

STEP 5: Eligibility Determination

one e app step 5 : preliminary eligibility help suspend cancel

One Stop Access to Health Care

----- Jump Back To -----

English Español Los Angeles County

Additional Information Notes

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.

Daniel John

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](#)

ADDITIONAL INFORMATION

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


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

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

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

Program Application: APPLICATION PROCESS

STEP 6: Preliminary Eligibility Determination

Preliminary Eligibility Results  Notes

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

Preliminary Eligibility for Programs			
Opt Out	Person Name	Program Name	Coverage Type
<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

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

Each program has its own application forwarding process.

THINGS TO CONSIDER:

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

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



CONFIRM INFORMATION

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

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

Program Application: APPLICATION PROCESS

STEP 7: Program Information

One Stop Access to Health Care

Healthy Kids

English Español

Los Angeles County

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

PROCESSING THE HEALTHY KIDS APPLICATION

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

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

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

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



	ID	Name	ZIP	Specialty	Gender	Language	Map
<input type="radio"/>	2476	CENTRAL CITY COMMUNITY HEALTH CENTER	90001	N/A	English	Both	N/A
<input checked="" type="radio"/>	2500	ARROYO VISTA HEALTH CENTER - FIGUEROA	90042	N/A	Armenian	Both	N/A
<input type="radio"/>	4095	QUEENSCAPE FAMILY CENTER - SUNOL	90063	N/A	English	Both	N/A

1 2

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

Select	Healthy Kids Person Name	Provider Name
<input checked="" type="checkbox"/>	Mega Bucks	

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


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

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

Program Application: APPLICATION PROCESS

STEP 7: Program Information

PROCESSING THE HEALTHY KIDS APPLICATION

Healthy Kids Declaration 

Application ID: 200633300054
Representative Name: Nancie Rigetti

DECLARATIONS

I declare that each child I am applying for:

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

I further declare that:

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

RESOLVING DISPUTES

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

PRIVACY NOTICE

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

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

☐ I declare that I have applied to enroll the(se) eligible child(ren) listed on this application in the Healthy Kids Program.


☐ I certify that the information in this application is true and correct.

Applicant Signature _____ Date _____

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

☐ I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed. 

Healthy Kids Declaration

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

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

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

REMEMBER


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

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


Program Application: APPLICATION PROCESS


STEP 7: Program Information





PROCESSING THE HEALTHY KIDS APPLICATION






Healthy Kids Completion  Notes

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

☐ 200634700021 

Person	Status	Program	Coverage	Program Summary
 Mega Bucks	Referred	Healthy Kids	Primary	<u>Healthy Kids Summary</u>

Note: Each  Indicates that the application is ready to submit Healthy Kids.
Note: Each  Indicates that the application is not ready to submit Healthy Kids.
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 Completion

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

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

WARNING!

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

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

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

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

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


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

You must click on the box next to the application ID and then click on the “submit” icon.


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

This may take several minutes.





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






Medi-Cal for Children and Pregnant Women Completion 

You have successfully collected all the required data elements for Medi-Cal for Children and Pregnant Women. 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.

☐ 200634700021 

Person	Status	Program	Coverage	Program Summary
Sta Bucks	Referred	Medi-Cal for Children and Pregnant Women	Restricted	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

Health-e-App Data Transfer

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

Transferring data to Health-e-App : Getting Started

■ ■ ■ ■

THINGS TO CONSIDER:

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

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

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

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

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

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

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

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

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

Things to Consider:

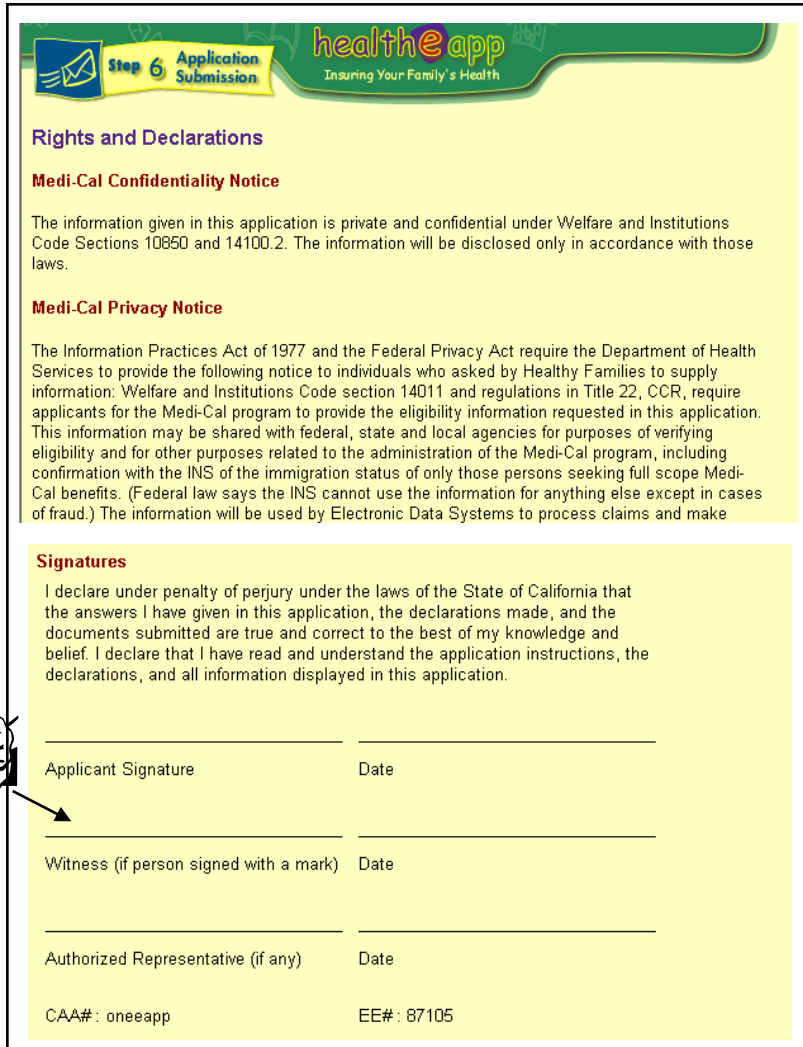
If an adult indicates that he/she would like to be screened for Medi-Cal eligibility, be sure to remind them that in order for the county to determine whether he/she is eligible supplemental forms such as asset or documentation will have to be provided.

