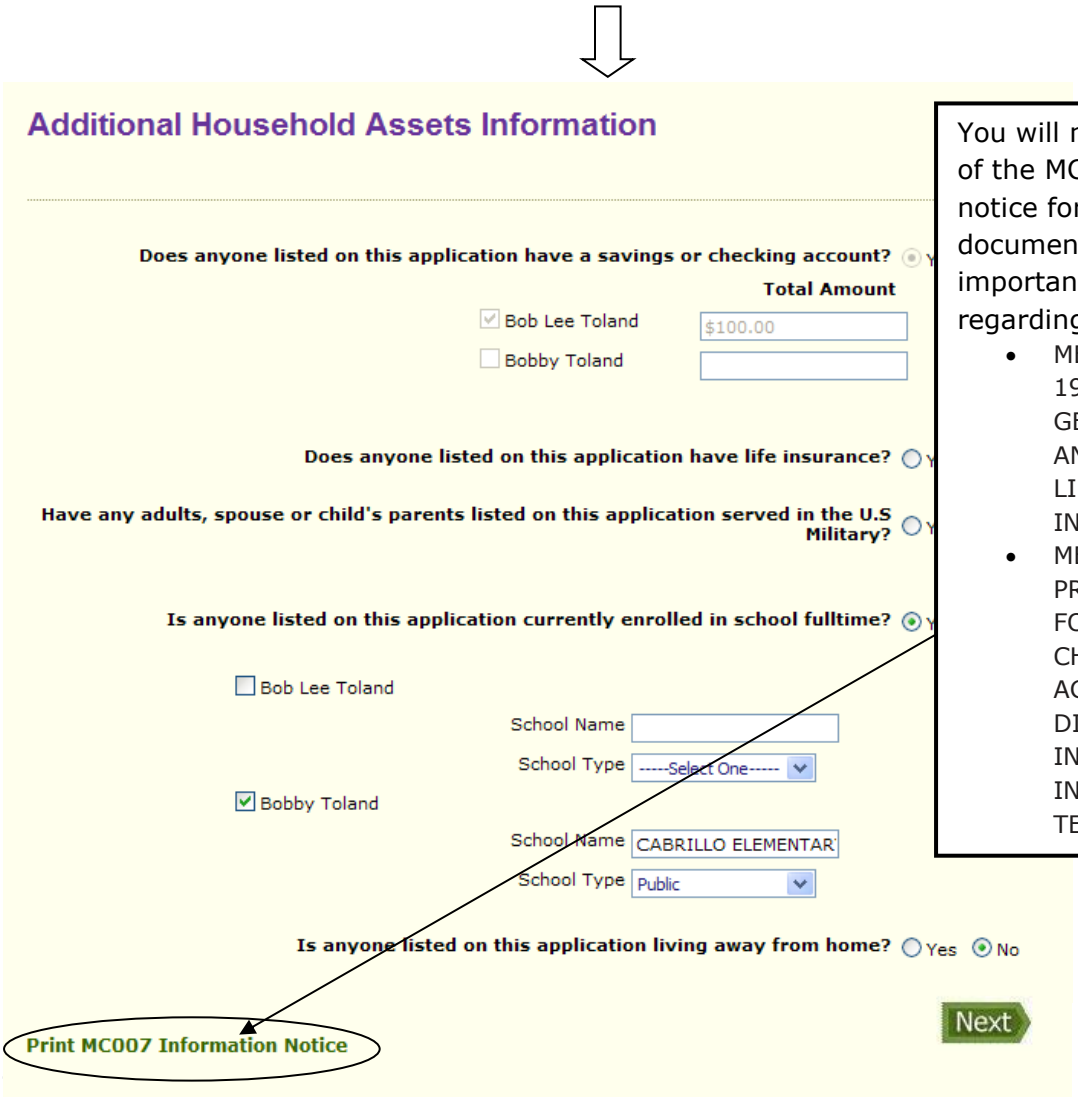
Annuities, trusts, blocked accounts, court-ordered settlements, judgments, orders for support, prenuptial and post-nuptial agreements, promissory notes, mortgages, deeds of trusts, etc? ○ Yes ○ No

Burial trusts, burial contracts or burial insurance? ○ Yes ○ No

Business accounts and property? ○ Yes ○ No

House, condominium, ranch, land, mobile home, or life estate that you live in, or that is your former home and is lived in by your spouse, child under 21, disabled son or daughter, dependent relative, or a sibling who lived in the property continuously and provided care for one year which enabled you to remain in the home rather than a nursing facility. ○ Yes ○ No

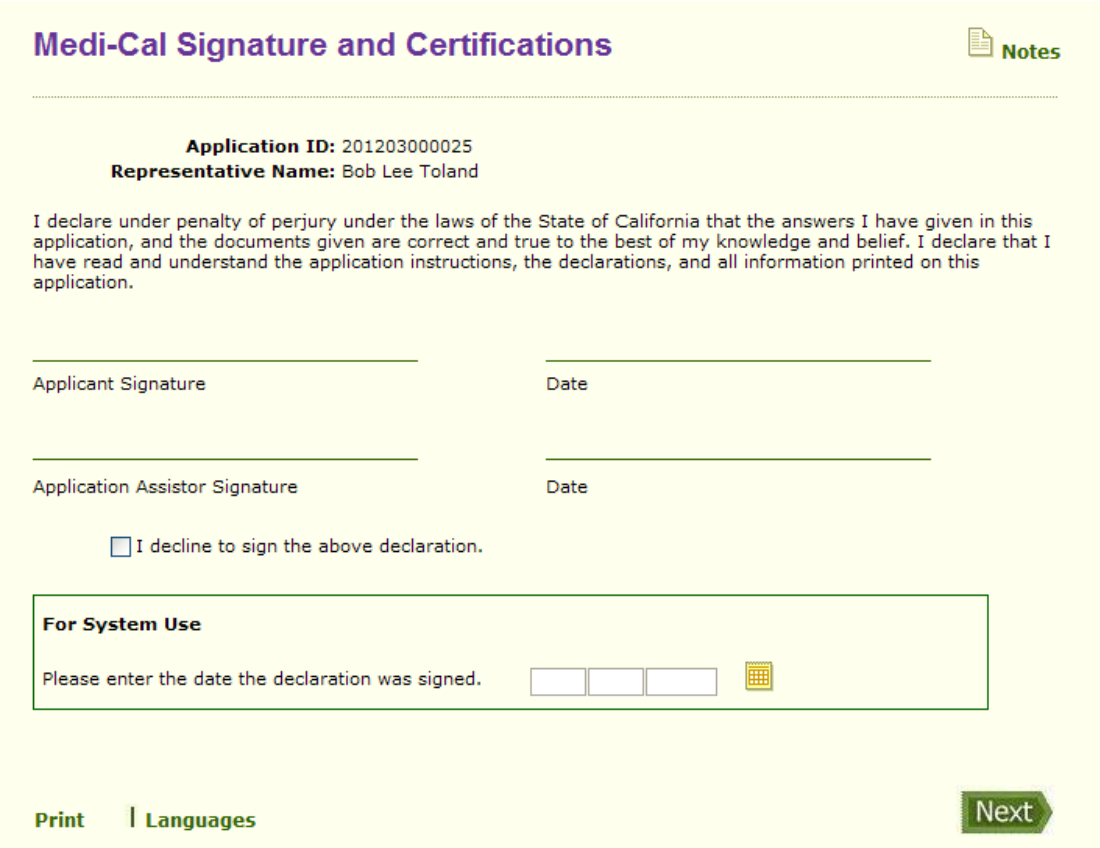




You will need to print a copy of the MC007 information notice for the client. This document contains important information regarding:

- MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS FOR LOW-INCOME FAMILIES
- MEDI-CAL GENERAL PROPERTY LIMITATIONS FOR FAMILIES AND CHILDREN UNDER 21, AGED, BLIND, OR DISABLED INDIVIDUALS AND INDIVIDUALS IN LONG-TERM CARE

The following screen is the Medi-Cal signature page which validates that the information stated in the application is correct. Be sure to print this page and have the applicant sign it. It must be faxed along with all other document verifications.



Medi-Cal Signature and Certifications

Notes

Application ID: 201203000025
Representative Name: Bob Lee Toland

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

Applicant Signature

Date

Application Assistor Signature

Date

☐ I decline to sign the above declaration.

