



One-e-App

SAN FRANCISCO
USER MANUAL

Introduction and Overview of One-e-App

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

One-e-App is a web-based system for connecting families with a range of health and social service programs. This approach can improve the efficiency and the experience of the application process for families seeking health care coverage. This is a One-e-App training manual for users in the City and County of San Francisco.

In San Francisco, One-e-App **creates electronic applications** for the following health coverage programs:

- Medi-Cal (through the San Francisco Human Services Agency)
- Medi-Cal for Children and Pregnant Women (through the Single Point of Entry)
- Healthy Families
- Healthy Kids and Young Adults
- Healthy San Francisco
- Child Health and Disability Prevention Program (CHDP)*

*Submission to the CHDP Gateway is for CHDP Providers only. For other users, the system will refer the applicant to CHDP.

One-e-App also generates **referrals** for the following programs:

- FamilyPACT
- Cancer Detection Program
- Breast and Cervical Cancer Treatment Program
- Access for Infants and Mothers (AIM)
- Presumptive Eligibility (PE) for pregnant women

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

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

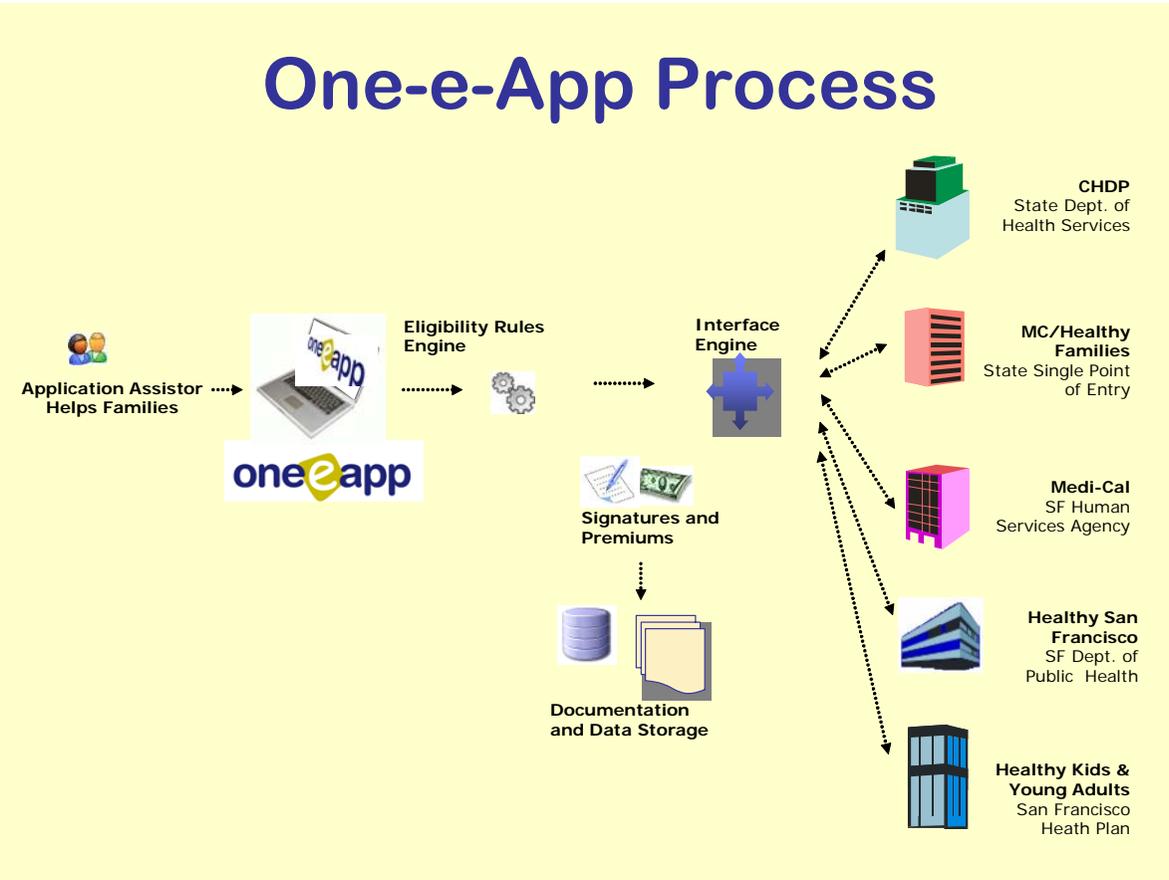
Other features include:

- English and Spanish versions of the application with a real-time toggle between the two
- Ability to select a provider or clinic for certain programs
- Printable documents in many threshold languages
- Electronic document storage with easy look-up and retrieval
- Reminder and notification letters
- Contact management and “Ticklers” that help application assistants manage their workload

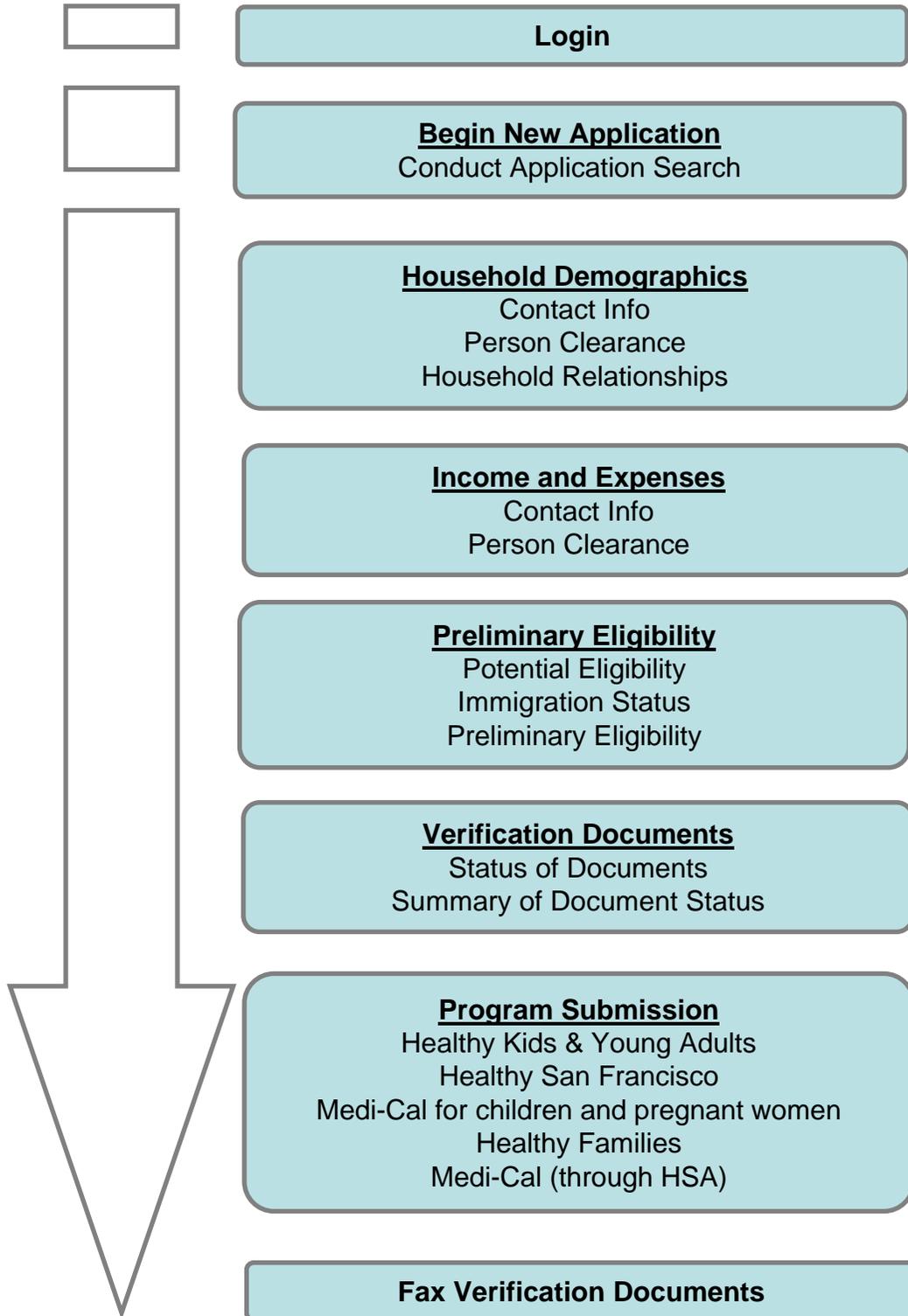
One-e-App is currently used in seven California counties to screen and electronically route applications to programs such as Medi-Cal, Healthy Families, Healthy Kids and county indigent care. One-e-App offers counties the flexibility to choose which programs they would like to include, and each of the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

Overview of One-e-App

One-e-App is web-based tool used by application assistors to submit applications electronically to various programs. The following flowchart illustrates the different components of the One-e-App process as it functions in the City and County of San Francisco.



The following flow chart outlines the steps of creating and submitting a new application in One-e-App. This training manual covers these steps in detail.



Requirements for One-e-App Assistors in San Francisco

- *One-e-App enables the assistor to submit applications to a variety of state and local coverage programs on behalf of a household and enroll persons into HSF. Training is required to ensure that the assistor can successfully refer and submit applications to existing local and state programs and enroll an applicant in Healthy San Francisco via One-e-App.*
- ***Please contact the One-e-App system administrator at your organization and provide proof of completion of the following steps to obtain a password for One-e-App in San Francisco.***

Step	Training	Process
1	Certified Application Assistor Training	<i>Assistors at current One-e-App enrollment sites must demonstrate proof of training and obtain a Certified Application Assistor (CAA) number from the State of California. For more information, contact the Healthy Families CAA Help Desk at 800-279-5012.</i>
2	Health-e-App Training	<i>Users must complete Health-e-App web-based training and obtain a valid Health-e-App password (available after completing the Health-e-App training). To become a Health-e-App user, contact the Health-e-App help desk at 866-861-3443 to receive a link to take online training and an initial password to Health-e-App.</i>
3	Healthy Kids and Young Adults Application Assistor Training	<i>Please contact Corinna Mok, at SFHP at cmok@sfhp.org (415-615-4257) regarding information on upcoming trainings for Healthy Kids and Young Adults application assistors.</i>
4	Healthy San Francisco Application Assistor Training	<i>Centralized trainings on Healthy San Francisco will be held on a quarterly basis for new CAAs. To obtain information on the next training session, please contact Sheri Lee, at sheri.lee@sfdph.gov</i>
5	One-e-App User Training	<i>Contact the One-e-App superuser at your enrollment site to receive training and a One-e-App training manual. To access the training site, please go to https://thecenter.oneeapp.net. The new assistor must demonstrate competence in One-e-App to the super user before completing training. Competence is demonstrated by enrolling a participant in HSF in the training version of One-e-App, as well as by completion of 20 hours of training in the training environment.</i>

One-e-App Assistor Checklist

Please Complete the Following Checklist to Ensure You are Ready for Applicants!

- I completed all of the requirements for assistors, attended the HSF Eligibility Training and Healthy Kids Trainings, have a CAA number and requested a password to the One-e-App training environment from my system administrator
- My system administrator provided me with a log-on and password to the training environment
- I requested and received a copy of the One-e-App training manual from my site's One-e-App Super User
- I attended a One-e-App training on-site lead by my clinic's Super User using standard curriculum
- I have practiced enrolling sample scenarios in the One-e-App training environment for at least **15-20** hours and can successfully submit an application to Health-e-App and complete enrollment in Healthy San Francisco in the training environment
- I have demonstrated to the Super User at my site that in the training I can complete a test scenario, demonstrate proficiency with faxing verification documents, etc, and verify enrollment for Healthy San Francisco applicants
- My super-user requested a log-in and password for the One-e-App production site from my system administrator on my behalf
- I have reviewed the One-e-App Program Support guidelines and know where to go for assistance

CAA Referral and Submission Process in San Francisco

- The assistor's role in the submission process varies according to the applicant's linkage in One-e-App.
- For some programs, the assistor can not submit an application via One-e-App, but should refer the applicant to an enrollment site for the program.
- The goal is to connect the family to all programs for which they are eligible.

<u>Program</u>	<u>Referral</u>	<u>Submission</u>	<u>Enrollment</u>
AIM (Aid to Mothers)	Refer applicant to AIM 1-800-433-2611 www.aim.ca.gov	None	None
Children's Health Disability Program (CHDP)	If your site is not a CHDP Provider, refer child to a CHDP Provider for CHDP related services.	If the enrollment site is a CHDP Provider, submit to Gateway via One-e-App at the point of service.	None
Cancer Detection Program (CDP)	Please refer applicant to a CDP Provider for CDP related services. Breast/Cervical Cancer: 1-800-511-2300 Postrate Cancer 1-800-409-8252	None	None
Family Pact (FPACT)	Refer individual to a Family PACT Provider for family planning related services. 1-800-942-1054	None	None
Healthy Families	None	Submit to Health-e-App via One-e-App for both the HF and MC for children	None
Medi-Cal for Children and Pregnant Women	None	Submit to Health-e-App via One-e-App for both the HF and MC for children	None
Healthy Kids and Young Adults	None	Submit via One-e-App to San Francisco Health Plan	None
Healthy San Francisco	None	Submit via One-e-App with verification documents	Performed in One-e-App
Medi-Cal (Share of Cost, Restricted)	None	Submit to H.S.A. with other Medi-Cal applications for pick-up	None

How do I fax in verification documents?

- To complete the application process, you must fax or send your verification documents (e.g., income, rights and declarations, proof of residency) after submitting an application in One-e-App. Where you send documents depends on which program you are submitting an application to. Look for the program you are submitting to and follow the instructions below.
- **IMPORTANT NOTE:** For Medi-Cal through San Francisco Human Services Agency, you must include the universal summary, entire application and verification documents for pick-up by HSA. **Only sites without regular pick-ups should fax to Medi-Cal.** See the next page for more details.

One-e-App Fax # 866-482-7745

Health-e-App Fax # 866-848-4976

Medi-Cal HSA Fax # 415-558-2807

Program	Where to Send
Healthy Kids & Young Adults	Fax to One-e-App (within 24 hours of submission)
Healthy San Francisco	Fax to One-e-App (within 24 hours of submission)
Healthy Families	1) Fax to Health-e-App (within 24 hours of submission) AND 2) Fax to One-e-App
Medi-Cal for children and pregnant women (through SPE)	1) Fax to Health-e-App (within 24 hours of submission) AND AND 2) Fax to One-e-App
Medi-Cal (through SF Human Services Agency)	1) Fax to One-e-App (within 24 hours of submission) AND 2) Deliver application, universal summary, and verification documents to H.S.A: If your site is NOT a regular pick-up site for Medi-Cal applications: -Fax Universal Summary only to HSA to 1-415-558-2807 AND -Send tracking e-mail to Alex Salinas at H.S.A. (Aristides.Salinas@sfgov.org) with Application ID, Date, and Family Size to request a pick-up If you are a pick-up site for Medi-Cal applications, leave materials for pick-up.
CHDP	Fax to One-e-App

How do I fax/send in verification documents?

IMPORTANT – Please note there are time limits associated with faxing documents to Health-e-App. We strongly recommend that if you are not ready to fax documents immediately after submitting the application, you should suspend the application prior to submitting. When the documents are ready for faxing, you can retrieve and submit the application and fax the documents immediately after.

Step 1: Print the Fax Cover Sheets

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

One-e-App has two fax cover sheets *for each application* - one for permanent documents and one for temporary documents. These can be used for *all* programs. Both fax cover sheets may be printed during the application process by clicking the “Generate Fax Cover” button at the bottom of the submit page OR by selecting the Menu option “Retrieve Fax Cover Sheets” (See also “Retrieve fax cover sheets” Menu function.)

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

How do I fax/send in verification documents?

Step 2: Fax/Send Documents

For Healthy Kids & Young Adults, Healthy San Francisco, Medi-Cal (through HSA) or CHDP, fax to One-e-App at 866-482-7745.

- Arrange documents behind the appropriate cover sheet (permanent or temporary)
- Clearly mark an “X” on the cover sheet next to those items that are attached
- Send the set of two fax cover sheets and documents in each fax transmission

For Medi-Cal for children or pregnant women or Healthy Families through Health-e-App, you are *required* to fax to Health-e-App within 24 hours of submitting the application at 866-848-4976.

- Arrange documents behind the fax cover sheet
- Clearly mark an “X” on the cover sheet next to those items that are attached
- Send only one fax cover sheet and documents in each fax transmission

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

For Medi-Cal applications through the San Francisco Human Services Agency, you must also deliver the full application to the HSA office by following the instructions below:

- Print One-e-App Universal Summary
- Copy Verification Documents
- Print Medi-Cal Signature Forms (210, 219, etc.) and obtain applicant signature
- Collate all the above materials and deliver to HSA via one of the following methods:
 - If your site is a pick-up site for Medi-Cal applications, consolidate materials for applicant and include in group for pick-up
 - If your site is NOT a pick-up site for Medi-Cal applications, you must:
 - Fax Universal Summary only to HSA to **1-415-558-2807**
 - Send tracking e-mail to Alex Salinas at H.S.A. (Aristides.Salinas@sfgov.org) with Application ID, Date, and Family Size to request a pick-up

How do I fax/send in verification documents?

- **Step 3: Verify the fax was received by One-e-App**
- For faxes sent to One-e-App, you should verify that the fax was received and is showing up properly. (See also “View Faxes” Menu Function). To do this,
 - Select “View Faxes” from the Menu
 - Search for the application
 - In the search results, click on the Applicant’s Name. This will take you to the Application Details page. To view the faxes, click on the column header labeled “Fax” under “Verification Documents”.

Need help? Contact the One-e-App help desk at 866-429-1979.



CHAPTER 1

Getting Started

oneeapp

One Stop Access to Health Care

The One-e-App website is: <https://thecenter.oneeapp.org>. You will be taken to the Welcome Page where you select “English” or Spanish”. This will take you to the User Login page.

Logging On

You will receive your User ID and password information from your agency One-e-App System Administrator.

Enter your assigned User ID and password.

Your User ID will most likely be some variation on your first initial and last name. The User ID has a limit of 15 characters. Then add “.sfo”, to let One-e-App know which county you are from. For example, Cheryl Smith’s would logon using csmith.sfo.

User Login

Please login using the username (with county extension) and password that were assigned to you.

Example username: For a username of "caa" and County ID of "ccc" enter "caa.ccc" username.

User ID
Password

[Click here](#) if you have forgotten your password or your account has been disabled.



Password Management Tips

ONE-E-APP

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)

Forgot your password or password is disabled: 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 (available from your Agency One-e-App System Administrator). If this doesn’t work, contact your Agency One-e-App System Administrator to reset or reactivate your password.

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.

HEALTH-E-APP

Because One-e-App sends Medi-Cal for children and pregnant women and Healthy Families applications electronically to the Health-e-App website, One-e-App stores the Health-e-App password in One-e-App. These are best practices for managing your Health-e-App password to support this submission process.

Passwords Expire Every 30 Days: Health-e-App passwords expire every 30 days. It is recommended that you change your Health-e-App password on the Health-e-App website or by calling the Health-e-App help desk every time you change your One-e-App password. This will help prevent data transfer errors from the Health-e-App website caused by an expired password. Go to www.healtheapp.net or call (866) 861-3443.

Best practices for synchronizing your One-e-App and Health-e-App Passwords: You can use the One-e-App Password for Health-e-App (but not the reverse). When you get the One-e-App reminder tickler, follow these steps:

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

Getting Started: USER TYPES



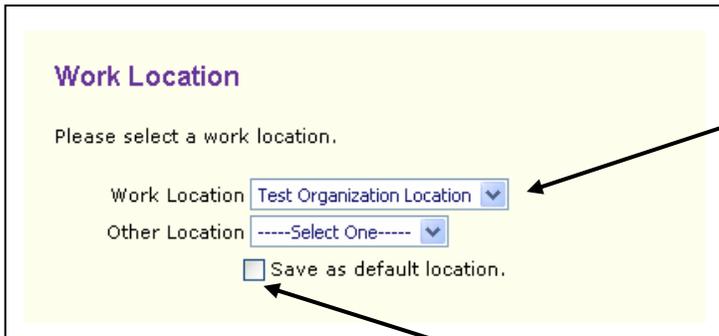
User Types

Select the appropriate User Type from the drop-down box. Each User Type provides you access to different menu functions in One-e-App. Depending on your job function, you may have access to one or more One-e-App User Types. See the box below for a description of each User Type.

Additional user types are covered in separate documents.

USER TYPES

User Type	Description	For more information, go to:
Certified Application Assistant (DPH II)	CAAs have the ability to process applications for all programs available in One-e-App. Every CAA has a CAA Supervisor assigned to them.	Chapter 2: CAA Menu Functions Chapter 3 & 4: Creating Applications
CAA Supervisor (DPH III)	In addition to all the CAA functions, a CAA Supervisor can manage and assign applications, among other functions.	Chapter 5: CAA Supervisor
CHDP Provider	This is for users from CHDP Provider agencies that can process applications through the CHDP Gateway. Users can submit applications to the CHDP Gateway only and can refer applicants to CAAs for the full One-e-App screen.	Page 117
DPH I	DPH I users have the ability to enter information in the data entry mode in One-e-App.	Page 16
HSF Verification Status	User can obtain current enrollment status, eligibility date, and medical home assignment.	Chapter 8: HSF Enrollment



Work Location

Please select a work location.

Work Location

Other Location

Save as default location.

Work Location

Select the location where you are doing application assistance each time you log on.

The Work Location lists various sites your agency uses for One-e-App application assistance, such as a clinic, a community center, or a health fair. It is not which organization you are from. This will track where applications have been taken

You can click on the box below to save a location as the "default location". This will automatically appear every time you log on unless you make a change.



CHAPTER 2
**Certified Application
Assistant (CAA)
Menu Functions**

Main Menu

This section reviews all Menu functions that Certified Application Assistants have available to perform their work.

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Healthy San Francisco Enrollment History
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes
- View Application Workflow History
- Applications referred from CHDP User
- View Terminating HSF Members
- Verification Documents
- Conduct Healthy San Francisco Verification Query

CAA Menu Functions: BEGIN APPLICATION

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets

Begin Application

Click here and then click “Next” to begin a new application.

When you begin a new application the One-e-App system will always prompt you to **conduct an application search**. This is important to prevent duplicates in the system.

You can search for the Primary Informant or other member of the household.



Search for an Application

Before beginning a new application, you must perform a search to find out whether the applicant (s) already exists in the system. Please specify at least two criteria or a unique identifier by which you would like to search.

Person Detail

First Name

Middle Name

Last Name

Suffix

Legal Gender Male Female

Transgender Yes No

Date of Birth

Person Place of Birth

California County or

US State or

Other Country

The search results can be further filtered by the assistor's name and a creation date range.

Application Assistor

First Name

Last Name

Creation Date Range

From

To

Unique Identifier

Application ID

Person ID

SSN

MRN

ID Number

SFHP ID



Application Search Tips

- Each additional criteria you enter narrows your search further. You may want to start with a few criteria first then add more if needed to narrow the search results.
- If you search by Person Detail or Place or Birth, you must enter at least two criteria, such as First Name and Last Name OR First Name and Date of Birth.
- If you want to see all the application's you created, enter your name in the Application Assistor field.
- If you search by Unique Identifiers, such as Application ID, you only need to enter one criteria.

CAA Menu Functions: BEGIN APPLICATION

Search Results

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

Applications in Progress

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score
Alpha Parenta	N/A	Sarah Boehm	7/17/2007	200719700359	N/A	N/A

Determined Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Child One	5/12/1999	Sarah Boehm	7/17/2007	CHDP	Fax	200719700037	33801008197073	N/A
Child One	5/12/1999	Sarah Boehm	7/17/2007	Medi-Cal for Children and Pregnant Woman	Fax	200719700037	33801008197073	N/A
Mary Lamb	5/11/1932	Sarah Boehm	7/17/2007	Medi-Cal - Full Scope, No Share of Cost	Fax	200719700037	33801007197074	N/A
Tommy Smith	1/1/2003	Sarah Boehm	7/23/2007	CHDP	Fax	200720300033	33801036203075	N/A

Expired or Program Closed Applications

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

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Cheryl Smith	1/1/1982	Sarah Boehm	7/23/2007	Medi-Cal - Full Scope, Share of Cost	Fax	200720300033	33801035203076	N/A
Marshall Smith	1/1/1979	Sarah Boehm	7/23/2007	Healthy San Francisco	Fax	200720300033	33801034203077	N/A
Tommy Smith	1/1/2003	Sarah Boehm	7/23/2007	Healthy Kids Young Adults	Fax	200720300033	33801036203075	N/A

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

Total number of applications in progress : 1
 Total number of determined applications pending submission : 4
 Total number of Expired and Program Closed Applications : 0
 Total number of submitted persons : 3

Search
 Begin New Application
 Renew/Modify
 View Clipboard
 Next

Enrollme
 Interview
 Data Entry



Application Search Tips

The search results page shows you all potential matches based on the criteria you entered. Applications appear in tables based on their status. Searching is very important for reducing duplicates in the system. **Review each table closely to see if your applicant is listed.**

Found a potential match? If needed, you can verify that it is the same person by clicking on their name and seeing the application details.

If you find a match, click on the **Clipboard** icon next to the name to put the applicant's information on the Clipboard. When you start a new application, you can paste the applicant information in the application and verify that it is correct.

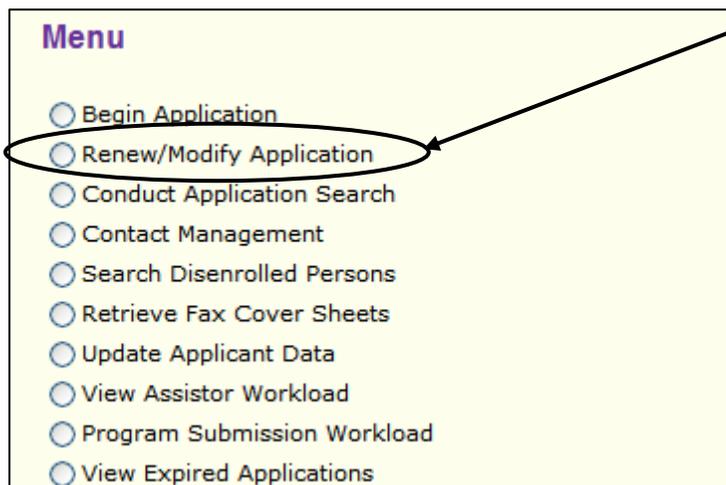
No matches? If your applicant is not listed, you may choose to do another search for another member of the household.