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

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

Medi-Cal Rights & Declarations



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

Signatures

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

Applicant Signature Date

Witness (if person signed with a mark) Date

Authorized Representative (if any) Date

CAA# : oneeapp EE# : 87105

REMEMBER

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

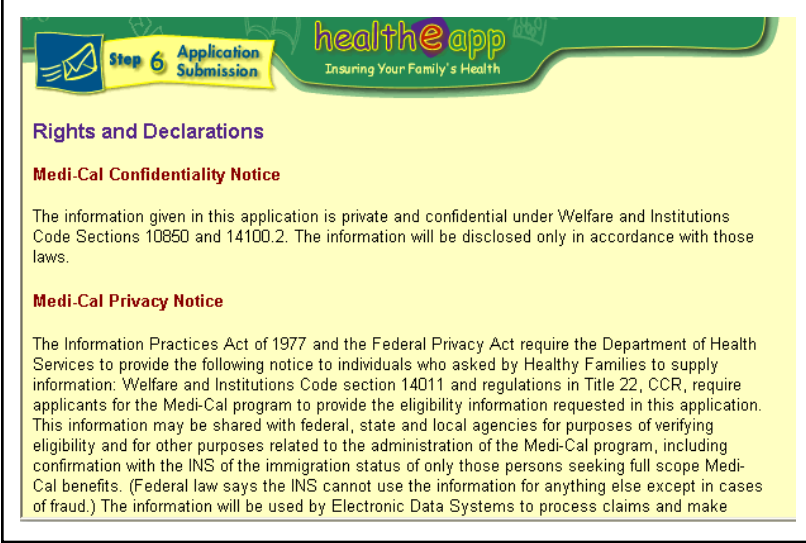
Information continued next page

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

Medi-Cal Rights & Declarations (continued)



The screenshot shows the 'Step 6 Application Submission' screen of the Health-e-App. The header includes the 'health e app' logo and the tagline 'Insuring Your Family's Health'. Below the header, the section 'Rights and Declarations' is displayed. It contains two sub-sections: 'Medi-Cal Confidentiality Notice' and 'Medi-Cal Privacy Notice'. The confidentiality notice states that the information is private and confidential under Welfare and Institutions Code Sections 10850 and 14100.2. The privacy notice explains that the Department of Health Services requires this information for eligibility verification and other purposes related to the Medi-Cal program, including confirmation with the INS of immigration status for full scope Medi-Cal benefits.

Step 6 Application Submission

health e app
Insuring Your Family's Health

Rights and Declarations

Medi-Cal Confidentiality Notice

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THINGS TO CONSIDER

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

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

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

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

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

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

Program Application: APPLICATION PROCESS

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

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

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

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


THINGS TO CONSIDER:


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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

DCN


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

 **Documentation Fax Cover Sheet**

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

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

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

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


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

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

Print

Help

Next

 **Fax Within 24 Hours!**

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

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION

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

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

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

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

REMEMBER

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

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A MEDI-CAL FOR CHILDREN/PREGNANT WOMEN APPLICATION



Congratulations Notes

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 200634800037	Valiere 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

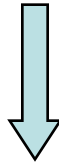
Note: Each  indicates that the member information has been successfully submitted to Health-e-App system.
Note: Each  indicates that the member information was not successfully submitted to Health-e-App system.

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

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

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

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



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**
Report a Bug/Make a Suggestion

Next

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*.


Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer





PROCESSING A HEALTHY FAMILIES APPLICATION






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.

☐ 200633200338 

Person	Status	Program	Coverage	Program Summary
Joel Ruiz	Referred	Healthy Families	Primary	N/A
Beth Ruiz	Referred	Medi-Cal for Children and Pregnant Women	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** 

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

One-e-App step 8: program information help suspend cancel

One Stop Access to Health Care

Healthy Families

English Español Los Angeles County

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 - FPO	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

SPECIAL POPULATION PLAN

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

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

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

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

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

If the applicant selects No click on next.

