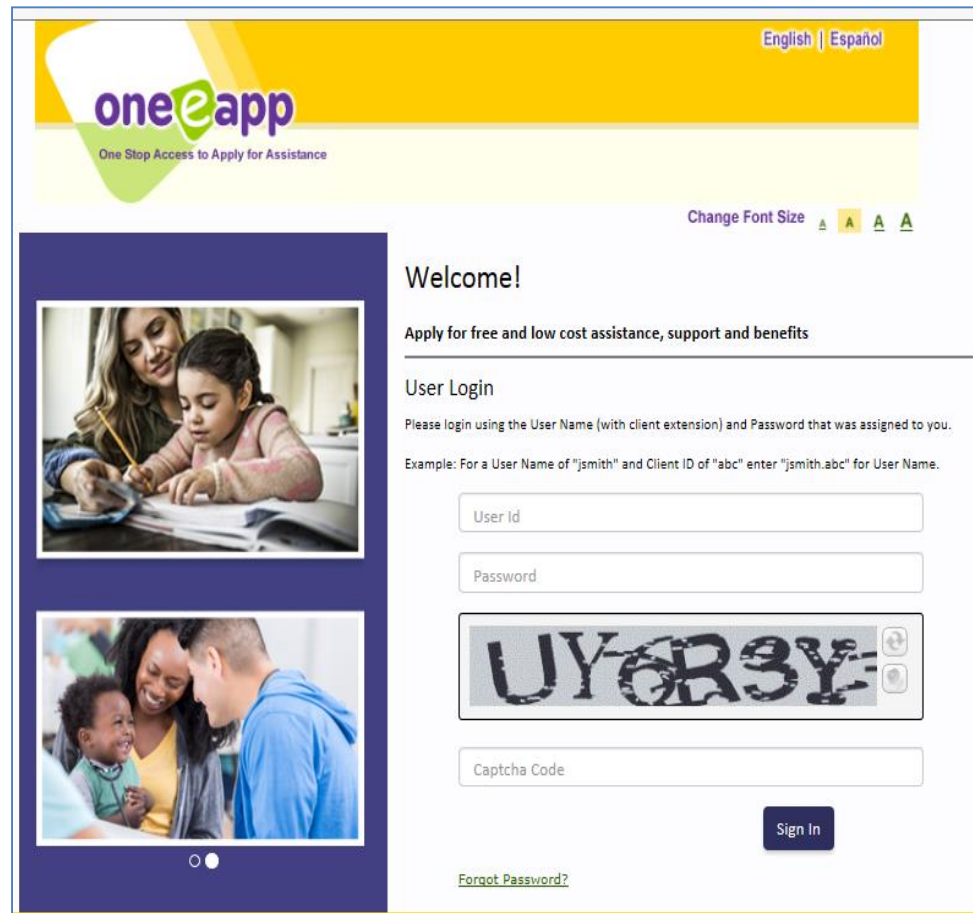


One-e-App Training Presentation: How to Conduct Enrollments in One-e-App

<https://www.assistedoneeapp.org>



The screenshot displays the One-e-App website. At the top, there is a yellow header with the "oneeapp" logo and the tagline "One Stop Access to Apply for Assistance". Language options for "English" and "Español" are in the top right. Below the header, a "Change Font Size" link and three font size icons (A, A, A) are visible. The main content area is split into two columns. The left column features a dark blue background with two photographs: a woman and a young girl studying together, and a family of three smiling. The right column has a white background and contains the following text and form elements: a "Welcome!" heading, a sub-heading "Apply for free and low cost assistance, support and benefits", a "User Login" section, instructions to login with a User Name (including client extension) and Password, an example of how to format the User Name ("jsmith.abc"), input fields for "User Id" and "Password", a CAPTCHA image showing the text "UY6R3Y", a "Captcha Code" input field, a "Sign In" button, and a "Forgot Password?" link.

English | Español

oneeapp
One Stop Access to Apply for Assistance

Change Font Size A A A

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

UY6R3Y

Captcha Code

Sign In

[Forgot Password?](#)

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.

Agency One-e-App Leads

One-e-App (OEA) Lead/System Administrator

Your agency was asked to identify a OEA Lead for the MHLA program.

The OEA Lead will usually have the OEA System Administrator User Type and serve in a lead role for the OEA system within your organization.

The OEA Lead will be the expert for your agency on the OEA system and be responsible for on-going training and dissemination of OEA-related information, updates from the MHLA Program Office to enrollers within your organization.

