

# My Health LA (MHLA)

## How to Conduct Enrollments in One-e-App



Los Angeles County - Department of Health Service  
MHLA Eligibility & Enrollment Training Unit



# One-E-App



One-e-app is a web-based eligibility and enrollment system.



One-e-App is designed to enroll participants and determine eligibility for My Health LA.



To access one-e-app, you must register to receive an account.



One-e-app account profiles are:

1. CEC Enrollers
2. CEC Supervisor
3. Read-Only
4. System Administrator



1. Complete OEA User Account Application on the MHLA website. <http://dhs.lacounty.gov/mhla>



2. Submit form to [helpdesk@dhs.lacounty.gov](mailto:helpdesk@dhs.lacounty.gov) with subject line: OEA USER APPLICATION.



3. Must include agency-specific email address. (No internet/personal email addresses accepted e.g., Yahoo, Gmail)



4. User will receive account login instructions via email

# One-e-App User Accounts

# Agency Eligibility Leads

## Eligibility Leads

Your agency was asked to identify at least two Eligibility Leads for the MHLA program.

These Eligibility Leads will be the experts for your agency on MHLA eligibility and income calculation rules and will be in regular contact with the MHLA Eligibility office regarding issues and problems with your One-e-App (OEA) applications.

Eligibility Leads will also be responsible for auditing your agency's MHLA applications, making sure that enrollers follow MHLA Eligibility rules, and communicating income calculation rules with the other enrollers in your agency.

# OEA - Community Partners Functionalities



Process MHLA Application



Conduct a Demographic Search (existing or previous) of MHLA Applicants



Update MHLA Application



Modify existing MHLA Application



Re-add MHLA Applications



Upload MHLA Verification Documents



Annual MHLA Renewal



Check Member Eligibility

# Log-in Screen

English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

Change Font Size

## Welcome!

Apply for free and low cost assistance, support and benefits

### User Login

Please login using the User Name (with client extension) and Password that was assigned to you.  
Example: For a User Name of "jsmith" and Client ID of "abc" enter "jsmith.abc" for User Name.

User Id

Password

Captcha Code

Sign In

[Forgot Password?](#)

- ▶ [www.assistedoneeapp.org](http://www.assistedoneeapp.org)
- ▶ The User ID will be provided to the enroller by DHS after completing the OEA User Account Application.
- ▶ Click on “Forgot Password?” if you cannot remember your password. You will reset your own password. If you lock yourself out after **5 attempts**, you will need to contact your agency’s System Administrator to unlock your account.

Enter User ID

Enter Password

Captcha Code Provided

Enter Captcha Code (Case-Sensitive)

Click

# Texting Feature

MHLA has the ability to send text messages to all members with active cellphones.



**OBTAIN CONSENT TO  
RECEIVE TEXT MESSAGES**



**CAPTURE DATA (CELL  
PHONE NUMBER)**



**REMINDER TO ENTER CELL  
PHONE NUMBER FIRST**


Verification  
FEATURE


# Address Verification

Change Font Size ▲ A A A


Welcome to **my oneeapp** Cynthia Lopez !

---


 Search for an Application...  
  
[Search](#)

 Application Assistance... ▾

- [Begin Application](#)
- [Renew/Modify Application](#)
- [Conduct Application Search](#)
- [Attach Scanned Documents](#)
- [Search Disenrolled Persons](#)
- [Print Document Coversheet](#)
- [Print/Re-print forms](#)
- [Print Blank Forms](#)
- [View Notes](#)

 Enrollment Assistance... ▾

- [Update Applicant Data](#)

 Caseload... ▾

- [View CEC Workload](#)
- [Program Submission Workload](#)
- [Expired Applications](#)
- [View Application Workflow History](#)

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**My Assisted Applications** Minimize ▾

- 0 [In Progress \(Last 30 days\)](#)
- 0 [Expired \(Last 30 days\)](#)
- 0 [Due for Renewals \(Last 30 to 90 days\)](#)

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**My Assisted Persons** Minimize ▾

- 0 [Pending Submission \(Last 30 days\)](#)
- 3 [Submitted \(Last 30 days\)](#)

---

**My Mailbox** Minimize ▾

- 0 [Tickler\(s\) \(Last 30 days\)](#)
- 0 [Reminders\(s\) \(Last 30 days\)](#)
- 0 [Messages\(s\) \(Last 30 days\)](#)

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**My Account** Minimize ▾

- [Change Password](#)
- [Change Secret Question](#)
- [Set/Change Default Location](#)
- [Change Font Size](#)
- [Modify My Profile](#)



no matching records were found.

### Applications

Year of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score
1987		6/27/2018	My Health LA	Fax	19002201909700043	31900201003097198	100.00
1987	Address Verification						00.00
1987	Please Verify Primary Informant's mailing address and phone numbers						00.00
1987	Primary Informant: Dalton Baird						00.00
1987	Address: 789 Test						00.00
1987	Los Angeles, CA 90001						00.00
1987	Cell Phone (222)222-2222						00.00
1987	Home Phone (111)111-1111						00.00
1987	Work Phone (333)333-3333						00.00
1987	If the above information is not current please update now						00.00



**Please Verify Primary Informant's mailing address and phone numbers**

Primary Informant: Dalton Baird  
Address: 789 Test  
Los Angeles, CA 90001  
Cell Phone (222)222-2222  
Home Phone (111)111-1111  
Work Phone (333)333-3333

**If the above information is not current please update now**

OK

**BEFORE**

E-mail   None

Home Phone

Cell Phone

Work Phone  X

Message/Emergency Phone  X

How would you like to be contacted? -----Select One-----

What is your primary spoken language? English

What is your primary written language? English

**AFTER**

E-mail   None

Is it okay to send text or phone messages for health care related information, including reminders to renew? Standard text message and data rates may apply.  Yes  No

Cell Phone  111  111  1111 Note: Enter

Home Phone  222  222  2222 Note: Enter

Work Phone  333  333  3333 X

How would you like to be contacted? -----Select One-----

What is your primary spoken language? English

What is your primary written language? English

# Two Step Verification (2SV)

one e app English | Español  
One Stop Access to Apply for Assistance Font Size

## Verify Your Identity

**User Name:** Quick Help

Please enter the pin code sent to the e-mail address (g...s@socialinterest.org) so we can help verify your identity.

**Two step verification:**

**Security Preference:** Would you like us to remember this computer?

**Yes, remember this computer.**  
Trust this computer when I sign in.

**No, don't remember this computer.**  
Ask me for a verification code each time I sign in.

**Continue** **Cancel**

*'Verify Your Identity' screen – A six-digit numeric pin code will be sent to user's email address in English and Spanish. Copy & paste or key in the pin code here.*

*Check 'Yes' to remember your computer. 2SV will only be required again if it meets one of the verification conditions listed below\*.*

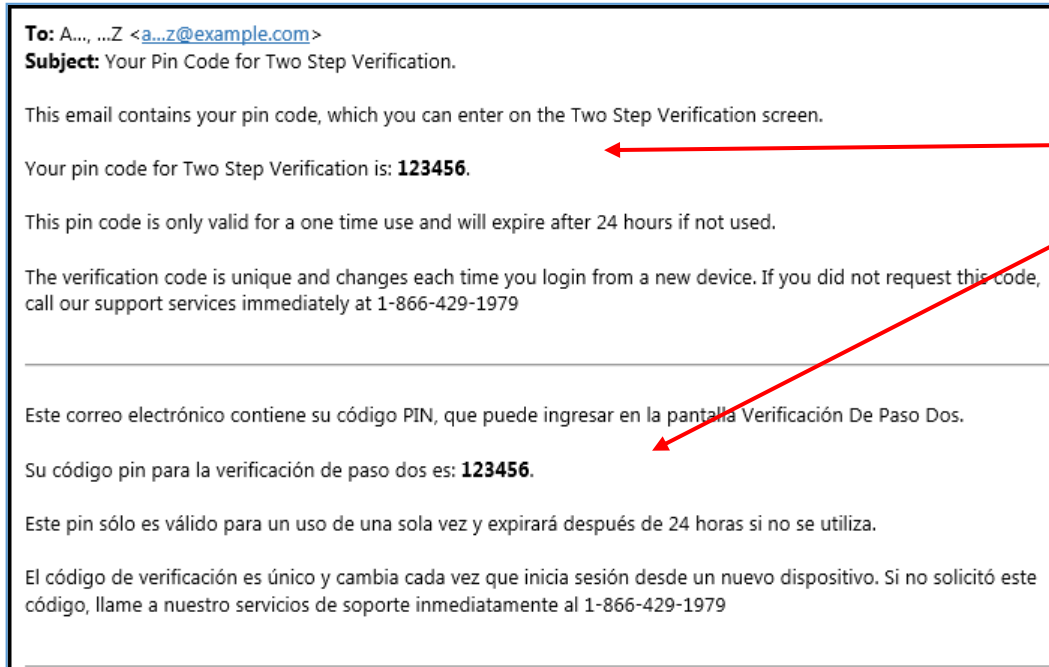
*Once 2SV is completed for each up to three computers, 2SV will only be required again if it meets one of the verification conditions\*.*

*Check 'No' will require 2SV upon each subsequent login attempt.*

This next screen is a conditional page, meaning it will only appear if the user's account meets one the following verification conditions:

- A user's first visit to the OEA site
- A user's password expires
- A user changes their password
- A user's account has been locked due to inactivity or too many invalid attempts at login
- A user elects to not remember their device
- A user's is attempting to log on from an unknown location

# Two Step Verification (2SV) Cont.




*Example of the Six-digit numeric pin code message sent to user's email address in English and Spanish.*

If and when a user's account meets one of the verification check conditions, the user will be sent a six-digit numeric pin code via email. The pin code will be sent to the email address provided at the time of the user's account creation.