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

The screenshot shows the 'oneeapp' logo at the top left with the tagline 'One Stop Access to Health Care'. The top navigation bar includes 'step 8: program information' and links for 'help', 'suspend', and 'cancel'. The main heading is 'Healthy Families'. Below this, there are tabs for 'English' and 'Español', and a dropdown for 'Los Angeles County'. The section is titled 'Healthy Families Renewal details' and includes a 'Notes' icon. Two questions are displayed with radio button options: 'Is this a Healthy Families Renewal application?' and 'Are there new family persons that you would like to add to Healthy Families?'. Both questions have 'Yes' and 'No' options, with the 'Yes' option for the first question being selected. A black circle highlights the 'Yes' radio button for the first question, with a line pointing to the explanatory text on the right.

Indicate if you are processing a Healthy Families Renewal here.

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

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

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.

☒ 200633200338

Person	Status	Program	Coverage	Program Summary
Beth Ruiz	Referred	Medi-Cal for Children and Pregnant Women	Primary	N/A
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**

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

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

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

This may take several minutes.

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

Other Household Members who want Medi-Cal

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

☒ Yes ☐ No

Applicant

Beth Ruiz

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

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



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

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

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

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

Health Plan Selection

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

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

THINGS TO CONSIDER:

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

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.

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

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"/>	MOLINA	\$ 9	(888) 665-4621
<input type="radio"/>	BLUE SHIELD - HMO	\$ 9	(800) 424-6521
<input type="radio"/>	CARE 1ST HEALTH PLAN	\$ 9	(800) 605-2556
<input type="radio"/>	L.A. CARE HEALTH PLN	\$ 9	(888) 839-9909
<input type="radio"/>	COMMUNITY HEALTH PLN	\$ 6	(800) 475-5550
<input type="radio"/>	BLUE CROSS - HMO	\$ 9	(800) 845-3604
<input type="radio"/>	HEALTH NET	\$ 9	(888) 231-9473
<input checked="" type="radio"/>	KAISER PERMANENTE	\$ 9	(800) 464-4000

DENTAL PLANS		
Select	Plan Name	Phone Number
<input type="radio"/>	WESTERN DENTAL	(800) 805-8000
<input type="radio"/>	SAFEGUARD DENTAL	(800) 880-3080
<input checked="" type="radio"/>	ACCESS DENTAL	(888) 849-8440
<input type="radio"/>	HEALTH NET DENTAL	(800) 977-7307

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 checked="" type="radio"/>	VISION SERVICE PLAN	(800) 877-7239

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

Health Plan Selection *(continued)*

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION

Health Plan Selection

You have selected the following:

Plan	Name
Health	KAISERPERMANENTE
Dental	ACCESSDENTAL
Vision	VISIONSERVICEPLAN

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

Health Plan Selection *(continued)*

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

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

Program Application: APPLICATION PROCESS

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.

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.

PROCESSING A HEALTHY FAMILIES APPLICATION

REMEMBER

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

THINGS TO CONSIDER

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer



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

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

_____ Applicant Signature	_____ Date
_____ CAA Signature	_____ Date

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


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



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

PROCESSING A HEALTHY FAMILIES APPLICATION

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

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

Premium Payment Method

Indicate the method for paying the premium.


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

1. Payments may be made by mail with a: Personal Check, Cashier's Check, or Money Order. Make checks out to the "Healthy Families Program". Mail payments to:
**Healthy Families
P.O. Box 537019
Sacramento, CA 95853-7019**
2. Payments may be made by cash in person at certain **Western Union Convenience Pay Locations**. Call **1(800) 354-0005**, option 5, to find a Western Union near the client. There is no charge for this service.
3. Payments may be made by **Credit or Debit Card** online or by phone. Click on the link to pay online or call **1(888) 256-6167** to pay over the phone.
4. Payments maybe taken electronically from the applicant's banking account with **Electronic Fund Transfers (EFT)**. To pay by EFT follow the steps on the back of the monthly statements received once enrolled in Healthy Families.


Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

DCN



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



Documentation Fax Cover Sheet

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

Date: December 15, 2006
To: Healthy Families/Medi-Cal
Fax Number: 1-866-848-4976
From: Holly Tower
Address: 325 W Ave 45 None
Los Angeles , 90065
Phone: Home: (323) 222-2222
Document Control Number: 20068613305

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

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

Premium: \$15.00 per month. Pay for 3 months (total of \$45.00), get the 4th month free.
The first month's premium must be paid in order to get coverage.
Please check the appropriate box to indicate how you will submit payment:

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

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

PROCESSING A HEALTHY FAMILIES APPLICATION

Documentation Fax Cover Sheet

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

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

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

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



Fax Within 24 Hours!

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

REMEMBER: Print the Fax Cover Sheet


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

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

Program Application: APPLICATION PROCESS

STEP 8: Health-e-App Data Transfer

PROCESSING A HEALTHY FAMILIES APPLICATION


Congratulations  Notes


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.

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

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

Congratulations

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

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

Congratulations!

You have completed the application process!

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

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

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