Click on the appropriate mode to Begin a New Application

- **Interview mode** is recommended when working directly with an applicant. It is the full set of questions and programs viewable page by page.
- **Data Entry mode** is the full application process but all in one continuous page. It is recommended when taking an application over the phone, or when agencies have a dedicated person entering data after the client interview.

CAA Menu Functions: RENEW/MODIFY APPLICATION

Renew/Modify Application



Renewal:

- The process for renewals varies by program. See the table on the next page for more information.
- This function is available within the last three months of an applicant's coverage. You can automatically generate renewal notices for applicants from One-e-App.
- There will be a menu function to view applications that are 90, 60, and 30 days from their renewal due date for Healthy San Francisco and Healthy Kids & Young Adults.

Modify:

- Use modify to make a change to an application that impacts eligibility, such as change in income, marital status, or a new child. See the table on the next page for more information.
- Applications can be modified after every member of the application has been submitted.

Search Results

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

Expired or Program Closed Applications

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

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score	
<input type="checkbox"/>	Kathy Smith	1/1/1968	Liz Ramirez	11/22/2006	N/A	N/A	200632500027	31900005325067	100.00	
<input type="checkbox"/>	Janet Smith	3/3/1995	Liz Ramirez	11/22/2006	Healthy Kids	Fax	200632500027	31900007325065	65.40	

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

Total number of submitted persons : 2

Search
 Renew/Modify
 View Clipboard
 Next

[Report a Bug/Make a Suggestion](#)
[View Current Session Contents](#)

When "Renew/Modify Application" is chosen from the Menu, you will be routed to the **Search for Application** screen. The search results will show you two tables: *Expired or Program Closed* and *Submitted Applications*. One-e-App does not allow *Applications In Progress* or *Determined Applications Pending Submission* to be renewed or modified.

Check the application from the list and click "Renew/Modify".

Application ID Assignment

For each renewed application, a new Application ID number will be assigned.

CAA Menu Functions: RENEW/MODIFY APPLICATION

Renew/Modify Application (cont.)

Modifications & Renewals in One-e-App by Program		
Program	Modify	Renewals*
Medi-Cal (through SF Human Services Agency)	Use Renew/Modify Menu Function in One-e-App to create a new application. HSA will conduct the regular file clearance to identify a previous application.	One-e-App will not do renewals. Contact HSA.
Medi-Cal for Children and Pregnant Women (through the State's Single Point of Entry)	Use Renew/Modify Menu Function in One-e-App.	Use Renew/Modify Menu Function in One-e-App so One-e-App has the most current information. You can choose to either submit the application through the Health-e-App interface or contact SPE directly.
Healthy Families	Use Renew/Modify Menu Function in One-e-App.	Use Renew/Modify Menu Function in One-e-App. Indicate application is a renewal on the Medi-Cal screen. This will create a pre-populated Annual Eligibility Renewal form that can be mailed or faxed to SPE.
Healthy Kids & Young Adults	Use Renew/Modify Menu Function in One-e-App.	One-e-App does not currently do renewals. Contact the SF Health Plan.
Healthy San Francisco	Use Renew/Modify Menu Function in One-e-App.	Use Renew/Modify Menu Function in One-e-App.
CHDP	No modify available.	Not applicable.

CAA Menu Functions: CONDUCT APPLICATION SEARCH

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders

Conduct Application Search

Conduct Application Search allows you to search for any application in the system.

Search for an Application

Before beginning a new application, you must perform a search to find out whether the applicant (s) already exists in the system. Please specify at least two criteria or a unique identifier by which you would like to search.

Person Detail

First Name

Middle Name

Last Name

Suffix

Legal Gender Male Female

Transgender Yes No

Date of Birth

Person Place of Birth

California County or

US State or

Other Country

The search results can be further filtered by the assistor's name and a creation date range.

Application Assistor

First Name

Last Name

Creation Date Range

From

To

Unique Identifier

Application ID

Person ID

SSN

MRN

ID Number

SFHP ID



Application Search Tips

- Each additional criteria you enter narrows your search results further.
- If you search by Person Detail or Place or Birth, you must enter at least two criteria, such as First Name and Last Name OR First Name and Date of Birth.
- If you want to see all the application's you created, enter your name in the Application Assistor field.
- If you search by Unique Identifiers, such as Application ID, you only need to enter one criteria.

CAA Menu Functions: CONDUCT APPLICATION SEARCH

Search Results

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

Applications in Progress

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

Determined Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Charles Sumer	7/31/1997	Judith Dispo	7/17/2007	CHDP	Fax	200719700789	33801011198076	60.00
Carla Sumer	12/31/1967	Judith Dispo	7/17/2007	Medi-Cal - Full Scope, No Share of Cost	Fax	200719700789	33801012198075	53.60
Childa Charlie	1/1/1987	Nancy Chan	7/25/2007	Medi-Cal - Full Scope, Share of Cost,	Fax	200720500335	33801107205074	50.40

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Cheryl Smith	1/1/2001	Sarah Boehm	7/24/2007	N/A	N/A	200720400536	N/A	100.00

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
<input type="checkbox"/>	Cheryl Smith	1/1/1982	Sarah Boehm	7/23/2007	Medi-Cal - Full Scope, Share of Cost,	Fax	200720300033	33801035203076	100.00
<input type="checkbox"/>	Charlie Childa	1/1/1987	Sean Ha	7/17/2007	Medi-Cal - Full Scope, Share of Cost,	Fax	200719700029	33801012197077	50.40
<input type="checkbox"/>	Charlie Childa	1/1/1987	David Tran	7/24/2007	Medi-Cal - Full Scope, Share of Cost,	Fax	200720400254	33801048204079	50.40
<input type="checkbox"/>	Childa Charlie	1/1/1987	Jose Arinez	7/16/2007	Healthy Kids Young Adults	Fax	200719600484	33801083196073	50.40
<input type="checkbox"/>	Childa Charlie	1/1/1987	Sharon Kong	7/17/2007	Medi-Cal - Full Scope, Share of Cost,	Fax	200719700060	33801018197071	50.40

Note: Each indicates a renewal application.

Note: Each indicates a renewal application which has started and not completed through final eligibility review.

Note: Each indicates Program Closed application(s) / person(s).

Note: Each is a link to a person's application summary.

Note: Each is a link to add a person to the clipboard.

Note: Each is a link to Workflow History.

Note: Each is a link to Print Document and Forms.

Total number of applications in progress : 0
 Total number of determined applications pending submission : 3

Total number of Expired and Program Closed Applications : 1
 Total number of submitted persons : 5

Conduct Application Search (cont.)

SEARCH RESULTS TIPS

The Search Results will show you a score indicating the **percentage match** to the criteria you entered. If the match is above 90% the application will be highlighted in yellow.

The Search Results page is divided into four tables based on the application status:

- **Applications in progress**—Displays the application that is still in the interview process and the preliminary eligibility has not been determined.
- **Determined Applications Pending Submission**—Displays the applications that were determined preliminary eligible for different programs and are currently pending submission to the corresponding programs.
- **Expired Applications**—Displays the application that are expired due to incomplete submission.
- **Submitted Applications**—Displays the applications that were submitted to program(s). (Note: Applications must be submitted and have the verifications documents faxed in to be complete.)

For Submitted Applications you can view the **Application Submission Details** page by clicking on the person's name. This page will provide you with all the details and documents for that particular application.

If you want to check the **Enrollment History** for an applicant, check the box next to their name and click the icon.

Search

Enrollment History

Next

Contact Management

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications

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

You must conduct a search to locate the contact.



Contact Management

Please specify any combination of the following criteria to search for an application and view the contact information.

Person Detail

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Date of Birth

Person Place of Birth

California County or

US State or

Other Country

The search results can be further filtered by the assistor's name and a creation date range.

CAA Menu Functions: CONTACT MANAGEMENT

Contact Management (cont.)

Contact Management

To retrieve and continue with an application, click on the applicant's name.

Applications in Progress

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

Determined Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Retrieve Fax	Application ID	Score
Sandy Flores	5/17/2000	Liz Ramirez	11/21/2006	Fax	200632400186	86.95

Submitted Applications

Applicant Name	Date Of Birth	Created By	Created Date	Retrieve Fax	Retrieve Fax	Person ID
Sara Elizabeth Flores	8/24/1968	Liz Ramirez	11/21/2006	N/A	N/A	31900051324063

Application Not Yet Started

Contact Name	Date Of Birth	Created by	Creation Date	Application ID	Person ID
No matching records were found.					

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

Total number of applications in progress : 0
Total number of submitted persons : 1

[Report a Bug/Make a Suggestion](#)
[View Current Session Contents](#)

Click on the person's name from the search results to modify their information.

OR

Add a new contact if the person was not found in the search results.



Contact Details

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Date Of Birth

Email

Home Phone

Cell Phone

Work Phone

What language does this person speak best?

Add or edit their contact details.



CAA Menu Functions: CONTACT MANAGEMENT

Contact Management

Application ID: 200720400528

Related Applications: N/A

Contact Search Criteria

Persons

All Persons

Susan Miller Tommy Smith

Contacts

All Contacts

Letters Phone Calls Office Visit

Creation Date Range

From

To

Search Reset

Funding Source List

Person Name	Funding Source	Created By	Date
Susan Miller	N/A	N/A	N/A
Tommy Smith	N/A	N/A	N/A

Add/Edit Funding Source

Contact List

Contact Type	Description	Created By	Date
<input type="checkbox"/> Phone Call	Client called in to change information	Sarah Boehm	08/11/2007

View/Edit Contact Add New Contact

Application Follow Up Item

Person Name	Begin Date	Follow Up Item	Program	Status	Date Resolved	Delete
No matching records were found.						

View/Edit Follow Up Item Add New Follow Up Item Enrollment Verification

Contact Management (cont.)

The Contact Management section allows you to track contacts with the applicant related to their application or referrals.

Contact List: This table allows you to create a list of contacts you have had with the applicant(s).

Application Follow-up Item: This table allows you to create a list of tasks needed to complete a particular application.

Contact Type Phone Call

Description

Contact Date

Contact Text

Action Item 1

Action Item 1 Status

Action Item 2

Action Item 2 Status

New Follow Up Item

Person(s) All Susan Miller Tommy Smith

Begin Date 08 11 2007

Follow Up Item

Program

Status

Date Resolved 08 11 2007

Note

CAA Menu Functions: SEARCH DISENROLLED PERSONS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data

Search Disenrolled Persons

This search function can provide information regarding any person who was disenrolled from the **Healthy Kids & Young Adults** or the **Healthy San Francisco** program.



Disenrolled Participants Search Results

Disenrolled Participants						
	Participant Name	Date of Birth	Disenrollment Date	Disenrollment Effective Date	Reason for Disenrollment	App ID
<input type="checkbox"/>	Marshall Smith	1/1/1979	9/1/2007	9/1/2007	Enrolled in Public Coverage	200720300033

Note: Each  indicates a renewal application which has started and not completed through final eligibility review.

Conduct a search to locate the applicant. The resulting table will show you details about the disenrollment, such as the date and reason of disenrollment.

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

Note: For Healthy San Francisco applicants can be disenrolled for the following reasons: by request, ineligibility, non-payment, and non-compliance with re-screening.

CAA Menu Functions: RETRIEVE FAX COVER SHEETS

Retrieve Fax Cover Sheets

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload

This function allows you to reprint the One-e-App Fax Cover Sheets already created for the application. You may need to do this if the applicant needs to fax in additional documentation or if you did not create one during the application submission process (See Fax tips on page 139).



Retrieve Fax Cover Sheet

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

Determined Applications Pending Submission

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

Expired or Program Closed Applications

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

Submitted Applications

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

You will be prompted to conduct a search for the application. On the search results page, click on Fax under "Retrieve Fax" to view and print the fax cover sheets.



CAA Menu Functions: UPDATE APPLICANT DATA

Update Applicant Data

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload

This menu function allows you to update addresses, telephone numbers, family names, including the primary informant.

You will be prompted to conduct an application search.

- Click on the box in the section that you would like to update data.

- Include an effective date of the change.

- Update the data and click on the Save icon.

Profile of Joel Ruiz

Primary Informant's Address and Contact Information

Primary Informant's Address

Effective Date

Home Address (do not use PO Box)

Delivery Type

Street Number

Prefix

Street Name

Post Direction

Unit Type and Number

City

State

Zip

County

Mailing Address

Delivery Type

Street Number

Prefix

Street Name

Post Direction

Primary informant's Telephone

Effective Date

Work Phone X

Home Phone

Message Phone X

Cell Phone

Person Details

Demographics

Effective Date

First Name

Primary Informant's First Name

Middle Name

Primary Informant's Middle Name

Last Name

Primary Informant's Last Name

Suffix

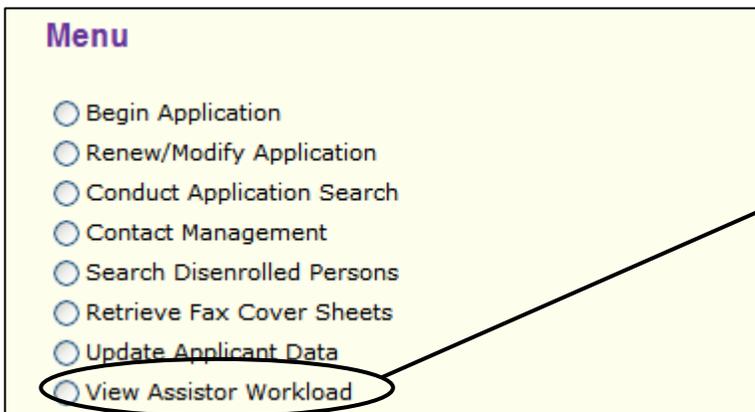
SSN Yes No

SSN

Primary Informant's Preferred Spoken Language

Primary Informant's Preferred Written Language

CAA Menu Functions: VIEW ASSISTOR WORKLOAD



View Assistor Workload

This menu function assists you with the management of your applications.

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

- Applications in Progress
- Determined Applications Pending Submission (for Healthy Kids & Young Adults)
- Submitted Applications Awaiting Disposition (for Healthy Kids & Young Adults)

To move from one workload to the next, click the "Next" icon.

CAA Menu Functions: VIEW ASSISTOR WORKLOAD

Applications in Progress

	Due Date	Creation Date	Applicant Name	Application ID
<input type="checkbox"/>	1/29/2007	1/15/2007	Brian Lopez	200701400067

Note: Each indicates an extension of 2 days has been applied.
 Note: Each indicates a reminder is associated to this application.
 Note: Each indicates a renewal application.
 Note: Each indicates application has been edited by another application assistor.

Reminders
 Extend
 Remove
 Bring Back
 Generate Notice
 Next

Report a Bug/Make a Suggestion

View Assistor Workload (cont.)

The Assistor Workload shows you the **Applications in Progress** table first. This displays applications that are still in the interview process for which preliminary eligibility has not been determined.

Click the “Next” icon to move to the next Assistor workload.

There are additional functions in this workload that can assist you in managing the application.

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

The **Extend** icon extends the application beyond the 90 days that are allowed to keep an application in progress. It will extend for two additional days. You can extend an application twice.

The **Remove** icon removes an application from your Applications in Progress workload. You will be prompted by the system to choose a reason for removal.

The **Bring Back** icon brings back an application that you removed. Once the application has been “brought back”, it will appear in this workload.

Generate Notice produces reminder letters for applicants when they have an incomplete application. One-e-App generates 1 and 15 day reminder letters. Once you click on “Generate Notice”, the system will produce the appropriate reminder letter that you can send to the applicant. →



CAA Menu Functions: VIEW ASSISTOR WORKLOAD

View Assistor Workload (cont.)

Submitted Applications Awaiting Disposition

	Application ID	Applicant Name	Assigned To
<input type="checkbox"/>	200632500027 R	Janet Smith	Ramirez , Liz
<input type="checkbox"/>	200633300054	Janie Montoya	Ramirez , Liz
<input type="checkbox"/>	200633400144 R	Jose Garcia	Ramirez , Liz
<input type="checkbox"/>	200633400144 R	Linda Garcia	Ramirez , Liz
<input type="checkbox"/>	200633400409 R	Carlos South	Ramirez , Liz
<input type="checkbox"/>	200634400010 R	June Bug	Ramirez , Liz
<input type="checkbox"/>	200634600064 R	Marco Martinez	Ramirez , Liz
<input type="checkbox"/>	200634700021	Mega Bucks	Ramirez , Liz

Note: Each **R** indicates a renewal application.
Note: Each **E** indicates application has been edited by another application assistor.

Generate Fax Cover **Next**

Submitted Applications Awaiting Disposition

Submitted Applications Awaiting Disposition displays the applications that were submitted to the Healthy Kids & Young Adults program or Healthy San Francisco program and are still awaiting final disposition of their eligibility from SF Health Plan or DPH.

Click the “Next” icon to move to the next Assistor workload.



Applications Submitted

Status:
 Days:
 Submit Date Range: To
 Application ID:
 First Name:
 Last Name:
 SSN:
 Save current Status and Days as my default setting.

Search **Reset**

Number of Records Found **8**

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

Applications Submitted

This workload will give you the ability to view the list of applications that were submitted and disposition information (if available) for all Healthy Kids & Young Adults and Healthy San Francisco applications that have been submitted within a specified time frame (not just ones you created). Input the search criteria at the top of the page and click “Search” to locate a particular application.

CAA Menu Functions: PROGRAM SUBMISSION WORKLOAD

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload**
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover

Program Submission Workload

The Program Submission Workload contains two tables.

- Applications Pending Submission
- Applications Submitted



Applications Pending Submission

One-e-app APP ID	MSN	Applicant Name	Preliminary Eligibility	Coverage Type	System Name
No matching records were found.					

Applications Submitted

One-e-app APP ID	Applicant Name	Sent Date	Case ID	Preliminary Eligibility	Coverage Type	Remote System Name	Faxes
200632400186	Flores, Sandy	11/21/2006	2007414	Medi-Cal for Children and Pregnant Women	Primary	Health-e-App	N/A
200632400186	Flores, Toddy	11/21/2006	2007414	Medi-Cal for Children and Pregnant Women	Primary	Health-e-App	N/A
200632500027	Smith, Janet	N/A	N/A	Healthy Kids	Primary	N/A	N/A
200632500027	Smith, Micheal	11/22/2006	2007441	Medi-Cal for Children and Pregnant Women	Primary	Health-e-App	N/A

Note: Indicates Reconsidered Program.

Next

Applications Pending Submission

These are applications that have passed the preliminary eligibility determination pages, the user has not completed all the information for the application and have not yet submitted the application.

Applications Submitted

These are applications that have been submitted to a particular program for final disposition. You will also see individuals who were not eligible for not applying for coverage in this table.

CAA Menu Functions: VIEW EXPIRED APPLICATIONS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover

View Expired Applications

Applications that have been in your Applications in Progress workload are automatically expired (removed) after 90 days, unless you extend the deadline. You can extend the deadline twice for 2 days each, for a total of 94 days. After that timeframe, the application will be removed from your workload and transferred to your CAA Supervisor's Expired Applications workload.



Expired Applications

	Due Date	Creation Date	Applicant Name	App ID
<input type="checkbox"/>	8/23/2007	7/24/2007	Smith, Cheryl	200720400536

Note: Each indicates an extension of 2 days has been applied.

Note: Each indicates a renewal application.

Reminders Generate Notice

Next

If you want to continue the application after it has expired, your CAA Supervisor must assign it to you. Once your CAA Supervisor returns the application to your Applications in Progress workload, you have 90 days to submit it before it expires again.

CAA Menu Functions: VIEW REMINDERS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover

View Reminders

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

You can set reminders in the Application in Progress Workload. Refer to View Assistor Workload on page 28 to learn how.



Reminders

	Applicant Name	Reminder Messages	Due Date	Application ID
<input type="checkbox"/>	Karl Kigsely	Karl will return to finish application process on 1-24-07	01/24/2007	200702200045

Print Next

CAA Menu Functions: Health-e-App FAX COVER

Menu

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

Health-e-App Fax Cover

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

You will be prompted to conduct an application search.



Search for an Application

Before beginning an hea application, you must perform a search to find out whether the applicant(s) already exists in the system. Please specify at least two criteria or a unique identifier by which you would like to search.

Person Detail

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Date of Birth

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

For faxing tips, see page 139.



Search Results

To retrieve fax cover of an application, click on the fax. Applications that you are authorized to coauthor are Listed.

Health-E-App Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Jennifer Head	5/5/2000	Liz Ramirez	5/2/2007	Healthy Families	Fax	00712100086	31900011121070	63.50

Total number of applications submitted: 1



DCN 

health e appSM Documentation Fax Cover Sheet

** This page must be the first page of the fax transmission **
** Your documentation must be submitted within 24 hours **

Date: June 01, 2007
To: Healthy Families/Med-Cal
Fax Number: 1-866-548-4376
From: Arrow Head
Address: 1111 W 5th St
Los Angeles, 90017
Phone: Home: (213) 222-2222
Document Control Number: 20074420968

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

Signed Rights and Responsibilities Page
 Proof of Income - pay stub, last year's federal income tax filing, etc.

CAA Menu Functions: Pending Health-e-App Applications for CHDP

Menu

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

Pending Health-e-App Applications for CHDP Children

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

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

Click on the One-e-App application ID and then click Submit. The application is then batched with other applications that are pending submission. The batch is routed and sent to Health-e-App each night. Once the application has been successfully submitted they show up in "Submitted Health-e-App for CHDP children workload" where you can print the Health-e-App summary.

Pending Health-e-App Applications for CHDP Children

	One-e-App APP ID	Person Name	Preliminary Eligibility	Received Date
<input checked="" type="checkbox"/>	200703500195	Ethan Jones	Medical for Children and Pregnant Women	02/05/2007
<input type="checkbox"/>	200703500195	Carol Jones	Healthy Families	02/05/2007
<input type="checkbox"/>	200704600051	Jackson Compass	Healthy Families	02/16/2007
<input type="checkbox"/>	200704600580	Sprinkle Rain	Healthy Families	02/16/2007
<input type="checkbox"/>	200704900030	Drift Wood	Healthy Families	02/19/2007
<input type="checkbox"/>	200704900030	Drift Wood	Healthy Families	02/19/2007
<input type="checkbox"/>	200705000012	Marcia Brady	Healthy Families	02/20/2007
<input type="checkbox"/>	200705800023	Grace Green	Healthy Families	02/28/2007
<input type="checkbox"/>	200705800023	Will Green	Healthy Families	02/28/2007
<input type="checkbox"/>	200706400054	Bavinara Lee	Healthy Families	03/06/2007
<input type="checkbox"/>	200713300057	Brigett Clark	Healthy Families	05/14/2007

Submit

Next

CAA Menu Functions: SUBMITTED HEALTH-E-APP APPLICATIONS FOR CHDP

Menu

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

Submitted Health-e-App Applications for CHDP Children

This workload shows applications submitted to Health-e-App for CHDP children.

See also "Pending Health-e-App Applications for CHDP Children"



Submitted Health-e-App Applications for CHDP Children

Note: Click DCN to view Health-e-app Summary

One-e-app APP ID	Person Name	Preliminary Eligibility	Hea-a-appid App ID	DCN	Fax	Submission Date
200719500221	Jerry Miller	Medi-Cal for Children and Pregnant Women	2017600	20075947636	Fax	7/17/2007

CAA Menu Functions: VIEW TICKLERS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers**

View Ticklers

A tickler is a reminder that you can create for yourself. Some are sent to you by other users and some the system generates, such as a change password reminder. A link to your ticklers appears on the moving banner on the Menu page.

The **View Tickler** function allows you to:

- View all the ticklers you have added to the One-e-App system
- Add a new tickler



Ticklers

New	Active	Tickler Type	Description	Start Date	End Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General	need to update my password on 3-3-07	2/16/2007	3/3/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required Documents	mom will bring in proof of income	2/20/2007	2/27/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General	update your password in Health e	2/28/2007	3/4/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General	CLIENT WILL COME IN TO FINSH APPL.	2/28/2007	3/25/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General	need to fax income verification on 3-23-07	3/12/2007	3/13/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General	need to update my passwords on such date	5/7/2007	6/11/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required Documents	please	5/14/2007	5/15/2007
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General	I need to update my passwords next month	5/14/2007	6/13/2007

Next



Add New Tickler

Tickler Type :

Description :

Start Date :

End Date :

Tickler Types:

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

CAA Menu Functions: REPRINT FORMS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Enrollment History
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes
- View Application Workflow History
- Assign Applications Transferred from CHDP user
- Change Medical Home
- Request ID Card/Materials
- Verification Documents

Reprint Forms

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

- MC210 form
- Healthy Kids Rights and Declarations
- Income Self-Affidavits
- One-e-App Fax Cover Sheets
- Universal Summary
- Healthy Families Renewal forms

You will be prompted to conduct an application search.



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

On the search results page, Click on the finger with a knot icon to go to the Print Documents and Forms Page.



CAA Menu Functions: REPRINT FORMS

Print Documents and Forms

Application ID: **200720300033**

Date Submitted: **7/23/2007**
(5 days)

Person Information			
Person ID	Person Name	Date of birth	Gender
33801034203077	Marshall Smith	1/1/1979	Male
33801035203076	Cheryl Smith	1/1/1982	Female
33801036203075	Tommy Smith	1/1/2003	Male

Self Affidavit of Income

Person Name	Income Type	Gross Monthly Amount	Document
Marshall Smith	Every 2 Weeks	\$1,083.50	Self Affidavit of Income Letter
Cheryl Smith	Monthly	\$1,500.00	Self Affidavit of Income Letter

Verification Documents

Temporary Verification Documents	FAX 7/28/2007
Proof of Income	<input type="checkbox"/>
Proof of San Francisco County Residency	<input checked="" type="checkbox"/>
Proof of Pregnancy	<input type="checkbox"/>

Permanent Verification Documents	FAX 7/28/2007
Birth Certificate	<input type="checkbox"/>
Proof of Identification	<input checked="" type="checkbox"/>

Rights and Declarations

Program Name	Document	Signed
Medi-Cal - Full Scope, No Share of Cost	MC210	<input checked="" type="checkbox"/>
Medi-Cal - Full Scope, No Share of Cost	MC219	<input checked="" type="checkbox"/>

Reprint Forms (cont.)