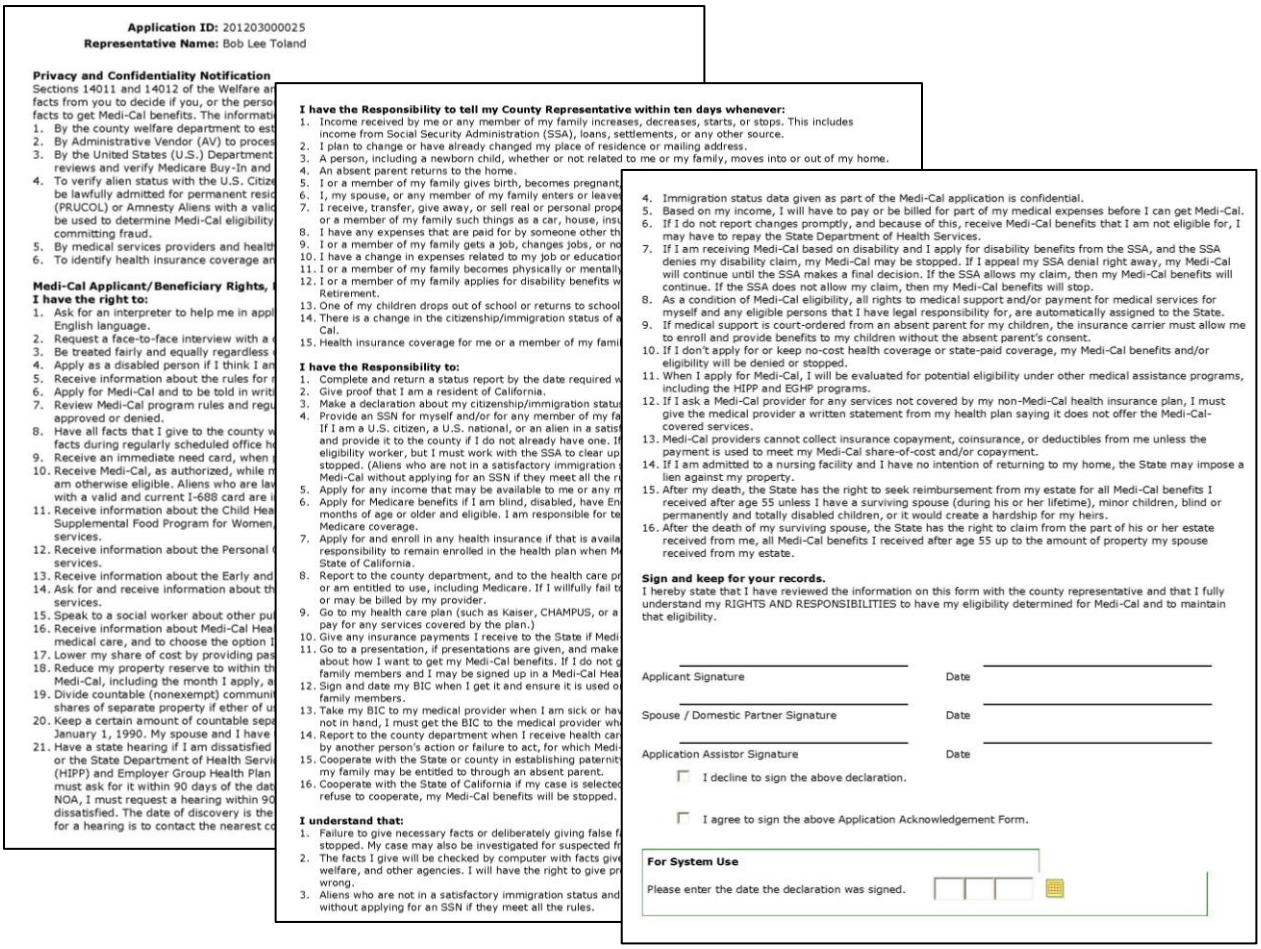
For System Use

Please enter the date the declaration was signed.

Print | Languages

Next

The following screen displays the Medi-Cal Rights and Declarations (MC219 Form).



Application ID: 201203000025
Representative Name: Bob Lee Toland

Privacy and Confidentiality Notification

Medi-Cal Applicant/Beneficiary Rights,
I have the right to:

I have the Responsibility to tell my County Representative within ten days whenever:

I have the Responsibility to:

I understand that:

4. Immigration status data given as part of the Medi-Cal application is confidential.
5. Based on my income, I will have to pay or be billed for part of my medical expenses before I can get Medi-Cal.
6. If I do not report changes promptly, and because of this, receive Medi-Cal benefits that I am not eligible for, I may have to repay the State Department of Health Services.
7. If I am receiving Medi-Cal based on disability and I apply for disability benefits from the SSA, and the SSA denies my disability claim, my Medi-Cal may be stopped. If I appeal my SSA denial right away, my Medi-Cal will continue until the SSA makes a final decision. If the SSA allows my claim, then my Medi-Cal benefits will continue. If the SSA does not allow my claim, then my Medi-Cal benefits will stop.
8. As a condition of Medi-Cal eligibility, all rights to medical support and/or payment for medical services for myself and any eligible persons that I have legal responsibility for, are automatically assigned to the State.
9. If medical support is court-ordered from an absent parent for my children, the insurance carrier must allow me to enroll and provide benefits to my children without the absent parent's consent.
10. If I don't apply for or keep no-cost health coverage or state-paid coverage, my Medi-Cal benefits and/or eligibility will be denied or stopped.
11. When I apply for Medi-Cal, I will be evaluated for potential eligibility under other medical assistance programs, including the HIPP and EGHP programs.
12. If I ask a Medi-Cal provider for any services not covered by my non-Medi-Cal health insurance plan, I must give the medical provider a written statement from my health plan saying it does not offer the Medi-Cal-covered services.
13. Medi-Cal providers cannot collect insurance copayment, coinsurance, or deductibles from me unless the payment is used to meet my Medi-Cal share-of-cost and/or copayment.
14. If I am admitted to a nursing facility and I have no intention of returning to my home, the State may impose a lien against my property.
15. After my death, the State has the right to seek reimbursement from my estate for all Medi-Cal benefits I received after age 55 unless I have a surviving spouse (during his or her lifetime), minor children, blind or permanently and totally disabled children, or it would create a hardship for my heirs.
16. After the death of my surviving spouse, the State has the right to claim from the part of his or her estate received from me, all Medi-Cal benefits I received after age 55 up to the amount of property my spouse received from my estate.

Sign and keep for your records.
I hereby state that I have reviewed the information on this form with the county representative and that I fully understand my RIGHTS AND RESPONSIBILITIES to have my eligibility determined for Medi-Cal and to maintain that eligibility.

Applicant Signature — Date

Spouse / Domestic Partner Signature — Date

Application Assistor Signature — Date

☐ I decline to sign the above declaration.

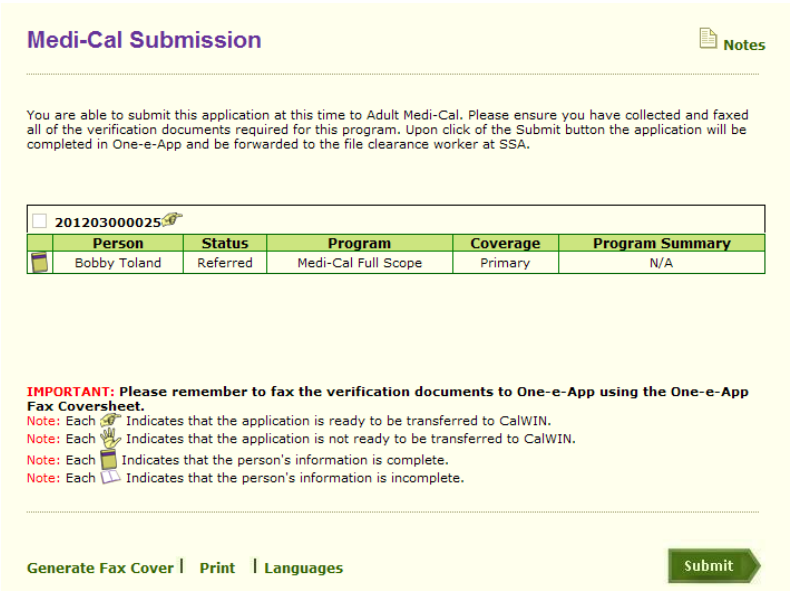
☐ I agree to sign the above Application Acknowledgement Form.

For System Use

Please enter the date the declaration was signed.

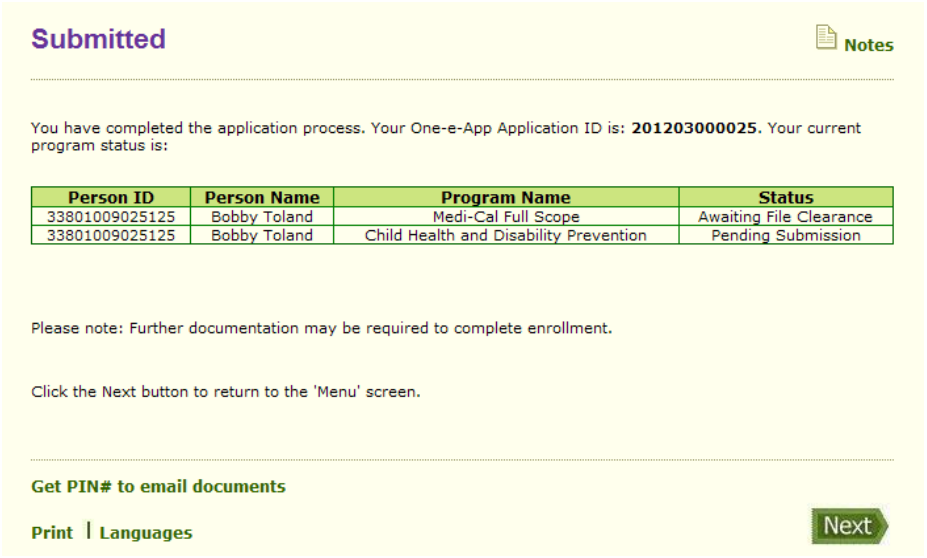
REVIEW THIS PAGE WITH THE APPLICANT. This form contains important information regarding the Medi-Cal applicant's rights, responsibilities, and understandings. The applicant can choose to decline to sign the form. If the applicant chooses to do so, the application process will end at this point. If the applicant agrees to sign the Application Acknowledgement Form:

1. Print a copy for signing
2. Have the applicant sign and date. Add your signature and date
3. Make a copy of the form for the applicant
4. Fax the form with the other required verification documents



BEFORE CLICKING SUBMIT, be sure to click on "Generate Fax Cover" to print the One-e-App fax cover sheet. Once you fax in the required documentation to One-e-App you have completed the application.

Once you have clicked "Submit", you will see the following screen which gives you the applicant's current program status.



To check the status of a Medi-Cal application, contact SF BenefitsNet at 1(855) 355-5757, Monday - Friday from 8:00 a.m. to 5:00 p.m. Please allow 5 working days for Medi-Cal to receive the application.

Section 4: Frequently Asked Questions (FAQ's)

How can I contact HSF Customer Service?

a. *Healthy San Francisco* Customer Service is ready to help participants in the language participants prefer speaking. Those languages include:

- Spanish
- English
- Cantonese
- Mandarin
- Russian
- Other languages available

They can answer participant's questions about *Healthy San Francisco* services. They can also help participant's solve most problems.