**IMPORTANT: The 2SV security feature requires all OEA users (including those logging in from a remote computer) have access to the email address listed on their OEA profile. If your email address changes, please ensure that you update it in your OEA user profile.**

# User Type Selection

## Work Location

Change Font Size 

**User Setting**

User: Practice Ractice Quick Help

**User Type Selection**

Select your user type to continue:

**Work Location Selection**

Select a work location to continue:

Save as default work location

[> Get Help](#)

Select your User Type here. Users who have more than one User Type must select one here. The Work Location is where you are physically located when you are enrolling an applicant. Agencies that have more than one site will have a drop-down choice.

# Dashboard

The screenshot displays the One-e-App dashboard interface. At the top, there is a header with the 'oneeapp' logo, the text 'One Stop Access to Apply for Assistance', and a 'logout' button. Below the header, a 'Welcome to my oneeapp' message is shown. The main content area is divided into several sections:

- Search for an Application...**: A search bar with a 'Search' button.
- Application Assistance...**: A list of links including 'Begin Application', 'Renew/Ready Application', 'Conduct Application Search', 'Attach Scanned Documents', 'Search Eligible Persons', 'Print Document Coverages', 'Print/Re-print forms', 'Print Blank Forms', and 'View Notes'.
- Enrollment Assistance...**: A link for 'Update Applicant Data'.
- Caseload...**: A list of links including 'View CEC Workload', 'Program Submission Workload', 'Expired Applications', and 'View Application Workflow History'.
- Outreach...**: A list of links including 'View Messages', 'View Reminders', 'View Tickers', 'View Faxes', and 'View Follow-Up Workload'.
- Administration...**: A link for 'View Scanned Documents'.

On the right side of the dashboard, there are four summary sections, each with a 'Minimize' button:

- My Assisted Applications**: 2 In Progress (Last 30 days), 0 Expired (Last 30 days), 0 Due for Renewals (Last 30 to 90 days).
- My Assisted Persons**: 0 Pending Submission (Last 30 days), 0 Submitted (Last 30 days).
- My Mailbox**: 0 Tickers (Last 30 days), 0 Reminders (Last 30 days), 0 Messages (Last 30 days).
- My Account**: Change Password, Change Secret Question, Set/Change Default Location, Change Font Size, Modify My Profile.

Your OEA Dashboard is your personal starting point for all OEA functions.

For example, from this screen you can:

- Begin to search for OEA applications or persons
- Continue in-process applications
- Make application modifications
- Review application summaries
- Re-print OEA documents
- Change your OEA profile.
- Check Member Eligibility



# Search Screen

**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.

Search Type:

Result Type:

**Unique Identifier**

Application ID

Person ID

SSN

**Person Detail**

First Name

Middle Name

Last Name

Suffix

Gender  Male  Female

Date of Birth

Mothers Maiden Name

**Contact Detail**

Phone 1

Phone 2

E-Mail Address 1

E-Mail Address 2

The search results can be further filtered by person's place of birth, the assistor's name, the application date range and/or the Eligible Program Name.

Person Place of Birth

Application Assistor

Date Range

Eligible Program Name

Search | Reset

An application search can be accomplished through several methods:

- **Unique identifier:** such as person or application ID
- **Person detail:** such as first/last name, gender, date of birth (DOB) and mother's maiden name
- **Contact Detail:** information such as their phone number or email address or
- **Assistor/Enroller** or application date range.

# Search Screen Cont.

The screenshot shows a search interface with the following elements:

- Search Type:** A dropdown menu with "Exact Match" selected and "Scored Match" as an option.
- Result Type:** A dropdown menu with "Application View" selected.
- Unique Identifier:** A section containing three input fields: "Application ID", "Person ID", and "SSN" (split into three boxes).
- Person Detail:** A section containing several input fields: "First Name", "Middle Name", "Last Name", "Suffix" (a dropdown menu with "-----Select One-----" selected), "Gender" (radio buttons for "Male" and "Female"), "Date of Birth" (three boxes for day, month, and year with a calendar icon), and "Mothers Maiden Name".

## Exact or Scored Match search:

- The **exact match** will search only for the information provided such as John Doe, male, DOB 01/01/1980. If there is no match, no application will be returned.
- The **scored match** will return results that are similar to the information provided along with a percentage matching number (94.1 or 89.3) showing a similar application. For example, a search of John Doe, male, DOB 1/7/1980 may return a result of John Doe, male, DOB 1/1/1980 with a score number to let the enroller decide whether the two are the same person. This is where the use of a mother's maiden name is recommended to narrow a search result where an applicant's name, gender and DOB are the same. Below is an example of an application match.





# Application Match

If you receive a match on your search you will see the following information. As a CEC or Read Only user you have access to this information.

Click the applicant's name to see Medical Home, coverage period and disposition. See screen below.

Click on the Application ID number to view the Application Summary. This summary has application details.

**Submitted Applications**

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>	Greg Iles	1/1/1980	Jorge Staff	7/24/2014	Medi-Cal - Restricted No Share of Cost	Fax	19002201420400123	31900201032204142	100.00		 
<input type="checkbox"/>	Greg Iles	1/1/1980	Jorge Staff	7/24/2014	My Health LA	Fax	19002201420400123	31900201032204142	100.00		 

Clicking this icon will show you whether there are uploaded documents.

**Program Disposition Details**

Applicant Name	Program Name	Disposition	Disposition Date	Medical Home	Denial/Disenroll Reasons	Coverage Period	Disenrollment Date	Comments
Iles, Greg	Medi-Cal - Restricted No Share of Cost	Pending	N/A	NORTHEAST COMM-WILMINGTON	N/A	N/A	N/A	N/A
▶ Iles, Greg	My Health LA	Reinstated	07/25/2014	NORTHEAST COMM-WILMINGTON	N/A	07/24/2014 - 07/23/2015	N/A	N/A
Iles, Manny	Medi-Cal - Restricted No Share of Cost	Pending	N/A	NORTHEAST COMM-WILMINGTON	N/A	N/A	N/A	N/A

Clicking this icon will show you the enrollment status and enrollment history.



# Begin Application

**Search Results - Scored Match**

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.						

**Applications Pending Submission**

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	View Documents
No matching records were found.									

**Applications Pending Verification Documents**

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









**Expired or Program Closed Applications**

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	View Documents
No matching records were found.									

**Submitted Applications**

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
No matching records were found.										

**Notes:**

- Each  indicates a renewal application.
- Each  indicates a renewal application which has started and not completed through final eligibility review.
- Each  indicates a link to view verification documents.
- Each  indicates program closed application(s)/person(s).
- Each  is a link to a person's application summary.
- Each  is a link to add a person to the clipboard.
- Each  is a link to application workflow history.
- Each  indicates IDR pending application(s)/person(s).

**Add Notes | Search**

**View Clipboard | Begin New Application | Renew/Modify**

If there is no match to an existing application, start a new application by clicking on Begin New Application.

# Consent to share information

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

## Consent to Share Information

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 program and may be shared with other agencies and organizations that administer these programs. The information you provided 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:

- Los Angeles County Hospitals and Clinics
- Los Angeles County Department of Public Health
- Los Angeles County Department of Public Social Services
- Los Angeles County Non-profit Hospitals
- LA Care Health Plan
- Health Net Health Plan
- Participating Community Partners
- Los Angeles County Pharmacy Administrator

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 required to answer questions regarding immigration status as part of this screening process. Please note, however, if undocumented, this will not impact your eligibility to the My Health LA 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 case 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

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[Print](#)

[Get Help](#)

[Next](#)

An applicant must consent to this request before continuing with The application. This consent applies to everyone in the Household applying for benefits.

# Applicant's Full Name

The screenshot shows the 'Tell us about yourself' screen in the One-e-App system. The header includes the 'one eapp' logo, 'step 2: Your Household', and 'help logout' links. A progress bar at the top shows steps 1 through 8, with step 2 highlighted. Below the progress bar, the title 'Tell us about yourself' is displayed with a 'Notes' icon. The form contains several sections: a household membership question with 'Yes' and 'No' radio buttons; name fields for First Name (Jojo), Middle Name (checkbox checked 'None'), Last Name (Ry), and Suffix (dropdown menu); a question about other names with 'Yes' and 'No' radio buttons; an email field (jojory@gmail.com) with a 'None' checkbox; a question about receiving text or phone messages with 'Yes' and 'No' radio buttons; phone number fields for Cell Phone, Home Phone, and Work Phone, each with a note; contact preference dropdown (Text Message); primary spoken and written language dropdowns (English); and a 'Next' button. At the bottom, there are links for 'View Application Summary', 'Get Help', 'Report a Bug/Make a Suggestion', and the 'Application ID: 19002202025400237'.

## Tell us about yourself screen

There are applicants who have several names on their identifying document. Typically the applicant's name can be broken down into the categories below. It is important to ask the applicant where each name falls under the categories of **first** and **middle** name.

### Extended Name scenarios:

Example 1:

**Jose Luis Garcia Torres  
Martinez**

First Name – Jose  
Middle name – Luis  
Last name – Garcia

Example 2:

**Jessica Lisa Garcia-Gomez**

First name - Jessica  
Middle name - Lisa  
Last name – Garcia Gomez

# Tell Us Your Address

Are you homeless?  Yes  No

Are your home and mailing addresses the same?  Yes  No

## Home and Mailing Address

Zip Code

Street Address 1

Street Address 2

City

State

County

Zip

Are you homeless?  Yes  No

Are you residing in LA County?  Yes  No

Are you willing to sign an affidavit of residency?  Yes  No

Do you have a place where you currently receive your mail?  Yes  No

Do you want to receive all program related mail at your Medical Home?  Yes  No

- **Home Address:**

Complete the applicant's home address and add mailing address if applicable.

- **Homeless:**

If an applicant is homeless you will be directed to answer more questions. If it is okay for the medical home (MH) to receive the applicant's MHLA mail, that MH address will be connected to the application once MH is determined.

- **Partial Address Match – Pop up:**

The system will allow for address number fractions to be entered. You will receive a pop-up if the entered address does not match a USPS system address. This is an opportunity to review the address entered and correct if needed. If the address you entered is correct, close pop up and continue.