This page provides you access to all the documents for a particular application including the materials that were faxed into the One-e-App system.

Click on the greenlinks or the "Fax" column header to view the documents.

-  [Language](#)
-  [Generate Universal Summary](#)
-  [Generate Fax Cover](#)
-  [Next](#)
-  [Healthy San Francisco Summary](#)

CAA Menu Functions: VIEW FAXES

View Faxes

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

You will first be prompted to perform an application search.

On the search results page, Click on the name of the applicant. This will take you to the Application Details page.

On the Application Details page, Click on the column header that says "Fax" for either Temporary or Permanent documents.

For faxing tips, see page 139.

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes**

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Susan Brownstick	7/4/1965	Liz Ramirez	11/29/2006	Medi-Cal for Children and Pregnant Woman	Fax	200633200221	31900062332063	100.00
Susana Brown	3/4/1970	Debbie Winski	12/4/2006	N/A	N/A	200633700345	31900092337066	95.50
Susan Smith	12/12/1970	Suresh Govindarajalu	12/11/2006	N/A	N/A	200634400697	31900146344068	68.00

Application ID: 200633200221 Date Submitted: 11/29/2006 (24 days)

Preliminary Eligibility for Programs

Opt Out	Person ID	Person Name	Program Name	Coverage Type
<input type="checkbox"/>	31900062332063	Susan Brownstick	Medi-Cal for Children and Pregnant Women	Primary
<input type="checkbox"/>	31900064332061	Wendy Brownstick	Healthy Families	Primary
<input type="checkbox"/>	31900065332060	Katty Brownstick	Healthy Families	Primary

Healthy Kids Disposition Details

Assigned User:

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

Verification Documents

Temporary Verification Documents	FAX
Proof of Income	<input checked="" type="checkbox"/>
Proof of Los Angeles County Residency	<input checked="" type="checkbox"/>

CAA Menu Functions: VIEW NOTES

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes**

View Notes

This function allows you to view notes that have been added to each application. If a note is marked confidential, you will only be allowed to view it if you are from the same agency where the application was created.

You will first be prompted to perform an application search.

You will then be able to click on the Note icon associated with the applicant's file.

View Notes

To view notes information, click on the 'notes' link for the application.

Applications in Progress

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score	
Alpha Parenta	N/A	Sarah Boehm	7/17/2007	200719700359	N/A	N/A	
Harry Larson	N/A	Sarah Boehm	7/26/2007	11200720600036	N/A	N/A	

Determined Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Application ID	Person ID	Score	
Child One	5/12/1999	Sarah Boehm	7/17/2007	CHDP	200719700037	33801008197073	N/A	
Child One	5/12/1999	Sarah Boehm	7/17/2007	Medi-Cal for Children and Pregnant Woman	200719700037	33801008197073	N/A	
Mary Lamb	5/11/1932	Sarah Boehm	7/17/2007	Medi-Cal - Full Scope, No Share of Cost	200719700037	33801007197074	N/A	

Application ID : 200719700037

MSN	Applicant Name	Notes Description	Creation Date
1	Mary Lamb	This is a note	07/26/2007
1	Mary Lamb	This is a confidential note.	07/26/2007

If you create a confidential note, it will be viewable by you and others in your organization only.

CAA Menu Functions: VIEW APPLICATION WORKFLOW HISTORY

View Application Workflow History

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes
- View Application Workflow History**

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

You will be prompted to conduct an application search.

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Joel Ruiz	5/10/2005	Liz Ramirez	1/4/2007	Healthy Families	Fax	200700300037	3190000500307	100.00
Joel Ruiz	7/7/1970	Liz Ramirez	4/27/2007	N/A	N/A	200711600409	31900153116078	100.00

To access the Application Workflow History, click on the stack of books icon.

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

Pre Preliminary Determination History

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

Post Preliminary Determination History

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

This will show you the Workflow History tables.

CAA Menu Functions: ASSIGN APPLICATIONS TRANSFERRED FROM CHDP USER

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes
- View Application Workflow History
- Assign Applications Transferred from CHDP user**
- China Town / NEMS Applications Workload
- Sliding Fee Scale Applications
- Request ID Card/Materials

Assign Applications Transferred from CHDP User

This menu function takes you to the applications that have been referred to you by a CHDP user for a full One-e-App screen.

(Note: A CHDP User has a "CHDP Provider" User Type in One-e-App. See page 117 for more information regarding CHDP Gateway submission.)

You will receive a tickler notifying you that an application is in this workload.

On this page, select the application you want to continue and click "Pick". It will start a full application with the data entered by the CHDP Provider pre-populated. You will need to complete all the missing data elements on each page to continue.

Assign Applications Transferred from CHDP user

	<u>Due Date</u>	<u>Creation Date</u>	<u>Applicant Name</u>	<u>Application ID</u>
<input checked="" type="checkbox"/>	8/8/2007	7/25/2007	La Test, Sandra	200720500251

 Pick

Next 

CAA Menu Functions: REQUEST ID CARD/MATERIALS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes
- View Application Workflow History
- Assign Applications Transferred from CHDP user
- China Town / NEMS Applications Workload
- Sliding Fee Scale Applications
- Request ID Card/Materials

Request ID Card/Materials

- This menu function allows you to request an ID Card or Materials for a **Healthy San Francisco** applicant.

IMPORTANT NOTE: One-e-App does not generate the HSF ID cards. The request will be sent electronically to a vendor who will send the ID card to the mailing address.

- You will be prompted to conduct an application search.



CAA Menu Functions: REQUEST ID CARD/MATERIALS

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score	
<input type="checkbox"/>	Cheryl Smith	1/1/1982	Sarah Boehm	7/23/2007	Medi-Cal - Full Scope, Share of Cost,	Fax	200720300033	33801035203076	N/A	
<input checked="" type="checkbox"/>	Marshall Smith	1/1/1979	Sarah Boehm	7/23/2007	Healthy San Francisco	Fax	200720300033	33801034203077	N/A	
<input type="checkbox"/>	Tommy Smith	1/1/2003	Sarah Boehm	7/23/2007	Healthy Kids Young Adults	Fax	200720300033	33801036203075	N/A	

Request ID Card/Materials (cont.)

This menu function allows a CAA to request an ID Card or Materials for a Healthy San Francisco applicant.

- You will be prompted to conduct an application search. In the search results, check the box for applicant and click "ID Card and Materials".
- On the next screen, select which items you want and for which applicant.
- The next page shows a summary of the request.

- Note:** Each indicates a renewal application.
- Note:** Each indicates a renewal application which has started and not completed through final eligibility review.
- Note:** Each indicates Program Closed application(s) / person(s).
- Note:** Each is a link to a person's application summary.
- Note:** Each is a link to add a person to the clipboard.
- Note:** Each is a link to Workflow History.
- Note:** Each is a link to Print Document and Forms.

Total number of applications in progress : 4
 Total number of determined applications pending submission : 5
 Total number of Expired and Program Closed Applications : 0
 Total number of submitted persons : 3

Search ID Card and Materials Next

Request ID Card and Participant Materials

Notes

Request Replacement ID Card Yes No

Marshall Smith

Request Replacement Participant Materials Yes No

Marshall Smith

Request ID Card and Participant Materials Summary

Application ID 200720300033

Participant Name Marshall Smith

Request Replacement ID Card Yes

Request ID Card Effective Date 8/1/2007

Request Replacement Participant Materials Yes

Request ID Card Effective Date 8/1/2007

CAA Menu Functions: VERIFICATION DOCUMENTS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Enrollment History
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children
- Submitted Health-e-App Applications for CHDP Children
- View Ticklers
- Reprint Forms
- View Faxes
- View Notes
- View Application Workflow History
- Assign Applications Transferred from CHDP user
- Change Medical Home
- Request ID Card/Materials
- Verification Documents

Verification Documents

This menu function takes you to the pages for verification document tracking after you do an application search.

Document Verification

Notes

Please check all that Apply

Alvarez, Jose

- Proof of Income (Healthy Kids Young Adults, Medi-Cal, Medi-Cal for Children and Pregnant Women)
 - Verification:
 - Source:
- Proof of Identification (Medi-Cal)

Alvarez, Maria

- Proof of Income (Medi-Cal)
 - Verification:
 - Source:
- Proof of Pregnancy (Medi-Cal)
- Proof of Identification (Medi-Cal)

Alvarez, Reuben

- CHDP Rights & Declarations (Child Health Disability Prevention Program)
- Informed Consent (Child Health Disability Prevention Program)
- DHS 4073 (Child Health Disability Prevention Program)
- Proof of Identification (Healthy Kids Young Adults)
- Birth Certificate (Healthy Kids Young Adults, Medi-Cal for Children and Pregnant Women)

Verification Document Summary

Notes

Member Name	Verification Document	Verification	Source	Program Name
Jose Alvarez	Proof of Identification			Medi-Cal
Jose Alvarez	Proof of Income	Received	Pay Stub,Tax Return,Employer Letter	Medi-Cal
Jose Alvarez	Proof of Income	Received	Pay Stub,Tax Return,Employer Letter	Healthy Kids Young Adults
Jose Alvarez	Proof of Income	Received	Pay Stub,Tax Return,Employer Letter	Medi-Cal for Children and Pregnant Women
Maria Alvarez	Proof of Identification			Medi-Cal
Maria Alvarez	Proof of Income	Not Received		Medi-Cal
Maria Alvarez	Proof of Pregnancy			Medi-Cal
Reuben Alvarez	CHDP Rights & Declarations			Child Health Disability Prevention Program
Reuben Alvarez	DHS 4073			Child Health Disability Prevention Program
Reuben Alvarez	Informed Consent			Child Health Disability Prevention Program
Reuben Alvarez	Birth Certificate			Healthy Kids Young Adults
Reuben Alvarez	Proof of Identification			Healthy Kids Young Adults
Reuben Alvarez	Proof of San Francisco County Residency			Healthy Kids Young Adults
Reuben Alvarez	Birth Certificate			Medi-Cal for Children and Pregnant Women
Reuben Alvarez	Proof of San Francisco County Residency			Medi-Cal for Children and Pregnant Women





CHAPTER 3

Creating Applications Part One:

FROM START THROUGH
PRELIMINARY ELIGIBILITY
DETERMINATION

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- View Assistor Workload
- Update Applicant Data

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

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

For more information on the searching for an application see the Menu Functions on Begin Application on page 15 and Conduct Application Search on page 19.

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

STEP 1: Getting Started

Data Sharing

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
- San Francisco City and County Human Services Agency
- San Francisco General Hospital
- San Francisco Community Consortium Clinic
- California Department of Health Services (Medi-Cal and Children`s Health and Disability Program)
- California Managed Risk Medical Insurance Board (Healthy Families Program)

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

 [Print](#)  [Languages](#)

[Next](#) 

Data Sharing

Each time you start a new application you will see this data sharing screen. Applicants must give permission to share their data with partnering agencies to use One-e-App.

Review this data sharing agreement with the applicant(s). If the applicant selects "No" they will not be able to continue the application in One-e-App.

Indicate 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.

STEP 1: Getting Started

Application and Household Information

Please select all that apply:

Are you a member of the household? Yes No

Are there other members in the household?

- Adult(s) age 19 or older
- Child(ren) younger than age 19

Applicant and Household Information

Indicate whether the primary informant (entered at the beginning of the application) is a member of the household. The Primary Informant does not need to be a member of the household.

Indicate if there are other Adults (19 or above) or Children (under 19) in the same in the household (aside from the Primary Informant). One-e-App will determine the preliminary eligibility correctly based on the applicant's age.

Notes:

- Minor parents should be identified as children and will receive correct family size and income allocation in One-e-App.
- If there are multiple families living together, One-e-App will create separate family budgetary units for the various families on the same application.

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

STEP 2: Your Household

Primary Informant

This page is asking information regarding the Primary Informant.

Enter their name, and demographic information.

Select the language preference to ensure that Notification documents are created in the language of choice, if available. Any other language is defaulted to English.

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

The screenshot shows a web form titled "Tell us about yourself" with a "Notes" icon in the top right. The form is divided into several sections:

- Personal Information:** Fields for First Name (Marshall), Middle Name, Last Name (Smith), Suffix (---Select One---), and Email. A checkbox asks "Do you use any other names?" with "Yes" and "No" options.
- Homeless Information:** Radio buttons for "Homeless" (Yes/No) and a dropdown for "Homeless Type".
- Addressing:** Radio buttons for "Are home and mailing address the same?" (Yes/No).
- Home Address (do not use PO Box):** Fields for Delivery Type (Street Address), Street Number (1234), Prefix (-Prefix-), Street Name (Main), Post Direction (---Select One---), Unit Type and Number (---Select One---), City (San Francisco), State (California), Zip (94101), and County (San Francisco). A "Verify" button is located at the bottom right of this section.
- Mailing Address:** Similar fields to the Home Address section, but with a "Verify" button at the bottom right.
- Language and Accessibility:** Two dropdown menus for "What language do you speak best?" and "What language do you read best?" (both set to English). Radio buttons for "Vision Impaired" and "Hearing Impaired" (both set to No).

Annotations include a black oval around the language and accessibility questions, and arrows pointing from the "Primary Informant" text to the "Verify" buttons and the language dropdowns.

STEP 2: Your Household

Tell us more about Marshall Smith Notes

Is this person applying for health care coverage? Yes No

Legal Gender Male Female
Transgender Yes No
Date of Birth

Place of Birth (*Select first ONE that applies*)
Decline to State Yes No
California County or
US State or
Other Country

Ethnicity

MRN

Form of Identification

ID Number

SFHP ID

Marital Status

Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

Suffix

Generate Universal Summary Next

Primary Informant (cont.)

This page asks additional demographic information regarding the Primary Informant.

Indicate if they are applying for health care coverage.

This optional information provides useful identifiers to search for an applicant in the system. Enter any of the following:

- MRN: The Medical Record Number is any Medical Record Number.
- Form of ID: Allows for Driver's License, Passport, etc.
- ID Number: This is the number of the Form of ID.
- SFHP ID: This is the San Francisco Health Plan ID.

STEP 2: Your Household

Tell us about the other adult(s) in the household

Notes

Other Adults

Indicate if this adult is applying for health care coverage. Add the demographic information for the adult here.

This optional information provides useful identifiers to search for an applicant in the system. Enter any of the following:

- MRN: The Medical Record Number is any Medical Record Number.
- Form of ID: Allows for Driver's License, Passport, etc.
- ID Number: This is the number of the Form of ID.
- SFHP ID: This is the San Francisco Health Plan ID.

Is this person applying for health care coverage? Yes No

[+First Name](#) Cheryl

Middle Name

Last Name Smith

Suffix -----Select One-----

Do you use any other names? Yes No

Legal Gender Male Female

Transgender Yes No

Date of Birth 01 01 1982

Place of Birth (Select first ONE that applies)

Decline to State Yes No

California -----Select One----- or

US State -----Select One----- or

Other Country Ecuador

Ethnicity -----Select One-----

MRN

Form of Identification -----Select One-----

ID Number

SFHP ID

What is this person's relationship to you? Spouse

Marital Status Married

Spouse's First Name Marshall

Spouse's Middle Name

Spouse's Last Name Smith

Suffix -----Select One-----

Generate Universal Summary

Next



Use Greenlinks to Work Faster

Hyperlinks are highlighted in green and can be used as a short cut to take you to another location in the application or to add information that was previously given.

For example, If you have already entered an adult's spouse, you can click on the "First Name" greenlink to select them from a list of adults. The system will then automatically populate the name and spouse name fields.

STEP 2: Your Household

Tell us more about Cheryl Smith  Notes

Does Cheryl Smith have a physical, mental or emotional disability? Yes No

Has Cheryl Smith ever received Cash Aid, SSI, Food Stamps or Medi-Cal? Yes No

Does Cheryl Smith work more than 100 hours a month? Yes No

Is Cheryl Smith living in a Long Term Care facility? Yes No

Is Cheryl Smith living in a Board and Care facility? Yes No

 **Generate Universal Summary** **Next** 

Adult Additional Questions

You will see these pages for every adult that is applying for health care coverage.

Indicate Yes or No to each question. If you answer Yes, additional questions and fields may appear.

Tell us more about Cheryl Smith  Notes

Does Cheryl Smith have other Public health insurance? Yes No

Does Cheryl Smith have other Private health insurance? Yes No

Does Cheryl Smith have other vision or dental insurance? Yes No

Has Cheryl Smith been denied for any state or federal programs? Yes No

Does Cheryl Smith currently have employer paid insurance? Yes, cover now
 Not now, but during the past 90 days
 No

Did Cheryl Smith age out of Medi-Cal in the last 6 months? Yes No

Did Cheryl Smith lose coverage from HKYA program during the last six months due to not returning or completing your renewal application? Yes No

Are there any more adult in the household? Yes No

 **Generate Universal Summary** **Next** 

← To add information for additional adults in the household, click Yes here. Otherwise click No.

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

STEP 2: Your Household

Tell us about the other child(ren) in the household Notes

Is this person applying for health care coverage? Yes No

First Name
Middle Name
Last Name
Suffix
Do you use any other names? Yes No

Legal Gender Male Female
Transgender Yes No
Date of Birth

Place of Birth **(Select first ONE that applies)**
Decline to State Yes No
California County or
US State or
Other Country
Ethnicity

MRN
Form of Identification
ID Number
SFHP ID
SSN (Optional) Yes No
SSN (Optional)
What is this person's relationship to you?

Marital Status
Spouse's First Name
Spouse's Middle Name
Spouse's Last Name
Suffix

Children

Indicate if the child is applying for health care coverage.

Enter the child's demographic information.

Indicate the child's relationship to the Primary Informant.

STEP 2: Your Household

Adult(s): [Marshall Smith](#), [Cheryl Smith](#)
Child(ren): [Tommy Smith](#)

Tell us more about Tommy Smith's parents  **Notes**

Mother's Information

Mother Living in the Home Yes No
Deceased Yes No
Identity Known Yes No
Mother First Name
Mother Middle Name
Mother Last Name
Suffix
Is Mother Disabled Yes No Unknown
Is Mother Employed Yes No Unknown

Mother's Address

International or Rural Address Yes No
Address 1
Address 2
City
State
Zip

Father's Information

Father Living in the Home Yes No
Deceased Yes No
Identity Known Yes No
Father First Name
Father Middle Name
Father Last Name
Suffix
Is Father Disabled Yes No Unknown
Is Father Employed Yes No Unknown

Father's Address

International or Rural Address Yes No
Address 1
Address 2
City
State
Zip

Does Tommy Smith has any more parents Yes No

Children (cont.)

Enter the child's parents' information here.

Indicate if the child has additional parents here. If you say Yes, you will go to another screen to input their information.



Use Greenlinks to Work Faster

Hyperlinks are highlighted in green and can be used as a short cut to take you to another location in the application or to add information that was previously given.

For example:

- You can click on the household member's name to edit their information.
- You can click on [Mother's Information](#) or [Father's Information](#) to populate their name and address if it has already been entered in the system.

STEP 2: Your Household

Tell us more about Tommy Smith  Notes

Does Tommy Smith have a physical, mental or emotional disability? Yes No

Has Tommy Smith ever received Cash Aid, SSI, Food Stamps or Medi-Cal? Yes No

Is Tommy Smith living in a Long Term Care facility? Yes No

Is Tommy Smith living in a Board and Care facility? Yes No

 **Generate Universal Summary** **Next** 

Children (cont.)

Enter additional information regarding the child on these pages.

Tell us more about Tommy Smith  Notes

Does Tommy Smith have other Public health insurance? Yes No

Does Tommy Smith have other Private health insurance? Yes No

Does Tommy Smith have other vision or dental insurance? Yes No

Has Tommy Smith been denied for any state or federal programs Yes No

Does Tommy Smith currently have employer paid insurance? Yes, cover now
 Not now, but during the past 90 days
 No

Are there any more children in the household? Yes No

 **Generate Universal Summary** **Next** 

Indicate if there are any more children here.

STEP 2: Your Household

Household Summary Notes

Please make any necessary changes.

To remove a person from the application, check the box next to that person's name and click the 'Remove' button below.

Adult(s)

Marshall Smith *

Cheryl Smith *

Child(ren)

Tommy Smith *

* Applying for coverage

To add additional household members, select Yes for Adult(s) and/or Child(ren) and click the Next button below.

Are there any more adult(s) in the household? Yes No

Are there any more child(ren) in the household? Yes No

Generate Universal Summary Next

Household Summary

Once you have completed the household section, you will be navigated to this summary page of the information you provided.

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

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

You can add or remove someone from the Household by clicking on the box next to the name of the person and click "Remove".

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

The system will show an alert if relationships entered are not consistent with the information previously provided.

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

STEP 2: Your Household

One-e-App Person Clearance

Notes

Please review the results of the One-e-App person clearance and indicate whether the person has used One-e-App to apply for health care assistance programs. If you select a name below, the associated Person ID will be applied to the individual in this application.

Marshall Smith

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
<input type="radio"/>	Noel Smith	33801021196078	10/10/2001	San Francisco	Male	50.20
<input type="radio"/>	Noel Smith	33801023196076	10/10/2001	San Francisco	Male	50.20
<input type="radio"/>	Noel Smith	33801161196078	10/10/2001	San Francisco	Male	50.20

The person is not known to One-e-App

Cheryl Smith

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
<input type="radio"/>	Childa Charlie	33801083196073	1/1/1987		Female	57.10
<input type="radio"/>	Charlie Childa	33801012197077	1/1/1987	Florida	Female	57.10
<input type="radio"/>	Childa Charlie	33801018197071	1/1/1987	Los Angeles	Female	57.10

The person is not known to One-e-App

Tommy Smith

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
<input type="radio"/>	James Smith	33801013196078	1/1/1979	Belize	Male	65.80

The person is not known to One-e-App

Generate Universal Summary

Next



Household Person Details

Notes

Person details for the application are summarized below.

Adult(s)

Name	Date of Birth	Person ID	Applying for Coverage
Marshall Smith	1/1/1979	33801034203077	Yes
Cheryl Smith	1/1/1982	33801035203076	Yes

Child(ren)

Name	Date of Birth	Person ID	Applying for Coverage
Tommy Smith	1/1/2003	33801036203075	Yes

Generate Universal Summary

Next

Person Clearance

To reduce duplicate records in One-e-App, the system assigns each individual a unique Person Identification Number.

Once you have entered all the household members, the system will search for the individuals you entered and indicate possible matches.

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 you have entered. If it is the same person, select the button next to their name to keep the same Person ID.

If no correct match is found, select the circle below the box that says, "The person is not known to One-e-App". At this point the system assigns a Person Identification Number.

Repeat these steps for each individual.

Household Person Details

After the Person Clearance page, the system will provide another Household Summary which includes Date of Birth, Person ID and indicate if the person is applying for coverage.

STEP 2: Your Household

Pregnant Persons in the Household



Please indicate if anyone in the household is pregnant.

Pregnant	Name	Due Date	No. of Babies Expected
<input checked="" type="checkbox"/>	Cheryl Smith	10 10 2007 	1 

Pregnant Persons

If there are any females of childbearing age in the household, this screen will appear.

If there is a pregnant household member, check the box next to their name, input their due date, and select the expected number of babies.

STEP 2: Your Household

Household Relationships for Cheryl Smith Notes

Cheryl Smith is of Tommy Smith

 **Generate Universal Summary** **Next** 

Household Relationships

One-e-App will input as much relationship information as you have entered so far. Either confirm or select the correct relationship between household members from the drop down box. This helps to create the appropriate family structures.

STEP 3: Household Income

Tell us about Marshall Smith's Income Notes

Income Type	Frequency	Amount	Gross Monthly Amount
Earnings from job	Every 2 Wee	\$500.00	\$1,083.50

Employer Name
Employer Address1
Employer Address2
Employer City
Employer State
Zip
Employer Telephone Number

Does Marshall Smith have any more income? Yes No

Generate Universal Summary Next

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

The system requires you to choose income type from a pull-down menu, indicate the frequency and amount. The Gross Monthly Amount is calculated automatically.

For certain income types, such as Earnings from Job, you will be required to enter Employer Information.

If the applicant has income from other sources, indicate Yes to the “Does X have any more income?” and enter the information.

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

STEP 3: Household Income

Household Income Summary

Notes

Marshall Smith

	Income Type	Frequency	Amount	Gross Monthly Amount	
<input type="checkbox"/>	Earnings from job	Every 2 Weeks	\$500.00	\$1,083.50	Self Affidavit of Income Letter

Cheryl Smith

	Income Type	Frequency	Amount	Gross Monthly Amount	
<input type="checkbox"/>	Earnings from job	Monthly	\$1,500.00	\$1,500.00	Self Affidavit of Income Letter

Tommy Smith

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

[Remove](#) [Generate Universal Summary](#) [Sample Profit and Loss Statement](#) [Next](#)

Once you have entered all the income for each household member, you will see the Household Income Summary page.

Carefully review the income to ensure it has been input correctly and make any changes needed.

If changes are needed, click on the applicant's name, OR you can remove an income source by checking next to income item and clicking "Remove."

Self Affidavit of Income Letter

Cheryl Smith

San Francisco, CA-94101
Phone Number : 415-555-5454

7/23/2007

Healthy Families/Medi-Cal for Families

P.O. Box 138005
Sacramento, CA 95813-9984

Dear Healthy Families and Medi-Cal for Families,

I am providing this affidavit to verify my income as I have no other income documentation available to me.

I receive \$1,500.00 (gross amount), and the frequency of pay is Monthly. I last received this amount on _____. My employer's name is Small Diner, and their phone number is _____.

I understand that this information is subject to verification by the State of California. I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Cheryl Smith

Self-Affidavit of Income

If no other income verification is available, click on the Self-Affidavit of Income Letter hyperlink to generate a template letter that can be printed, signed and used as income verification for all programs.

Employer information will automatically be included in the Self-Affidavit.

Sample Profit and Loss Statement

Click here to generate this document template and instructions that can be used for creating a Sample Profit and Loss Statement.

Creating Applications Part One: START TO PRELIMINARY ELIGIBILITY

STEP 3: Household Income

Marshall Smith's Care Expenses Notes

Please enter any care expenses or support payments paid by Marshall Smith

Person Cared For	Care Expenses	Frequency	Amount Paid
Marshall Smith	Child Care	Quarterly	\$250.00

Gross amount billed to Marshall Smith is \$ 83.33

Does Marshall Smith have any more expenses? Yes No

Generate Universal Summary Next

Care Expenses

Provide information on any care expenses, such as child care, adult dependent care or child support payments made by each adult.