Services Offered

Customer Service is available to HSF participants only and includes the following services:

- Explanation of how HSF works
- Replacement of ID Card
- Request of Participant Handbook
- Phone number or address changes
- Medical Home changes
- Handling HSF billing questions
- Filing complaints
- Participant request disenrollment

Phone and Hours

HSF Participants can call:

- 1 (415) 615-4555
- TDD at 1 (415) 547-7830
- Monday – Friday 8:30am – 5:30pm

Where can applicants provide feedback and suggestion?

a. Healthy San Francisco does not have an eligibility appeals process. Applicants who are not HSF participants and would like to provide feedback and or suggestions may do so by sending a letter to:

Healthy San Francisco

P.O. Box 194287

San Francisco, CA 94119-4287

How do I re-assess an applicant's participant fees?

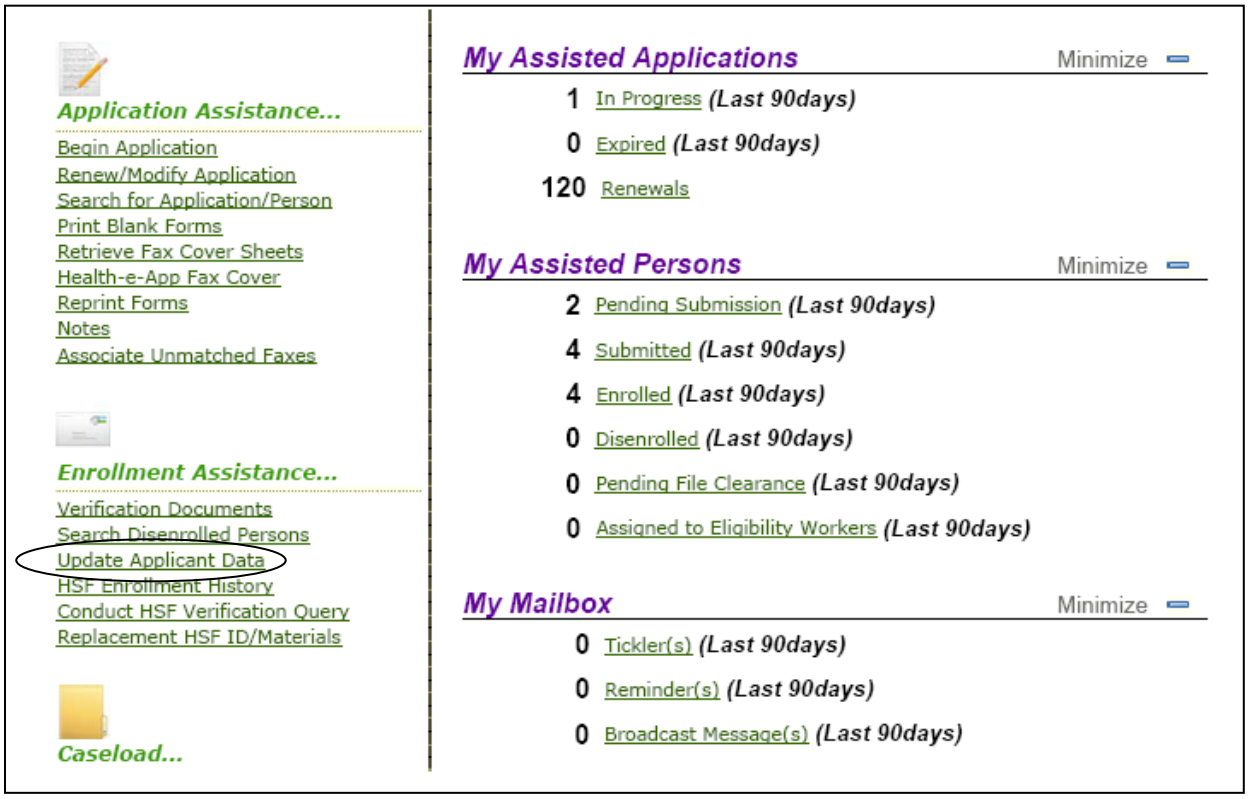
a. HSF participants may request a re-assessment of their HSF participation fee at any time. The participant's application must be "modified" by an application assistor in the One-e-

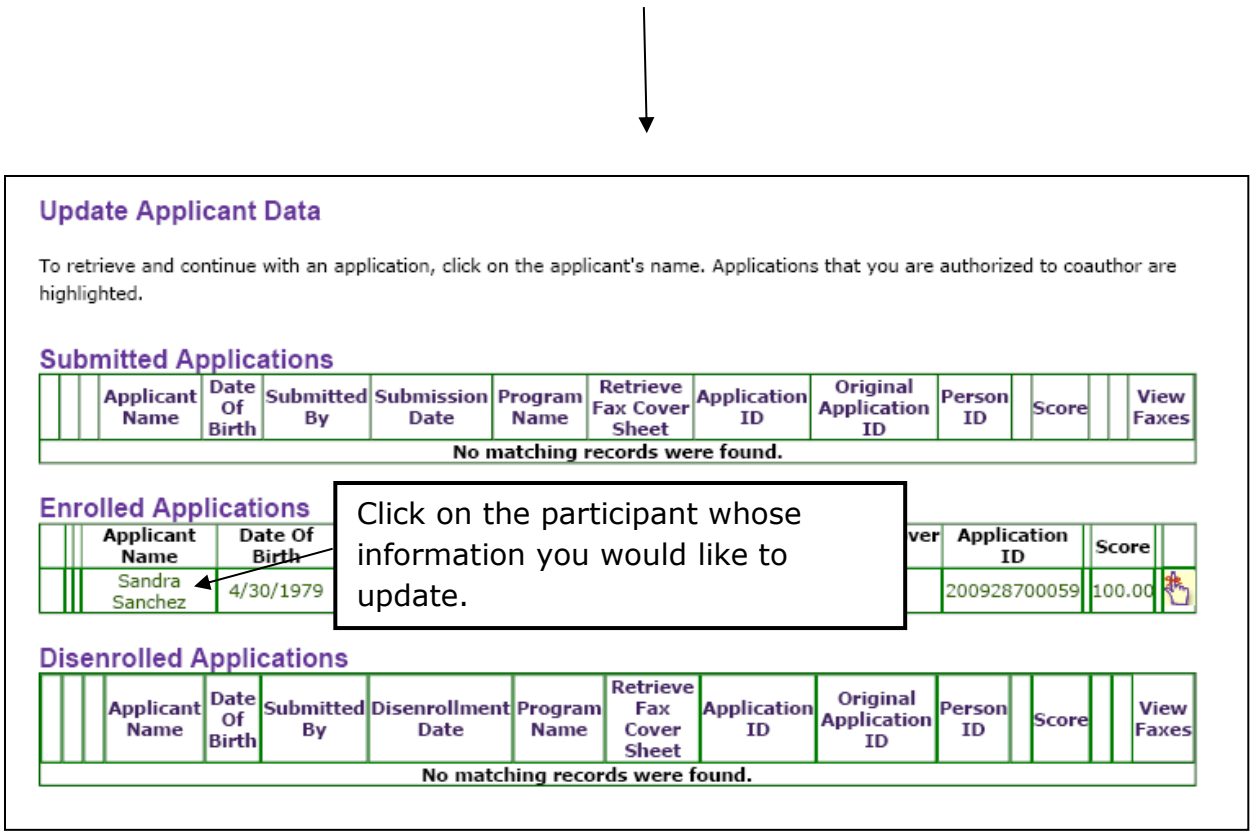
App system. **"Modifying" an application results in a new 12-month enrollment period for the participant and termination of the current application.** If the participant remains above 100% of the FPL, he or she will receive a new invoice with any previous balance applied to it that must be paid within 60 days, or they will be disenrolled.