# Tell Us More About the Applicant – Part 1

The screenshot shows the 'one eapp' website interface. At the top, it says 'step 2: Your Household' with navigation links for 'help', 'save and close', and 'cancel'. A 'Jump Back To' dropdown menu is visible. Below the header is a progress bar with 8 steps: 1 Getting Started, 2 Your Household (highlighted), 3 Household Income, 4 Other Information, 5 Preliminary Eligibility, 6 Additional Information, 7 Program Information, and 8 Next Steps. The representative is identified as Jane Nicole Peterson. The main heading is 'Tell us more about Jane Nicole Peterson' with a 'Notes' icon. The form contains several sections: 'Is this person applying for benefits?' with radio buttons for Yes and No; 'Gender' with radio buttons for Male, Female, and Other; 'Date of Birth' with input fields for 12, 10, and 1995; 'Mother's Maiden Name' with a dropdown menu showing 'Jameson' and an 'Unknown' checkbox; 'Place of Birth (Select the one that applies)' with dropdowns for California County, US State, and Other Country (Mexico); 'Are you Hispanic or Latino?' with radio buttons for Yes and No; 'What is your race?' with a dropdown menu showing 'White'; 'Do you know your SSN?' with radio buttons for Yes and No; 'Status based on Place of Birth' with radio buttons for 'Not eligible for MHLA' and 'Eligible for MHLA'; 'Do you have Legal Permanent Resident status?' with radio buttons for Yes and No; 'Date Legal Permanent Status Received' with input fields; 'PRUCOL' with radio buttons for Yes and No; 'Marital Status' with a dropdown menu showing 'Never Married'; 'Spouse's First Name', 'Spouse's Middle Name', and 'Spouse's Last Name' with input fields; and 'Suffix' with a dropdown menu showing 'Select One'. At the bottom, there are links for 'View Application Summary' and 'Get Help', and a 'Next' button. The Application ID is 19002201932900016.

- **Applying for benefits:**

This means My Health LA (MHLA) benefits. Some household members would not be applying for benefits if they have other coverage already.

- **Mother's Maiden Name:**

It is important to ask the applicant for their mother's maiden name. As more applications are completed the likelihood of having individuals with the same name and date of birth will increase. The applicant's mother's maiden name will help identify the unique individual.

- **Place of Birth:**

This feature has a place of birth for all members of the household; California Counties, US States, and other countries.

# Tell Us More About the Applicant – Part 2

SSN  Yes  No

Do you know your SSN?  Yes  No

Status based on Place of Birth  Not eligible for MHLA  Eligible for MHLA

Do you have Legal Permanent Resident status?  Yes  No

Date Legal Permanent Status Received

PRUCOL  Yes  No

Marital Status

Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

Suffix

- **SSN:**  
If the applicant has a social security number, you can enter it and the number will not by itself disqualify them from applying for MHLA.
- **Citizen/Legal Permanent Resident/PRUCOL :**  
If the applicant answers Yes to one of these questions the applicant will not qualify for MHLA because they qualify for other coverage.
- **Date of Entry** is not mandatory.
- **Martial Status** is needed. Note: There is no “single” status; only “Never Married” status.

# Tell Us More About the Applicant – Health Insurance

1	Getting Started	2	Your Household	3	Household Income	4	Other Information	5	Preliminary Eligibility	6	Additional Information	7	Program Information	8	Next Steps
---	-----------------	---	----------------	---	------------------	---	-------------------	---	-------------------------	---	------------------------	---	---------------------	---	------------

Adult(s) : [Jane Nicole Peterson](#)

## Tell us more about Jane Nicole Peterson



Is Jane Nicole Peterson currently enrolled in any public benefit program(s)?  Yes  No

Current Benefit(s):

### Medi-Cal

Full Scope Medi-Cal  Yes  No

Restricted/Emergency Related Services  Yes  No

With Share of Cost

Without Share of Cost

Pregnancy Related Services  Yes  No

Presumptive Eligibility  Yes  No

Client Index Number

Does Jane Nicole Peterson have other private health insurance?  Yes  No

Does Jane Nicole Peterson currently have employer paid insurance?  
 Yes, covered now  
 Not now, but during the past 180 days  
 No, but employer offers insurance  
 No

Has Jane Nicole Peterson been denied Medi-Cal coverage?  Yes  No

Are there any more persons in the household?  Yes  No

[View Application Summary](#) | [Get Help](#)

Application ID: 19002202016100259

Next

- **Public Benefits/Health Insurance:** The information under this section can be entered for everyone in the household. Here the applicant has restricted Medi-Cal without share of cost.
- **Are there any more persons in the household?** If there were additional persons in the household, you would enter “Yes” and add the next household member.

# Household Summary

1 Getting Started 2 **Your Household** 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

## Household Summary Notes

Please make any necessary changes.

To remove a person from the application, click on the 'Remove' link next to each person name.

Name	Applying for coverage	Remove
Jane Nicole Peterson (Primary Informant)	Yes	

To add additional household members to the application, answer Yes to the following question and click Next.

Are there any more persons in the household?  Yes  No ?

[View Application Summary](#) | [Get Help](#) Next

This summary is an opportunity to review with the applicant whether the household members and their information on the application are correct. If not correct, you can still add or remove a household member.

If you need to make a change to an applicant's demographic information you may be directed to this summary. Simply click on the applicant's name to return to the start of the application.



# Household Income

oneeapp  
One Stop Access to Apply for Assistance

step 3: Household Income help save and close cancel

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

Change Font Size Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Tell us about the family income Notes

Does anyone on this application have income?  Yes  No

Jane Nicole Peterson (Primary Informant)

View Application Summary | Get Help  
Application ID: 19002201932900016

Next

## **Household Income:**

Important: Every applicant must show at least one household member receiving income. Enter “Yes” if the applicant is receiving either or both earned or unearned income. Enter “Yes” even if the applicant(s) are receiving In-Kind Income. Homeless individuals may be receiving either or both earned and unearned income to meet their needs.

If you have questions about income for application household members, call our **Eligibility Review Unit at 833-714-6500** for assistance.

# Income Screen

oneeapp  
One Stop Access to Apply for Assistance

step 3: Household Income  
help save and close cancel

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

Change Font Size A A A A  
Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Tell us about Jane Nicole Peterson's Income(Adult) Notes

Does Jane Nicole Peterson have any income?  Yes  No

Current Situation	Income Source	Frequency	Gross Amount
Working	Earnings from job	Weekly	\$200.00

Gross monthly income for Jane Nicole Peterson is \$866.00

Name of employer, organization, or person providing the income Clifton's Cafeteria  
Address 1 648 S Broadway  
Address 2  
Employer City Los Angeles  
State California  
Zip 90014  
Employer Phone Number 626 555 9999  
Date Received/Expected to be Received  
Pay Period Begin Date  
Has this income been terminated?  Yes  No

Does Jane Nicole Peterson have any additional income?  Yes  No

View Application Summary | Get Help  
Application ID: 19002201932900016

Next

**Current Situation:** There are several income options under this drop-down menu including: Working, Other Income, and Self Employed.

**Income Source:** This drop down is filtered by what is chosen under Current Situation. For example, if you chose Working , your income source would be Cash Income or Earnings from Job.

Enter Frequency (monthly, weekly, hourly, etc.) and Gross amount per frequency.

# Income Summary

one eapp **step 3: Household Income** help save and close cancel

One Stop Access to Apply for Assistance -----Jump Back To-----

Change Font Size [A](#) [A](#) [A](#) Los Angeles

1 Getting Started 2 Your Household 3 **Household Income** 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

### Household Income Summary [Notes](#)

Review the following summary to make sure you have included everyone's income correctly.  
To change the income, Click on the person's name.  
To remove a person's income from the application, Click on the 'Remove' link corresponding to that person.

Jane Nicole Peterson (Adult) [Sample Self Affidavit of Income Letter](#)

Income Type	Frequency	Amount	Gross Monthly Amount	Remove
Earnings from job	Weekly	\$200.00	\$866.00	<a href="#">Remove</a>

Sample Profit and Loss Statement

[View Application Summary](#) | [Get Help](#) [Next](#)

Application ID: 19002201932900016

## Review Income Summary:

This is an opportunity to review with the applicant their income information and determine whether it is accurate. You can click on the person's name to change the income or remove income by clicking 'Remove.'

**Self Affidavit:** The applicant can use a self-affidavit to attest for their income. Click the 'Sample Self Affidavit' to see both a sample and an affidavit ready for printing. Print the affidavit and upload it into the system when completed.

**Sample Profit and Loss Statement** is also available if applicable.

# Person Clearance



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Notes

## One-e-App Person Clearance

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.

### Re-run Person Clearance with Expanded Search

The system has run person clearance by using the default parameters. If you cannot find one or more persons on the application and believe that they should exist in the system, please click the above button to rerun the person clearance search with the expanded search criteria.

**Jane Nicole Peterson**

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

The person is not known to One-e-App

Note: Indicates that the person is a potential match based on SSN and/or address and other household members.

[View Application Summary](#) | [Get Help](#)  
Application ID: 19002201932900016

[Next](#)

## Person Clearance:

The system will search for the individual(s) information you entered and indicate possible matches to existing records.

**Match found:** If a match is found the table to the left will give you information including name, date of birth (DOB) and place of birth. You need to determine whether or not it is the same person because you **do not want to create a new Person ID nor merge the applications of two different individuals.** If the applicant received a match with same name, DOB but different Place of Birth you could determine it is a different applicant. If the match has all the same elements (name, DOB, place of birth) it could be the same individual. If there is no match, click on “Person is not known to One-e-App.”

# Person Clearance Cont.

Search

Score	Person Name	Person ID	Current Application ID	Date Of Birth	Place Of Birth	Gender
100.0	Roberto Ruvalcaba Ruiz	3190020174904215619002201605502982		7/20/1971	México	Male

The person is not known to One-e-App

Citlaly Ruvalcaba

Score	Person Name	Person ID	Current Application ID	Date Of Birth	Place Of Birth	Gender
100.0	Citlaly Ruvalcaba	3190020175104215219002201504206289		11/30/2001		Female

The person is not known to One-e-App

Roberto Ruvalcaba

Score	Person Name	Person ID	Current Application ID	Date Of Birth	Place Of Birth	Gender
100.0	Roberto Carlos Ruvalcaba	3190020175004215419002201504206289		6/28/2006		Male

The person is not known to One-e-App

Note: Indicates that the person is a potential match based on SSN and/or address and other household members.