If there are more care expenses, click "Yes" here to add more.



Household Care Expense Summary Notes

Marshall Smith

Person Cared For Name	Monthly Amount Billed
Marshall Smith	\$83.33

Cheryl Smith

Person Cared For Name	Monthly Amount Billed
No matching records were found.	

Remove **Generate Universal Summary** Next

Once you have entered all the household expenses, you will be shown a summary page of all the expenses entered.

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

To change any expenses, click on the person's name OR check next the expense and click "Remove".

STEP 4: Other Information

Additional Information  Notes

Does any person in the Family have an active tourist or student visa? Yes No

Does the person in the household indicate that they are receiving housing from a 3rd party? Yes No

Does any person in the household who is not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent, applying for coverage on his or her own behalf? Yes No

 **Generate Universal Summary** **Next** 



Household Assets Information  Notes

Does anyone listed on this application have a savings or checking account? Yes No

Does any adult listed on this application have an IRA, KEOGH, deferred compensation, retirement accounts, or annuity? Yes No

Does any adult listed on this application have cash or uncashed checks? Yes No

Does any adult listed on this application have stocks, bonds, certificates of deposit, money market, or mutual funds? Yes No

 **Generate Universal Summary** **Next** 



Additional Information

The following questions are additional household questions from the various health coverage programs.

STEP 4: Other Information

Additional Household Information

 Notes

Does any person listed on this application goes to full-time or part-time school? Yes No

Does any child listed on this application attend a Head Start Program? Yes No

Does any person listed on this application ever been in Foster Care? Yes No

Does any person listed on this application is a full time student outside San Francisco? Yes No

 Generate Universal Summary

Next 



Additional Household Information (Cont.)

The following questions are additional household questions from the various health coverage programs.

Additional Household Information

 Notes

Has anyone filed a lawsuit because of an accident or injury on behalf of the child(ren) and/or pregnant woman you are applying for? Yes No

Do you or the child(ren) you are applying for want to apply for Medi-Cal coverage for any unpaid expenses in the last 3 months? Yes No

Is there more than one car in the household of those you are applying for? Yes No

Is there more than \$3,150 cash in bank accounts in the household of those you are applying for? Yes No

 Generate Universal Summary

Next 



STEP 5: Preliminary Eligibility

Preliminary Eligibility

The One-e-App system calculates **Preliminary Eligibility Determinations** for each applicant. This is the first of several pages that comprise the Preliminary Eligibility Determination.

When you click on the Calculate icon, you will receive a Preliminary Eligibility Determination for each applicant based on the information entered so far.

Preliminary Eligibility Determination

To see which programs or coverages the applicant(s) may potentially be eligible for, click the Calculate button below. This is only a preliminary determination. The application is NOT being submitted at this point.

Calculate 



Preliminary Eligibility Determination

One-e-App determines **Preliminary Eligibility** for each program. The system gathers all the necessary information and then sends the data electronically to the health coverage program for final eligibility determination.

At several points in the Preliminary Eligibility pages, an applicant can choose to “**Opt Out**” of a program they do not want to apply for. Simply check the “Opt Out” box next the program and the application will not be submitted.

Preliminary Eligibility Results

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

Preliminary Eligibility for Programs		
Opt Out	Person Name	Program Name
<input type="checkbox"/>	Tommy Smith	Child Health Disability Prevention Program

CHDP Periodicity Schedule

[Print CHDP Referral](#) 

In addition to the programs listed above, you or members of your household may be eligible for additional programs. It will be necessary to collect some additional information for the people in the table below to determine their preliminary eligibility.

Potential Eligibility for Additional Programs	
Person Name	Program Name
Marshall Smith	Healthy San Francisco
Cheryl Smith	Medi-Cal or Healthy San Francisco or Medi-Cal for Children and Pregnant Women
Tommy Smith	Healthy Families or Healthy Kids Young Adults

To continue with your application, click next.

 [Generate Universal Summary](#)

 [Languages](#)

[Next](#) 

The Preliminary Eligibility Results page will list all the programs for which your applicant(s) may be preliminarily eligible.

CHDP REFERRALS

If anyone is eligible for CHDP, you may click on this link to print a CHDP referral (Cover Letter and populated DHS4073 form) for your applicant. For CHDP Providers, you can submit to the CHDP Gateway. For more information see page 117.

For all other programs, additional information is required to determine preliminary eligibility. (Note that no immigration information has been provided up to this point.)

STEP 5: Preliminary Eligibility

Potential Eligibility for Additional Programs



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

Preliminary Eligibility for Programs		
Opt Out	Person Name	Program Name
<input type="checkbox"/>	Marshall Smith	Healthy San Francisco
<input type="checkbox"/>	Cheryl Smith	Medi-Cal
<input type="checkbox"/>	Cheryl Smith	Healthy San Francisco
<input type="checkbox"/>	Cheryl Smith	Medi-Cal for Children and Pregnant Women
<input type="checkbox"/>	Tommy Smith	Healthy Families
<input type="checkbox"/>	Tommy Smith	Healthy Kids Young Adults

Generate Universal Summary

Next

Potential Eligibility

This screen will list the programs for which your client may be eligible.

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

Applicants may choose to “Opt Out” of programs, meaning their application will not be submitted for this program.

To “Opt Out” check the box by the applicant’s name. If you want to continue with the application submission, leave this box blank.

STEP 5: Preliminary Eligibility

Additional Information



The following additional information is needed as indicated. Please note that applicants will be able to "opt out" of program once the preliminary eligibility has been determined.

Marshall Smith

U.S. Citizen or National (Optional) Yes No

Date of Entry to U.S.

Do you have Legal Permanent Resident or other satisfactory immigration status? Yes No

Prucol Alien Yes No

SSN (Optional)

Cheryl Smith

U.S. Citizen or National (Optional) Yes No

Date of Entry to U.S.

Do you have Legal Permanent Resident or other satisfactory immigration status? Yes No

Prucol Alien Yes No

SSN (Optional)

Tommy Smith

U.S. Citizen or National (Optional) Yes No

Date of Entry to U.S.

Do you have Legal Permanent Resident or other satisfactory immigration status? Yes No [Additional Immigration Information](#)

Generate Universal Summary

Next

Additional Information

This screen will gather the immigration information needed to complete the preliminary eligibility determination for the remaining programs.

The immigration information gathered on this screen is optional and the applicant(s) may choose not to provide this information. However, this information may be needed to make the appropriate preliminary eligibility determination.

STEP 5: Preliminary Eligibility

Preliminary Eligibility Results Notes

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

Preliminary Eligibility for Programs			
Opt Out	Person Name	Program Name	Coverage Type
<input type="checkbox"/>	Nancie Rigetti	Medi-Cal for Children and Pregnant Women	Primary
<input type="checkbox"/>	Janie Montoya	Healthy Kids	Primary
<input type="checkbox"/>	Martin Rigetti	Healthy Families	Primary

Preliminary Eligibility Results

Based on the immigration status provided, the One-e-App system will again provide "Preliminary Eligibility Results".

Applicants may choose to "Opt Out" of programs, meaning their application will not be submitted for this program. To "Opt Out" check the box by the applicant's name. If you want to continue with the application submission, leave this box blank.

Note: If a pregnant woman is eligible for both Medi-Cal through HSA and Medi-Cal for Children and pregnant women through the Single Point of Entry, the One-e-App system will require you to "Opt Out" the applicant of one of the programs.

STEP 5: Preliminary Eligibility

English **Español** City and County of San Francisco

Preliminary Eligibility Results  Notes

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

Preliminary Eligibility for Programs						
Opt Out	Person Name	Program Name	Coverage Type	EPL	Participant Fee	Potential HCCI
<input type="checkbox"/>	Jose Alvarez	Medi-Cal - Full Scope, No Share of Cost	Primary	40%	\$0.00	Yes
<input type="checkbox"/>	Maria Alvarez	Medi-Cal - Full Scope, No Share of Cost	Primary	40%	\$0.00	Yes
<input type="checkbox"/>	Maria Alvarez	Medi-Cal for Children and Pregnant Women	Primary	53%	\$0.00	Yes
<input type="checkbox"/>	Reuben Alvarez	Healthy Kids Young Adults	Primary	53%	\$48.00	Yes
<input type="checkbox"/>	Reuben Alvarez	Restricted Medi-Cal for Children and Pregnant Women	Secondary	53%	\$0.00	Yes

Additional Programs		
Member Name	Program Name	Status
Jose Alvarez	FPACT	Referred
Maria Alvarez	PE	Referred
Maria Alvarez	FPACT	Referred
Maria Alvarez	CDP	Referred

 **Generate Universal Summary** **Next** 

Preliminary Eligibility Results

This is the last of the Preliminary Eligibility Pages. Review this page closely. After this, each program has its own application submission process that will begin immediately after this page.

← The Additional Programs table provides a list of programs that an applicant may be preliminarily eligible for. These are informational referrals only and One-e-App does not provide an electronic application process for these programs.



Confirm the Application Information!

After this page, you may not make any changes to the application. Click on the "Generate Universal Application Summary" to review and validate that all the information is correct before proceeding.

If you have proceeded past this page and need to make a change to your application, you must contact your Agency One-e-App System Administrator to reset the application or contact the One-e-App Help Desk.

This is the last time the applicants may choose to "Opt Out" of programs, meaning their application will not be submitted for this program. To "Opt Out" check the box by the applicant's name. If you want to continue with the application submission, leave this box blank.

Note: If a pregnant woman is eligible for both Medi-Cal through HSA and Medi-Cal for Children and pregnant women through the Single Point of Entry, the One-e-App system will require you to "Opt Out" the applicant of one of the programs.



CHAPTER 4

Creating Applications Part Two: PROGRAM SUBMISSION

This chapter displays the submission of the applications to each of the programs in San Francisco's version of One-e-App:

- Healthy Kids & Young Adults
- Healthy San Francisco
- Medi-Cal for Children and Pregnant Women (through the Single Point of Entry)
- Healthy Families
- Medi-Cal (to the SF Human Services Agency)
- Child Health and Disability Prevention Program (CHDP)

STEP 7: Program Information

Document Verification

 Notes

Please check all that Apply

Alvarez, Jose

- Proof of Income (Healthy Kids Young Adults, Medi-Cal, Medi-Cal for Children and Pregnant Women)
 - Verification
 - Source
- Proof of Identification (Medi-Cal)

Alvarez, Maria

- Proof of Income (Medi-Cal)
 - Verification
 - Source
- Proof of Pregnancy (Medi-Cal)
- Proof of Identification (Medi-Cal)

Alvarez, Reuben

- CHDP Rights & Declarations (Child Health Disability Prevention Program)
- Informed Consent (Child Health Disability Prevention Program)
- DHS 4073 (Child Health Disability Prevention Program)
- Proof of Identification (Healthy Kids Young Adults)
- Birth Certificate (Healthy Kids Young Adults, Medi-Cal for Children and Pregnant Women)



Document Verification

Indicate the status of the required documents for each applicant by checking on the box next to the documentation and indicating the status.

See Appendix C on page 152 for allowable verification documents.

STEP 7: Program Information

Verification Document Summary
 Notes

Member Name	Verification Document	Verification	Source	Program Name
Jose Alvarez	Proof of Identification			Medi-Cal
Jose Alvarez	Proof of Income	Received	Pay Stub,Tax Return,Employer Letter	Medi-Cal
Jose Alvarez	Proof of Income	Received	Pay Stub,Tax Return,Employer Letter	Healthy Kids Young Adults
Jose Alvarez	Proof of Income	Received	Pay Stub,Tax Return,Employer Letter	Medi-Cal for Children and Pregnant Women
Maria Alvarez	Proof of Identification			Medi-Cal
Maria Alvarez	Proof of Income	Not Received		Medi-Cal
Maria Alvarez	Proof of Pregnancy			Medi-Cal
Reuben Alvarez	CHDP Rights & Declarations			Child Health Disability Prevention Program
Reuben Alvarez	DHS 4073			Child Health Disability Prevention Program
Reuben Alvarez	Informed Consent			Child Health Disability Prevention Program
Reuben Alvarez	Birth Certificate			Healthy Kids Young Adults
Reuben Alvarez	Proof of Identification			Healthy Kids Young Adults
Reuben Alvarez	Proof of San Francisco County Residency			Healthy Kids Young Adults
Reuben Alvarez	Birth Certificate			Medi-Cal for Children and Pregnant Women

Missing Documents
 Fax Cover Sheet
 Next

Generate Universal Summary

Document Verification

This page shows you a summary of the status of the Verification Documents.

Click on the “Missing Documents” icon for a list of the missing documents to give to the applicant.

Missing Verification Documents

Jose Alvarez
Proof of Identification

Maria Alvarez
Proof of Identification
Proof of Pregnancy

Reuben Alvarez
Birth Certificate
CHDP Rights & Declarations
DHS 4073
Informed Consent
Proof of Identification
Proof of San Francisco County Residency

Print
 Close

STEP 7: Program Information

Signature Option



Please select a method for submitting your signature from the options below.

- I will use an electronic signature tablet.
- I will print the Rights & Declarations and fax them with the fax cover sheet provided at the end of the application process.

 **Generate Universal Summary**

Next 

Signature Option

Indicate whether the applicant will be signing with an electronic signature pad or printing and manually signing.

STEP 7: Program Information

Healthy Kids & Young Adults

English Español

City and County of San Francisco

Healthy Kids Family Contribution Summary

Notes

Application ID: 200722300031
Application Type: New
Primary informant: Ozzy Osbourne
Home Address: 12345 Main ST, San Francisco, CA 94110

The Healthy Kids & Young Adults family contribution for the eligible child(ren) and/or Young Adult (s)/Young Parent(s) are listed below, the cost of the family contribution is computed based on the family's gross income.

Child Name	Date of Birth	Yearly Family Contribution Amount
Jack Osbourne	1/1/2003	\$48.00

Based on the income and family size, the Healthy Kids & Young Adults annual premium for this applicant is in category **A**

Total Annual Premium Amount per child or young adult/parent is: \$48.00

Total Annual Family Contribution Amount: \$48.00

Payment is required before eligibility begins. However making a payment is not required at this time. If you do want to make a payment, please send a check or money order payable to **Healthy Kids & Young Adults** along with the copy of this page to:

Healthy Kids & Young Adults Finance
 201 3rd Street, 7th Floor
 San Francisco, CA 94103
 Attn: HKYA Eligibility

If you are unable to make a payment due to a financial hardship, you may be eligible for premium assistance.

Do you request for premium assistance? Yes No

Important Reminder: Your payment **does not guarantee** Healthy Kids & Young Adults eligibility; Healthy Kids & Young Adults will notify you when eligibility begins. You are responsible for services you receive before your Healthy Kids & Young Adults eligibility begins.

This is the first of several Healthy Kids & Young Adults pages.

Family Contribution

The following series of screens are for applicants that are submitting an application to the Healthy Kids & Young Adults program.

The first screen is the family contribution page for eligible children and young adults.

Payment is required before eligibility begins. However making a payment is not required at this time. Information is provided if the family is interested in making a payment. There is only one annual payment and premium assistance is available for families with hardships.

STEP 7: Program Information

Provider Search and Selection

Notes

You can search for a provider or clinic by city or by the provider's last name. Specialty, gender and language or any combination of these preferences can be used to further filter the results within the primary search criteria.

Provider Clinic

Provider ID
 ZIP
 City

Provider Last Name

Specialty
 Gender
 Language

Healthy Kids & Young Adults (cont.)

Provider Selection

The applicant can select a provider OR clinic. You can search for a provider by one or more of the search criteria. Each additional criteria narrows the search results.

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

Your Provider Search Criteria

Notes

Provider ID: No Preference
 ZIP: 94110
 City: No Preference
 Provider Name: No Preference
 Specialty: No Preference
 Gender: Female
 Language: Spanish

Your search resulted with 12 record(s) Please select the provider to whom you wish to assign one or more household members.

Provider ID	Provider Name	ZIP	Specialty	Language	Gender	Open	Restrictions	MapQuest
<input type="radio"/> 10521	Lori Kohler	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 10804	Clementina Manio	94110	N/A	Spanish, Tagalog, English	Both	N/A	N/A	Map
<input type="radio"/> 12839	Shannon Thyne	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 13617	Christine Ma	94110	N/A	Mandarin, Spanish, English, Chinese	Both	N/A	N/A	Map
<input type="radio"/> 21286	Julia Getzelman	94110	N/A	Italian, Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 21435	Sareena Taspal	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22036	Lela Bachrach	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22414	Lisa Ward	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22414	Lisa Ward	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22418	Shira Shavit	94110	N/A	Hebrew, Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22420	Elena Tootell	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22433	Anda Kuo	94110	N/A	Spanish, English	Both	N/A	N/A	Map
<input type="radio"/> 22455	Joanna Ruthenberg	94110	N/A	Spanish, English	Both	N/A	N/A	Map

Click on provider or clinic and the household member that will be assigned to that provider.

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

Please specify the household members for whom the above selected provider is to be assigned.

Selec	Healthy Kids Person Name	Provider Name
<input type="checkbox"/>	Tommy Smith	

STEP 7: Program Information

Healthy Kids & Young Adults



Application ID: 200720300033

HKYA Eligible Participant: Marshall Smith

Healthy Kids & Young Adults Declaration

I declare that the applicant I am applying for is:

- Under age 25
- A resident of San Francisco County
- Is a full-time student outside of San Francisco County, living in San Francisco more than 50% during a seven day week throughout the eligibility period.
- Not eligible for the Healthy Families Program or full scope, no-cost Medi-Cal

I further declare that:

- All individuals listed on this application will abide by the rules of participation, the utilization process, and the dispute resolution process of the Healthy Kids & Young Adults program
- I agree to pay the annual premium. If I do not pay the premium, I will either submit an application for premium assistance through the Healthy Kids & Young Adults Premium Assistance Fund, or I understand that the applicant will be removed from the program.
- I grant permission to San Francisco Health Plan to check all other facts contained in this application, including income, employment, and health coverage history.
- I agree to notify San Francisco Health Plan within 30 days of any change of residence and/or billing address of any person who is accepted into the Healthy Kids & Young Adults program.

Privacy Notice

Federal and State laws require San Francisco Health Plan to provide the following notice to individuals who are asked by San Francisco Health Plan to provide information:

- Personal and medical information requested is for member identification and program administration purposes only. Member information may be shared with local agencies involved in administration of health programs.
- Information about persons who do not become members will be used only for purposes of eligibility determination and program administration. Failure to furnish this information may result in the return of the application as incomplete.
- The following information on the application is not mandatory:
 - social security number,
 - ethnicity information, and
 - any other item "voluntary" or "optional".
- An individual has a right to access records containing his/her personal information that are maintained by San Francisco Health Plan.
- If enrolled in the Healthy Kids & Young Adults program, your medical information may be shared with your doctor or others who provide or arrange health care services for you for purposes of payment, treatment, or health plan operations. San Francisco Health Plan makes available its policy on how your medical information is disclosed. Contact the Plan for more information.

Resolving Disputes

If you enroll in Healthy Kids & Young Adults, you agree to have certain claims (which may include medical malpractice claims) decided by neutral binding arbitration, thereby giving up your right to a jury or court trial. The Healthy Kids & Young Adults Evidence of Coverage has information about the arbitration requirements. You may call San Francisco Health Plan to find out more.

Eligibility

San Francisco Health Plan, at its sole discretion, will determine a person's eligibility for Healthy Kids & Young Adults within a reasonable time period after receipt of a properly completed application and all necessary documentation. Enrollment becomes effective once SFHP notifies you of your effective date of coverage.

Premium Information

Membership in Healthy Kids & Young Adults is based on the availability of both public and private funds from the City and County of San Francisco, The San Francisco Children and Families Commission, and other sources. In addition, San Francisco Health Plan has the right to raise program premiums. For information, refer to the "Enrollment, Effective Date of Coverage, and Member Financial Responsibility" section of your Healthy Kids & Young Adults Evidence of Coverage.

Signature and Certification

I have read and understand the application instructions, the declarations, and all information printed on this application. I declare that the answers I have given are true and correct to the best of my knowledge and belief. I understand that if I provide false information my child may be denied benefits or disenrolled from the program.

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.

Healthy Kids & Young Adults (cont.)

Rights and Declarations

Review this document with the applicant, then follow the steps below.

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Add your signature and date. Then enter the date it was signed in One-e-App.



3. Make a copy for the applicant.



4. Fax with other required verification documents.

5. Have applicant mail payment to the San Francisco Health Plan (if applicable).

Applicant can choose to decline to sign the form. This will end the application process.

STEP 7: Program Information

Healthy Kids Young Adults Completion

Notes

You have successfully collected all the required data elements for Healthy Kids Young Adults.

Person	Status	Program	Coverage	Program Summary
Tommy Smith	Referred	Healthy Kids Young Adults	Primary	Healthy Kids Young Adults Summary

- Note: Each Indicates that the application is ready to be transferred to .
- Note: Each Indicates that the application is not ready to be transferred to .
- Note: Each Indicates that the person's information is complete.
- Note: Each Indicates that the person's information is incomplete.

Print
 Languages
 Generate Universal Summary
 Generate Fax Cover
 Submit

Healthy Kids & Young Adults (cont.)

Completion Page

Submit to Healthy Kids & Young Adults!

You have reached the Healthy Kids & Young Adults Completion Page. Click here to submit the application to the San Francisco Health Plan. Once you fax in the documentation to One-e-App you have completed the application to Healthy Kids & Young Adults.



Click on Generate Fax Cover Sheets to print the One-e-App Temporary and Permanent Fax Cover Sheets. See page139 for faxing tips.

HKYA applications that are complete with all required verifications prior to the 25th day of the month (or the business day prior if 25th falls on a weekend or holiday) will be processed to start coverage the 1st day of the following month, if found eligible.

You can generate the Healthy Kids & Young Adults Summary Page by clicking on the Greenlink.

STEP 7: Program Information

Healthy San Francisco

Medical Home Search

Notes

You can search for a Medical Home, by zip code, clinic name and/or clinic specialty and language, age or gender capabilities or any combination of these preferences. Please enter at least one of your preferences below.

Clinic Name

Zip Code

Specialty

Gender

Language

Next

This is the first of several Healthy San Francisco pages.

Medical Home Selection

Search for a Medical Home for each applicant by one or more criteria. Each additional criteria narrows the search results further.

This is a preferential request and is based on availability. See next page for additional information about Medical Home selection.

Your Medical Home Search Results

Notes

Zip code: 94110
 Clinic Name: No Preference
 Specialty: No Preference
 Medical Home: No Preference
 Language: No Preference

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

Person Name
 Marshall Smith

Has Marshall Smith visited a Medical Home in past two years? Yes No

Indicate whether the applicant has visited a Medical Home in the past two years. If the applicant chooses to they can use that existing clinic as their Medical Home.

	Clinic Name	Zipcode	Specialty	Language	Medical Home	Status	Division
<input checked="" type="checkbox"/>	Family Health Center	94110	N/A	N/A	First Preference		DPH
<input checked="" type="checkbox"/>	General Medical Center	94110	N/A	N/A	Second Preference		DPH
<input type="checkbox"/>	Mission Neighborhood Health Center	94110	N/A	N/A	---Select One---		SFCCC
<input type="checkbox"/>	Positive Health	94110	N/A	N/A	---Select One---		DPH

Otherwise, select a first and second preference for a Medical Home from the table.

Your Medical Home Summary

Application ID: 200720300033

Primary Informant Name: Marshall Smith
 Primary Medical Home: Family Health Center
 Secondary Medical Home: General Medical Center
 Assigned Medical Home
 Gender: No Preference
 Language: No Preference



You will see a summary of the selection the applicant made. You can print a copy for the applicant.

Healthy San Francisco (cont.)

Medical Home Assignment

Medical Home Selection

Healthy San Francisco Applicants are required to select a preferred **first and second choice** medical home during One-e-App screening. This is to ensure that individuals can be assigned a medical home if their first choice no longer has availability by the time they officially complete their application. Applicants will have access to information about a medical home to aid them in the selection process, such as location (zip code) or the specific foreign languages spoken by practitioners at a clinic (language). Participants with an existing Healthy San Francisco medical home can maintain their assignment or select an alternative medical home during One-e-App screening.

Medical Home Assignment

An applicant's medical home assignment is finalized when all document and payment (if applicable) are received by Healthy San Francisco. This date can be significantly later than the date of original screening if the applicant does not send in their payment to Healthy San Francisco in a timely fashion. A completed application requires submission of all required documentation and a minimum of the first quarter's payment for those assessed a participant fee. If the applicant's 1st choice medical home is "open," in One-e-App, the applicant is assigned to this site. If the applicant's 1st choice medical home is "closed", the applicant is assigned to their 2nd choice medical home. If both the 1st and 2nd choice medical home requests are "closed", One-e-App will auto-assign a medical home to the participant according to the following logic:

Auto-Assignment Logic (If Applicant's 1st and 2nd Choice Medical Homes are Closed)

If a homeless applicant has selected a DPH medical home, the applicant will be assigned to Tom Waddell. If Tom Waddell is "closed" the applicant will be assigned to General Medical Clinic or Family Health Center. If the applicant is not a homeless individual who selected DPH as a medical home, but has requested a clinic with providers that speak a particular language, the system will assign the participant to an open clinic with providers meeting the applicant's language requirement. If this is not a factor or there is no available open clinic which meets this criterion, the system will assign the participant to a medical home with a patient catchment area which includes the participant's zip code.