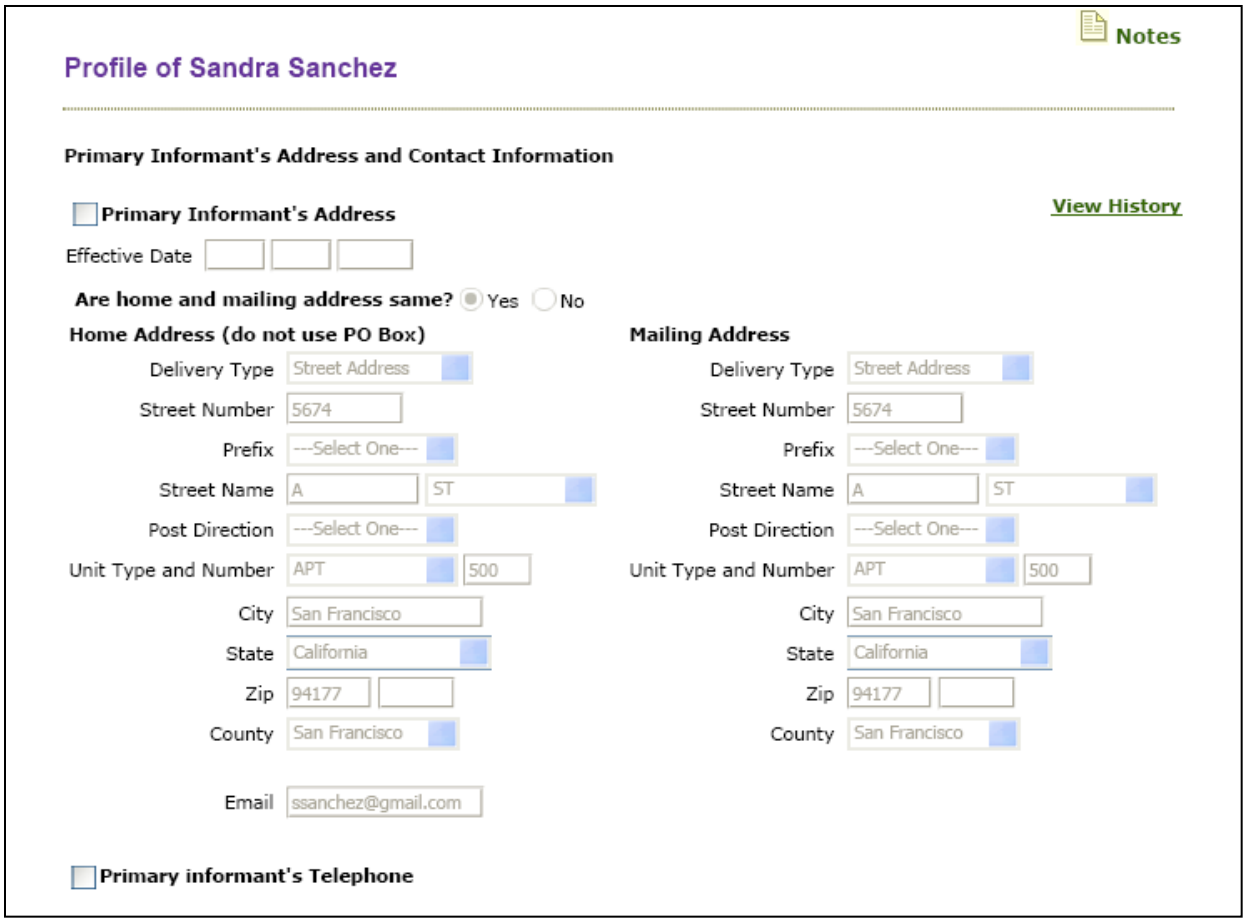
b. Please note that HSF Assistors **must pre-screen** the HSF Participant prior to modifying the participant's application, to ensure that the participant will be re-assessed with a lower participant fee.
c. During this process a participant could also be re-assessed with a higher FPL, and thus a higher participant fee. This re-assessment cannot be reversed unless the HSF participant's income drops in the next 12 months and requests to be re-assessed again.
d. Enrolled participants and denied applicants with a change in household income can request a re-determination of their Federal Poverty Level at any time at a designated HSF enrollment site.
e. Individuals who would like to update their income must provide supporting documentation of any income change during a re-determination.
f. Self-employed individuals must provide a new Schedule C (Profit or Loss from Business) form with a Federal Tax Form 1040 to prove their updated annual income for HSF.
g. Employed individuals who lack proof of income must resubmit a new Income Statement detailing their past three months of income.
h. All other temporary documentation must also be resubmitted.

How do I update an applicant's information?

a. You can use the **Update Applicant Data Function** located in your One-e-App dashboard when an applicant is requesting a change in
    - Home or Mailing Address
    - Telephone Numbers
    - Names
    - Languages
    - Proof of Identification
    - Proof of Citizenship/US National/Immigration Status
b. Assistors can also modify an application and indicate that they only need to update/change an address or phone number for a participant.


Application Assistance...
Begin Application
Renew/Modify Application
Search for Application/Person
Print Blank Forms
Retrieve Fax Cover Sheets
Health-e-App Fax Cover
Reprint Forms
Notes
Associate Unmatched Faxes
Enrollment Assistance...
Verification Documents
Search Disenrolled Persons
Update Applicant Data
HSF Enrollment History
Conduct HSF Verification Query
Replacement HSF ID/Materials
Caseload...
My Assisted Applications
Minimize
1 In Progress (Last 90days)
0 Expired (Last 90days)
120 Renewals
My Assisted Persons
Minimize
2 Pending Submission (Last 90days)
4 Submitted (Last 90days)
4 Enrolled (Last 90days)
0 Disenrolled (Last 90days)
0 Pending File Clearance (Last 90days)
0 Assigned to Eligibility Workers (Last 90days)
My Mailbox
Minimize
0 Tickler(s) (Last 90days)
0 Reminder(s) (Last 90days)
0 Broadcast Message(s) (Last 90days)


Update Applicant Data
To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted.
Submitted Applications
Applicant Name
Date Of Birth
Submitted By
Submission Date
Program Name
Retrieve Fax Cover Sheet
Application ID
Original Application ID
Person ID
Score
View Faxes
No matching records were found.
Enrolled Applications
Applicant Name
Date Of Birth
Application ID
Score
Sandra Sanchez
4/30/1979
200928700059
100.00
Click on the participant whose information you would like to update.
Disenrolled Applications
Applicant Name
Date Of Birth
Submitted By
Disenrollment Date
Program Name
Retrieve Fax Cover Sheet
Application ID
Original Application ID
Person ID
Score
View Faxes
No matching records were found.



c. No change in eligibility or eligibility period will occur, unless you are entering a non-S.F. residential address. Information will be updated accordingly.
d. You must fax in supporting documentation if you are recording new proof of citizenship/identification documentation

How do I re-enroll a participant?

Participants can re-enroll in *Healthy San Francisco* after being disenrolled from the program. All services rendered in the period between disenrollment and re-enrollment are not paid by *Healthy San Francisco*.

If the participant enrolled at a Department of Public Health enrollment site, they are directed to call their medical home or the DPH Eligibility and Enrollment Unit (EEU) to schedule a re-enrollment appointment

If the participant did not enroll at a DPH enrollment site, they are directed to call their medical home or their original enrollment site to schedule a re-enrollment appointment

Re-enrollment in the program is contingent upon meeting all five *Healthy San Francisco* eligibility and enrollment criteria.

The applicant is not required to re-submit proof of citizenship or identity-this documentation is stored and is viewable/ printable in the system. This application will be pre-populated with information from the participant's most current application.

All other fee requirements apply; therefore the participant must submit the assessed 1st quarter payment, if required, to *Healthy San Francisco* within 60 days after the eligibility date of their renewal. If they fail to submit payment within the grace period, they will be disenrolled.

All *Healthy San Francisco* participants maintain their HSF Person ID number assigned by One-e-App, however the App ID may change as often as a participant's eligibility information in One-e-App changes.

How can a participant change their Medical Home?

Generally, participants must remain with their medical home for the duration of their 12-month eligibility. Medical home changes are allowed during the renewal process. If the renewing participant opts to change their existing medical home, this change will officially take place on the eligibility date of the participant's new eligibility term.

A participant may request a change in their medical home during their enrollment year **only by contacting HSF customer service**. HSF customer service will only approve a medical home change during the enrollment year for the following reasons:

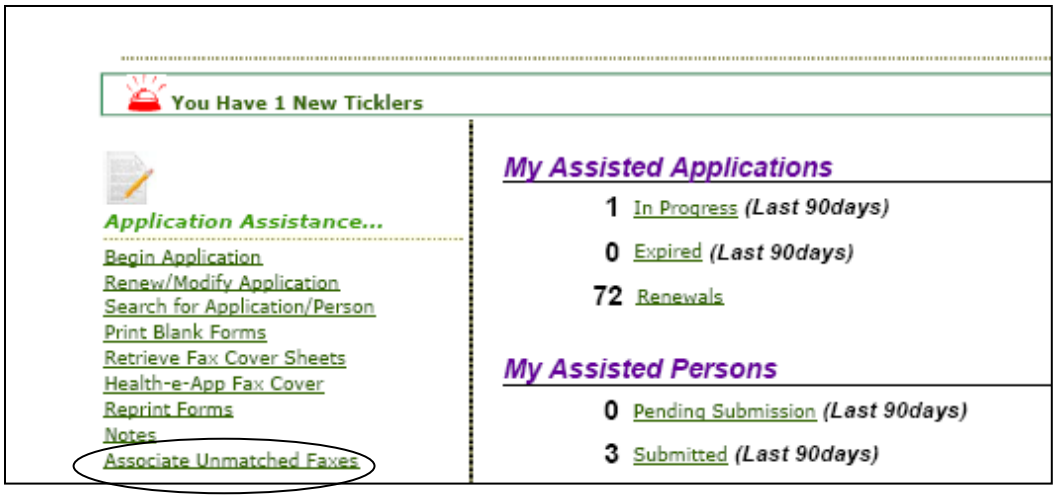
- There is a change of status (e.g. change of home or work address)
- A provider or the participant requests to make the Positive Health clinic their new medical home (DPH-specific)
- Pursuant to a complaint
- Pursuant to a documented agreement between two medical homes.
- The participant identifies an error that occurred during the medical home process
- A participant ages out of a Medical Home which exclusively serves young adults 18-25 (Teen and Young Adult Health Center at SFGH, Larkin Street Youth Clinic, and Cole Street Youth Clinic)

Changes will be effective immediately. Participants need to contact HSF Customer Service to make a medical home change at 1 (415)615-4555. No retroactive medical home changes can be made. A new ID card with the new medical home information will be automatically generated and sent to the participant

How do I associate a fax with an application?

If after 10 minutes you do not see the verifications you just faxed in, please search for the document using the **"Associate Unmatched Faxes"** menu item. This feature will enable you to view faxes sent to the system on specific dates and link these faxes to a specific application in the system.

Instructions for Assistors:
Click on Associate Unmatched Faxes menu item.



If your documents are still not found after viewing the unmatched faxes in the system for your fax date, you must call the One-e-App Help Desk for assistance. Please do not refax any documents to the system until you have performed the above steps. It is critical that we properly "file" electronic images of important personal documents for our applicants.

Appendix A: HSF Certified Application Assistor Tools

Contents:

- HSF Code of Conduct
- One E App Problem solving tips
- POS Price Chart – subject to change, please refer to document on healthysanfrancisco.org/community-support for most up-to-date POS Chart information
- Tax Form Guide
- Acceptable Verification Docs Guide

Healthy San Francisco Code of Conduct and Ethics

HSF APPLICATION ASSISTOR
CODE OF ETHICS AND CONDUCT

1. HSF Assistors are prohibited from providing application assistance to their immediate, extended family members of any relation, personal friends or themselves. Family members and personal friends are to be referred to another impartial HSF Assistor for their interview, screening, verification collection, application submission, enrollment and changes in One-e-App. This is to ensure that an impartial and objective party is involved to remove any doubt of the information or documentation provided and to protect the integrity of the HSF Program's data collection systems.