## Person Clearance Grayed-out:

In some cases, you may see that the radio button is “grayed-out” and OEA won’t allow you to select persons to move forward in the application.

In this case, click on the ‘Search’ link above the results table and you will be able to select the person(s) and complete the application.

**IMPORTANT:** If you still have a problem/question (e.g., the radio button remains grayed-out or you believe the person already has a PID but does not appear) contact the SME line (833) 714-6500.

**REMEMBER:** Only click on ‘Person is not known to One-e-App’ if you are certain that the search result is not the person you are screening. This action will create a new PID.

# Person Clearance Cont.

Through careful person clearance, you can avoid:

1. Giving one person two Person ID numbers.
  2. Mistaking a new applicant for someone who is already known to OEA.
- OeA has a feature that can prevent the CECs from creating duplicate member(s) for the MHLA program when there is a 95% match or higher.
  - If the CEC chooses to assign a new PID by (selecting this person is not known to One-e-App), a pop-up will be displayed indicating that there is a preexisting record and would require the CEC to send the request of assigning a new PID to the Eligibility Review Unit (ERU) for approval.
  - Once a request is sent for approval, a pop-up shall display that the decision is pending. User can stay on the same page for the request to be approved or can save and close the application. ERU will clear the request within 15 minutes, or the CEC can contact the SME line for urgent requests to clear a PID.

**Duplicate Review**

**Duplicate Review for 19002202101900100**

OeA found a 100.0% match for Johnny Looper in our system/records. Please select the matched Person ID (PID) after careful analysis. If there are any concerns please contact you Supervisor. This process is implemented to prevent duplicate member(s) records in OeA. Click **Send** to notify Program Analyst or **Cancel** to select from the matched member.

**Send** **Cancel**

Score	Person	Date Of Birth	Gender
100.0	Johnny	México	Male

The person is not known to One-e-App

**Note:** Indicates that the person is a potential match based on SSN and/or address and other household members.

[View Application Summary](#) | [Get Help](#) **Next**

# Household Person Details

**oneeapp** One Stop Access to Apply for Assistance

step 4: Other Information help save and close cancel

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

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1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

### Household Person Details

Person details for the application are summarized below.

Notes

Adult(s)

Name	Date of Birth	Person ID	Applying for Coverage
Jane Nicole Peterson	12/10/1995	31900201000329194	Yes

View Application Summary | Get Help

Application ID: 19002201932900016

Next

## Person ID

After the system is told that the applicant is not known to OEA, OEA creates a unique identifier for each applicant applying for MHLA. The unique identifier is the Person ID.

# Eligibility Determination

oneeapp  
One Stop Access to Apply for Assistance

step 5: Preliminary Eligibility help save and close cancel

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

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Los Angeles

1 Getting Started	2 Your Household	3 Household Income	4 Other Information	5 Preliminary Eligibility	6 Additional Information	7 Program Information	8 Next Steps
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**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.

[View Application Summary](#) | [Get Help](#) **Calculate**

Application ID: 19002201932900016

**Calculate:** On this screen you click “Calculate” to determine whether the applicant(s) are potentially eligible for MHLA.



# Preliminary Eligibility Results

**oneeapp** One Stop Access to Apply for Assistance

step 5: Preliminary Eligibility help save and close cancel

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

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1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

### Preliminary Eligibility Results

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

**Likely Eligible (More information is required to complete application process in One-e-App.)**

Do You Want to Apply?	Person Name	Program Name	Coverage Type	Help
<input checked="" type="radio"/> Yes <input type="radio"/> No	Jane Nicole Peterson	Restricted Medi-Cal, No Share of Cost	Primary	?
<input checked="" type="radio"/> Yes <input type="radio"/> No	Jane Nicole Peterson	My Health LA	Secondary	?

View Application Summary | Get Help  
Application ID: 19002201932900016

Next

## Likely Eligible:

This applicant is likely eligible for MHLA. As an enroller you want to make sure this is what you see. If you do not and you believe the applicant is eligible you need to review the View Application Summary to determine why OEA is calculating that the applicant is not eligible.

## Current Benefits:

The applicant already had Restricted Medi-Cal (RMC). Applicant will still receive a Medi-Cal referral.

# Change Demographic Information, Save and Close, & In Progress

one e app step 5: Preliminary Eligibility help save and close cancel

One Stop Access to Apply for Assistance

Jump Back To

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**Preliminary Eligibility Results** Notes

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

Likely Eligible (More information is required to complete application process in One-e-App.)

Do You Want to Apply?	Person Name	Program Name	Coverage Type	Help
<input checked="" type="radio"/> Yes <input type="radio"/> No	Jane Peterson	My Health LA	Primary	?

**Change Demographic Info:**  
After the “Preliminary Eligibility Results” screen you will **NOT** be able to return to the earlier screens.

**Save and Close:**  
You can save and close an application any time up to this point and still access the application in your “In Progress” section on your Dashboard. After clicking “Save and Close”, on the next screen click “I Agree” to suspend (save/close) the application. You are not canceling the application by using this function.

Change Font Size

**Suspend Application**

By clicking the “I Agree” button, I certify that I received help from Jorge Lopez when I started filling out this electronic application. I agree that my information on the unfinished electronic application may be accessed again in order to complete it.

I Agree  I Do Not Agree

If you would like to view or reprint documents for your records and/or for future submissions, please click on the “View & Print Forms” link below. You can View/Print form for your records and/or future submissions from the list of programs you may be eligible for.

[View & Print Forms](#)

# Retrieving Application In Progress After Saving (within 30 days)



to my one eapp

**My Assisted Applications** Minimize

- 2 [In Progress \(Last 30 days\)](#)
- 0 [Expired \(Last 30 days\)](#)
- 1 [Due for Renewals \(Last 30 to 90 days\)](#)

A blue arrow points from the 'In Progress (Last 30 days)' link to the right.

## **In Progress:**

To return to the suspended application click on “In Progress” to see your applications. After an application is In Progress for over 30 days the application will expire and will soon after be removed from your dashboard.

**Applications in Progress**

		Due Date	Creation Date	Applicant Name	Application ID
<input type="checkbox"/>		9/4/2014	7/21/2014	Robert Half	19002201420100848
<input type="checkbox"/>		9/13/2014	7/30/2014	Franny B	19002201421000260
<input type="checkbox"/>		10/24/2014	9/9/2014	Tris Prior	19002201425100496
<input type="checkbox"/>		10/18/2014	9/3/2014	Big Bird	19002201424500407
<input type="checkbox"/>		12/28/2019	11/28/2019	Jane Peterson	1900220193290016
<input type="checkbox"/>		9/28/2014	8/14/2014	Chris Paul	19002201422500409
<input type="checkbox"/>		11/9/2014	9/25/2014	Jay Bird	19002201426700427

A blue arrow points from the 'Jane Peterson' row to the right.

## **Returning to Application:**

Return to your application by clicking on the applicant’s name. You will return to the application section you previously saved.

# Preliminary Eligibility Results - Pop Up

The screenshot shows the 'one e app' interface at 'step 5: Preliminary Eligibility'. A progress bar at the top indicates steps 1 through 8, with step 5 highlighted. A pop-up window titled 'Message from webpage' is displayed in the center, containing a question mark icon and the following text: 'Please make sure to print the View Application Summary and confirm the application information before leaving this page. After you leave this page you cannot come back and change any information. Click [OK] to continue with the application submission, or click [CANCEL] to go back to the Preliminary Eligibility Results screen and Access the View Application Summary.' The pop-up has 'OK' and 'Cancel' buttons. Below the pop-up, the text 'View Application Summary | Get Help' and 'Application ID: 19002201932900016' is visible, along with a 'Next' button.

## **Preliminary Eligibility:**

The pop up asks that you print the View Application Summary; while it is not necessary to print the summary it is important to review the summary to ensure the information you have entered is accurate and entered correctly.

If the application is accurate, click “OK” on the pop up to move on to the next screen.

# Medical Home Search

**one eapp**  
One Stop Access to Apply for Assistance

**step 6: Additional Information** help save and close

**My Health LA**

Change Font Size **Los Angeles**

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 **Additional Information** 7 Program Information 8 Next Steps

**Medical Home and Selection** Notes

City

Zip Code

Medical Home Location

Status

Language

**View Application Summary**

**Get Help**

**Application ID: 19002201932900016**

This screen is where you conduct a search for a medical home. You can search by city, zip code, and/or language to select a medical home.

# Medical Home Search Criteria

**one eapp** One Stop Access to Apply for Assistance

**step 7: Program Information** help save and close

**My Health LA**

Change Font Size Los Angeles

**Your Provider Search Criteria** Notes

City: No Preference  
ZipCode: 90013  
Medical Home Location: No Preference  
Status: Open  
Language: Spanish

Your search resulted with 3 record(s) Please select the provider to whom you wish to assign one or more household members. View Map

	Clinic Name	Zipcode	Language	Status	Site CHDP
<input checked="" type="radio"/>	JWCH-WEINGART	90013	ENGLISH,SPANISH,	OPEN	NO
<input type="radio"/>	LA CHRISTIAN-JOSHUA HOUSE	90013	ENGLISH,SPANISH,	OPEN	NO
<input type="radio"/>	LA CHRISTIAN-NEW GENESIS	90013	ENGLISH,SPANISH,	OPEN	NO

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

Select	My health LA Person Name	Clinic Name	
<input checked="" type="checkbox"/>	Jane NicolePeterson		Save

Save All

**Medical Home Search**  
[View Application Summary](#)  
[Get Help](#)

Application ID: 19002201932900016

Next

## Medical Home Selection:

This screen shows the results based on your search criteria. You cannot select a medical home with a closed status (not accepting new applicants).