Medical Home Re-Assignment Frequency

All participants can select a new medical home choice during annual reenrollment in One-e-App. This medical home change will officially occur on the eligibility date of the participant's reenrollment year. Participants must call Healthy San Francisco customer service to request a medical home change outside of an enrollment. Only those individuals who experience one of the following changes of status can change their medical home assignment outside of an enrollment:

- Change of S.F. resident address
- Participant who was auto-assigned to a medical home
- Participant who explicitly requests assignment to Positive Health
- Pursuit to a grievance

STEP 7: Program Information

English Español

City and County of San Francisco

Healthy San Francisco Rights and Declarations



Application ID: 200722300031

HSF Eligible Participant: Ozzy Osbourne

I, **Ozzy Osbourne**, am eligible for the Healthy San Francisco program. I have read and agreed to each of the following:

- I am a current resident of San Francisco City and County.
- 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).
- 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.
- I am not enrolled in nor have I dropped employer-sponsored or individual health insurance coverage program within the last 90 days.
- 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.
- I understand that I will be dis-enrolled for the following reasons outlined in the Healthy San Francisco participant guide.
- If I become eligible for public health insurance during the year, gain employer sponsored or individual coverage, or experience a change of income, I will notify San Francisco Health Plan customer service immediately.
- I understand that my eligibility will be reviewed, at minimum, annually. I also agree to undergo eligibility re-screening on request.
- 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 and may be responsible for all assessed charges related to my treatment/care.
- I understand that, based on the information I provided for income and liquid assets, I will be charged an annual fee of **\$0.00** assessed on a quarterly basis. I understand that I am responsible for paying all Healthy San Francisco participant fees and point-of-service fees.
- I acknowledge that I have received a copy of the Healthy San Francisco participant guide and agree to abide by program terms and conditions.
- I understand that if the information I provide as part of my application is found to be inaccurate, I will be immediately dis-enrolled and may be billed retroactively for all services previously covered under the Healthy San Francisco program.

Signature and Certification

I state that I have read information on this form and have been given the opportunity to discuss any of the above items with an eligibility worker. 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

I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed.

8 12 2007

Healthy San Francisco (cont.)

Rights and Declarations

Review this document with the applicant, then follow the steps below.

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Add your signature and date. Then enter the date it was signed in One-e-App.



3. Make a copy for the applicant.



4. Fax with other required verification documents.

STEP 7: Program Information

English **Español** City and County of San Francisco

Healthy San Francisco Completion  Notes

You have successfully collected all the required data elements for Healthy San Francisco. Upon click of the Submit button your application will be completed in One-e-App.

200720300033 

Person	Status	Program	Coverage	Program Summary
Marshall Smith	Referred	Healthy San Francisco	Primary	Healthy San Francisco Summary

Note: Each  Indicates that the application is ready to submit Healthy San Francisco.
 Note: Each  Indicates that the application is not ready to submit Healthy San Francisco.
 Note: Each  Indicates that the person's information is complete.
 Note: Each  Indicates that the person's information is incomplete.

 Print  Languages  Generate Universal Summary  Generate Fax Cover  Submit

Healthy San Francisco (cont.)

Completion Page

 **Submit to Healthy San Francisco!**

You have reached the Healthy San Francisco Completion Page. Click here to submit the application. Once you fax in the documentation to One-e-App you have completed the application to Healthy San Francisco.



You can click on Generate Fax Cover Sheets to print the One-e-App Temporary and Permanent Fax Cover Sheets. See page 139 for faxing tips.

Optional:

You can generate the Healthy San Francisco Summary Page by clicking on the Greenlink.

STEP 8: Health-e-App Data Transfer

Medi-Cal for Children and Pregnant Women Completion

Notes

You have successfully collected all the required data elements for Medi-Cal for Children and Pregnant Women. To transfer the application to Health-e-App, check the box next to the application ID and click Submit. You can also choose bypass the submission to Health-e-App and complete the application in One-e-App only by clicking Submit without checking the box.

<input checked="" type="checkbox"/>	210720500517				
Person	Status	Program	Coverage	Program Summary	
Tommy Smith	Referred	Medi-Cal for Children and Pregnant Women	Primary	N/A	

One or more children have been preliminarily determined as CHDP. To maximize the healthcare coverage for the child(ren) One-e-App could hold their applications for 30 days from being submitted to SPE while the child(ren) are receiving temporary coverage through CHDP. Do you want One-e-App to hold the submission of this application to SPE?

Yes
 No

Note: Each Indicates that the application is ready to be transferred to Health-e-App.
Note: Each Indicates that the application is not ready to be transferred to Health-e-App.
Note: Each Indicates that the person's information is complete.
Note: Each Indicates that the person's information is incomplete.

Print Languages Generate Universal Summary Generate Fax Cover

Submit

Medi-Cal for children and pregnant women

This is the first of several Medi-Cal for Children and Pregnant Women pages. For this program, One-e-App submits using an interface with the Health-e-App website.

Submit to Medi-Cal for children and pregnant women



You have reached the Medi-Cal for children and pregnant women Completion page.

Check the box next to the Application ID and then click on "Submit" to send your application to the Single Point of Entry through an interface to the Health-e-App website. If you don't check the box before clicking submit, your application will not be submitted and you will either be navigated to the Main Menu or move to the next program submission process.

The system will go through a data transfer process that is interactive. This may take a few minutes. For problems with data transfers, refer to the Health-e-App Data Transfer Error on page x.

At the end of the submission process, you will see the Health-e-App fax cover sheet to print. Once you fax in the required documentation to Health-e-App you have completed the application process. It is also strongly recommended to fax documents into One-e-App for storage. See faxing tips on page 139.



Important information regarding CHDP Referrals

If the applicant is also eligible for CHDP, you will see a question asking whether the applicant wants to delay their submission to Health-e-App by 30 days to maximize the length of their coverage. To delay the submission, click Yes. You will be prompted by a tickler in One-e-App to submit the application to Health-e-App in 30 days. Otherwise, click No and the submission will proceed immediately.

Health-e-App Data Transfer

Please wait while the data is being transferred to Health-e-App.

This process may take some time - DO NOT click the "back" button or it may cause your data transfer to fail.

Transferring data to Health-e-App : Your Household

STEP 8: Health-e-App Data Transfer

Medi-Cal for Children and Pregnant Women

IMPORTANT: At this point, you are viewing and interacting with pages from the Health-e-App website but you are still working in One-e-App.

Other Household Members who want Medi-Cal

Do any of the people listed below want Medi-Cal?
 Yes No

Applicant
Valiere Maxwell



Health-e-App Preliminary Eligibility Determination

Based on the information you have submitted to Health-e-App, the following members in your household may be eligible for:

Member	Program
Valiere Maxwell	Medi-Cal



The system will ask if any people listed below want Medi-Cal and gives one last chance to add a household member.

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

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

STEP 8: Health-e-App Data Transfer

Medi-Cal for Children and Pregnant Women (cont.)

These are the Rights and Declarations pages for this program. Follow the steps below.



Step 6 Application Submission



health e app
Insuring Your Family's Health

Rights and Declarations

Medi-Cal Confidentiality Notice

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

Medi-Cal Privacy Notice

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

Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social Security Numbers are required by Section 1147(a)(1) of the Social Security Act and by Welfare Institutions Code Section 14011.2, unless applying for emergency or pregnancy related benefits only.

An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Services. Contact your county health and human services/social services office to request your records.

Medi-Cal Rights, Responsibilities and Declarations

I have the right to:

- be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- ask for an interpreter.
- ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a "Notice of Action". To find out about Medi-Cal fair hearings, call toll-free, 1-800-952-5253.

I have the responsibility to:

- send in a status report when the County asks me to.
- report any changes within 10 days in the information I gave on this application.
- let the County know if a family member: applies for disability benefits; is in a public institution; or gets medical care for any accident or injury caused by another person.
- cooperate if my case is reviewed.

I declare that each person I am applying for:

- lives in California.
- is not getting public assistance from outside California.
- is not in jail, prison, or any other correctional facility.

I further declare that:

- I understand that as a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I am not eligible for this Medi-Cal program, I understand I may qualify for other programs and have the right to apply for them.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.
- I received help from TEST ORSUS when I completed this electronic application. I agree the Healthy Families Program and the Medi-Cal Program may release information to TEST ORSUS for the purposes of (1) finding out about the status of this application and (2) finding out about any documentation needed.

Signatures

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

Applicant Signature	Date
Witness (if person signed with a mark)	Date
Authorized Representative (if any)	Date

C:AA# : oneeapp EE# : 87105

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Add your signature and date.



3. Make a copy for the applicant.



4. Fax with other required verification documents.



STEP 8: Health-e-App Data Transfer

Step 6 Application Submission **health e app**
Insuring Your Family's Health

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

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

Applicant Signature Date

CAA Signature Date

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

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

Medi-Cal for Children and Pregnant Women (cont.)

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

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

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Add your signature and date.



3. Make a copy for the applicant.



4. Fax with other required verification documents.

STEP 8: Health-e-App Data Transfer

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

health e appSM Documentation Fax Cover Sheet

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

Date: December 15, 2006
To: Healthy Families/Medi-Cal
Fax Number: 1-866-848-4976
From: Valiere Maxwell
Address: 1111 W 6th ST
Los Angeles , 90017
Phone: Home: (213) 222-2222
Document Control Number: 20068613302

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

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

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



Medi-Cal for Children and Pregnant Women (cont.)

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

If you are not navigated to the Health-e-App Fax Cover Sheet, you can access it from the One-e-App Menu.

Follow These Steps



1. Print a copy. Check off the items that are being included on the cover sheet.
2. Assemble required documentation and write the DCN number on each document faxed to help keep documents from getting lost when faxed to Health-e-App.



3. Fax with other required verification documents to Health-e-App using the fax number on the coversheet. **FAX WITHIN 24 HOURS OF SUBMITTING.**
4. For storage, fax into One-e-App using the One-e-App fax cover sheet.

See page 139 for faxing tips.

STEP 8: Health-e-App Data Transfer

Congratulations 

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

200634800037

Case ID	Member Name	Program	Organization
DCN 20068613302	Valerie Maxwell	Medi-Cal for Children and Pregnant Women	State of California Dept of Health Services

Contact Information

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

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



oneeapp [help](#) [exit](#)
One Stop Access to Health Care

English **Español** Los Angeles County

Congratulations

You have completed the application process. Your One-e-App Application ID #: **200634800037**

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

 Print  Languages [Next](#) 

[Report a Bug/Make a Suggestion](#)

Medi-Cal for Children and Pregnant Women (cont.)

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

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

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

Congratulations! You have completed the application process! The application ID number is listed on this screen. An application ID is a Unique Identifier that can assist you in locating the application again in the One-e-App system.

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

STEP 8: Health-e-App Data Transfer

Healthy Families

This is the first of several Healthy Families Pages.

Special Population Plan

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

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

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

Indicate whether this applicant is a part of a Special Population Plan.

Special Population Plan

If your family is in any of these groups, there is a statewide health, dental and vision plan combination offered to your family. This plan combination allows families to maintain the same insurance plan even if they move around the state following the seasonal job. For more information about the Rural Health Demonstration Project, refer to the Healthy Families Handbook.

Health Plan	Dental Plan	Vision Plan
Blue Cross - EPO	Delta Dental	Vision Service Plan (VSP)

Please check all that apply

Native American Indian

Seasonal or Migratory Jobs

Agriculture
 Forestry
 Fishing

Special Population Plan

Do you want Special Population Plan Yes No

Do you want to select a Primary Care Physician now? Yes No

STEP 8: Health-e-App Data Transfer

Healthy Families (cont.)

one e app
One Stop Access to Health Care

step 8: program information help suspend cancel

Healthy Families

English Español Los Angeles County

Healthy Families Renewal details Notes

Is this a Healthy Families Renewal application? Yes No

Are there new family persons that you would like to add to Healthy Families? Yes No

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

See page 103 for more information.

STEP 8: Health-e-App Data Transfer

Healthy Families Completion Notes

You have successfully collected all the required data elements for Healthy Families. To transfer the application to Health-e-App, check the box next to the application ID and click Submit. You can also choose to bypass the submission to Health-e-App and complete the application in One-e-App only by clicking Submit without checking the box.

Person	Status	Program	Coverage	Program Summary	
<input type="checkbox"/> 200720400528	Tommy Smith	Referred	Healthy Families	Primary	N/A

One or more children have been preliminarily determined as CHDP. To maximize the healthcare coverage for the child(ren) One-e-App could hold their applications for 30 days from being submitted to SPE while the child(ren) are receiving temporary coverage through CHDP. Do you want One-e-App to hold the submission of this application to SPE? Yes No

Note: Each Indicates that the application is ready to be transferred to Health-e-App.
Note: Each Indicates that the application is not ready to be transferred to Health-e-App.
Note: Each Indicates that the person's information is complete.
Note: Each Indicates that the person's information is incomplete.

Print Languages Generate Universal Summary Generate Fax Cover **Submit**



Important information regarding CHDP Referrals

If the applicant is also eligible for CHDP, you will see a question asking whether the applicant wants to delay their submission to Health-e-App by 30 days to maximize the length of their coverage. To delay the submission, click Yes. You will be prompted by a tickler in One-e-App to submit the application to Health-e-App in 30 days. Otherwise, click No and the submission will proceed immediately.

Healthy Families (cont.)

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



Submit to Healthy Families

You have reached the Healthy Families Completion page.

Check the box next to the Application ID and then click on "Submit" to send your application to the Single Point of Entry through an interface to the Health-e-App website. If you don't check the box before clicking submit, your application will not be submitted and you will either be navigated to the Main Menu or move to the next program submission process.

The system will go through a data transfer process that is interactive. This may take a few minutes. For problems with data transfers, refer to the Health-e-App Data Transfer Error on page x.

At the end of the submission process, you will see the Health-e-App fax cover sheet to print. Once you fax in the required documentation to Health-e-App you have completed the application process. It is also strongly recommended to fax documents into One-e-App for storage. See faxing tips on page 139.

Health-e-App Data Transfer

Please wait while the data is being transferred to Health-e-App.

This process may take some time - DO NOT click the "back" button or it may cause your data transfer to fail.

Transferring data to Health-e-App : Your Household

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

STEP 8: Health-e-App Data Transfer

Healthy Families (cont.)

Other Household Members who want Medi-Cal

Do any of the people listed below want Medi-Cal?

Yes No

Applicant
Beth Ruiz



IMPORTANT: At this point, you are viewing and interacting with pages from the Health-e-App website but you are still working in One-e-App.

The Health-e-App system will ask if any people listed below want Medi-Cal. This screen gives a final opportunity to add a household member.

Health-e-App Preliminary Eligibility Determination

Based on the information you have submitted to Health-e-App, the following members in your household may be eligible for:

Member	Program
Beth Ruiz	Medi-Cal
Joel Ruiz	Healthy Families



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

STEP 8: Health-e-App Data Transfer

Health Plan Selection

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

Yes No

If yes, please select one of the options below:

- I would like to see if a specific provider is in one of the participating plans in my county
- I would like to select a health, dental and vision plan in my county



Healthy Families (cont.)

Health Plan Selection

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

Applicants can search for a specific provider or health plan.

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

STEP 8: Health-e-App Data Transfer

Please select a health, dental, and vision plan:

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

HEALTH PLANS			
Select	Plan Name	Plan Rate	Phone Number
<input type="radio"/>	KAISER PERMANENTE	\$ 7	(800) 464-4000
<input type="radio"/>	BLUE SHIELD - HMO	\$ 7	(800) 424-6521
<input type="radio"/>	SAN FRANCISCO HEALTH	\$ 4	(800) 288-5555
<input type="radio"/>	BLUE CROSS - HMO	\$ 7	(800) 845-3604
<input type="radio"/>	HEALTH NET	\$ 7	(888) 231-9473

DENTAL PLANS		
Select	Plan Name	Phone Number
<input type="radio"/>	WESTERN DENTAL	(800) 805-8000
<input type="radio"/>	SAFEGUARD DENTAL	(800) 880-3080
<input type="radio"/>	DELTA DENTAL	(877) 580-1042
<input type="radio"/>	ACCESS DENTAL	(888) 849-8440

VISION PLANS		
Select	Plan Name	Phone Number
<input type="radio"/>	EYE MED VISION CARE	(513) 492-3541
<input type="radio"/>	SAFEGUARD VISION	(949) 425-4301
<input type="radio"/>	VISION SERVICE PLAN	(800) 877-7239

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

Healthy Families (cont.)

Health Plan Selection (cont.)

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

STEP 8: Health-e-App Data Transfer

Healthy Families (cont.)

Health Plan Selection

You have selected the following:

Plan	Name
Health	HEALTH NET
Dental	SAFEGUARD DENTAL
Vision	VISION SERVICE PLAN

Your monthly premium amount is estimated to be \$7.00. The Healthy Families Program will make the final premium determination.



Health Plan Selection (cont.)

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

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

STEP 8: Health-e-App Data Transfer

Step 6 Application Submission **health e app**
Insuring Your Family's Health

Rights and Declarations

Healthy Families Declaration

I declare that each person I am applying for:

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

I further declare that:

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

Signatures

I certify that I have read and understand the information above.
I also certify that the information I have given on this form is true and correct.

Applicant Signature Date

Witness (if person signed with a mark) Date

[Print](#) [Next](#)

Healthy Families (cont.)

Healthy Families Rights and Declarations

This is the Healthy Families Rights and Declarations page. Review with the applicant and then follow the steps below.

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date.



3. Make a copy for the applicant.



4. Fax with other required verification documents.



STEP 8: Health-e-App Data Transfer

Healthy Families (cont.)

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

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

Applicant Signature Date

CAA Signature Date

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

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



Premium Payment Method

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

Western Union

Credit or Debit Card 

Online Personal Check

Mail Payment



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

1. Payments may be made by mail with a Personal Check, Cashiers Check, or Money Order. Make checks out to the "Healthy Families Program".

Mail payments to:
Healthy Families
P.O. Box 537019
Sacramento, CA 95853-7019

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

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

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

CAA Assistance Page

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

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

Premium Payment Page

Indicate the method for paying the premium. See payment options below.

STEP 8: Health-e-App Data Transfer



Documentation Fax Cover Sheet

** This page **must** be the first page of the fax transmission. **
 ** Your documentation must be submitted **within 24 hours**. **

Date: August 12, 2007
To: Healthy Families/Medi-Cal
Fax Number: 1-866-848-4976
From: Ozzy Osbourne
Address: 12345 Main ST
 San Francisco , 94110
Phone: Home: (555) 555-5555
Document Control Number: 20076443359

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

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

Premium: \$7.00 per month. Pay for 3 months (total of \$21.00), get the 4th month free.
 You must pay any past due premiums you owe when you apply. Call Healthy Families at 1-866-848-9166 to find out if you have past due premiums. Healthy Families will let you know how much to send. Check the box to tell us how you will send your payment.

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

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



Healthy Families (cont.)

Health-e-App Fax Cover Sheet

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

If you are not navigated to the Health-e-App Fax Cover Sheet, you can access it from the One-e-App Menu.

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

Follow These Steps



1. Print a copy. Check off the items that are being included on the cover sheet.



2. Assemble required documentation and write the DCN number on each document faxed to help keep documents from getting lost when faxed to Health-e-App.

3. Fax with other required verification documents to Health-e-App using the fax number on the coversheet. **FAX WITHIN 24 HOURS OF SUBMITTING.**

4. For storage, fax into One-e-App using the One-e-App fax cover sheet.

See page 139 for faxing tips.

STEP 8: Health-e-App Data Transfer

Healthy Families (cont.)

Congratulations 

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

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

Contact Information

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

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



Congratulations

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

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

Congratulations Page

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

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

Congratulations!

You have completed the application process! The Application ID number is listed on this screen. An Application ID is a Unique Identifier that can assist you in locating an application in the One-e-App system.

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

Creating Applications Part Two: PROGRAM SUBMISSION

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

The system will provide a Healthy Families AER and/or an Add a Child Form that can be filled out, printed and faxed or mailed to the Healthy Families program. (Please note that Health-e-App does not have the capacity for electronic renewals).

To begin an AER or Add a Child Form, select **“Begin Application”** from the Menu screen. You will enter the information as you would with a new application.

When you get to Step 8, “Program Information”, you will indicate that this application is a “Healthy Families Renewal” and/ or indicate if you would like to “add a person (child)” to the Healthy Families case.

When you click “Next” you will be navigated to a Healthy Families Completion screen. You are now able to print out the **Healthy Families Renewal** or **Add a Child Form** by clicking on the “Print Healthy Families Renewal” option.

Healthy Families Renewal details

Notes

Is this a Healthy Families Renewal application? Yes No

Are there new family persons that you would like to add to Healthy Families? Yes No

Next



Healthy Families Completion

Notes

You have successfully collected all the required data elements for Healthy Families. Please click the “Submit” button in order to be presented with the options to either submit this application to Health-e-App right away or route this application to the Program Submission workload for a later submission.

200700300037

Person	Status	Program	Coverage	Program Summary
Joel Ruiz	Referred	Healthy Families	Primary	N/A

Note: Each Indicates that the application is ready to be transferred to Health-e-App.
Note: Each Indicates that the application is not ready to be transferred to Health-e-App.
Note: Each Indicates that the person's information is complete.
Note: Each Indicates that the person's information is incomplete.

Print Languages Generate Universal Summary **Generate Fax Cover** Submit

Print Healthy Families Renewal Application



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

HEALTHY Annual Eligibility Review Form, Page 2

3. Income of Applicant and other adult.
 Fill in the information below. You need to mail proof of income with this form. If you have questions about income or about who counts as an adult living in the home, see the Family Members and Income brochure that come with this form. If the adults below do not live in the house, please cross them out and add the names of adults who live in the house.

Adult family member living in the house	Relationship to Applicant	Relationship to children	Gross income amount (income before taxes)	How often do you get income?
Jane Jackson	Applicant	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other	\$ 1000.00 Send proof of income	<input type="checkbox"/> once every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input checked="" type="checkbox"/> once a month
		<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other	\$ Send proof of income	<input type="checkbox"/> once every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month

4. Children living in the house who are not in Healthy Families now.

- Cross out any children who don't live in the house anymore. Note: If a child is away at school and claimed as a tax dependent, the child is considered living in the home.
- Fill in children's monthly income if they have income.
- Would you like the care of these children to be in Healthy Families? Check the Yes box or the No box.
- If you want a child to be in Healthy Families who is not listed here, you need to fill out the Add a Person form.

Child not in Healthy Families	Date of Birth	Relationship to	Child's monthly income, if any	Want child in Healthy Families?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Have any of these persons received health insurance sponsored by an employer within the last 3 months? Yes No
 If yes, which persons? _____
 When did the insurance end? _____ Why did it end? _____

Questions? Call 1-800-699-4242, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

Follow These Steps



1. Print a copy.



2. Have the applicant sign the form.



3. Make a copy for the applicant.



4. Mail or fax to Healthy Families. See AER form for instructions.

5. For storage, fax into One-e-App using the One-e-App fax cover sheet.

See page 139 for faxing tips.

STEP 7: Program Information

One-e-App Reconsider Referral

 Notes

Application ID: 200720300033

Representative Name: Marshall Smith

One-e-App is a preliminary eligibility system. It indicates the person(s) on this application are not likely to be eligible for one or more programs. Since this is not a final eligibility determination, you may still submit your electronic application for the program(s). Please identify the person(s) and the program(s) below for which you would like to submit the application.

Override	Person Name	Program Name
<input type="checkbox"/>	Tommy Smith	<input type="checkbox"/> Medi-Cal for Children and Pregnant Women

Health-e-App Application Reconsider Referral

If One-e-App determines an applicant to be preliminarily **ineligible** for Medi-Cal for children or pregnant women OR Healthy Families, the applicant may decide that they want to submit the application to Health-e-App anyway for a final determination.

To do this, simply check the box for "Override" (to override the One-e-App system) and process the application through Health-e-App.

STEP 8: Health-e-App Data Transfer

Data Transfer Error

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

Error Number: 4

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

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

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

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

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

Health-e-App

Data Transfer Error

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

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

- **Call the One-e-App help desk** and notify them of the error received. Be prepared to give detailed information, including the application ID number and error number (the first line in the screen). You may be instructed to take a screenshot of the error message and e-mail it to One-e-App help desk. (See Using the One-e-App help desk on page 145.)
- If the transfer failed after the Health-e-App password verification, some information may have been sent to Health-e-App. You will need to log in to Health-e-App at www.healtheapp.net, look in your workload, find the application and continue from there.
 - If the reason for the transfer error was your Health-e-App password begin expired, you will need to login in to Health-e-App, **www.healtheapp.net** and have your password reset or you can call the Health-e-App Help Desk at **(866) 861-3443**. Once you have confirmed you new password you must now go to One-e-App and update it there. (See password tips on Page 10).

STEP 8: Health-e-App Data Transfer

How do I continue to submit an application that was delayed because it was a CHDP child and has not yet been submitted to Health-e-App?

To transfer the application to Health-e-App:

1. Select "Program Submission Workload" from the Menu.
2. On the "Applications Pending Submission" workload, click on the name of each client for whom an application is to be submitted to continue the application submission.

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Assistor Workload
- Program Submission Workload



Applications Pending Submission

One-e-App APP ID	MSN	Applicant Name	Preliminary Eligibility	Coverage Type	System Name
200719700037	1	Lamb, Mary	Medi-Cal Full Scope, No Share of Cost	Primary	N/A
200719700037	2	One, Child	Medi-Cal for Children and Pregnant Women	Primary	Health-e-App
200720500517	2	Smith, Tommy	Medi-Cal for Children and Pregnant Women	Primary	Health-e-App
200720400528	2	Smith, Tommy	Healthy Families	Primary	Health-e-App
200720800016	2	Fawcett, Farrah	Medi-Cal Full Scope, Share of Cost	Primary	N/A
200720800016	3	Fawcett, Matt	Healthy Families	Primary	Health-e-App
200720800024	1	Alvarez, Jose	Medi-Cal Full Scope, No Share of Cost	Primary	N/A
200720800024	3	Alvarez, Reuben	Medi-Cal for Children and Pregnant Women	Secondary	Health-e-App

Applications Submitted

One-e-App APP ID	Applicant Name	Sent Date	Case ID	DCN	Preliminary Eligibility	Coverage Type	Remote System Name	Faxes
200720300033	Smith, Marshall	N/A	N/A	N/A	Healthy San Francisco	Primary	N/A	
200720300033	Smith, Cheryl	N/A	N/A	N/A	Medi-Cal Full Scope, Share of Cost	Primary	N/A	
200720300033	Smith, Tommy	N/A	N/A	N/A	Healthy Kids Young Adults ,	Primary	N/A	
200720300033	Smith, Tommy	N/A	N/A	N/A	Healthy Kids Young Adults ,	Primary	N/A	
200720600150	Sanders, Peter	N/A	N/A	N/A	Healthy San Francisco	Primary	N/A	N/A

STEP 7: Program Information

Medi-Cal

This is the first of several Medi-Cal pages.

This process produces the documents needed to submit a Medi-Cal application to the San Francisco Human Services Agency.