2. HSF Assistors may not participate in any activity or enterprise with clients or providers where income, profit or other gain may be accrued; that could reflect on the honor or efficiency of the HSF Program service; or is or may be contrary to the best interests of the HSF Program.

3. A HSF Assistors may not coach a client to give deceiving or otherwise false or misleading information in order for the client to become eligible for County/State/ Federal programs. Doing so may constitute fraudulent activity.

4. HSF Assistors are prohibited from soliciting or accepting any gifts, gratuities, kickbacks, or anything of monetary value from clients, providers, contractors, or potential contractors. Employees are prohibited from attempting to secure payment or any other benefit for services rendered as an HSF Assistors.

5. HSF Assistors should not to use One-e-App services or the data to view or gather information on him or herself, co-workers or people with any personal relationship. People described above including family members and personal friends are to be referred to another impartial HSF Assistor for their interview, screening, verification collection, application submission, enrollment and any changes in One-e-App. Refer to Section #1 above.

6. HSF Assistors may not disclose ANY information about applicants or their families, including their names, addresses, Social Security numbers, health status, or incomes to any other party. HSF Assistors must hold this information in the strictest of confidence and safeguard it from being revealed. Under NO circumstances should applicants receive solicitations or be placed on any mailing lists unrelated to HSF correspondence as a result of their applications or contacts with HSF Assistors.

7. HSF Assistors must never Invite or influence any applicant or their dependents to separate from any form of health coverage or arrange for this to happen to become eligible for the HSF Program.

8. Under no circumstances will HSF Assistors disclose their One-e-App username and passwords. HSF Assistors agree to notify the HSF Program anytime they believe their username and password has been compromised or suspect someone else has knowledge of your password.

<u>HSF Assistors Agree to:</u>

1. Assist applicants in properly completing the application and One-e-App process.
2. Ensure the confidentiality of all applications, records, and any information received in written, graphic, oral, or other tangible forms.
3. Answer questions pertaining to the application.
4. Review and explain the documents that are required with the application.
5. Act in a courteous and professional manner.
6. Abide by HSF program rules and enrollment procedures.

I understand that it is my responsibility to read and comply with the guidelines in this agreement. I also understand that not following the guidelines could result in losing access to One-e-App user rights and notification to supervisors and/or training leads.

Name of HSF Assistor (print name) _____

Signature of HSF Assistors _____ _____ Date Signed_____

Date of First HSF Assistor Training _____

Enrollment Site/Affiliation_____

One copy for HSF Program – One copy for HSF Assistors – One copy for Enrollment Site Supervisor

Version 3.2012

Point of Service Fees Chart

Insert Chart contents here.

Healthy San Francisco Tax Form Guide

Healthy San Francisco
Our Health Access Program

Healthy San Francisco Tax Form Guide

Use this guide to select the appropriate One-e-App income type from the income type drop-down box in One-e-App for applicants with a recent tax return as their proof of income. Enter each value listed on the reference line for the specific tax return. Note: some applicants may have more than one type of income listed on their tax return and each type must be entered separately into One-e-App.

HSF Countable Income	One-e-App Income Type	Tax Return Type	Reference Line*
Earning from Job	Earning from Job	1040	7
		1040A	7
		1040EZ	1
Self Employment Earnings	Self Employment	1040 with Schedule C	Line 12 on 1040, plus lines 24b and line 13 from Schedule C (meals and entertainment expenses and depreciation)
Interest Income (Taxable interest only)	Interest Income	1040 with Schedule B**	8a
		1040A with Schedule B**	8a
		1040EZ	2
Dividends Income	Other Income	1040 with Schedule B**	9a
		1040A with Schedule B**	9a
Tax Refund (Taxable portion only)	Other Income	1040	10
I.R.A. Distributions	Other Income	1040	15b
		1040A	11b
Pensions	Pensions	1040	16b
		1040A	12b
Insurance Annuity	Insurance Annuity	1040	16b
		1040A	12b
Rental Income	Rental Income	1040 with Schedule E	Line 3 on Schedule E less lines 7,9,12,13,14,16, and 17 on Schedule E
Unemployment Compensation	Unemployment Compensation	1040	19
		1040A	13
		1040EZ	3
Social Security	Social Security Retirement	1040	20b
		1040A	14b
Retirement Survivors Disability Insurance	Retirement Survivors Disability Insurance	1040	20b
		1040A	14b
Trust Income	Other Income	1040 with Schedule E	17
Alimony	Alimony	1040	11
Farm Income	Other Income	1040 with Schedule F	18
Capital Gains (If its negative, count as zero)	Other Income	1040 with Schedule D	13
		1040A with Schedule D	10
Other Taxable Income (ex. Gambling, prize winning)	Other Income	1040	21
Self Employment Partnership	Self Employment Partnership	1040 with Schedule E	17

*All reference lines refer to tax form 1040, 1040A, or 1040 EZ, unless stated otherwise

**Schedule B is only required if the dividends or interest income reported exceeds $1,500.

Also available on healthysanfrancisco.org/community-support

Healthy San Francisco Acceptable Verification Documents List

Healthy San Francisco Acceptable Verification Documents List

Identity	Citizenship/U.S. Residency	S.F. Residency	Countable Income	Countable Assets[5]
U.S. Passport	U.S. Passport	CA Driver's License/ID	**Job Earnings**[2] • Paystub • Tax Return: 1040/1040A/1040EZ • Signed Employer Letter • Affidavit of Income	**Cash** • Self-Declaration
Certificate of U.S. Citizenship	Certificate of U.S. Citizenship	Rental/Lease Agreement		
Certificate of Naturalization	Certificate of Naturalization	Rental Payment Receipt	**Self-Employment Earnings**[3] • Signed Profit and Loss Statement • Tax Return: 1040 w/Schedule C	**Checking/Money Market/Savings Acct** • Bank Statement • Bank Letter
CA Driver's License/ID	U.S. Birth Certificate/ U.S. Public Birth Record	Property Tax Bill		
U.S. State/Territory ID	U.S. Citizen Card 1-197	DMV Registration	**Taxable Government Benefits** *(Disability, Unemployment, Social Security, RSDI, Veteran's Benefits)* • Award Letter • Bank Stmt w/Direct Deposit • Benefits Check/Stmt/Stub • Tax Return: 1040/1040A/1040EZ	**Stocks/Mutual Funds** • Brokerage Statement with market value • Mutual Fund Statement w/ market value
U.S. Merchant Mariner Card	Certificate of Birth Abroad	Paystub		
Military Record/Draft Record	Certification of Birth Issued by Dept of State	Electronic Verification[4]	**Rental Income**[2] • Tax Return: 1040 w/Schedule E Rental Income Worksheet	**CD** • CD Certificate • Bank Statement
Military Dependant's ID Card	Report of Birth Abroad by U.S. Citizen	Bank Statement	**Self-Employment Partnership Earnings**[2] Tax Return: w/ Schedule E	**Bonds** • Copy of Bond • Bank Statement
Certificate of Indian Blood	American Indian Card	SFUSD School Registration	**Alimony Received**[2] • Copies of Checks Received • Bank Stmt w/Direct Deposit Tax Return: 1040	**529 Education Savings Plan** (Cashed out amounts only)
American Indian Tribal Document	Adoption Decree with U.S. Place of Birth	Utility Bill		
Alaska Native Tribal Document	Evidence of Pre-1976 Civil Service Employment	General Assistance Stmt	**Interest Income**[2] Tax Return: 1040/1040A/1040EZ (w/Schedule B, if filed)	
Law Enforcement/ Corrections ID	U.S. Military Record with U.S. Place of Birth	SSI Award Letter	**Insurance Annuity Income**[2] • Bank Stmt w/Direct Deposit Tax Return: 1040/1040A	
Law Enforcement/ Corrections Verified ID	Electronic Verification of Birth Record Information[1]	Unemployment Benefits Stmt	**Trust Income**[2] • Tax Return: 1040 w/Schedule E • Bank Stmt w/Direct Deposit	
Affidavit of Good Faith Effort[1]	Life, Health, Insurance Record with US Birth Place[1]	Pension Check/Stmt	**Pensions/401K Income** • Tax Return: 1040, 1040A • Bank Stmt w/Direct Deposit	
H.S.A. Verified ID in CalWin[1]	Seneca Tribal Census Record[1]	Social Security Award Letter	**IRA Distributions**[2] • Tax Return: 1040, 1040A • Bank Stmt w/Direct Deposit	
Temporary Resident Card	Admission Papers from Nursing, Care Facility, Institution w/U.S. Citizenship/U.S. Birth Place[1]	Affidavit of Support with 3rd Party Proof of S.F. Residency	**Workers Compensation** • Award Letter • Bank Stmt w/Direct Deposit • Benefits Check/Stmt/Stub	
Student Picture ID	HSA Verified Citizenship in CalWin Eligibility File[1]	S.F. City ID Card	**Capital Gains Income**[2] • Tax Return: 1040, 1040A w/Schedule D	
S.F. City ID Card	Medical Record w/U.S. Birth Place[1]	Residential Program Letter	**Farm Income**[2] • Tax Return: 1040 w/Schedule F	
Consular ID	SSA Verified Place of Birth[1]	Disability Stmt	**Other Taxable Income**[2] • Tax Return 1040	
Foreign ID	Amended U.S. Birth Record[1]	Self-Declaration (Homeless Only)	**Tax Refund**[2] • Tax Return: 1040	
Other Government ID	Statement Signed by Physician Midwife in Attendance at Birth[1]		**Financial Support from 3rd Party** • Affidavit of Support form/letter	
Credit Card Picture ID	U.S. State Vital Statistics Official Notification[2]		**Dividend Income**[2] • Tax Return: 1040, 1040A (w/Schedule B, if filed)	
Employment Auth w/Photo ID	Extract of U.S. Hospital Record Established at Birth[1]		**NON-COUNTABLE INCOME**	**NON-COUNTABLE ASSETS**
Foreign Driver's License/ID	Bureau of Indian Affairs Tribal Census Rec of Navaho Indians[1]		**Child Support Income** No docs required	**Life Insurance** No docs required
Affidavit of Identity	Federal/State Census Record w/ U.S. Citizenship/U.S. Birth Place[1]		**Public Assistance**[3] • Award Letter • Benefits Stmt/Stub • Electronic Verification[4]	**Retirement/Pension Account Balances 401K/IRA/Annuity** • Retirement/Annuity Statement
DPH Short Form Intake	Affidavit of Good Faith Effort		**Financial Aid/Scholarship** • Student ID	**Property/Autos** No docs required