Select the radio button for the medical home chosen and check the box for each of the applicants. Each applicants may be assigned a different medical home upon enrollment.

**Change in Medical Home:** If a member of the household needs to make a medical home change after enrollment they can call Member Services at (844) 744-6452 Monday-Friday 7:30 a.m.-5:30 p.m.

After the selection, click "Save". The screen will refresh and show your selection under Clinic Name. If correct, click "Next".

# Medical Home Summary

**oneeapp** One Stop Access to Apply for Assistance

**step 6: Additional Information** help save and close

**My Health LA**

Change Font Size Los Angeles

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**Your Medical Home Summary** Notes

**Application ID: 19002201932900016**

Jane Peterson

Selected Medical Home: JWCH-WEINGART  
Previous Medical Home: N/A

**View Application Summary**  
**Medical Home Change History** | **Get Help**

Application ID: 19002201932900016 **Next**

This is a summary of the medical home selection. If the information is correct click the box next to the applicant's name and click "Next".

# Rights & Declaration

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Step

## Signature Option

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

I will print the Rights and Declarations page(s) and either fax or scan them using the document cover sheet provided at the end of the application process.

I want to sign using an electronic signature tablet.

[View Application Summary](#) | [Get Help](#) Next

**Signature Option:** You select whether you will print and upload or use an electronic signature device.

**Rights/Declarations:** If printing, print the Rights/Declarations (R/D). Have applicant(s) sign and date the form. If using a tablet, the applicant signs directly on the tablet and the signature appears on computer screen. (speak with your agency's IT to work this feature) Click "Next" at the bottom to see the next person's R/D. Only spouses' R/D appear in the application process.

## Rights and Declarations for My Health LA

Notes

Original Application ID: 19002201932900016  
Applicant Name: Jane Nicole Peterson

Certified Application Assistor: Practice Ractice

I declare that:

1. I am a resident of Los Angeles County.
2. My **gross** monthly family income is at or below 138% of the Federal Poverty Level as indicated on the Los Angeles County website (see below for link).  
<http://dhs.lacounty.gov/MHLA>
3. The information I provided in this application is accurate.
4. I am not eligible for and I am unable to obtain Full-Scope Medi-Cal or Share of Cost Medi-Cal to the best of my knowledge.
5. I am not eligible for and I am unable to obtain Medicare Part A or Part B to the best of my knowledge.
6. I am currently unable to obtain any private insurance or obtain insurance through Covered California to the best of my knowledge.

I have read and acknowledge each of the following:

1. I understand that the My Health LA Program is not an insurance program and is only valid at pre-approved Los Angeles County Hospitals, Community Partners, DHS Sites, or pre-authorized referral locations and pharmacies.
2. I understand that I will select a Medical Home clinic and will comply with their pharmacy guidelines.
3. I understand that my eligibility for the My Health LA Program will expire one year from my enrollment date, and that I must reapply to maintain my coverage after twelve months.
4. My eligibility in the My Health LA Program may include retroactive coverage from the first day of the month that I enroll in this program.
5. I understand that my income must be at or below 138% of the Federal Poverty Level.
6. I understand that my eligibility for the My Health LA Program will be reviewed prior to hospital stays or same-day surgeries.
7. I understand that if I become eligible for health insurance during this year, I must notify the Los Angeles County My Health LA Program by contacting Member Services at 1-844-744-6452 and my Medical Home clinic immediately. I understand that failure to do so will result in being billed for all charges after the effective date of my new health insurance coverage.
8. I understand that eligibility for other public programs, such as Medi-Cal, may result in my having additional financial responsibilities that are a part of these programs' requirements.
9. I acknowledge that I have received copies of the My Health LA Program brochure and I agree to abide by Program terms and conditions.
10. I understand that if the information I provide as part of my My Health LA Program application is found to be inaccurate, I will be immediately disqualified from the My Health LA Program. I understand that I may also be billed retroactively for all services provided to me under the My Health LA Program. I further understand that providing false information in order to wrongfully obtain public benefits may also be a criminal offense.
11. I understand that I must contact the My Health LA Program Member Services Department at 1-844-744-6452 within 10 days if there are any changes to my eligibility for this Program, such as changes to my income or place of residency.
12. I understand that the foregoing rights and declarations apply as long as I am a My Health LA Program member. I understand that this rights and declarations form is only required at my initial My Health LA Program enrollment and not during my My Health LA Program renewal.
13. I understand that if I abuse the My Health LA Program, including if I make threats to patients or staff, I may be disenrolled from the program.

I declare under penalty of perjury that the above information is true and correct. Further, by signing below, I hereby authorize County personnel, agents or contractors such as the County's contracted pharmacy network, to verify and/or investigate my eligibility.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

I decline to sign the above declaration.



# Upload Document Verification – Part 1

Step 1: Getting Started | **Step 2: Your Household** | Step 3: Household Income | Step 4: Other Information | Step 5: Preliminary Eligibility | **Step 6: Additional Information** | Step 7: Program Information | Step 8: Next Step

## Document Verification

Please request the following documents from the applicant and note the type of document collected. Submission of required documentation is required to complete enrollment in all coverage programs.

- Proof of Income (My Health LA)  
Verification:   
Source:
- Proof of County Residency (My Health LA)  
Verification:   
Source:
- Proof of Identification (My Health LA)  
Verification:   
Source:
- My Health LA Rights & Declarations (My Health LA)  
Verification:

[View Application Summary](#) | [Get Help](#) |

### Document Verification: Received/Not Received:

This screen is where the enroller states whether the applicant has given the enroller the necessary documents. Has the enroller received the document? If yes, select under Verification **'Received,'** if the enroller has not received the document select **'Not Received.'**

### Source:

If you have received the document, under Source select the document source the applicant has provided (e.g., utility bill).

# Document Verification – Part 2

Step 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Step

## Document Verification

Please request the following documents from the applicant and note the type of document collected. Submission of required documentation is required to complete enrollment in all coverage programs.

- Proof of Income (My Health LA)  
Verification: Received  
Source: Letter from person providing you with free housing utilities and/or food (In-Kind Income)
- Proof of County Residency (My Health LA)  
Verification: Received  
Source: Letter addressed to applicant and postmarked within the last 60 days
- Proof of Identification (My Health LA)  
Verification: Not Received  
Source: Received
- My Health LA Rights & Declarations (My Health LA)  
Verification: Received

[View Application Summary](#) | [Get Help](#) Next

## Submitted vs. Pending Application

### Submitted:

If you have received all required documents, select Received for all necessary documents under Verification, as well as **upload** the documents. All received documents must be uploaded to finish the application process and enroll the participant.

### Pending:

If the applicant did not bring all documents, select **Not Received** under Verification for those documents you do not have. You will continue and submit the application. The application will be pending. When the applicant returns with the missing documents, you will need to continue the application and **1) change the Not Received to Received and 2) upload the missing document(s)**. When application is finished the application status will change from Pending to Approved.

\*There is no need to modify an application when app is still pending.

# Document Verification – Part 3

Document Verification

Please request the following documents from the applicant and note the type of document collected. Submission of required documentation is required to complete enrollment in all coverage programs.

- Proof of Income (My Health LA)  
Verification: Received  
Source: Letter from person providing you with free housing utilities and/or food (In-Kind Income)
- Proof of County Residency (My Health LA)  
Verification: Received  
Source: Letter addressed to applicant and postmarked within the last 60 days
- Proof of Identification (My Health LA)  
Verification: Not Received  
Source: Received
- My Health LA Rights & Declarations (My Health LA)  
Verification: Received

View Application Summary [Next](#)

## Household (HH) Applicants:

If you have more than one applicant applying for MHLA on an application, on this screen you will need to identify the Received documents for all applicants, including children.

## Income:

If there is only one person who earns income in the HH and that income document is presented, the other HH members will also identify the same Verification and Source on their drop-down selection.

If a spouse and/or child has their own income, select their own unique income source.

## Residency:

LA County residency should be the same for all household members. All applicants will have the same Verification and Source.

## Identification:

Each applicant must have their own proof of identification.

## Rights/Declarations (R/D):

Each spouse/applicant must be present to sign a R/D during enrollment. If one spouse is not present, select “Not Received” for that spouse and his/her application will be pending. A pending status does not affect the other HH applicants’ application.

# Document Verification Summary

**oneeapp** One Stop Access to Apply for Assistance

**step 6** Additional Information [help](#) [save](#) [and close](#)

**My Health LA**

Change Font Size [A](#) [A](#) [A](#)

Los Angeles

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**Verification Document Summary** [Notes](#)

Person Name	Verification Document	Verification	Source	Program Name
Jane Nicole Peterson	My Health LA Rights & Declarations	Received	N/A	My Health LA
Jane Nicole Peterson	Proof of County Residency	Received	CA Driver's License or ID	My Health LA
Jane Nicole Peterson	Proof of Identification	Received	CA Driver's License or ID	My Health LA
Jane Nicole Peterson	Proof of Income	Received	Copy of most recent paystub (from less than 45 days ago)	My Health LA

**Missing Documents**  
[View Application Summary](#)  
[Get Help](#)

Application ID: 19002201932900016

**Next**

This is a summary of the information you had entered in the previous screen. If the information is accurate, click “Next”.

# Attach Scanned Documents



## Attach Scanned Documents to My One-e-App Application

You will need to provide several documents to verify the information you entered in your application. The *Attach Scanned Documents* will list the types of proof required for the person(s) entered into the system, based off of the information you entered into the system. You can upload scanned documents that will be electronically attached to your application. Please use the *Browse* button to locate the document and then the *Attach* button to upload the document to the system.