Combined with the One-e-App Universal Application Summary, this process produces the equivalent of the following Medi-Cal forms:

- MC 210
- MC 219
- MC 13
- MC 220
- MC 223
- Non-custodial parent

Other Information

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

Does anyone have a court ordered settlement or judgement? 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, dead 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



Additional Household Assets Information

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



STEP 7: Program Information

Medi-Cal (cont.)

Additional Household Assets Information



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.

Other real estate, condominiums, buildings, mobile homes, life estates, time shares, oil and mineral rights Yes No

Motorcycles, trailers, boats, or other motorized vehicles that are not used by you as a home Yes No

Jewelry (not wedding rings, engagement rings, or heirlooms) worth more than \$100.00 Yes No

Any other real or personal property, assets, or resources valued at \$500 or more Yes No

Has anyone spent or used any of the items listed above in payment for, or as security for medical services? Yes No

Do you owe money on any of the items listed above, or do any of the items listed above have liens against them? Yes No

Additional Household Assets questions continued.



Additional Household Assets Information



Does anyone listed on this application have a savings or checking account? Yes No

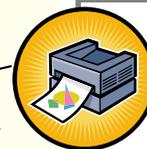
Does any adult listed on this application have cash or uncashed checks? Yes No

Does anyone listed on this application have life insurance? Yes No

Have any adults, spouse or child's parents listed on this application served in the U.S Military? Yes No

Is anyone listed on this application currently enrolled in school fulltime? Yes No

Is anyone listed on this application living away from home? Yes No



You will need to print a copy of the MC007 Information Notice for the applicant.

Print MC007 Information Notice

Next



STEP 7: Program Information

Medi-Cal (cont.)

Additional Household Information

 Notes

Additional Household questions continued.

Does any non pregnant adult listed on this application have a lawsuit pending due to an accident or injury? Yes No

Does any adult/s you are applying for have medical expenses within the last 3 months and wants Medi-Cal for those expenses? Yes No



STEP 7: Program Information



Important Information For Persons Requesting Medi-Cal

Application ID: 200720300033
Representative Name: Marshall Smith

Privacy and Confidentiality Notification

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get Medi-Cal benefits. The information will be used:

1. By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
2. By Administrative Vendor (AV) to process claims and make Benefits Identification Cards (BICs).
3. By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-In and Social Security Numbers (SSNs).
4. To verify alien status with the U.S. Immigration and Naturalization Service (INS) only for aliens who claim to be lawfully admitted for permanent residence or Permanently Residing in the U.S. Under Color of Law (PRUCOL) or Amnesty Aliens with a valid and current I-688 card. The information the INS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
5. By medical services providers and health maintenance organizations to certify eligibility.
6. To identify health insurance coverage and take recovery actions.

Medi-Cal Applicant/Beneficiary Rights, Responsibilities, and Understandings

I have the right to:

1. Ask for an interpreter to help me in applying for Medi-Cal if I have difficulty in speaking or understanding the English language.
2. Request a face-to-face interview with a county representative.
3. Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
4. Apply as a disabled person if I think I am disabled.
5. Receive information about the rules for retroactive Medi-Cal eligibility.
6. Apply for Medi-Cal and to be told in writing whether I qualify for any Medi-Cal program.
7. Review Medi-Cal program rules and regulation manuals if I want to question the basis on which my eligibility is approved or denied.
8. Have all facts that I give to the county welfare department kept in the strictest confidence and to look at those facts during regularly scheduled office hours.
9. Receive an immediate need card, when possible and eligible, if I have a medical emergency or I am pregnant.
10. Receive Medi-Cal, as authorized, while my satisfactory immigration status is being documented and verified, if I am otherwise eligible. Aliens who are lawfully admitted for permanent residence or PRUCOL or Amnesty Aliens with a valid and current I-688 card are in a satisfactory immigration status.
11. Receive information about the Child Health and Disability Prevention Program (CHDP) and the Special Supplemental Food Program for Women, Infants, and Children (WIC), and to ask for help in receiving those services.
12. Receive information about the Personal Care Service Program (PCSP), and to ask for help in receiving those services.
13. Receive information about the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).
14. Ask for and receive information about the Family Planning Program and be told if I am eligible for those services.
15. Speak to a social worker about other public or private services or resources that I can get.
16. Receive information about Medi-Cal Health Care Plans that my family and I can join to get a doctor and other medical care, and to choose the option I prefer.
17. Lower my share of cost by providing past unpaid medical bills (that I still owe).
18. Reduce my property reserve to within the Medi-Cal property limit by the last day of a month for which I want Medi-Cal, including the month I apply, and to be told how I may spend my excess property.
19. Divide countable (nonexempt) community (MY SPOUSE'S AND MY) property by written agreement into equal shares of separate property if either of us entered a long-term care (LTC) facility before September 30, 1989.
20. Keep a certain amount of countable separate and community property if I enter an LTC facility on or after January 1, 1990. My spouse and I have the right to be told the amount.
21. Have a state hearing if I am dissatisfied with an action taken (or not taken) by the county welfare department or the State Department of Health Services, except actions relating to the Health Insurance Premium Payment (HIPP) and Employer Group Health Plan (EGHP) programs. If I want a state hearing to appeal the decision, I must ask for it within 90 days of the date the Notice of Action (NOA) was mailed to me. If I do not receive a NOA, I must request a hearing within 90 days from the date I discover the action (or inaction) with which I am dissatisfied. The date of discovery is the date I know, or should have known, of the action. The best way to ask for a hearing is to contact the nearest county welfare department.

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

1. Income received by me or any member of my family increases, decreases, starts, or stops. This includes income from Social Security Administration (SSA), loans, settlements, or any other source.
2. I plan to change or have already changed my place of residence or mailing address.
3. A person, including a newborn child, whether or not related to me or my family, moves into or out of my home.
4. An absent parent returns to the home.
5. I or a member of my family gives birth, becomes pregnant, or ends a pregnancy.
6. I, my spouse, or any member of my family enters or leaves a nursing home or an LTC facility.
7. I receive, transfer, give away, or sell real or personal property (including money), or when someone gives me or a member of my family such things as a car, house, insurance payments, etc.
8. There is a change in expenses related to my job or education (for example, child care, transportation, etc.)
11. I or a member of my family becomes physically or mentally impaired (this would include a child in the family).
12. I or a member of my family applies for disability benefits with the SSA, Veterans Administration, or Railroad Retirement.
13. One of my children drops out of school or returns to school.
14. There is a change in the citizenship/immigration status of any family member applying for or receiving Medi-Cal.
15. Health insurance coverage for me or a member of my family changes.

I have the Responsibility to:

1. Complete and return a status report by the date required when requested.
2. Give proof that I am a resident of California.
3. Make a declaration about my citizenship/immigration status.
4. Provide an SSN for myself and/or for any member of my family who has an SSN and wants Medi-Cal benefits. If I am a U.S. citizen, a U.S. national, or an alien in a satisfactory immigration status, I must apply for an SSN and provide it to the county if I do not already have one. If I need to apply for an SSN, I can get help from my eligibility worker, but I must work with the SSA to clear up any questions or my Medi-Cal will be denied or stopped. (Aliens who are not in a satisfactory immigration status and do not have an SSN can get restricted Medi-Cal without applying for an SSN if they meet all the rules.)
5. Apply for any income that may be available to me or any member of my family.
6. Apply for Medicare benefits if I am blind, disabled, have End Stage Renal Disease, or am 64 years and 9 months of age or older and eligible. I am responsible for telling my providers that I have both Medi-Cal and Medicare coverage.
7. Apply for and enroll in any health insurance if that is available to me and my family at no cost. I have the responsibility to remain enrolled in the health plan when Medi-Cal approves payment of plan premiums by the State of California.
8. Report to the county department, and to the health care provider, any health care coverage/insurance I carry or am entitled to use, including Medicare. If I willfully fail to give this fact, I may be guilty of a criminal offense, or may be billed by my provider.

Medi-Cal (cont.)

This is the Medi-Cal Rights and Declarations (MC219 Form). It continues on the next page.

STEP 7: Program Information

8. I have any expenses that are paid for by someone other than myself.
9. I or a member of my family gets a job, changes jobs, or no longer has a job.
10. I have a change in expenses related to my job or education. (For example: child care, transportation, etc.)
11. I or a member of my family becomes physically or mentally impaired (this would include a child in the family).
12. I or a member of my family applies for disability benefits with the SSA, Veterans Administration, or Railroad Retirement.
13. Take my BIC to my medical provider when I am sick or have an appointment. In emergencies when the BIC is not in hand, I must get the BIC to the medical provider when possible.
14. Report to the county department when I receive health care services because of an accident or injury caused by another person's action or failure to act, for which Medi-Cal has been, or may be billed.
15. Cooperate with the State or county in establishing paternity and identifying any possible medical coverage I or my family may be entitled to through an absent parent.
16. Cooperate with the State of California if my case is selected for review by the quality control review team. If I refuse to cooperate, my Medi-Cal benefits will be stopped.

I understand that:

1. Failure to give necessary facts or deliberately giving false facts can result in Medi-Cal benefits being denied or stopped. My case may also be investigated for suspected fraud.
2. The facts I give will be checked by computer with facts given by employers, banks, SSA, Franchise Tax Board, welfare, and other agencies. I will have the right to give proof to correct any facts which are found to be wrong.
3. Aliens who are not in a satisfactory immigration status and do not have an SSN can get restricted Medi-Cal without applying for an SSN if they meet all the rules.
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 _____
Signature of Person Helping Applicant Fill out the Form _____	Date _____

I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed.

Print
Generate Universal Summary
Next

Applicant can choose to decline to sign the form. This will end the application process.



Medi-Cal (cont.)

- MC219 Form (cont.)

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Add your signature and date. Then enter the date it was signed in One-e-App.



3. Make a copy for the applicant.



4. Fax with other required verification documents.

STEP 7: Program Information

Tell us about Cheryl Smith's immigration status



Does Cheryl Smith have a Social Security Number (SSN)? Yes No

Is Cheryl Smith an amnesty alien with a valid and current I-688? Yes No

What was Cheryl Smith's Name when he/she first entered the United States?

Same as previously entered

First Name

Middle Name

Last Name

Suffix

What country is Cheryl Smith a citizen of?

Date of Entry to U.S.

Medi-Cal (cont.)

- Medi-Cal Immigration Information

Tell us about Cheryl Smith 's immigration status



- Please indicate the status category which entitles
- A conditional entrant admitted to the United States before April 1, 1980
- An alien paroled into the United States including Cuban/Haitian entrants
- An alien subject to an Order of Supervision
- An alien granted an indefinite stay of deportation
- An alien granted an indefinite voluntary departure
- An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- An alien who has properly filed an application for lawful permanent resident status
- An alien granted a stay of deportation for a specified period
- An alien granted asylum
- A refugee admitted to the United States April 1, 1980
- An alien granted voluntary departure who is awaiting issuance of a visa
- An alien in deferred action status
- An alien who entered and has continuously resided in the United States since before January 1, 1972, who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA section 249 (eligible as a registry alien)
- An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- An alien granted withholding of deportation pursuant
- An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual
- None of the above

Generate Universal Summary

Print Form

Next

Medi-Cal (cont.)

Medi-Cal Immigration Information (MC13 Form) cont.

These screens will populate the MC13 form for the applicant to print and sign.

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

First name of applicant (the applicant is the person who wants Medi-Cal)	Date
Cheryl Smith	07/23/07
First name of person acting for applicant	Relationship to applicant
Marshall Smith	Spouse

SECTION A: MEDICAL BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive full Medi-Cal benefits.

Aliens who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits (limited to emergency and pregnancy-related services) if they are not in a satisfactory immigration status.

Satisfactory immigration status and full Medi-Cal benefits for aliens: Federal and state law provide that full Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements including California residency. Aliens in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-588) or lawful permanent residents or permanently residing in the U.S. under color of law (PRUCOL). The 16 PRUCOL categories are listed in SECTION B, question 6 below.

Documented aliens not in a satisfactory immigration status who meet all eligibility requirements, including California residency, may receive restricted benefits (limited to emergency and pregnancy-related services).

Undocumented aliens who meet all eligibility requirements, including California residency, may receive restricted benefits (limited to emergency and pregnancy-related services).

Citizenship/immigration status information: Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential and cannot be used by the INS for immigration enforcement unless you are committing fraud.

Alien status documents and verification requirements: Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

Social Security number requirement: Every person requesting Medi-Cal who has a Social Security number is asked to provide it to the county welfare department. U.S. citizens, U.S. nationals, and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens in satisfactory immigration status for Medi-Cal purposes who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes No

If the applicant is a citizen or a national of the United States, where was he/she born? _____ (SEE APPENDIX)

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D. IF YOU ANSWER "NO" TO QUESTIONS 2, 3, OR 4 BECAUSE THOSE CATEGORIES DO NOT APPLY TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMATION CAN ONLY BE USED FOR MEDICAL PURPOSES AND CANNOT BE USED BY THE INS FOR IMMIGRATION ENFORCEMENT UNLESS YOU ARE COMMITTING FRAUD.

2. Is the applicant an amnesty alien with a valid and current I-588? Yes No

3. Is the applicant a lawful permanent resident? Yes No

4. Is the applicant a PRUCOL alien? Yes No

IMPORTANT: All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:

- A conditional entrant admitted to the United States before April 1, 1980
- An alien paroled into the United States, including Cuban/Haitian entrants

MC 13 (1/06)

Follow These Steps

1. Print a copy for signing.

2. Have the applicant sign and date.

3. Make a copy for the applicant.

4. Fax with other required verification documents.

Creating Applications Part Two: PROGRAM SUBMISSION

Adult Medi-Cal Completion

Notes

You have successfully collected all the required data elements for Adult Medi-Cal. Upon click of the Submit button the application will be completed in One-e-App and be forwarded to the file clearance worker at SSA.

200720300033

Person	Status	Program	Coverage	Program Summary
Cheryl Smith	Referred	Medi-Cal Full Scope, Share of Cost	Primary	N/A

- Note: Each Indicates that the application is ready to be transferred to .
- Note: Each Indicates that the application is not ready to be transferred to .
- Note: Each Indicates that the person's information is complete.
- Note: Each Indicates that the person's information is incomplete.

Print Languages Generate Universal Summary **Generate Fax Cover** Submit

Medi-Cal (cont.)



Submit to Medi-Cal!

You have reached the Medi-Cal Completion Page. Click here to submit the application.

Click on the "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. See page 139 for faxing tips.

STEP 7: Program Information

Child Health and Disability Prevention Program (CHDP)

User Login

You have the following User Types.
Please select one user type to
proceed

CHDP Provider



Menu

- Begin CHDP Application
- Conduct Application Search
- View CHDP Provider Workload
- CHDP Program Submission Workload
- Review Supervisor Expired Applications
- View Ticklers
- View Notes



IMPORTANT: This is for users from CHDP Provider agencies who can submit electronic CHDP applications through the State Department of Health's CHDP Gateway.

In order to submit applications to the CHDP Gateway using One-e-App, you must have at least one of the following One-e-App User Types:

- CHDP Provider (only submits to the Gateway)
- CAA User Type that can submit to the CHDP Gateway

All other users can make referrals to CHDP. See page 67 for the CHDP referral process.

This manual shows the application process from a CHDP Provider User Type perspective. You may also submit to the CHDP Gateway from the Preliminary Eligibility page if you have user permissions to do so.

After logging on as a CHDP Provider User Type, click "Begin CHDP Application" from the Menu. This will prompt you to conduct an application search.

STEP 7: Program Information

Search Results

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

Applications in Progress

Applicant Name	Created By	Created Date	Application ID	Score
Miller, Susan	Vishnu Katta	7/22/2007	200720200084	100.00
Miller, Susan	Ashok K Rout	7/22/2007	200720200126	100.00
Miller, Susan	Sarah Boehm	7/24/2007	200720400528	100.00
Miller, Goon	Srinivas Redlam	7/23/2007	200720300413	73.00
Parker, Susan	Vishnu Katta	7/15/2007	200719500379	65.00

Applications Pending Submission

Applicant Name	Submitted By	Submission Date	Program Name	Application ID	Score
Jhon Miller	Srinivas Redlam	7/23/2007	CHDP	200720300405	73.00

Submitted Applications

Applicant Name	Submitted By	Submission Date	Program Name	Application ID	Score
Susan Miller	Vishnu Katta	7/15/2007	Medi-Cal for Children and Pregnant Woman (Reconsidered)	20071950017	100.00
Susan Miller	Ashok K Rout	7/17/2007	Medi-Cal for Children and Pregnant Woman	200719600864	100.00

Applications Referred for CHDP Submission

Applicant Name	Date Of Birth	Created by	Creation Date	Application ID	Person ID	Score	
<input type="checkbox"/>	Jhon Miller	12/12/2006	Redlam,Srinivas	7/23/2007	200720300405	33801080203070	68.00
<input type="checkbox"/>	Jhon Miller	12/12/2006	Redlam,Srinivas	7/23/2007	200720300405	33801080203070	68.00
<input type="checkbox"/>	Kenny Miller	12/12/1992	Redlam,Srinivas	7/23/2007	200720300413	33801084203076	56.50
<input type="checkbox"/>	Jerry Miller	12/12/2001	Katta,Vishnu	7/15/2007	200719500221	33801006197075	50.00
<input type="checkbox"/>	Jerry Miller	12/12/2001	Katta,Vishnu	7/15/2007	200719500221	33801006197075	50.00
<input type="checkbox"/>	Robert Miller	1/1/2003	Rout,Ashok	7/16/2007	200719600864	33801168196071	50.00
<input type="checkbox"/>	Robert Miller	1/1/2003	Rout,Ashok	7/16/2007	200719600864	33801168196071	50.00
<input type="checkbox"/>	Robert Miller	1/1/2003	Rout,Ashok	7/16/2007	200719600864	33801168196071	50.00
<input type="checkbox"/>	Robert Miller	1/1/2002	Rout,Ashok	7/19/2007	200719900645	33801145199073	50.00
<input type="checkbox"/>	Robert Miller	1/1/2002	Rout,Ashok	7/19/2007	200719900645	33801145199073	50.00
<input type="checkbox"/>	Robert Miller	1/1/2002	Rout,Ashok	7/19/2007	200719900645	33801145199073	50.00
<input type="checkbox"/>	Robert Miller	1/1/2005	Rout,Ashok	7/19/2007	200719900660	33801148199070	50.00
<input type="checkbox"/>	Robert Miller	1/1/2000	Rout,Ashok	7/23/2007	200720300017	33801002203075	50.00
<input type="checkbox"/>	Robert Miller	1/1/2000	Rout,Ashok	7/23/2007	200720300017	33801002203075	50.00
<input type="checkbox"/>	Robert Miller	1/1/2000	Rout,Ashok	7/23/2007	200720300017	33801002203075	50.00
<input type="checkbox"/>	Keloy Miller	7/7/1995	Redlam,Srinivas	7/23/2007	200720300413	33801085203075	50.00
<input type="checkbox"/>	Robert Miller	1/1/1999	Rout,Ashok	7/24/2007	200720400551	33801105204079	50.00
<input type="checkbox"/>	Robert Miller	1/1/1999	Rout,Ashok	7/24/2007	200720400551	33801105204079	50.00

Total number of applications in progress : 5
 Total number of determined applications pending submission : 1
 Total number of submitted persons : 14



Child Health and Disability Prevention Program (cont.)

The search results page will show all applications in progress, pending submission and submitted. It will also show applications that have been referred by a CAA to a CHDP Provider for submission to the Gateway.

You can choose either Begin a new CHDP Application or Modify an CHDP Referral by clicking on the appropriate icon.

Creating Applications Part Two: PROGRAM SUBMISSION

STEP 7: Program Information

Application Information

Please select one of the following options:

- Are you a Parent/Legal Guardian who is applying for children to the Child Health and Disability Prevention Program (CHDP)?
- Are you less than 19 years of age and are applying for yourself to the Child Health and Disability Prevention Program (CHDP)?

Next 

Child Health and Disability Prevention Program (cont.)

This is the first screen of the application asking whether they are a Parent/Legal guardian or a person under 19 years old applying for CHDP coverage. CHDP requires the primary informant to be one of these options.

Note: This differs from the Primary Informant for the CAA access that can be anyone whether they are a member of the household or not.

The next screen is the demographic page for the Parent/Legal Guardian.

Tell us about the Household

Notes 

Parent/Legal Guardian

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Home Phone

Work Phone

Message Phone

What language do you speak best?

What language do you read best?

Homeless? Yes No

Are home and mailing address the same? Yes No

Home Address (do not use PO Box)

Delivery Type

Street Number

Prefix

Street Name

Post Direction

Unit Type and Number

City

State

Zip

County

 Verify

Mailing Address

Delivery Type

Street Number

Box

Prefix

Street Name

Post Direction

Unit Type and Number

City

State

Zip

County

 Verify

Next 

STEP 7: Program Information

Tell us about the Child(ren) in the household Notes

Is this child applying for health care coverage? Yes No

What is your relationship to this child? ▼

First Name
 Middle Name
 Last Name
 Suffix ▼

Male Female
 Date of Birth
 SSN (Optional)

Yes No Has Benefits ID Card (BIC) or Medi-Cal Card?
 BIC Number

Mother's Information

First Name
 Middle Name
 Last Name
 Suffix ▼

Does the child want to apply for continuing coverage through Medi-Cal or Healthy Families? Yes No

Is this a medically necessary interperiodic health assessment? Yes No

Select the reason for the visit ▼

Are there any more children in the household? Yes No

View Periodicity Schedule Generate Universal Summary Next

Child Health and Disability Prevention Program (cont.)

This screen collects the demographic information for the child. There are also some additional CHDP Gateway questions.

Indicate whether there are any more children in the household here.

Click here to view the Periodicity Schedule.



One-e-App Person Clearance Notes

Please review the results of the One-e-App person clearance and indicate whether the person has used One-e-App to apply for health care assistance programs. If you select a name below, the associated Person ID will be applied to the individual in this application.

Sandra La Test

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
<input type="radio"/>	Sandra La Test	33801059197071				100.00
<input checked="" type="radio"/>	Sandra L A Test	33801125195075			Female	92.80

The person is not known to One-e-App

Record La Test

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
<input type="radio"/>	Record La Test	33801060197078	3/16/2003			100.00
<input checked="" type="radio"/>	Record L A Test	33801126195074	3/16/2002		Male	94.60

The person is not known to One-e-App

Next

This the person clearance screen. If you find a match, check the button next to the individual, otherwise check the button to indicate they are not known to One-e-App.



STEP 7: Program Information

Child Health and Disability Prevention Program (cont.)

This page shows a summary of the household members and who is applying for coverage.

Household Person Details Notes

Person details for the application are summarized below.

Adult(s)

Name	Date of Birth	Person ID	Applying for Coverage
Sandra La Test		33801075205072	No

Child(ren)

Name	Date of Birth	Person ID	Applying for Coverage
Record La Test	3/16/2003	33801076205071	Yes

Next



Additional Household Information Notes

How many people are in your family?

How much money does your family make before taxes?

Frequency

Amount

Gross Amount **\$500.00**

Generate Universal Summary Next

On the Additional Household Information page, enter the number of family members on this page and the family income before taxes.



Preliminary Eligibility Determination Notes

To see which programs or coverages the applicant(s) may potentially be eligible for, click the Calculate button below. This is only a preliminary determination. The application is NOT being submitted at this point.

Generate Universal Summary Calculate

Click "Calculate" to show the preliminary eligibility page.

Creating Applications Part Two: PROGRAM SUBMISSION

STEP 7: Program Information

Preliminary Eligibility Results

Notes

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

Preliminary Eligibility for Programs		
Opt Out	Person Name	Program Name
<input type="checkbox"/>	Record La Test	CHDP

Child Health and Disability Prevention Program (cont.)

This page shows the preliminary eligibility results for the applicants.

An applicant can choose to “Opt Out” of applying for this program by checking this box. An application will not be submitted.

You must print the DHS 4073 form from this page before proceeding. The system will pre-populate this form with data you entered so far.

Generate DHS 4073
 Generate Universal Summary
 Languages
 Next

State of California—Health and Human Services Agency
Department of Health Services
Children's Medical Services Branch

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient:

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.
 - Is the patient less than 19 years of age? Yes No
 - How many people are in your family? 2
 - How much money does your family make before taxes? \$ 500 Monthly Or \$ _____ Yearly
- You or your child may be eligible for continued health care coverage through Medi-Cal or Healthy Families.
 - I want to apply for continuing coverage through Medi-Cal or Healthy Families. Yes No
 - If you answered yes to this question, an application will be mailed to you in a few days. Please return it promptly. If you answered no to this question (or if you answered yes but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

Patient Information

Does the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? Yes No

If yes, what is the identification number on the BIC card (if available)? 90046027U66244

Patient's name—Last: La Test First: Record Middle initial: _____

Date of birth (month/day/year): 3/16/2003 Gender: Male Female Patient's social security number (SSN) (optional): 602-88-0915

If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address: 3600 Oak Hill AVE Apartment number: _____ City: Los Angeles State: CA ZIP code: 94110

County of residence: San Francisco

Mailing address (if different from home address): _____ Apartment number: _____ City: _____ State: _____ ZIP code: _____

Mother's name—Last: La Test First: Sandra Middle initial: _____

For patients under one year of age, please complete this section.

If less than one year of age, did the infant live with the mother in the month of birth? Yes No

Mother's date of birth (month/day/year): _____ Mother's BIC or Medi-Cal card number or social security number: _____

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last: La Test First: Sandra Middle initial: _____

Home telephone number: (555) 555-5555 Work telephone number: _____ Message telephone number: _____

What language do you speak at home? English What language do you read best? English

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor: _____ Relationship to patient: Parent Date: _____

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's CHDP provider.

DHS 4073 (English) (5/04)

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date.



3. Make a copy for the applicant.



4. Fax with other required verification documents into One-e-App.



STEP 7: Program Information

CHDP Signature Notes

Application ID : 11200720500012
Representative Name : Sandra La Test

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Applicant Signature _____ Date _____

I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed. 07 25 2007

Print **Generate Universal Summary** **Next**

Child Health and Disability Prevention Program (cont.)

This is the CHDP Certification page. Follow the steps below.

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Then enter the date it was signed in One-e-App.