1. Must have been created at least 5 years before the application date; value only selectable by HSF Administration
2. Taxable portion only
3. County, State and Federal Public Assistance, including CalWORKS, SSI/SSP, General Assistance (GA), Supplemental Security Income Pending (SSIP), Cash Assistance Linked to Medi-Cal (CALM), Personal Assisted Employment Services (PAES), 1931(b) Medi-Cal Only, Aid to Adoption Payments (AAP), Refugee Cash Assistance (RCA), Foster Care Income, 20% Social Security Increase (Pickle)
4. Cal-WIN, Client Index, MEDS
5. Countable assets are liquid assets which are counted toward the applicant's calculated Federal Poverty Level (FPL). The balance of the liquid asset, (less 2K for individuals, 3K for a family of two and an addition $150 per additional family member) is divided by 12 to obtain a gross monthly asset figure, which is added to the applicant's gross monthly countable income.

HSF Administration 2013

Also available on healthysanfrancisco.org/community-support

Appendix B: HSF Sample Forms

- HSF Applicant Acknowledgement form – all applicants required
- Health Coverage Programs Acknowledgement form – applicants who are Covered CA-eligible required
    - Has a front and back
- Data Sharing Form – all applicants required
- Affidavit of Income
- Affidavit of Support
- Self-Declaration of Identity
- Sample Profit and Loss Statement
- Sample Rental Income Worksheet

HSF Applicant Acknowledgement Form

Application ID: **Participant ID:**

I, , am eligible for the Healthy San Francisco program. I have read and agree to the following on behalf of myself and household members eligible for the Healthy San Francisco program:

1. I am a current resident of San Francisco City and County.
2. I am ages 18-64 or an emancipated minor (includes minors not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent).
3. I am not currently enrolled or eligible for any full-scope public health insurance program. If I am found eligible for any other full-scope public coverage program, I will be dis-enrolled from Healthy San Francisco.
4. I am not enrolled in, and I have not dropped health insurance provided by my employer or individual health insurance within the last 90 days for reasons other than approved exclusions (e.g. unable to afford COBRA).
5. I understand that Healthy San Francisco *is not* an insurance program and is only valid at *pre-approved* Healthy San Francisco providers. If I obtain care at a non-Healthy San Francisco provider, I understand that I will be responsible for all assessed charges related to my treatment/care.
6. I understand that I will be dis-enrolled for the reasons stated in the Healthy San Francisco Participant Handbook.
7. If I become eligible for full-scope public health insurance during the year, gain insurance through an employer or individual coverage, or have a change of income, I will notify Healthy San Francisco Customer Service immediately.
8. I understand that my eligibility will be reviewed at least once a year. I also agree to have my eligibility re-determined as needed due to changes in my household size, income, or potential eligibility for public insurance.
9. If I am asked to apply for any other public coverage program, I must do so. If I refuse to cooperate when requested to apply for a public coverage program, I will be dis-enrolled from Healthy San Francisco and may be responsible for all charges related to my treatment/care.
10. I understand that, based on the information I provided for income and assets, I may be charged a HSF Quarterly Participation Fee. I understand that I am responsible for paying all Healthy San Francisco participant fees and point-of-service fees for which I may be billed.
11. I agree to pay an additional annual fee for services received from Healthy San Francisco specialty mental health providers. This fee is required by the State. The amount I will have to pay will be reduced by my Healthy San Francisco participation fees and is based on my income.
12. I understand that if the information I provide as part of my application is found to be fraudulent or misleading, I will be immediately dis-enrolled and may be billed retroactively for all services previously covered under the Healthy San Francisco program.
13. Participation in Healthy San Francisco is based on the availability of funding from the State and the City and County of San Francisco.
14. I authorize release of my information for billing purposes and the assignment of benefits for health services.
15. I understand that my signature on this form signals my consent to be contacted by Healthy San Francisco for participant surveys or focus groups at the mailing address and/or phone number provided in this application. My participation in these evaluation activities is optional.
16. Healthy San Francisco includes transportation by ambulance only for life-threatening emergencies, and only within San Francisco. In most cases, participants will not receive a bill for services. I acknowledge that if I do receive a bill for emergency transport by ambulance, I will be expected to comply with the provider's application process to obtain free or reduced fee services and will notify HSF Customer Service for assistance.

I state that I have read the information on this form and have been given the opportunity to discuss any of the above items with an eligibility worker or application assistor. I declare that the above information is true and correct. Further, by signing below, I authorize County personnel, agents or contractors to verify my eligibility.

Applicant Signature Date

Application Assistor Signature Date

Health Coverage Programs Acknowledgement Form
Front

Healthy San Francisco
Our Health Access Program

Health Care Programs Acknowledgement

Most San Francisco residents are now required to have health insurance. Before joining Healthy San Francisco, you should know that:

- Healthy San Francisco is not health insurance. It is a health access program. You may have to pay a fine for not having health insurance if you stay in or join HSF.
- The fine for not having health insurance in 2016 is $695 per person or 2.5% of taxable household earnings, whichever is greater.
- Health insurance is a better choice than HSF. HSF only covers health care services within the City and County of San Francisco. Health insurance covers more, such as out of county emergency room care.
- Medi-Cal is California's free health insurance program. You can join Medi-Cal any time during the year.
- You may not join Healthy San Francisco if you are eligible for full-scope Medi-Cal.
- Medicare is a health insurance program for people who are 65 or older, certain younger people with handicaps, and people with End Stage Renal Disease (ESRD).
- You may not join Healthy San Francisco if you are eligible for Medicare.
- Covered California is a health insurance market that offers low cost private health insurance
- You may be able to get financial help to buy health insurance through Covered California and to cover out of pocket expenses such as co-pays.
- Covered California is open for enrollment from November 1, 2015 to January 31, 2016 for coverage in 2016. If you miss open enrollment, you will not be able to enroll in Covered California until fall of 2016 for coverage that will begin in 2017.

Please review the chart on the next page to learn more about these programs.

By signing below, you certify that you were told about the health care programs in San Francisco and that you may have to pay a fine for not having health insurance if you stay in or join Healthy San Francisco. You also acknowledge that you are eligible for Covered California and are choosing not to enroll.

My signature below verifies that I reviewed this acknowledgement and that I received a copy of this form.

Applicant Signature _____ Date _____ / _____ / _____

Applicant Printed Name _____



Your Health Care Options

Most San Francisco residents are now required to have health insurance. You may be able to get free or low-cost health insurance. Learn more about the health care programs in San Francisco below.

Medi-Cal

Medi-Cal is California's free public health insurance program. Services covered include doctor office visits, hospital stays, and prescription drugs.

Adults who meet these program rules can join Medi-Cal:

- Between age 19 – 64
- Household earnings at or below 138% of the Federal Poverty Level (income at or below $16,248 for a household of 1)

For more information, visit **www.sfhsa.org/BenefitsSF.html** or call **1(855) 355-5757.**

Medicare

Medicare is a health insurance program for people 65 or older, people under 65 with certain disabilities, and people with End-Stage Renal Disease (ESRD).

You can join Medicare if you are a U.S. citizen or permanent resident and:

- Get or are can get Social Security benefits
- You have been getting Social Security disability benefits for 24 months
- You meet other program rules

For more information, visit **www.medicare.gov** or call **1(800) 772-1213.**

COVERED CALIFORNIA

Covered California is California's health insurance market where you can buy health insurance.

To buy Covered California health insurance, you must be a U.S. Citizen or legal immigrant

You can get financial help to buy health insurance if your household earnings are between 139% and 400% of the Federal Poverty Level (earnings between $16,249 and $47,088 for a household of 1).

Covered California is open for enrollment from November 1, 2015 to January 31, 2016 for coverage in 2016. If you miss open enrollment, you will not be able to enroll until fall of 2016 for coverage that will begin in 2017.

For more information, visit **www.coveredca.com** or call **1(800) 300-1506.**

Healthy San Francisco

Our Health Access Program

Healthy San Francisco is a health access program that covers health care services for people who live in San Francisco and don't have access to health insurance.

Healthy San Francisco is not health insurance. It is a health access program. You may have to pay a fine for not having health insurance if you join HSF. You must meet all of these rules to join Healthy San Francisco:

- Live in San Francisco
- Age 18 or over
- Uninsured for at least 90 days
- Not able to join Medi-Cal or Medicare

For more information, visit **www.healthysanfrancisco.org** or call **1(415) 615-4555.**

1510 1115

Data Sharing Form

To determine if you or someone in your household is eligible for benefits to help cover your health care costs you will need to provide us with some personal information. Your personal information will not be shared with federal law enforcement agencies such as Immigration Customs and Enforcement. The information collected will be used only to determine if you qualify for benefits under a specific health care plan and may be shared with other agencies and organizations that administer these plans. The information you provide may, upon your approval, be submitted to these agencies.

If you do not agree to share your information, your personal information will not be collected electronically. You may still complete separate paper applications for any benefit plan for which a paper application exists. If a plan does not have a paper application and you do not agree to share your information, you will not be considered for benefits from that plan, and it is possible that you will not receive benefits for which you qualify.