Maximum file size per upload: 7MB

Application ID: 19002201932900016

Select All Documents

Select All Permanent Verification Documents

Documents in this Upload	Person Name	Permanent Verification Documents
<input checked="" type="checkbox"/>	Jane Peterson	Proof of Identification

Select All Temporary Verification Documents

Documents in this Upload	Person Name	Temporary Verification Documents
<input type="checkbox"/>	Jane Peterson	Proof of Income
<input type="checkbox"/>	Jane Peterson	Proof of County Residency
<input type="checkbox"/>	Jane Peterson	My Health LA Rights & Declarations

[Merge and View attached documents](#) | [Remove Documents](#) | [Print Document Checklist](#)

[View Application Summary](#)

[Get Help](#)

Application ID: 19002201932900016

## Attaching documents:

**Important:** A complete eligible application must have all boxes checked on this screen and corresponding documents uploaded. Otherwise, the application will be considered incomplete and therefore ineligible.

To upload, the applicant's documents must be scanned into your computer drive. Select item by checking the appropriate check box for the document to be uploaded. If your file includes all the documents, make sure you have checked all the associated boxes. **Note: Ensure your file size is not over 7 MB & resolution of image does not exceed 150 ppi - otherwise file will not attach.**

## View Scanned document:

We recommend you view the uploaded/scanned document(s) after by clicking on the green link with the attachment date. You should confirm the upload is correct. If incorrect, click on the box for that incorrect item and remove the document. Upload correct item.

## Faxing:

Click on Print Document Cover Sheet to see the two cover sheets. One sheet is for temporary and another sheet for permanent documents.

# Print Document Cover Sheet - Faxing

**oneeapp**  
One Stop Access to Health Insurance

Document Cover Sheet  
Temporary Documents

Application ID : 19002201932900016

Primary Informant : Jane Peterson Date : 11/26/2019

Other Persons :  
Address :  
Phone :

Please mark an "X" in the check box next to each document you are faxing. Example  
Please include the verification documents along with Fax Cover Sheet. Fax number (916)779-8079

Documents Attached

**My Health LA**

- Proof of Income (Yogi Bear)
- Proof of County Residency (Yogi Bear)
- My Health LA Rights & Declarations (Yogi Bear)

Notes :

LACSSTEMP

## Faxing:

There are two cover sheets:

**Temporary documents**, those documents that will be needed at renewal or modification.

**Permanent documents**, those documents that do not need to be uploaded again.

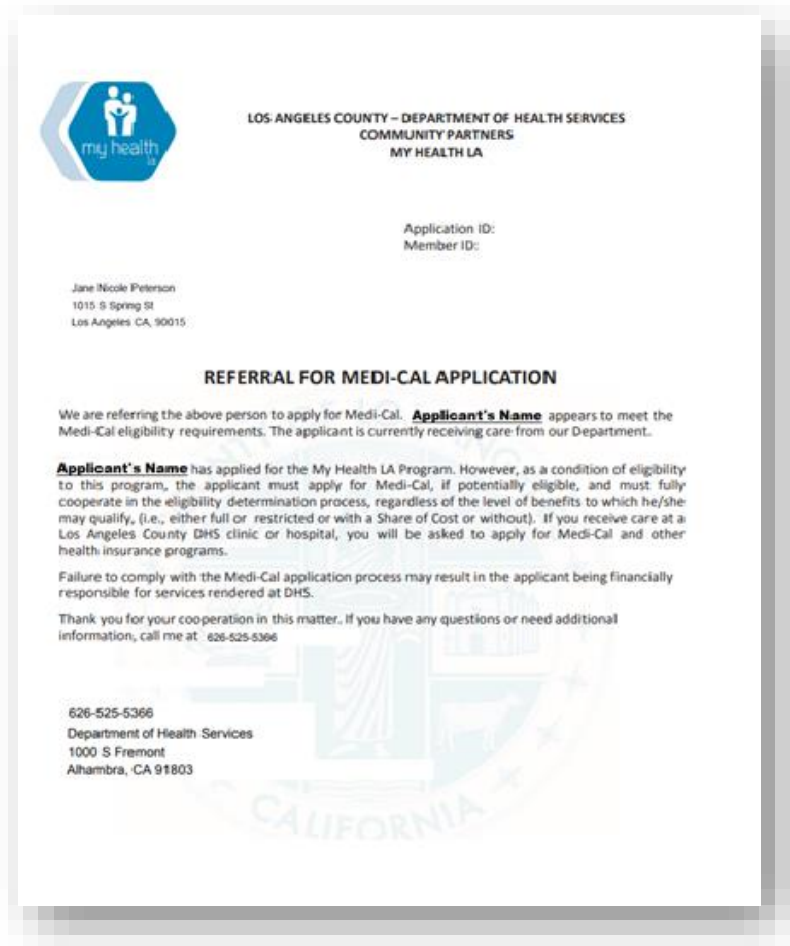
## Barcodes:

**Make sure you do not write/obstruct the barcodes at the top and bottom of cover sheets.**

When faxing mark an X on the box next to the documents being faxed. Arrange the documents behind the appropriate cover sheet (temporary or permanent).

**IMPORTANT! Ensure faxed documents appear on the "Attach Scanned Document" (previous screen) screen as FAX with Date. Review the documents to ensure they are legible and the correct documents.** If documents are incorrect or unreadable, remove documents and re-fax the correct documents.

# Medi-Cal Screening



The image shows a sample Medi-Cal referral letter from Los Angeles County - Department of Health Services, Community Partners, My Health LA. The letter is addressed to Jane Nicole Peterson at 1015 S Spring St, Los Angeles, CA 90015. It is titled "REFERRAL FOR MEDI-CAL APPLICATION" and contains the following text:

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES  
COMMUNITY PARTNERS  
MY HEALTH LA

Application ID:  
Member ID:

Jane Nicole Peterson  
1015 S Spring St  
Los Angeles CA, 90015

**REFERRAL FOR MEDI-CAL APPLICATION**

We are referring the above person to apply for Medi-Cal. **Applicant's Name** appears to meet the Medi-Cal eligibility requirements. The applicant is currently receiving care from our Department.

**Applicant's Name** has applied for the My Health LA Program. However, as a condition of eligibility to this program, the applicant must apply for Medi-Cal, if potentially eligible, and must fully cooperate in the eligibility determination process, regardless of the level of benefits to which he/she may qualify, (i.e., either full or restricted or with a Share of Cost or without). If you receive care at a Los Angeles County DHS clinic or hospital, you will be asked to apply for Medi-Cal and other health insurance programs.

Failure to comply with the Medi-Cal application process may result in the applicant being financially responsible for services rendered at DHS.

Thank you for your cooperation in this matter. If you have any questions or need additional information, call me at 626-525-5366

626-525-5366  
Department of Health Services  
1000 S Fremont  
Alhambra, CA 91803

- All MHLA applicants will now receive a Medi-Cal referral letter generated by the One-e-App (OEA) system.
- OEA enrollers now must attest as part of the “Enroller Attestation” process in OEA that they will give each patient the Medi-Cal referral letter that is generated by OEA at the time of enrollment.

# Submit to MHLA



Change Font Size Los Angeles



## Application Completion Process



One-e-App has updated the application forms with the information you have provided. You are close but we need you to take a few more steps to complete your application. One-e-App cannot guarantee that you will qualify for the program(s) listed. In order to complete the application process, you will need to follow the steps provided for each program below.

### Medi-Cal

[Learn More!](#)

**Likely Eligible Persons**  
Jane Nicole Peterson

#### Steps to Complete the Application

- If you have not printed your application, you may use the **Reprint Program Application** button below.
- Make sure all forms that require an applicant signature are signed and dated.
- One-e-App recommends that you fax or scan supporting documents into the One-e-App application. How would you like to attach your documents?  
 I have already faxed or scanned documents or will do so when I finish all applications.  
 I will fax  
 I will scan documents and attach the file(s)
- Be sure to include the Los Angeles County Department of Health Services Community Partners **Referral for Medi-Cal Application**

[Reprint Program Application](#)

All MHLA applicant will receive a in person Medi-Cal referral.

[View Application Summary](#)  
[Get Help](#)

[Next](#)

Application ID: 19002201932900016

### My Health LA

[Learn More!](#)

**Likely Eligible Persons**  
Peter Griffin, Lois Griffin

#### Steps to Complete the Application

- If you have not printed your application, you may use the **Reprint Program Application** button below.
- Make sure all forms that require an applicant signature are signed and dated.
- My Health LA requires that you fax or scan all supporting verification documents into the One-e-App application. How would you like to attach these documents?  
 I will scan or fax documents and attach the file(s)  
[Reprint Program Application](#)

Before the applicant can be enrolled in the MHLA program, the Certified Enrollment Counselor and CEC Supervisor must read and agree to all of the following:

- I will give all applicants a Medi-Cal referral letter.
- I attest that the application I am submitting for this applicant(s) is thorough and complete. I understand that a complete application requires the applicant's eligibility documentation (i.e., proof of identification, Los Angeles County residency, signed Rights and Declaration form(s), and income) be uploaded and attached to the electronic application in the One-e-App eligibility and enrollment system. I confirm that I will upload the verification documents reflected and referenced for this application and these applicant(s).
- I further understand that submission of an application via One-e-App without all of the applicant's required documentation (i.e., proof of identification, Los Angeles County residency, signed Rights and Declaration form(s), and income) is considered by the Los Angeles County Department of Health Services to be an incomplete application.
- I further understand that submission of an incomplete application does not constitute a valid enrollment for medical home reimbursement. As a result, the Los Angeles County Department of Health Services will not provide the medical home with monthly reimbursement for program enrollees who have incomplete applications.

Yes, I have read and agree to the terms above.

[View Application Summary](#)  
[Get Help](#)

[Submit to MHLA](#)

## Upload Selection:

Click radio button ***"I will scan or fax documents and attach the file(s)";*** this will allow the option to either scan/attach or fax documents. There is no need to reprint program application.

## Enroller Attestation:

Please read the enroller attestation at the bottom of the page. Once you have read and agreed to the terms, click box and submit.

By clicking Submit the applicant will be enrolled **ONLY IF all documents are uploaded and applicant meets eligibility requirements.**



# Generate Notice

## You are Almost There-Last Screen

oneeapp  
One Stop Access to Apply for Assistance

step 8: Next Steps help save and close

Change Font Size Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 **Next Steps**

**You Are Almost There...!!!**

You have provided the information needed to apply for the following programs. Please click on the **Next Steps** links to see what you need to do to perfect your application(s).