3. Make a copy for the applicant.



4. Fax with other required verification documents into One-e-App.



STEP 7: Program Information

CHDP Informed Consent

The California Department of Health Services requires completion of this form before any data is submitted from One-e-App to the CHDP Gateway. By signing below, I, as the parent or guardian of an applicant or as an emancipated minor applicant for Child Health and Disability Prevention (CHDP) benefits, hereby consent to allow **Test Organization** to store the data elements of the DHS 4073 CHDP Pre-Enrollment Application and the CHDP Gateway pre-enrollment eligibility result, and the Client Index Number (CIN) in **La Test, Record** s One-e-App application record. I also consent to share the eligibility information on this application the eligibility result received from the CHDP Gateway, and CIN with the following agencies:

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

I understand that this information may be used for administrative purposes related to CHDP (for example, to obtain payment from the State of California for CHDP services) and that it may be disclosed to the entities listed above for the purposes of:

- CaliforniaKids
- Child Health Disability Prevention Program
- Healthy Families
- Healthy Kids
- Healthy Kids Young Adults
- Healthy San Francisco
- Medi-Cal
- Medi-Cal for Children and Pregnant Women
- Administrative purposes, including grant reporting, programmatic reporting, and evaluations.

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

Effective Date: July 25, 2007

End Date:

I understand that this consent is voluntary and that treatment, payment, or eligibility for my benefits will not be affected if I do not sign this consent form. I also understand that if I do not sign this consent, the applicant child will not be able to apply for CHDP Gateway coverage through One-e-App. However, if I do not consent, the applicant child if eligible, will still be able to receive a CHDP health assessment and immunization services, be pre-enrolled in Presumptive Eligibility Medi-Cal or Healthy Families, be able to request that a joint application for Medi-Cal and Healthy Families be mailed to the applicant child, and, if an infant, be able to request deemed eligibility for regular Medi-Cal.

I understand that I have the right to receive a copy of this consent form.

I understand that a person to whom information is disclosed pursuant to this authorization may not further disclose this information unless another authorization is obtained from me, unless except if such disclosure is specifically required or permitted by law.

**Test
Test CA 90001**

Signed by: _____

Signature of parent/guardian or emancipated minor _____ Date _____

Relationship to Applicant _____

Print Applicant's Name _____ Print Name of Parent/Guardian (if applicable) _____

I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed.

Child Health and Disability Prevention Program (cont.)

This is the CHDP Informed Consent page. Review with the applicant. If they choose to they can put an end date as to when they approve the sharing of the data. Then follow the steps below.

Follow These Steps



1. Print a copy for signing.



2. Have the applicant sign and date. Then enter the date it was signed in One-e-App.



3. Make a copy for the applicant.



4. Fax with other required verification documents.

Applicant can choose to decline to sign the form. This will end the application process.



STEP 7: Program Information

CHDP Submit Application

Notes

To complete the application for processing, click the Submit button below.

Preliminary Eligibility		
Person	Program	Status
Record La Test	CHDP	Referred

Do you want to continue with a One-e-App application? Yes No

Please select an assistor to help completing an One-e-App application for you:

Assistor(s)

Adams, Angee (Certified Appli
Adams, Angee (CAA Supervis
Aldana, Jose (Certified Applc
Aldana, Jose (Healthy Kids Lia
Aldana, Jose (CAA Supervisor
Aldana, Jose (HKL Supervisor)
Chandran, Simi (Certified App

» Add »
» Add All »
« Delete «
« Delete All «

Selected Assistor(s)

Boehm, Sarah (HKL Superviso
Boehm, Sarah (CAA Supervisc
Boehm, Sarah (Healthy Kids Li
Boehm, Sarah (Certified Appli

Child Health and Disability Prevention Program (cont.)



Submit to CHDP

You have reached the CHDP Submit Application page. Click "Submit" to begin the process of transferring data to the CHDP Gateway.

You can choose to refer the application to one or more CAAs to complete a full screen across all programs. It will go into the workload of the CAAs listed until one CAA picks it up from their workload to complete it.

You can also generate a CHDP Application summary from this page.

Generate CHDP Summary

Submit



CHDP Application Summary

Generated By Sarah Boehm
Generated On 7/25/2007

Household Information

Application ID 11308720500012
Creation Date 07/25/2007
Application Created By Sarah Boehm
Assistant Phone Number (510)373-4645
Assistor Location Test Organization
Location
Email
Primary Informant Name Sandra La Test
Number of Persons 2
Adults 1 Preferred Spoken Language by Primary Informant English
Children 1 Preferred Written Language by Primary Informant English

Household Address and Contact Information

Home Address 1 3600 Oak HBR AVE Mailing Address 1 3600 Oak HBR AVE
Home Address 2 N/A Mailing Address 2 N/A
City Los Angeles City Los Angeles
State California State California
Zip 94110 Zip 94110
Email N/A
Home Phone (555)555-5555 Work Phone N/A
Message Phone N/A Cell Phone N/A

STEP 7: Program Information

Child Health and Disability Prevention Program (cont.)

IMPORTANT: The CHDP Gateway website page will appear in One-e-App. At this point, you are in One-e-App viewing the live CHDP Gateway site. Do not leave One-e-App to go to the CHDP Gateway.

Click on the "Transaction Login" button to login.

Then enter your CHDP Gateway User ID and Password and click "Submit".

one e app
One Stop Access to Health Care
help suspend cancel

California Home | Site Help | Site Map Wednesday, July 25, 2007

Welcome to California

Medi-Cal Home
Transaction Login
System Status
POS System Status
Education & Outreach
Provider Bulletins
Provider Manuals
Fraud and Abuse
Billing Tips
Contact Us

Login Instructions
Services Available

Search
Medi-Cal New

Login Center for Transaction Services

Please enter your User ID and Password. Click Submit when done.

Learn how to [Sign Up](#) for Medi-Cal Internet Transactions.

Please enter your User ID:
Please enter your Password:

Submit Clear

Be careful to protect your user ID and password to prevent unauthorized use.



STEP 7: Program Information

Child Health and Disability Prevention Program (cont.)

One-e-App will automatically populate the CHDP Gateway with the data you entered in One-e-App. Review the page and validate the information.

Scroll to the bottom and click on "Submit Application"

CHDP Gateway Pre-enrollment Application Summary		
Application Date/Time: 7/25/2007 11:14:52 AM		
Patient's Name	First	Record
	MI	
	Last	La Test
Patient's age < 19 Years?		Y
Family Members		2
Family Income before taxes	Monthly \$	500
	Yearly \$	
Continuing coverage through Medi-Cal or Healthy Families?		N
Patient have BIC Card?		Y
Patient BIC #		90046027U66244
Patient's Date of Birth		03/16/2003
Patient's Gender		M
Patient's Social Security Number		602-88-0915
Is patient homeless?		N
County of Residence		San Francisco
Address:	Street	3600 Oak Hill AVE
	City	Los Angeles
	State	CA
	Zip Code	94110
Mailing Address:	Street	

mother in the month of birth.		
Mother's Date of Birth		
Mother's BIC#/Medi-Cal Card#/SSN		
Name of Parent/Legal Guardian or Emancipated Minor	First	Sandra
	Last	La Test
	MI	
Telephone Number	Home	(555) 555-5555
	Work	
	Message	
Language: Recipient speak at home		English
Language: Recipient read best		English
This was a medically necessary interperiodic screen.		N
Type of screen was performed		Y
Parent/Legal guardian or emancipated minor has signed the application.		
Signators relationship to patient		Parent

Print Cancel Submit Submit Application

Print

Next



STEP 7: Program Information

Child Health and Disability Prevention Program (cont.)

CHDP Gateway Pre-Enrollment Response for Record La Test

Please specify the CHDP Gateway Pre-Enrollment response for Record La Test

- Applicant over age for program eligibility
- Applicant over income for program eligibility
- Applicant currently has full-scope Medi-Cal eligibility
- Applicant currently enrolled in Healthy Families
- Postal records indicate applicant residence address is outside of California
- Applicant temporarily eligible for full-scope Medi-Cal
- Applicant eligible for full-scope Medi-Cal with a share of cost from birth month through last month
- Applicant eligible for full-scope Medi-Cal with no cost back to Date of Birth
- Applicant is not yet due for health assessment per CHDP periodicity schedule
- Applicant is approved for Temporary CHDP coverage
- Applicant currently has CHDP coverage
- An error occurred while processing eligibility for this applicant
- System is not available
- Applicant temporarily eligible for CHDP services
- Applicant eligible for full-scope Medi-Cal
- Do not want to record the response

BIC Number

 **Generate Universal Summary**

Next 

Record the eligibility outcome from the CHDP Gateway on this screen.

You can also enter the BIC# from the Gateway. If a BIC# was previously provided by you in One-e-App, it will populate the number here.





CHAPTER 5

CAA Supervisors

Creating Applications Part Two: PROGRAM SUBMISSION

CAA Supervisors: LOGGING ON

User Login

You have the following User Types.

Please select one user type to proceed



The screenshot shows a dropdown menu with the following options: '-----Select One-----', '-----Select One-----', 'Certified Application Assistant', and 'CAA Supervisor'. The 'CAA Supervisor' option is highlighted in blue and circled in red. An arrow points from the text 'To access the CAA Supervisor Menu...' to this option.

CAA Supervisor Login

To access the CAA Supervisor Menu, log on using the "CAA Supervisor" User Type.

Every CAA must be assigned to a CAA Supervisor. The CAA Supervisor is someone who can view the status of and manage applications of all the CAAs assigned to them. A CAA Supervisor must also be a CAA.

A CAA Supervisor has all the menu functions a CAA has, plus three additional functions:

- View Supervisor Workload Summary
- Review Supervisor Expired Applications
- Unassigned Applications from CHDP

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Enrollment History
- Review Supervisor Expired Applications
- Update Applicant Data
- View Supervisor Workload Summary
- View Assistor Workload
- Program Submission Workload
- View Reminders
- Health-e-App Fax Cover
- View Ticklers
- Manage Program Disposition
- View Faxes
- View Notes
- Print Paper Application
- Unassigned Applications from CHDP
- Request ID Card/Materials
- Change Medical Home
- Verification Documents

Creating Applications Part Two: PROGRAM SUBMISSION

CAA Supervisors: SUPERVISOR WORKLOAD SUMMARY

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Review Supervisor Expired Applications
- Update Applicant Data
- View Supervisor Workload Summary
- View Assistor Workload
- Program Submission Workload

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

Supervisors can narrow the information displayed on this workload by selecting Assistor name or Program name from the drop down list at the top and clicking Search. If no filter is applied, then information for all Assistors and Programs will appear below.

- **Interviews in progress** – Displays the count of applications that are still in the interview process and the preliminary eligibility has not been determined. Click on the count to navigate to that particular user's Applications in Progress Workload.

- **Persons Determined Preliminarily Eligible (by Program)** – Displays the number of applications who were determined preliminarily eligible for different programs. Click on the count to navigate to that particular user's Program Submission Workload.

- **Persons Submitted (by Program)** – Displays the count of applicants who were determined preliminarily eligible for different programs and have been submitted for the program for which they qualified. Clicking on the count to that particular user's Program Submission Workload.

Supervisor Workload Summary

User Name: Program:

Save current selections as my default settings

« Page: 1 of 1 »

Liz Ramirez (SC)

Interviews in Progress: 0

Program Name	Persons Determined Preliminarily Eligible	Persons Submitted
CHDP	<u>0</u>	<u>0</u>
Healthy Families	<u>0</u>	<u>0</u>
Healthy Kids	<u>0</u>	<u>0</u>
Medi-Cal for Children and Pregnant Women	<u>0</u>	<u>0</u>

Total Interviews in Progress for Lramirez: **0**

Total Members Determined Preliminarily Eligible for Lramirez: **0**

Total Members Submitted for Lramirez: **0**

Grand Total

Total Interviews in Progress: **0**

Total Persons Determined Preliminarily Eligible: **0**

Total Persons Submitted: **0**

CAA Supervisors: ASSIGN APPLICATIONS

Supervisor Workload Summary

User Name
 Program
 Save current selections as my default settings

Search Reset

Sarah Boehm (CAA)

Interviews in Progress: **1**

Program Name	Persons Determined Preliminarily Eligible	Persons Submitted
Medi-Cal - Full Scope, No Share of Cost	0	1
Medi-Cal - Full Scope, No Share of Cost	0	0
Medi-Cal - Full Scope, No Share of Cost	0	0
Healthy Families	0	0
Healthy Kids and Young Adults	0	0
Healthy Kids Young Adults	0	1
Healthy San Francisco	0	1
Medi-Cal for Children and Pregnant Women	0	0

Total Interviews in Progress for Sboehm: **1**

Total Members Determined Preliminarily Eligible for Sboehm: **0**

Total Members Submitted for Sboehm: **3**



Applications in Progress for Sarah Boehm

	Due Date	Creation Date	Applicant Name	Application ID
<input type="checkbox"/>	8/23/2007	7/24/2007	Cheryl Smith	200720400536

- Note: Each indicates an extension of 2 days has been applied.
- Note: Each indicates a reminder is associated to this application.
- Note: Each indicates a renewal application.
- Note: Each indicates application has been edited by another application assistor.

Reminders Extend Remove Assign Next



Assign Applications of Sarah Boehm

Due Date	Creation Date	Applicant Name	App ID	Assign Application To
8/23/2007	7/24/2007	Dearest, Mommie	200720400528	<input type="text" value="--Select One--"/>

Next

Assign Applications

If an application is in progress, a Supervisor can assign it to another user to complete.

- Click on the green number next to “Interviews in Progress” to view the applications in progress for that user.
- Check the box next to the application and Click “Assign”
- Select another user from the “Assign Applications” drop down list.

CAA Supervisors: UNASSIGNED APPLICATIONS FROM CHDP

Assign Applications Transferred from CHDP user

	Due Date	Creation Date	Applicant Name	Application ID
<input type="checkbox"/>	7/29/2007	7/15/2007	L A Test, Sandra	200719500296

 Pick

Next 

Unassigned Applications from CHDP

CAA Supervisors can view and assign applications from this workload that have been referred from a CHDP Provider User Type for a full One-e-App screen.

CAA Supervisors: EXPIRED APPLICATIONS

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Review Supervisor Expired Applications
- Update Applicant Data
- View Supervisor Workload Summary
- View Assistor Workload
- Program Submission Workload



Review Supervisor Expired Applications

This Menu function will provide you with a workload of expired applications from the assistor's assigned to you.

Check the box next to the application and select the Application Status from the drop down box. You can either close the application or return it to the worker who created it. After it has been returned to the worker, they have 90 days to finish it before it expires again.

Expired Applications

	Due Date	Applicant Name	Assistor Name	App ID	Program	MSN	Reason	App Status
<input checked="" type="checkbox"/>	7/25/2007	Smith, Cheryl	Sarah Boehm	200720400536	N/A	1	Expired	<div style="border: 1px solid black; padding: 2px;">Return to Worker ▾ Close Application Return to Worker</div>

Note: Each **R** indicates a renewal application.

Total no. of Expired Applications: 1

Total no. of Removed Applications:
Duplicates: 0
Withdrawals: 0

Reminders

Next



CHAPTER 6

Tips & Frequently Asked Questions

Tips & Frequently Asked Questions

This chapter provides you with tips and frequently asked questions for the One-e-App system. If the information is available elsewhere in the training manual you will be referred to that page. Additional information is also provided in this chapter.

	Go to Page
How do I fax in verification documents?	139
What is an Application Reconsideration and when do I use it?	105
How do I suspend an application?	141
What do I do if I get a Health-e-App data transfer error?	106
How do I change my One-e-App password?	142
How do I change my Health-e-App password?	143
How do I change my One-e-App profile?	142
What's the status of my application?	20
What do I do if I entered client information incorrectly?	See Modify 17 Update Applicant Data 26
Renew vs. Modify, what's the difference and when can I use these functions?	17
How does the delayed submission to Health-e-App work for CHDP eligible children?	144
How do I get assistance or report a problem in One-e-App?	145

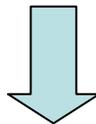
How do I fax in verification documents?

- To complete the application process, you must fax your verification documents (e.g., income, rights and declarations, proof of residency) after submitting an application in One-e-App. Where you fax documents depends on which program you are submitting an application to. Look for the program you are submitting to and follow the instructions below.

One-e-App Fax # 866-482-7745

Health-e-App Fax # 866-848-4976

Program	Where to Fax
Healthy Kids & Young Adults	One-e-App
Healthy San Francisco	One-e-App
Healthy Families	Health-e-App One-e-App
Medi-Cal for children and pregnant women (through SPE)	Health-e-App One-e-App
Medi-Cal (through SF Human Services Agency)	One-e-App
CHDP	One-e-App



How do I fax in verification documents?

IMPORTANT – Please note there are time limits associated with faxing documents to Health-e-App. We strongly recommend that if you are not ready to fax documents immediately after submitting the application, you should suspend the application prior to submitting. When the documents are ready for faxing, you can retrieve and submit the application and fax the documents immediately after.

Step 1: Print the Fax Cover Sheets

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

One-e-App has two fax cover sheets *for each application* - one for permanent documents and one for temporary documents. These can be used for *all* programs. Fax cover sheets may be printed during the application process by clicking the “Generate Fax Cover” button at the bottom of the submit page OR by selecting the Menu option “Retrieve Fax Cover Sheets” (See also “Retrieve fax cover sheets” Menu function.)

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

Step 2: Fax Verification Documents

For Healthy Kids & Young Adults, Healthy San Francisco, Medi-Cal (through HSA) or CHDP, fax to One-e-App at 866-482-7745.

- Arrange documents behind the permanent and temporary cover sheets
- Clearly mark an “X” on the cover sheet next to those items that are attached
- Send the set of two fax cover sheets and documents in each fax transmission

For Medi-Cal for children or pregnant women or Healthy Families through Health-e-App, you are *required* to fax to Health-e-App within 24 hours of submitting the application at 866-848-4976.

- Arrange documents behind the fax cover sheet
- Clearly mark an “X” on the cover sheet next to those items that are attached
- Send only one fax cover sheet and documents in each fax transmission

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

Step 3: Verify the fax was received by One-e-App

For faxes sent to One-e-App, you should verify that the fax was received and is showing up properly. (See also View Faxes Menu Function). To do this,

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

Need help? Contact the One-e-App help desk at 866-429-1979.

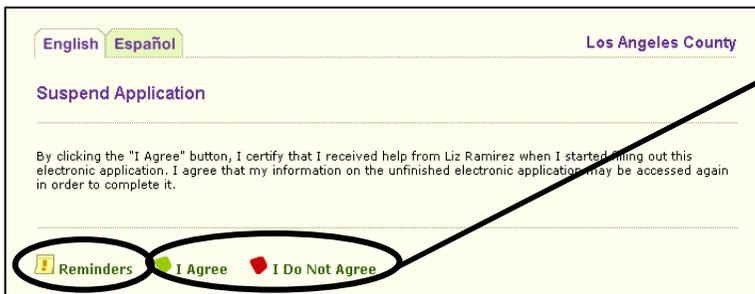
How do I suspend an application?



The One-e-App system has the ability to suspend, or temporarily hold, applications that you are working on. This gives you the opportunity to continue working on the application for up to 90 days later.

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

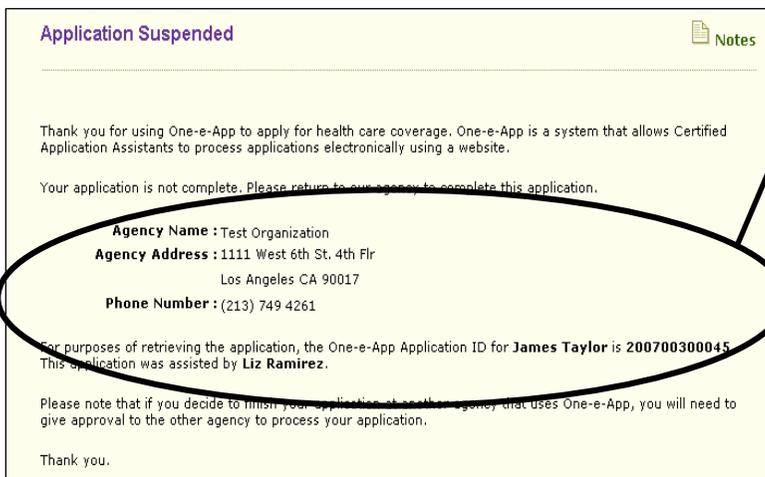
You can access this function by clicking on the “**suspend**” option that is located in the upper right hand corner of the screen.



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

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

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



Once you suspend the application, you will be navigated to a screen that will include:

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

If the application was manually suspended, it will appear the **Application in Progress Workload** when you conduct an application search.

How do I change my One-e-App profile?

Perform other tasks:

- Change Password
- Change Secret Question
- Set/Change Default Location
- Modify Profile
- View Messages

- Each user in One-e-App has access to the following Menu functions at the bottom of the Main Menu page.

- Using these menu options you can:

- Change your One-e-App password
- Change your secret question
- Set or change your default location
- Modify your profile
- View broadcast messages

- Modifying your profile allows you to change your contact information. It is important to keep this information up to date in One-e-App in case the help desk needs to contact you.

Creating Applications Part Two: PROGRAM SUBMISSION

How do I change my Health-e-App password?

Perform other tasks:

- Change Password
- Change Secret Question
- Set Default Location
- View Messages
- Modify Profile



Remote System User Account Information

Please provide the user account information for the following systems to which One-e-App may send application information.

CAA ID

Health-e-App User Account Information

Does Liz Ramirez have an active Health-e-App user account? Yes No

Health-e-App UserID

Health-e-App Password

Health-e-App Enrollment Entity Number/County Code

Health-e-App User Type

Health-e-App Passwords

Health-e-App passwords must be changed every 30 days by logging on to Health-e-App website at www.healththeapp.net

Next, you should then update your password in One-e-App by modifying your profile. To update your Health-e-App password in One-e-App, you will need to:

Select **“Modify profile”** on the One-e-App Menu page.

Keep clicking **“Next”** till you get to the **Remote System User Account Information** screen. You then can update your information.

Since both Health-e-App and One-e-App passwords expire every 30 days, it is recommended that you synchronize your One-e-App and Health-e-App passwords. See page 10 for password tips.

Who can submit to CHDP using One-e-App?

Only users from CHDP Provider agencies may submit applications to the CHDP Gateway using One-e-App. A user can have one or both of the following user types to submit to the Gateway:

-“CHDP Provider” user type that only allows them to submit to the CHDP Gateway and electronically refer applications to CAAs for the full One-e-App screen.

-CAA user type who can submit to the Gateway.

What happens when a CHDP application is referred to a CAA?

The application will show up in the CAAs “Assign Applications from CHDP user” workload for them to provide a full screen in One-e-App. When the CAA picks up the application and continues it as a full One-e-App application, certain fields will be populated with the information already entered by the CHDP Provider.

What is the option to delay submission to Health-e-App for CHDP eligible children for?

It provides the option for users to delay submission to the Health-e-App website for either Medi-Cal for children for pregnant women or Healthy Families by 30 days for all CHDP eligible children. This allows users to maximize their coverage period. If users do delay the submission, the application will remain in the “Pending Health-e-App Applications for CHDP Children” workload until the application is submitted to Health-e-App. The user will receive a tickler that an application is due for submission, then they can pick the application up from this workload and submit it to Health-e-App. Once submitted, this application will appear in the “Submitted Health-e-App for CHDP Children” workload.



CHAPTER 7

Using the One-e-App Help Desk

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

I. Tips for calling the helpdesk

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

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

II. How to report bugs via e-mail

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

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



Do not reply to messages sent by Test Trak Pro.

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

Attaching screen-shots on e-mails to TTPro

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

Screen shots that are inserted directly in the body of the e-mail do not work TTPro. They must be attached as “attachments” to the e-mail. E-mails sent to **ttpro@oneapp.org** are directly received by the One-e-App Support Team. The text in the body of the e-mail is imported as the “ticket description” and any attachments to the e-mail are attached to the ticket in Test Track Pro. It is important that if a screenshot is included with the e-mail sent to this address, it must be saved to a file and then the file must be attached separately to the e-mail.

How to Attach a Screen-shot

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

Using the One-e-App Help Desk

Sample responses from Test Trak Pro (TTPro)

TTPro is an automated system that tracks bugs or issues for the help desk. Below are samples of the e-mail notifications of Tickets created from an e-mail you send to the TTPro system. If you don't agree that an issue has been solved, you can re-open a ticket.

Report that a Ticket was created.

Ticket 13212 has been created on Apr 12, 2007.

This is an automated acknowledgement that we received your message on Apr 12, 2007.

Your issue has been given Ticket# 13212

Should you wish to check on the status or have any further questions on this issue, please call the help desk at 1-866-429-1979 and refer to the Ticket#.

Report that a Ticket was closed.

SF One-e-App DOT NET Ticket 101710 has been closed

Ticket 101710 was closed on 12/7/2006.

Severity: P2 - High

Project: One-e-App DOT NET

Summary: Income screen does not allow commas in employer's name

Description:

https://thecenter.oneeapp.org/app/H_INC_INI_NC.ASPX? I tried to include a employer name with a comma, it kept giving me the pop up to "enter valid characters for employer"

.....
Closure Notes: The allowed values for employer name have been changed so that users may enter employers with commas in the name.

Should you wish to re-open this issue, please refer to the Ticket#101710 and contact the HelpDesk at 1-866-429-1979 for further assistance.

Thank you for your patience.

-- Application Support Team



Healthy San Francisco
Our Health Access Program



CHAPTER 8

Healthy San Francisco:

Verifying Healthy San Francisco Status

HSF: Viewing HSF Enrollment History

Menu

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Contact Management
- Search Disenrolled Persons
- Retrieve Fax Cover Sheets
- Update Applicant Data
- View Healthy San Francisco Enrollment History
- View Assistor Workload
- Program Submission Workload
- View Expired Applications
- View Reminders
- Health-e-App Fax Cover
- Pending Health-e-App Applications for CHDP Children

- This function will provide you with the HSF enrollment history of the applicant.
- The HSF enrollment screen provides information on the applicant's disposition, eligibility date, and coverage period.
- Select **View Healthy San Francisco Enrollment History** from the main menu
- You will be prompted to conduct an application search

To access the HSF enrollment history, check the box next to the applicant or participant's name and click "Enrollment History."