Your information may be shared with these agencies and organizations:

- San Francisco Health Plan
- San Francisco City and County Department of Public Health
- San Francisco City and County Human Services Agency
- San Francisco General Hospital
- California Department of Health Services(Medi-Cal and Children's Health and Disability Program)
- San Francisco Community Consortium Clinic
- California Managed Risk Medical Insurance Board (Healthy Families Program)
- San Francisco Fire Department
- Non-profit Hospitals located in the City and County of San Francisco
- Veteran's Administration

These agencies may be required to share your personal information with other agencies or organizations not listed here in order to process your application or perform business functions related to the administration of these benefit plans.

You are not required to answer questions regarding immigration status as part of this screening process. Please note, however, that as some services covered under health programs are tied to immigration status, failure to provide proof of immigration status will disqualify you from these particular programs.

U.S. citizenship or residency status will not affect your eligibility to enroll in the Healthy San Francisco program. Information provided by applicant is confidential and used for health care funding purposes only. The federal government will not access or use information related to medical care to initiate enforcement of United States immigration laws.

Do you give permission to share your personal information from this application with the above agencies? ◉ Yes ○ No

Affidavit of Income

SF COUNTY PROGRAMS
INCOME STATEMENT

Applicant Last Name: _____ First Name:_____ Birth date: _____

I am currently employed. However, my current employer pays me in cash only. I do not receive a paycheck to provide as verification of my income. I have earned the following income for the past 3 months:

$_____ for _____ (month/year)
$ _____ for _____ (month/year)
$ _____ for_____(month/year)

I declare the answers given are true and correct to the best of my knowledge. I understand the information provided will be used to screen for eligibility to various Federal, State and County Programs. I understand that if information is found to be false, I can be held responsible for the full amount of any bills for medical services received.

Applicant Signature Date

5011SFP ENG

Affidavit of Support

Healthy San Francisco
Our Health Access Program

AFFIDAVIT OF SUPPORT

Please complete if you are providing support to a Healthy San Francisco applicant

Individuals who complete this form on behalf of a Healthy San Francisco applicant who are providing housing ***will be contacted by phone*** *by a representative of the City and County of San Francisco to confirm that the information is true and correct within five business days of the applicant's enrollment in the program.* ***Failure to respond to calls from representatives and to confirm the accuracy of the information on the form will result in a review of the participant's eligibility .*** *This information is required to confirm the applicant's San Francisco residency status only and will not be reported to the IRS or federal immigration authorities."*

Person Providing Support:

Last Name:		First Name:		Phone: ( )	
Street Address:			City:	State:	Zip:
I am providing: (Check all that apply)	Cash: ☐	Food/Clothing : ☐	Housing: ☐	Other: _____	
I expect to provide these items (for how long?)					
I declare the answers given are true and correct to the best of my knowledge. I understand the information provider will be used to screen the applicant for eligibility to various Federal, State, and County Programs. I understand that I will not be held responsible for any fees for medical services received by the applicant.					
_____ Signature of Person Providing Support				Date	

Applicant Receiving Support:

I declare the answers given are true and correct to the best of my knowledge. I understand the information provider will be used to screen for eligibility to various Federal, State, and County Programs. I understand that if the information is found to be false, I will be held responsible for the full amount of fees for medical services received.
_____ Signature of Applicant Date

SELF-DECLARATION OF IDENTITY

I declare the following:

1. My legal name and date of birth are:

First Name:
Last Name:
DOB:

2. I do not have valid form of picture identification to provide as verification of my identity. (initial) _____

3. I cannot obtain a valid form of picture identification to provide as verification of my identity.(initial) _____

I understand that the above name will be used to assign program enrollment benefits to me if I am determined eligible. I further understand that this will be used to confirm that the name on other verification documents that I provide is accurate and to confirm that those documents accurately belong to me for my program eligibility determination and processing.

I declare that the name above is true and correct. I understand that if this information is found to be false, I will be held responsible for the full amount of any fees for medical services discounted from program enrollments resulting from this document.

_____ _____

Applicant Signature Date

_____ _____

Birthplace (optional) ssn last 4 digits (optional)

Sample Profit and Loss Statement

PROFIT & LOSS STATEMENT (Sample Only)

KLM Landscaping Company 201 Third St
San Francisco, CA 94103
(415) 555-5555
(Must include address and phone)

(Must include month and year)

January 2009		February 2009		March 2009	
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

Please list the monthly expenses related to your business, including the dollar amount. (For example: Equipment, repair, advertising, etc)

The information provided above is true and correct to the best of my knowledge. ←*(Must include this statement)*

_____ _____
(Signature of Person Earning Income) (Date)

- Applicant must complete his or her own Profit and Loss Form.
- A "Profit and Loss" must only be used if an applicant cannot provide: a copy of the previous year's Federal Tax Forms 1040, 1040A, 1040EZ, with a Schedule C or an e-file printout of these forms.
- Applicant can submit a Profit and Loss Statement with copy of 1040 tax form if 1040 tax form and Schedule C does not reflect applicant's current income.
- This document must be dated within 45 days from when the program receives document.

Sample_01pl 0310_eng

Sample Rental Income Worksheet

Appendix C: Participant Materials

- Example New Participant Notice – prints off One-e-App
- Next Steps Guide
- Example Invoice
- Renewal Notice
- HSF City Option Sample Letter

New Participant Notice

Healthy San Francisco New Participant Notice

Healthy San Francisco ID#: <Person ID>
Healthy San Francisco Start Date: <Eligibility Date>

Dear <Participant First Name> <Last Name>:

Congratulations! You are now in the Healthy San Francisco program.

Please present this form at medical appointments until you receive your *Healthy San Francisco* ID Card. Your can schedule a doctor's appointment by contacting your assigned Healthy San Francisco Medical Home at the number below:

<Assigned Medical Home>
<Assigned Medical Home Phone Number>

Within the next few weeks, you will receive:

- A *Healthy San Francisco* ID card that you should carry with you at all times. You will present this card each time you visit your Medical Home.
- A *Healthy San Francisco* Handbook that provides more detailed information about how to use the program to receive medical care.
- Depending on your income, you may be required to pay a quarterly Participant Fee. If so, you will receive a bill from Healthy San Francisco.

If you do not receive these items from the Healthy San Francisco program within 30 days, please contact Healthy San Francisco Customer Service at (415) 615-4555.

Getting Medical Care: Your Medical Home is the first place you should call when you need care. You may not receive primary care services from any other health care provider other than at your Medical Home, unless your Medical Home refers you to that provider.

Prescription Medicine: Your Medical Home doctor will prescribe medicine when needed and will tell you which pharmacy you can go to. If your Medical Home does not have a designated pharmacy, you should go to San Francisco General Hospital, Outpatient Pharmacy, 1001 Potrero Avenue. Their phone number is (415) 206-8107.

Hospital Care: Healthy San Francisco provides hospital care at San Francisco General Hospital only.

If you have a life-threatening emergency, call 9-1-1 to get an ambulance

Healthy San Francisco Customer Service (415) 615-4555
Monday through Friday, 8:30 am to 5:30 pm
www.healthysanfrancisco.org

Healthy San Francisco
Our Health Access Program

Next Steps

Some important things to know after you enroll in Healthy San Francisco:

YOUR NAME:
YOUR MEDICAL HOME:
MEDICAL HOME PHONE NUMBER:
PHARMACY NAME:
PHARMACY PHONE NUMBER:
ESTIMATED RENEWAL DATE:
☐ YOU WILL RECEIVE A QUARTERLY INVOICE ☐ YOU WILL NOT RECEIVE AN INVOICE
YOUR PARTICIPANT FEE IS $ EVERY QUARTER

1 You will receive a Healthy San Francisco ID Card and Participant Handbook in the mail.

- You may have to register at your Medical Home during your first medical visit.
- When you make your first medical appointment, make sure to ask a staff person if you need to bring any documentation.

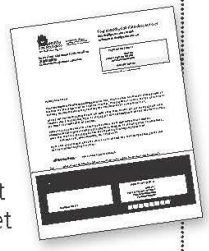
2 Healthy San Francisco is NOT health insurance. You are still considered uninsured.

- Healthy San Francisco does not cover any services, including emergency services, outside of San Francisco, or outside your Medical Home Network.
- Health insurance is a better option than Healthy San Francisco. Health insurance covers you if you get sick outside of San Francisco and gives you access to more services.
- Most Americans are now required to have health insurance. You may have to pay a penalty if you are uninsured.

3 Costs:

Participant Fees

- You may be required to pay a quarterly participant fee based on your income.
- You will receive an invoice 30 days before your quarterly fee is due.
- If you do not pay your invoice, you will be disenrolled from the program.
- If you do not have to pay a participant fee, you will not get an invoice.



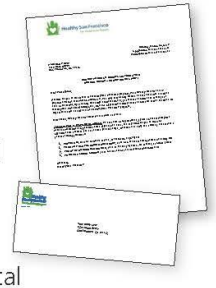
Point of Service Fees

- A point of service fee is what a participant pays for medical services at the time they are received.
- Point of service fees vary by medical home and household income.
- Contact your medical home for more information on your point of service fees.

4 Healthy San Francisco Customer Service is available to help you.

- Healthy San Francisco Customer Service is available Monday through Friday from 8:30am to 5:30pm.
- If your mailing address and phone number changes, call Healthy San Francisco Customer Service to update your information.

5 Remember to renew annually!



- Watch for your annual renewal notification letter in the mail.
- Call your medical home to make a renewal appointment as soon as you receive the notice.