Your One-e-App Application ID is: 19002201932900016

**Next Steps Needed**

Person ID	Person Name	Program Name	Application Status	Next Steps
31900201000329194	Jane Nicole Peterson	Medi-Cal Restricted No Share of Cost	Completed	<a href="#">Next Steps</a>
31900201000329194	Jane Nicole Peterson	My Health LA	Completed	<a href="#">Next Steps</a>

**Next Steps for All**

Please note: Further documentation may be required to complete enrollment.

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

[Generate Notice](#) | [Languages](#)

[Print](#) | [Print Document Cover Sheet](#) | [View/Attach Scanned Documents](#)  
[View Application Summary](#)  
[Get Help](#)

Application ID: 19002201932900016

You are at the last screen:

Click on “**Generate Notice**” to see the eligibility determination notice (i.e., Approved, Denied or Pending). After you print the letter click “Next”. This completes the application and OEA returns to your Dashboard where you can begin another application.

# Generate Notice Cont.

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES**  
**COMMUNITY PARTNERS**  
**MY HEALTH LA (MHLA) New Member Notice**

MHLA Program ID#: \_\_\_\_\_ MHLA Program Start Date: \_\_\_\_\_

Dear \_\_\_\_\_

Congratulations! You are now enrolled in the My Health LA (MHLA) Program.

**Please present this letter until you receive your permanent MHLA ID Card.** You can schedule a doctor's appointment by contacting your Medical Home Clinic at the number below:

Medical Home/Clinic: ST. JOHN'S-RANCHO DOMINGUEZ  
Phone# 323-541-1411

Within the next few weeks, you will receive in the mail:

- A participant handbook that provides information on services provided by the program.
- An ID card that you should carry with you at all times and use at your clinic or pharmacy. You may use this letter until your permanent card arrives. It will look like this:

Mental Health	1-800-814-7773
Substance Abuse	1-888-742-7900
Pharmacy	1-800-444-7757
MHLA Questions	1-888-744-6452

If you do not receive these items within 30 days, please contact MHLA Member Services at (844) 744-6452.

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

**Getting Medicine:** Your medicine is free under MHLA. You may be able to get your medicine at your clinic or a local pharmacy. Talk to your clinic about where and how to get your medicines. If you do need to get a medicine from a pharmacy and you do not have your MHLA ID card, please give the pharmacy this important information:

Ventegra PCN: VENTEG  
Pharmacy Group: MHLA  
BIN # 012528  
Ventegra Pharmacy Support: (855) 444-7757

**Your ID Card:** Use this letter until your permanent ID card arrives in the mail. Once you have your MHLA ID card, bring it every time you go to your clinic or your pharmacy.

This notice can be given to the applicant as proof of enrollment until they receive their Member ID card.

# How to Re-enroll a Disenrolled Participant

**Submitted Applications**

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>	Jorge Lopez	5/11/1980	Nadia R. Mora	9/25/2014	Medi-Cal - Restricted No Share of Cost	Fax	1900220142670021131900201061267145	31900201061267145	100.00		N/A
<input type="checkbox"/>	Jorge Lopez	5/11/1980	Nadia R. Mora	9/25/2014	My Health LA	Fax	1900220142670021131900201061267145	31900201061267145	100.00		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 a link to view verification document(s).  
**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.  
**Note:** Each indicates IDR pending application(s)/person(s).

Total number of applications in progress : 0  
Total number of determined applications pending submission : 0  
Total number of submitted persons : 2

Export Results to Excel  
Add Notes | Search  
View Clipboard | [Begin New Application](#) | Renew/Modify

[Next](#)

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

1. From your Desktop, conduct an application search for the disenrolled patient for whom you want to start a new application.

2. When you find the applicant, click on the green “plus” sign next to the applicant’s name. A message will appear informing you that the applicant’s information has been copied to the clipboard. Then, click on “Begin a New Application” and check yes to “Consent to Share Information” question.

**1 Getting Started** 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

**Consent to Share Information**

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 program and may be shared with other agencies and organizations that administer these programs. The information you provided 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:

- Los Angeles County Hospitals and Clinics
- Los Angeles County Department of Public Health
- Los Angeles County Department of Public Social Services
- Los Angeles County Non-profit Hospitals
- LA Care Health Plan
- Health Net Health Plan
- Participating Community Partners
- Los Angeles County Pharmacy Administrator

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 required to answer questions regarding immigration status as part of this screening process. Please note, however, if undocumented, this will not impact your eligibility to the My Health LA 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 case 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  
Get Help

[Next](#)

# How to Re-enroll a Disenrolled Participant Cont.

English | Español

oneeapp  
One Stop Access to Apply for Assistance

step 2: Your Household

help | logout

Change Font Size A A A

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

**Tell us about yourself** Notes

Are you a member of the household?  Yes  No

+ First Name   
Middle Name   None  
Last Name   
Suffix (Jr, Sr, etc.)

Do you use any other names? (nicknames, maiden, etc.)  Yes  No

E-mail

Is it okay to send text or phone messages for health care related information, including reminders to renew? Standard text message and data rates may apply.  Yes  No

Cell Phone   
Home Phone   
Work Phone

How would you like to be contacted?

What is your primary spoken language?   
What is your primary written language?

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

<input type="checkbox"/>	Person ID	Last Name	First Name	Date of Birth	Place of Birth
<input type="checkbox"/>	31900201017206196	White	Walter	01/01/1970	Italy

Close | Remove

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

[View Application Summary](#) | [Get Help](#)  
[Report a Bug/Make a Suggestion](#)  
Application ID: 19002202025400252

3. When you get to the “Tell us about yourself” screen, click on the green “plus” sign before the first name. The “Person Information” screen will appear. Click on the applicant's first name. This will populate the application with some, but not all, of the information from the original application.

4. Proceed to complete the application. Please make sure that all required information is checked & uploaded/verified before submitting to complete the application. Once the application is complete, the participant is enrolled.

When you arrive at the **Clearance** screen, make sure to **re-enroll the applicant's same Person ID previously created.**

# Modify an Application

**Submitted Applications**

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>	Jorge Lopez	5/11/1980	Nadia R Mora	9/25/2014	Medi-Cal - Restricted No Share of Cost	Fax	1900220142670021	31900201061267145	100.00		N/A
<input checked="" type="checkbox"/>	Jorge Lopez	5/11/1980	Nadia R Mora	9/25/2014	My Health LA	Fax	1900220142670021	31900201061267145	100.00		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 a link to view verification documents.  
 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.  
 Note: Each indicates IDR pending application(s)/person(s).

Total number of applications in progress : 0  
 Total number of determined applications pending submission : 0  
 Total number of submitted persons : 2

Export Results to Excel  
 Add Notes | Search  
 View Clipboard | Begin New Application **Renew/Modify**

**Modify Application:** The purpose of this link is to:

- Add or remove a household member from the application.
- Update income information.

A modification does not extend the application eligibility period. Updating information such as demographic or contact information should be conducted through the Update Applicant Data feature (explained on the next slide)

A modification may require that certain documents be uploaded (e.g., income information if a change in household income is the reason for the modification). Proof of identification and Rights and Declarations are not required to be uploaded again.

**Note:** You can only modify an application for a participant who is assigned to your Medical Home.

There is a more recent application associated with this person. The most recent Application ID is: 19002201709500106 (use this App ID for your search)

If you wish to continue searching for a past (not most recent) application for view only purposes:

- Click 'Cancel'
- Then Click the 'Print Documents and Forms' icon and select 'Person ID'

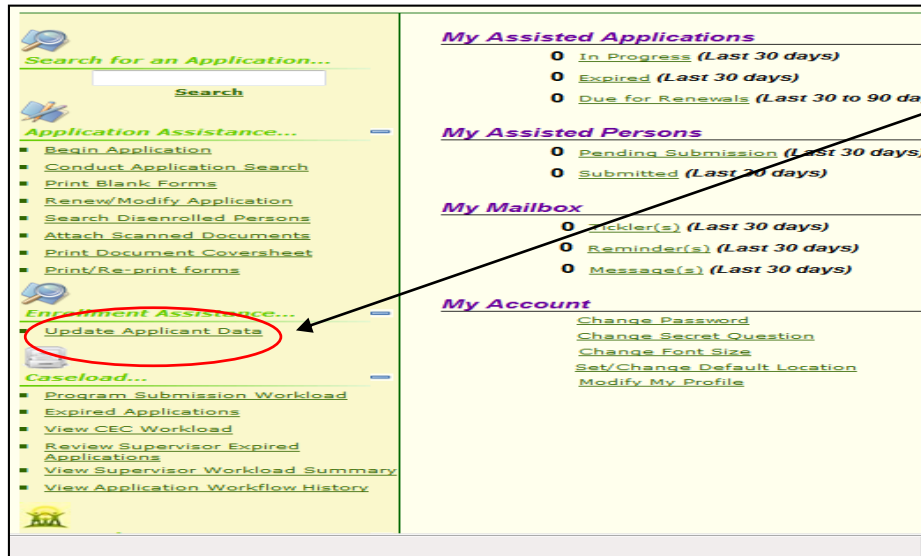
To search for or take action on the most recent application:

- Click 'Okay' and search for the application using the App ID listed above

OK Cancel

**Popup Message:** Will appear if during the Search, Update, or Modify function if you are using a previous (not most current) Application ID. It provides instructions for completing the desired function. A complete explanation on the popup is provided in the **OEA Tip Sheet – Viewing Inactive Applications**

# Update Applicant Data



**Update Applicant Data** - The purpose of this link is to update information on an application. This update does not affect the application's eligibility period. This link takes you to the Conduct Application Search. Conduct an application search.