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

Enrolled Applications

	Applicant Name	Date Of Birth	Submitted By	Eligibility Date	Program Name	Retrieve Fax	Application ID	Person ID	Score	
<input checked="" type="checkbox"/>	Paula Abdul	9/19/1969	Sarah Boehm	9/10/2007	Healthy San Francisco	Fax	200725200485	33801087252070	91.00	

Disenrolled Applications

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

Note: Each indicates a renewal application.

Note: Each indicates a renewal application which has started and not completed through final eligibility review.

Note: Each indicates Program Closed application(s) / person(s).

Note: Each is a link to a person's application summary.

Note: Each is a link to add a person to the clipboard.

Note: Each is a link to application workflow history.

Total number of applications in progress : **0**

Total number of determined applications pending submission : **1**

Total number of submitted persons : **0**

Search Next

Enrollment History Verification Documents

HSF: Viewing HSF Enrollment History

- The Program Summary page will provide the enrollment history for the application or participant, including eligibility date, disenrollment date, and their assigned medical home and past medical homes.
- To view greater detail, click on the “Healthy San Francisco Summary” at the bottom of the Page

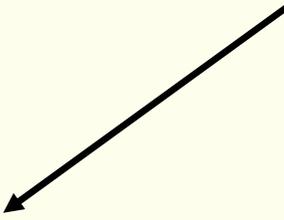
The screenshot shows the 'oneeapp' interface with a yellow header. The logo 'oneeapp' is on the left, and 'help exit' is on the right. Below the logo is the tagline 'One Stop Access to Health Care'. A 'Menu' button is on the right. The main content area is titled 'Program Summary' with a 'Notes' icon. A table displays enrollment history for Paula Abdul. At the bottom, there is a 'Healthy San Francisco Summary' link and a 'Next' button.

Participant Name	Start Date	End Date	Application Status	Participant Fee	Participant Fee Status	FPL (%)	Current Medical Home	Eligibility Date
Abdul,Paula	09/10/2007	09/10/2007	Pending Documentation	\$0		88	Family Health Center	N/A
Abdul,Paula	09/10/2007	09/09/2008	Enrolled	\$0		88	Family Health Center	09/10/2007

HSF: Healthy San Francisco Verification Query

HSF medical homes are required to verify enrollment status for a date of service before submitting encounter data to HSF. *The source of the most up to date Healthy San Francisco eligibility and enrollment information is One-e-App.*

Menu

- Begin Application
 - Renew/Modify Application
 - Conduct Application Search
 - Contact Management
 - Search Disenrolled Persons
 - Retrieve Fax Cover Sheets
 - Update Applicant Data
 - View Healthy San Francisco Enrollment History
 - View Assistor Workload
 - Program Submission Workload
 - View Expired Applications
 - View Reminders
 - Health-e-App Fax Cover
 - Pending Health-e-App Applications for CHDP Children
 - Submitted Health-e-App Applications for CHDP Children
 - View Ticklers
 - Reprint Forms
 - View Faxes
 - View Notes
 - View Application Workflow History
 - Applications referred from CHDP User
 - View Terminating HSF Members
 - Verification Documents
 - Conduct Healthy San Francisco Verification Query
- 

- All users can conduct a Healthy San Francisco Status Inquiry
- This menu option provides the current Healthy San Francisco status (enrolled, disenrolled, pending) for an applicant or participant.
- Select “**Conduct Healthy San Francisco Verification Query**” menu option and click next.

TIP: When to Use Verification Query and When to Use Enrollment History

Verification Query: Answers- What is the individual’s status as of today’s date?

Enrollment History: Answers- What was the individual's status and medical home on past dates?

HSF: Healthy San Francisco Verification Query

Two Choices:

- 1) Search by "Person ID" (14-digit HSF Participant Number located on patient's HSF card)
- 2) Search by patient's First Name and Last Name AND Date of Birth

Select Checkbox that **BEST MEETS** identifying details and click "**Eligibility Results**" at bottom of page

The screenshot shows the One-e-app web application interface. At the top, there is a yellow banner with the "oneeapp" logo and the tagline "One Stop Access to Health Care". Below the banner, there are navigation links for "help", "exit", and "Menu". The main content area is titled "Search Results" and includes instructions: "To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted in blue." Below this, there is a "Provider Inquiry" table with the following data:

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Retrieve Fax	Application ID	Person ID	Status
<input checked="" type="checkbox"/>	Ozzy Boehm	1/1/1969	Sarah Boehm	8/16/2007	Fax	200722700149	33801032227078	Submitted

Below the table, there are several notes explaining icons used in the table: "Note: Each [R] indicates a renewal application.", "Note: Each [V] indicates a renewal application which has started and not completed through final eligibility review.", "Note: Each [X] indicates Program Closed application(s) / person(s).", "Note: Each [S] is a link to a person's application summary.", "Note: Each [C] is a link to add a person to the clipboard.", "Note: Each [H] is a link to application workflow history." At the bottom of the page, there are three buttons: "Search", "Eligibility Results" (circled in black), and "Next".

Healthy San Francisco Verification Query

Review Eligibility Results to:

- Obtain current medical home
- Review current HSF Status
- Obtain eligibility date
- Flag the encounter as Healthy San Francisco

The screenshot shows a Microsoft Internet Explorer browser window displaying the One-e-app website. The address bar shows the URL: https://thecenter.oneeapp.net/app/eligibility_results.aspx?appid=33801032227078. The page features the One-e-app logo and navigation links like 'help exit', 'Menu', and 'Notes'. The main content area is titled 'Eligibility Results' and contains a table with the following data:

Application ID	Participant Name	Participant ID	Eligibility Date	Assigned Medical Home	FPL (%)	HSF Status	Participant Fee
200722700149	Ozzy Boehm	33801032227078	09/01/2007	General Medical Center	82	Enrolled	\$0.00

Below the table, there is a 'Next' button and a link to 'Report a Bug/Make a Suggestion' with the application ID 33801032227078. The Windows taskbar at the bottom shows the Start button and several application icons, including one for 'CBHS HSF Verification Tr...'.

- If HSF Status = “Enrolled”, track payor status (if applicable) as Healthy San Francisco.

If HSF Status = Pending (Verification), treat patient according to your clinic’s sliding scale polices for an uninsured patient, after confirming they are not enrolled in other public coverage programs.



Healthy San Francisco
Our Health Access Program



CHAPTER 9

Healthy San Francisco:

Policies and Procedures

Eligibility Guidelines for Healthy San Francisco

Who Can Qualify?

- Live in San Francisco and provide proof of residency.
- Are ineligible for state and/or federally-funded health insurance or assistance programs, such as Medi-Cal.
- Applicants ages 18-64
- Have been without employer-based or individually-purchased health insurance for at least 90 days from the date of submitting an application, or have lost employer-based health care coverage within 90 days of date of submitting an application due to a change in employment, or who have lost COBRA coverage within 90 days of submitting an application

When Can the Applicant Enroll in Healthy San Francisco?

- Applicants must be at or below 100% of the Federal Poverty Level to qualify for the Healthy San Francisco in September and October 2007.
- Enrollment for Healthy San Francisco is only available via One-e-App.

What do I Do if an Applicant over 100% FPL Requests Enrollment in September or October 2007?

- Inform the uninsured applicant that they may still receive services under the clinic's sliding scale program but can not enroll in Healthy San Francisco at this time.
- Evaluate the uninsured applicant according to your clinic's existing sliding scale policy if the applicant is seeking care in September and October

Neither employment status, immigration status nor the existence of pre-existing health conditions are used to determine eligibility in Healthy San Francisco.

PRIOR TO SUBMISSION

Step 1: Collect all HSF Verification Documents and Review

- Assistors may be subject to an audit by Healthy San Francisco to ensure submitted verification documents meet program criteria.
- The only acceptable Healthy San Francisco verification documents are listed on **Appendix C** of the training manual, and include the following:
 - » Income
 - » Assets
 - » Identity
 - » Residency
 - » Citizenship (If Available)

Step 2: Print HSF Application Acknowledgment form in English, Spanish, or Chinese, and review with applicant:

- Assistors are required to print out the HSF Application Acknowledgment form and provide a copy to the applicant.
- The assistor should review the document with the applicant, stressing:
 - Healthy San Francisco is NOT insurance
 - Services received outside of San Francisco are not covered
 - Disenrollment will occur (with refund if applicable) if participant obtains coverage (private or public)
 - Payment is required (if applicable)



Our Health Access Program

Healthy San Francisco Applicant Acknowledgement Form

Application ID: 1234567891234

Participant ID: 12345678912345

I, **Curious George**, am eligible for the Healthy San Francisco program. I have read and agree to each of the following:

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.
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.
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 an annual participant fee payable on a quarterly basis. 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 understand that if the information I provide as part of my application is found to be inaccurate, I will be immediately dis-enrolled and may be billed retroactively for all services previously covered under the Healthy San Francisco program.
12. Participation in Healthy San Francisco is based on the availability of funding from the State and the City and County of San Francisco.
13. 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

How to close a successful HSF applicant process for an enrolled participant

1. Confirm that HSF Status = Enrolled on the applicant's HSF Program Summary
2. Print the HSF Program Summary for the Applicant
3. Provide a Application Completion Handout to Applicant
4. Inform applicant that their eligibility date begins today
5. Inform participant that they will receive a ID card in the mail; this not required for services
6. Direct participant to go to assigned medical home listed on their Healthy San Francisco Program Summary for services



Healthy San Francisco
Our Health Access Program



CHAPTER 10

Healthy San Francisco:

Program Support

Healthy San Francisco Downtime due to One-e-App Downtime

- One-e-App has saved all applicant information entered on prior interview pages.
- Consult Program Support grid on following page for instruction on who to contact for technical assistance.
- If still unable to access system, reschedule applicant to conclude the screening at a later date, or redirect to an alternate One-e-App enrollment site with connectivity. Healthy San Francisco applications can only be submitted via One-e-App and the application is not complete until all documentation is submitted.

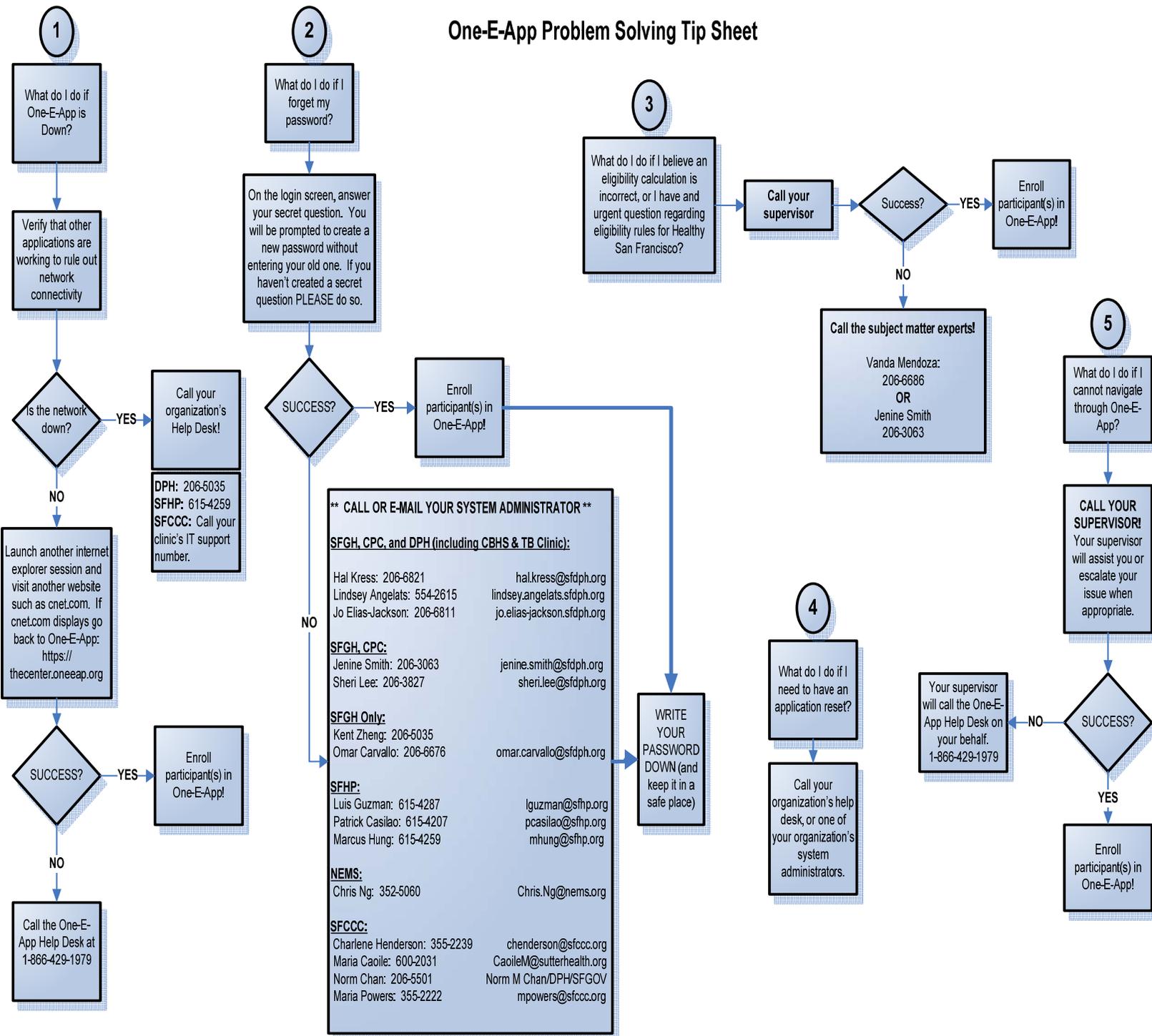
Healthy San Francisco Eligibility Information

- For assistance with HSF eligibility questions, please contact your supervisor.
- Your supervisor will contact HSF program leads to obtain a timely response to your question
- If eligibility question relates to Healthy San Francisco, your supervisor will contact HSF program experts Jenine Smith at 415-206-3063 or Vanda Mendoza-Baptista at 415-206-6686 to obtain a timely response to your question

One-e-App Program Support: Go Live

The following diagram provides contact numbers where an assistor using One-e-App in the City and County of San Francisco can go for assistance during Go Live. Please consult this chart prior to seeking assistance to ensure timely program or technical support.

One-E-App Problem Solving Tip Sheet





Appendices

Appendix A: Healthy San Francisco – Data Sharing Script

Financial Counselor: Hi, My name is _____. I am your Financial Counselor. I will be helping you to apply for a healthcare program.

Financial Counselor: During the application process, I will be asking you personal and financial questions. Your answers will be used to help me determine if you are eligible for other Government health care benefits.

Financial Counselor: I will need your permission to share your personal information with the following Government healthcare programs before we can continue with the application:

- CCSF Department of Public Health
 - CCSF Human Services Agency
 - San Francisco Health Plan
 - Healthy Families
 - Healthy Kids and Young Adults
 - California Children’s Services
 - Cancer Detection Program
 - Child Health and Disability Prevention Program
 - Family Planning Access, Care & Treatment

Financial Counselor: Do you consent to proceeding with the application?

If client agrees: Financial Counselor begins the 1E application process

If Client does not agree: Continue to next step.

Financial Counselor: What are your concerns?

Client: Concerned that information will be reported to the INS/Law Enforcement.

Financial Counselor: Let me re-assure you that your information will not be reported to the INS or other law enforcement agency.

Client: Concerned about Identity Theft.

Financial Counselor: The information is stored in the 1E App, a health care program eligibility system and is shared only with the departments and HealthCare programs that I stated.

Client: I already have a doctor at SFGH/Health Center. Why do I have to sign up with this program?

Financial Counselor: The Sliding Scale program will be eliminated eventually. We are now enrolling clients into the new program.

Financial Counselor: Do you consent to proceeding with the application?

If Client agrees: Financial Counselor begins the 1E application process.

If Client does not agree: Continue to next step.

Financial Counselor: If you do not agree to share your information, we cannot go any further and you will not be considered for healthcare program benefits. If you change your mind and decide that you would like to apply please come back in. We’ll be happy to help. (The interview is concluded at this point)

Closure Statement: Thank you for your time.

Appendix B: Healthy San Francisco – Participant Fees

<i>Healthy San Francisco Participant Fees</i>			
<i>FPL</i>	<i>Monthly</i>	<i>Quarterly</i>	<i>Annual</i>
0-100%	\$0	\$0	\$0
101-200%	\$20	\$60	\$240
201-300%	\$50	\$150	\$600
301-400%	\$100	\$300	\$1,200
401-500%	\$150	\$450	\$1,800
500%+	\$225	\$675	\$2,700

Appendix C: Healthy San Francisco – Verification Documents

Appendix C: Healthy San Francisco Full-Verification Documents (All Documents Must be Most Recent Available)				
IDENTITY	RESIDENCE ²	INCOME/ASSETS INCLUDED FOR CALCULATION	DOCUMENTS	
			CITIZENSHIP (OPTIONAL)	
U.S. PASSPORT ¹	CA DRIVER'S LICENSE OR ID	JOB EARNINGS	PAY STUB, TAX RETURN, SIGNED EMPLOYER STMT ³	U.S. PASSPORT
CERTIFICATE OF U.S. CITIZENSHIP N-560 or N-561 ¹	RENT/LEASE AGREEMENT	SELF-EMPLOYMENT EARNINGS	TAX RETURN AND SCHEDULE CF, 3 MONTH PROFIT AND LOSS STMT	U.S. BIRTH CERTIFICATE
CERTIFICATE OF NATURALIZATION N-550/N-570 ¹	PAY STUB	TAXABLE GOVERNMENT BENEFITS (SOCIAL SECURITY / RETIREMENT/STATE DISABILITY, ETC.) ⁵	COPY OF AWARD LETTER, BENEFITS STUB, OR BANK STMT	REPORT OF BIRTH ABROAD OF U.S. CITIZEN (FS-240) OR CERTIFICATION OF BIRTH ABROAD (FS-545)
DRIVER'S LICENSE OR ID ¹	TAX RETURN STMT	CHILD SUPPORT, ALIMONY, OR SPOUSAL SUPPORT	COPIES OF CHECKS RECEIVED, BANK STMT WITH DIRECT DEPOSIT	CERTIFICATE OF NATURALIZATION (N-550 OR N-570)
U.S. MERCHANT MARINER CARD ¹	SFUSD SCHOOL REGISTRATION	RETIREMENT/PENSION/BENEFIT INCOME	BANK BOOK, LETTER, OR STMT	U.S. CITIZEN ID. CARD (I-197)
MILITARY ID, DRAFT RECORD, OR MILITARY DEPENDENT'S ID CARD ¹	BANK STMT	RENTAL INCOME	RENTAL INCOME RECEIPTS OR 1040 TAX RETURN	AMERICAN INDIAN CARD WITH CODE "KIC"
SCHOOL RECORD W/DATE & PLACE OF BIRTH AND PARENT(S) NAME ¹	GENERAL ASSISTANCE STMT	CHECKING, SAVINGS ACCOUNT ⁴	BANK BOOK, SIGNED LETTER, OR STMT	FINAL ADOPTION DECREE
DOCTOR/HOSPITAL RECORD WITH DATE OF BIRTH ¹	SSI AWARD LETTER	INTEREST INCOME ¹ / ORDINARY (TAXABLE) ANNUITY INCOME	BANK BOOK, SIGNED LETTER, OR STMT, ANNUITY STMT	EVIDENCE OF PRE-1976 U.S. CIVIL SERVICE EMPLOYMENT
CERT OF INDIAN BLOOD OR U.S. AMERICAN INDIAN/ALASKA NATIVE TRIBAL DOC ¹	UNEMPLOYMENT BENEFITS STMT	NON-RETIREMENT STOCKS, BONDS, CERTIFICATE OF DEPOSIT, MUTUAL FUNDS ⁴	CERTIFICATE FROM ISSUING INSTITUTION, OR SIGNED STMT	MILITARY REC OF SERVICE W/ U.S. PLACE OF BIRTH
PERMANENT OR TEMPORARY RESIDENT CARD	PENSION CHECK STMT	UNEMPLOYMENT BENEFITS	UNEMPLOYMENT BENEFITS STMT	FEDERAL OR STATE CENSUS RECORD SHOWING U.S. CITIZENSHIP OR U.S. PLACE OF BIRTH
EMPLOYMENT AUTHORIZATION CARD OR PICTURE ID	DMV REGISTRATION	WORKERS COMPENSATION	WORKERS COMPENSATION STMT	CERTIFICATE OF BIRTH ISSUED BY DEPT OF STATE (DS-1350)
FOREIGN DRIVER'S LICENSE OR ID	SOCIAL SECURITY AWARD LETTER	VETERAN'S BENEFITS	VETERAN'S BENEFITS STMT	DOCUMENT CREATED AT LEAST FIVE YEARS BEFORE THE APPLICATION INDICATING U.S. PLACE OF BIRTH SUCH AS:
CONSULAR ID	PROPERTY TAX BILL	OTHER GROSS TAXABLE INCOME		<ul style="list-style-type: none"> ADMISSION PAPERS FROM NURSING HOME, SKILLED NURSING CARE OR OTHER INSTITUTION AMENDED U.S. BIRTH RECORD BUREAU OF INDIAN AFFAIRS CENSUS REC OF NAVAHO INDIANS OR SENECA TRIBAL RECORD EXTRACT OF U.S. HOSPITAL RECORD OF BIRTH ESTABLISHED AT TIME OF PERSON'S BIRTH LIFE, HEALTH OR OTHER INSURANCE RECORD MEDICAL (CLINIC, DOCTOR, OR HOSPITAL) RECORD STATEMENT SIGNED BY PHYSICIAN OR MIDWIFE IN ATTENDANCE AT TIME OF BIRTH U.S. STATE VITAL STATISTICS OFFICIAL NOTIFICATION
STUDENT PICTURE ID	DISABILITY STMT			
CREDIT CARD/CREDIT UNION PICTURE ID				
BIRTH CERTIFICATE	UTILITY BILL			

Appendix C: Healthy San Francisco – Verification Documents (cont.)

Appendix C: Healthy San Francisco Full-Verification Documents (All Documents Must be Most Recent Available)			
IDENTITY	RESIDENCE ²	INCOME /ASSETS EXCLUDED FROM CALCULATION	DOCUMENTS CITIZENSHIP (OPTIONAL)
		PUBLIC ASSISTANCE ^{6,7}	AWARD LETTER, ASSISTANCE STMT
		SPONSORED AND UNSPONSORED PENSION/RETIREMENT ACCOUNTS (401(K), 403(B), IRA, ETC.	ACCOUNT STATEMENTS
		FINANCIAL AID/SCHOLARSHIPS ⁷	AWARD LETTER, CHECK, OR BANK STMT

Appendix C: Healthy San Francisco Self-Verification Documents (If no documents available)			
IDENTITY	RESIDENCE	INCOME /ASSETS AND DOCUMENTATION	CITIZENSHIP (OPTIONAL)
SIGNED AFFIDAVIT OF IDENTITY	3 RD PARTY SUPPORT: <ul style="list-style-type: none"> SIGNED AFFIDAVIT OF SUPPORT 3RD PARTY PROOF OF RESIDENCY 	INCOME STMT FORM 3 RD PARTY SUPPORT: <ul style="list-style-type: none"> SIGNED AFFIDAVIT OF SUPPORT 	
	HOMELESS WITHOUT 3 RD PARTY SUPPORT: VERBAL SELF DECLARATION	HOMELESS WITHOUT 3 RD PARTY SUPPORT: VERBAL SELF DECLARATION	
		CASH: VERBAL SELF DECLARATION	

¹ Health Care Coverage Initiative (HCCI) acceptable identity document (Must accompany citizenship document listed in citizenship column)

² Application assistants can verify residence and income for individuals currently enrolled in limited scope Medi-Cal via electronic verification (CalWin, Client Index, and MEDS) or via a SSI/GA Award Letter

³ Employer letter must include name of employer/company, name of individual writing the letter with address and phone number and signature, date, and verification of the employee's gross income for the pay period and frequency of pay

⁴ Excludes interest income and cash value of retirement/pension accounts

⁵ Social Security, Retirement Survivor Disability Insurance, Veteran's Benefits, Worker's Compensation, Unemployment, Railroad Retirement Benefits, State Disability Insurance (SDI)

⁶ 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 Payments, 20% Social security increase (Pickle)

⁷ Not counted toward Healthy San Francisco gross household income

Appendix D: Healthy San Francisco – Medical Home List

Castro Mission Health Center
Chinatown Public Health Center
Cole Street Clinic
Curry Senior Center
Family Health Center
General Medical Center
Glide Health Services
Haight Ashbury Free Medical Clinic
Haight Ashbury Integrated Care Center
Housing and Urban Health
Larkin Street Clinic
Lyon-Martin Women's Health Services
Maxine Hall Health Center
Mission Neighborhood Health Center
Mission Neighborhood Health Center- Excelsior
Native American Health Center
North East Medical Services- Chinatown North Beach
North East Medical Services- Sunset
North East Medical Services- Visitation Valley
Ocean Park Health Center
Positive Health
Potrero Hill Health Center
Saint Anthony Free Clinic
Silver Avenue Family Health Center
South of Market Health Center
South of Market Senior Center
Southeast Health Center
Tom Waddell Health Center

Appendix E: Steps to becoming a CAA & Health-e-App User

Becoming a State-Certified Application Assistant & Health-e-App User

In order to use One-e-App to submit to Health-e-App, users must be a Certified Application Assistant from the State and complete get trained to be a Health-e-App user. The following is information regarding this process.

Becoming a CAA

One-e-App users who submit to the Health-e-App website must have an active Certified Application Assistant number from the State of California. For more information on how complete the training to become a CAA, you can contact the Healthy Families EE/CAA Help Desk at 800-279-5012. Additional information can be found on the state website at http://www.healthyfamilies.ca.gov/English/caa/caa_ee.html

Becoming a Health-e-App User

In order to submit applications to Health-e-App, One-e-App users must have completed the Health-e-App web-based training and have a valid password (available after completing the Health-e-App training). To become a Health-e-App user, contact the Health-e-App help desk at 866-861-3443 and they will send you a link to take the training and provide you with an initial password to log-in.

IMPORTANT: You must have a Health-e-App Username (same as their CAA Number) and Password. Passwords must be reset after successfully completing the Health-e-App web-based training to be valid. Passwords expire after 30 days and must be reset prior to the One-e-App training.

For more information, you can also visit the state website at: <http://www.dhs.ca.gov/health-e-App/> The Health-e-App website is: <https://www.healthapp.net/>