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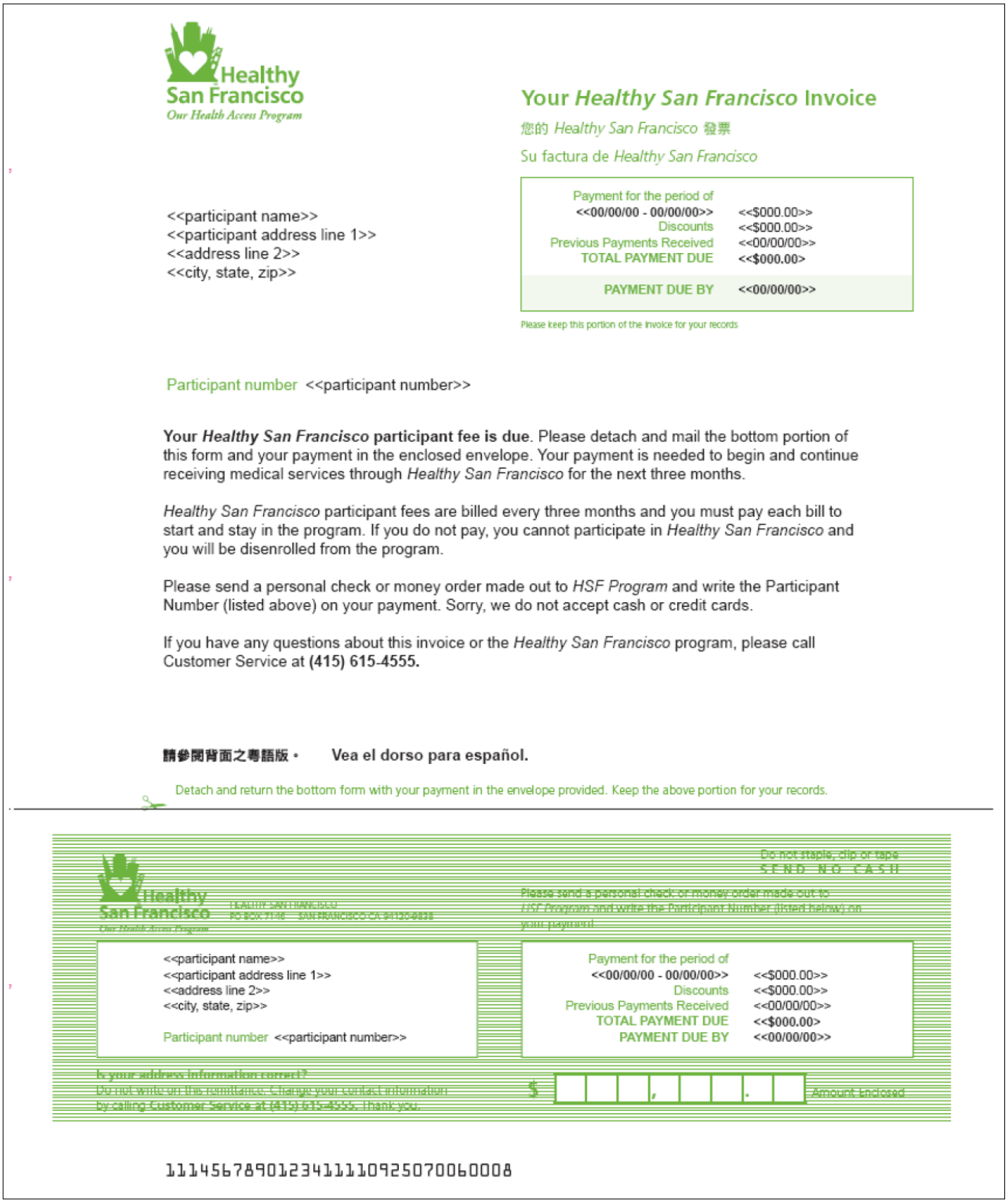
Example Invoice



Healthy San Francisco
Our Health Access Program

Your *Healthy San Francisco* Invoice

您的 *Healthy San Francisco* 發票

Su factura de *Healthy San Francisco*

<<participant name>>
<<participant address line 1>>
<<address line 2>>
<<city, state, zip>>

Payment for the period of	
<<00/00/00 - 00/00/00>>	<<$000.00>>
Discounts	<<$000.00>>
Previous Payments Received	<<00/00/00>>
TOTAL PAYMENT DUE	<<$000.00>
PAYMENT DUE BY	<<00/00/00>>

Please keep this portion of the invoice for your records

Participant number <<participant number>>

Your *Healthy San Francisco* participant fee is due. Please detach and mail the bottom portion of this form and your payment in the enclosed envelope. Your payment is needed to begin and continue receiving medical services through *Healthy San Francisco* for the next three months.

Healthy San Francisco participant fees are billed every three months and you must pay each bill to start and stay in the program. If you do not pay, you cannot participate in *Healthy San Francisco* and you will be disenrolled from the program.

Please send a personal check or money order made out to *HSF Program* and write the Participant Number (listed above) on your payment. Sorry, we do not accept cash or credit cards.

If you have any questions about this invoice or the *Healthy San Francisco* program, please call Customer Service at **(415) 615-4555.**

請參閱背面之粵語版。 Vea el dorso para español.

Detach and return the bottom form with your payment in the envelope provided. Keep the above portion for your records.

Healthy San Francisco
Our Health Access Program

HEALTHY SAN FRANCISCO
PO BOX 7746 SAN FRANCISCO CA 94120-8838

Do not staple, clip or tape
S E N D N O C A S H

Please send a personal check or money order made out to *HSF Program* and write the Participant Number (listed below) on your payment.

<<participant name>>
<<participant address line 1>>
<<address line 2>>
<<city, state, zip>>

Participant number <<participant number>>

Payment for the period of	
<<00/00/00 - 00/00/00>>	<<$000.00>>
Discounts	<<$000.00>>
Previous Payments Received	<<00/00/00>>
TOTAL PAYMENT DUE	<<$000.00>
PAYMENT DUE BY	<<00/00/00>>

Is your address information correct?
Do not write on this remittance. Change your contact information by calling Customer Service at (415) 615-4555. Thank you.

$ _ _ _ , _ _ . _ _ Amount Enclosed

1114567890123411110925070060008

Example Renewal Notice

Healthy San Francisco
Our Health Access Program

<Day>, <Date>
Application ID: <App ID #>
Participant ID: <Participant ID #>

<Applicant First Name> <Applicant Last Name>
<Street Address>
<City>, <State> <Zip Code>

URGENT PROGRAM RENEWAL INFORMATION
SECOND NOTICE – RENEW IMMEDIATELY!

Dear <Applicant First Name>,

It is time for you to renew with the *Healthy San Francisco* program. Your program **services will end on <HSF Eligibility Date + 364 Days>**. You may now qualify for free or low cost health insurance such as Medi-Cal. If you qualify for certain health insurance, you will not be allowed to renew your *Healthy San Francisco* participation. Make an appointment with your Medical Home to find out if you are eligible for health insurance or the *Healthy San Francisco* program

Remember, *Healthy San Francisco* is not health insurance

Appointments to renew fill up quickly. To schedule an appointment, please call your medical home, **<Assigned HSF Medical Home>** at **<HSF Medical Home phone #>** or your original enrollment site **<Enrollment Site Name>** at **<Original Enrollment Site phone #>**. It is important for you to make an appointment to enroll so you do not lose your coverage. Remember to bring the following documents to your renewal appointment:

1. **PICTURE ID**, such as a driver's license, consular ID, or passport
2. **PROOF OF SAN FRANCISCO RESIDENCY**, such as a recent rental agreement or utility bill
3. **PROOF OF HOUSEHOLD INCOME**, such as recent pay stubs, tax returns, or award letters
4. **PROOF OF LIQUID ASSETS**, such as recent bank or other financial statements

Sincerely,
Healthy San Francisco

1164(B)HSF

SAN FRANCISCO CITY OPTION
THE EMPLOYER'S HEALTH CARE CHOICE

Your Employer has made a health care payment on your behalf to the San Francisco City Option Program.

Find out what health care options are available to you and what you need to do next.

Your Status	What You Might Qualify For	Next Steps
1 I Have Health Insurance	You may be eligible for a Medical Reimbursement Account (MRA). Funds in an MRA can be used for eligible health care expenses, **including health insurance premiums.** Learn more about MRAs at **sfcityoption.org**	**Complete an HSF to MRA Transfer Request Form** to transfer your employer's payments to an MRA. Download the form at **sfcityoption.org** Call Customer Service if you need assistance **1(415) 615-4555** M–F 8:30am–5:30pm MRA Medical Reimbursement Account
2 I'm Uninsured COVERED CALIFORNIA Medi-Cal	You may qualify for free health insurance through Medi-Cal or health insurance through Covered California. If you're eligible for Medi-Cal or you purchase insurance through Covered California, you may be eligible for a Medical Reimbursement Account (MRA). Funds in an MRA can be used for eligible health care expenses, **including health insurance premiums.** Learn more about Covered California and Medi-Cal at **coveredca.com**	**3 ways** to find out what health insurance you may be eligible for and to enroll in health insurance: 1. **START** an application at **coveredca.com** 2. **CALL** Covered California at **1(800) 300-1506** M–F 8:00am–8:00pm, Sat 8:00am–6:00pm 3. **VISIT** your local enrollment center. Click on "Find Local Help" at **coveredca.com** **Complete an HSF to MRA Transfer Request Form** to transfer your employer's payments to an MRA. Download the form at **sfcityoption.org**
3 I'm Uninsured AND Not Eligible for Medi-Cal	You may be eligible for Healthy San Francisco, a program that provides access to health care services to eligible uninsured San Francisco residents. Learn more about Healthy San Francisco at **healthysanfrancisco.org**	**Make an appointment to apply for Healthy San Francisco.** **1(415) 615-4555** M–F 8:30am–5:30pm Healthy San Francisco *Our Health Access Program*

Si tiene alguna pregunta, llame al **1(415) 615-4555.**
如果您有問題或需要幫助，請致電 **1(415) 615-4555。**
Kung mayroon kang mga tanong o kailangan ng tulong, tawag **1(415) 615-4555.**

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Appendix D: Medical Home Directory