You can update the following information;

- the applicant's address
- telephone numbers
- email address
- applicant's name and
- preferred language
- DOB
- Gender

**Primary Informant's Address and Contact Information** [View History](#)

**Primary Informant's Address**

Effective Date [ ][ ][ ][ ][ ][ ]

Are home and mailing address same?  Yes  No

**Home Address (do not use PO Box)**

Street Address 1 [204 N Dixie Hwy]

Street Address 2 [ ]

City [Los Angeles]

State [California]

Zip [90012]

County [Los Angeles]

**Mailing Address**

Street Address 1 [204 N Dixie Hwy]

Street Address 2 [ ]

City [Los Angeles]

State [California]

Zip [90012]

County [Los Angeles]

**Primary Informant's Mode of Contact**

Effective Date [ ][ ][ ][ ][ ][ ]

Email [m\_miller@gmail.com]

Check if email provided is invalid

Home Phone [657] [977] [5468]

Cell Phone [ ][ ][ ][ ][ ][ ]

Work Phone [ ][ ][ ][ ][ ][ ]

Message Phone [ ][ ][ ][ ][ ][ ]

How would you like to be contacted? [Home Phone]

Once the participant is identified click on the name and you are taken to the screen on the left. Click on the check boxes to make changes. Once changes are made click the **Save** button at the bottom of the screen.

# Modification Vs. Update in OEA



**Modification** should only be used when the enroller wishes to make a change to an application:

- A modification creates a change that can impact eligibility.
- Add a household member such as a spouse/child
- Change household composition (remove spouse or a child)



**Update Applicant Data** should be used to update demographic information

- Name
- Date of Birth
- Gender
- Address
- Telephone numbers
- Email address
- Preferred language
- Other updates available

# Renew An Application in OEA

<Day>, <Date>

Application ID: <App Id#>

Member ID: <Member ID#>

<Applicant First Name><Applicant Last Name>

<Street Address>

<City>, <State>, <Zip Code>

---

## PROGRAM RENEWAL NOTICE

**Your My Health LA Services will soon expire – renew today!**

---

Dear <Applicant First Name>,

It is time for you to renew with the My Health LA (MHLA) Program. Unless you respond immediately to schedule an appointment, your program services will end on <MHLA Insurance Term Date>.

To renew, please call your medical home, <Assigned Medical Home> at <Medical Home phone #> to schedule an appointment. You can also make an appointment at a new Medical Home if you wish to change Medical Homes at this time.

**Appointments to renew fill up quickly.** To make sure you do not lose your *MHLA* services, or your *medical home* and *doctor*, schedule your renewal as soon as possible. Remember to bring the following documents to your renewal appointment.

1. **PICTURE ID**, such as a California DMV issued ID, Consular ID, or other government issued ID.
2. **PROOF OF LOS ANGELES COUNTY RESIDENCY**, such as a recent rental agreement or utility bill.
3. **PROOF OF HOUSEHOLD INCOME**, such as recent pay stubs, or statement of income from your employer.

participants.

completed 90  
end of their

which may

60, 90 Days).

val.



# Dashboard

The screenshot shows the myoneeapp dashboard interface. At the top, there is a yellow header with the 'oneeapp' logo and 'English | Español' language options. Below the header, a navigation bar contains 'logout' and 'Change Font Size' options. The main content area is titled 'Welcome to myoneeapp Practice Ractice !'. On the left, a sidebar menu lists various application assistance and enrollment options. The 'Renew/Modify Application' link is highlighted with a red circle and a red arrow pointing to it. The main content area displays three summary sections: 'My Assisted Applications' (1 In Progress, 1 Expired, 0 Due for Renewals), 'My Assisted Persons' (0 Pending Submission, 111 Submitted), and 'My Mailbox' (0 Tickers, 0 Reminders, 0 Messages). At the bottom, there is a 'My Account' section with links for 'Change Password', 'Change Secret Question', 'Set/Change Default Location', 'Change Font Size', and 'Modify My Profile'.

Your OEA Dashboard is your personal starting point for all OEA functions.

To conduct an application renewal, select the Renew/Modify Application link.

# OEA Search Screen

**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.

Search Type:

Result Type:

**Unique Identifier**

Application ID

Person ID

SSN

**Person Detail**

First Name

Middle Name

Last Name

Suffix

Gender  Male  Female

Date of Birth

Mothers Maiden Name

**Contact Detail**

Phone 1

Phone 2

E-Mail Address 1

E-Mail Address 2

The search results can be further filtered by person's place of birth, the assistor's name, the application date range and/or the Eligible Program Name.

Person Place of Birth

Application Assistor

Date Range

Eligible Program Name

Search

To begin a renewal application first search for the applicant. An application search can be accomplished through several methods;

- Unique identifier: such as person or application ID
- Person detail: such as first/last name, gender, date of birth (DOB) and mother's maiden name
- Assistor/Enroller or application date range.

# Search Results Screen

**Submitted Applications**

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>	Levi Gonzales	1/1/1990	Apama Chaudhary	6/3/2018	Medi-Cal - Restricted No Share of Cost	Fax	1900220191360009831900201013136190		100.00		
<input type="checkbox"/>	Levi Gonzales	1/1/1990	Apama Chaudhary	6/3/2018	My Health LA Medi-Cal	Fax	1900220191360009831900201013136190		100.00		
<input type="checkbox"/>	Isabella Gonzales	11/11/1990	Apama Chaudhary	6/3/2018	Medi-Cal - Restricted No Share of Cost	Fax	1900220191360009831900201014136190		100.00		
<input type="checkbox"/>	Isabella Gonzales	11/11/1990	Apama Chaudhary	6/3/2018	My Health LA	Fax	1900220191360009831900201014136190		100.00		

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 a link to view verification documents.  
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.  
Note: Each indicates IDR pending application(s)/person(s).

Total number of applications in progress : 0  
Total number of determined applications pending submission : 0  
Total number of submitted persons : 4

Add Notes | Search | View Clipboard | Begin New Application | **Renew/Modify**

The Search Results Screen displays the application you search for. Select the box on the most recent application displayed on the Submission Date. Select Renew/ Modify

On the next screen select the App ID box and select Renew.

**Application History for Application ID: 19002201913600098**

Please select the application you would like to renew or modify.

<input type="checkbox"/>	Application ID	Person Name	Date of Birth	Person Type	Creation Date	Submission Date
<input type="checkbox"/>	19002201913600098	Levi Gonzales	1/1/1990	Adult	6/3/2018	6/3/2018
		Isabella Gonzales	11/11/1990	Adult	6/3/2018	6/3/2018

Search | View Document Archive | **Renew**

Get Help  
Application ID: 19002201913600098

# How To Renew An Application in OEA

- The initial enrollment period will reflect 365 days of MHLA coverage plus any additional remaining days at the end of the month that coverage ends for a participant. In other words, for all applications, including renewals, OEA will show the participant has coverage through the end of the month coverage ends.
- For example If someone applies on 06/11/2020 their coverage would be 06/11/2020-06/30/2021. Once they renew, the new coverage period will be 07/01/2021 - 06/30/2022.
- During the renewal period the participant has a choice to select their current or a new medical home.

- ▶ Remember To Review any Notes added to the application\* for information/ instructions regarding the status of the application from the eligibility auditors.



\* In this example, the notes indicate that a correction is required. This correction can be made during renewal period.

# How To Renew An Application in OEA

English | Español

logout

oneeapp  
One Stop Access to Apply for Assistance

Change Font Size A A A

Notes

**Please select the reason(s) for this modification**

Add New Person(s) to the Household

Remove Person(s) from the Household

Immigration Status

Levi Gonzales

Isabella Gonzales

Person(s) from household now seeking coverage

Change in Other Health Insurance

Change in Income

Change in Pregnancy Information

All of the Above

Note: Please note that any change of information that has an implication on the eligibility logic will require you to go through the Preliminary Eligibility Determination in One-e-App after you make the change.

[View Application Summary](#) | [Get Help](#)

Application ID: 19002201913600098

Next


This next screen asks for the reason for the renewal because a renewal is a form of application modification that requires a reason. Two reasons are pre-selected. You can simply click Next to move to the next screen.

From this point you will proceed to the Consent to Share Information screen and proceed as you would with a modification or a new application.

# Medical Home Changes During Renewal

- During the Medical Home Selection if a new Medical Home is selected, the enroller will need to select the new Medical Home and click the “Save” button before clicking “Next”. “Future MH” shows at Application Submission Details
- If the Medical Home is not being changed, the enroller can simply click “Next.” It is not necessary to click “Save”.
- The Medical Home Change will become effective the **first day of the following month**. A “Closed” Medical Home is one that is not accepting new participants. The OEA system does not allow an enroller to select a closed medical home for the participant’s renewal unless the participant is currently enrolled in the same “closed” medical home.
- A participant may change from a “Closed” to an “Open” medical home.
- If a Participant wants to change their medical home from an “Open” medical home to another “Open” medical home, the enroller can make that change directly in OEA.
- As always, the Medical Home change is effective the **first day of the following month**.

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

 [View Map](#)

	Clinic Name	Zipcode	Language	Status	Site CHDP
<input checked="" type="radio"/>	MISSION CITY-NORTH HILLS	91343	ENGLISH,SPANISH,	OPEN	YES
<input type="radio"/>	MISSION CITY-PARTHENIA	91343	ENGLISH,SPANISH,CHINESE	OPEN	NO
<input type="radio"/>	VALLEY-NORTH HILLS WELLNESS CENTER	91343	..	OPEN	YES
<input type="radio"/>	MISSION CITY-SEPULVEDA	91343	..	OPEN	NO

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

Select	My health LA Person Name	Clinic Name	
<input checked="" type="checkbox"/>	Levi Gonzales	MISSION CITY-NORTH HILLS	<a href="#">Save</a>
<input checked="" type="checkbox"/>	Isabella Gonzales	MISSION CITY-NORTH HILLS	<a href="#">Save</a>

[Save All](#)

### Your Medical Home Summary

---

**Application ID: 19002201914100015**

Levi Gonzales  
 Selected Medical Home: MISSION CITY-NORTH HILLS  
 Previous Medical Home: MISSION CITY-NORTH HILLS

Isabella Gonzales  
 Selected Medical Home: MISSION CITY-NORTH HILLS  
 Previous Medical Home: MISSION CITY-NORTH HILLS