The OEA Lead will attend MHLA trainings and meetings and ensure that enrollers in your organization have access to OEA training materials, including those posted on the MHLA Website.

The OEA Lead will be the primary point of contact for the MHLA Program Office regarding issues and questions regarding OEA operations.

The OEA Lead is responsible for adding and requesting deletion of OEA User Accounts that are no longer in use for your agency (i.e., persons who have left the agency or otherwise no longer should have access to OEA). Please delete accounts as needed on an ongoing basis as the number of OEA accounts are limited.

Eligibility Unit and Member Services

Eligibility Unit:

Eligibility Unit is available to answer MHLA eligibility questions Monday through Friday, from 8:00-5:00 p.m. by calling (833) 714-6500.

Member Services:

Member Services is available to answer questions for MHLA participants Monday through Friday, from 8:00-5:00 p.m. by calling (844) 744-6452 (MHLA). Interpreters are available for MHLA participants.

MHLA Website:

<http://dhs.lacounty.gov/mhla>

Click on “For DHS and Community Partners”

User name: mhlacpp

Password: Lacounty1

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
	Jorge Lopez	5/11/1980	Nadia R. Mora	9/25/2014	Medi-Cal - Restricted No Share of Cost	Fax	19002201426700211	31900201061267145	100.00		N/A
	Jorge Lopez	5/11/1980	Nadia R. Mora	9/25/2014	My Health LA	Fax	19002201426700211	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

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

[Next](#)

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 (continued)

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 documents are checked & uploaded/ faxed into OEA before submitting to ensure that the application is complete and the applicant is enrolled

5. During the application when you arrive at the **Person Clearance** screen, make sure you **choose the applicant's same Person ID that was previously created.**

The screenshot shows the 'oneeapp' website interface. At the top, there's a yellow banner with 'oneeapp' logo and 'step 2: Your Household'. Below this is a progress bar with steps 1 through 8. The current step is '2 Your Household'. The main heading is 'Tell us about yourself'. The form includes fields for 'First Name', 'Middle Name', 'Last Name', 'Suffix (Jr, Sr, etc.)', 'Do you use any other names?', 'E-mail', 'Home Phone', 'Cell Phone', 'Work Phone', 'Message/Emergency Phone', 'How would you like to be contacted?', 'What is your primary spoken language?', and 'What is your primary written language?'. A pop-up window titled 'Person Information' is overlaid on the form. It contains a table with columns: 'Person ID', 'Last Name', 'First Name', 'Date of Birth', and 'Place of Birth'. The table has one row with data: '31900201061267145', 'Lopez', 'Jorge', '05/11/1980', and 'Mexico'. Below the table are 'Close' and 'Remove' buttons. A link 'Report a Bug/Make a Suggestion' is also visible. An arrow points from the 'plus' sign before the 'First Name' field to the 'First Name' column header in the table.

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

Are you a member of the household? ☐ Yes ☐ No

+ First Name ?

Middle Name None ?

Last Name ?

Suffix (Jr, Sr, etc.) Select One ?

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

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 ?

Person Information

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

	Person ID	Last Name	First Name	Date of Birth	Place of Birth
<input type="checkbox"/>	31900201061267145	Lopez	Jorge	05/11/1980	Mexico

Close Remove

Report a Bug/Make a Suggestion

Update Applicant Data

The screenshot shows a web application interface. On the left, under the 'Enrollment Assistance...' section, the link 'Update Applicant Data' is circled in red. An arrow points from this link towards the right-hand side of the page. The right-hand side contains several menu sections: 'My Assisted Applications' (with links for In Progress, Expired, and Due for Renewals), 'My Assisted Persons' (with links for Pending Submission and Submitted), 'My Mailbox' (with links for Tickler(s), Reminder(s), and Message(s)), and 'My Account' (with links for Change Password, Change Secret Question, Change Font Size, Set/Change Default Location, and Modify My Profile).

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









The screenshot shows a form titled 'Primary Informant's Address and Contact Information'. It has a 'View History' link in the top right. The form is divided into two main sections: 'Home Address (do not use PO Box)' and 'Mailing Address'. Each section has fields for Street Address 1, Street Address 2, City, State, Zip, and County. Below these, there is a section for 'Primary Informant's Mode of Contact' which includes fields for Effective Date, Email, Home Phone, Cell Phone, Work Phone, and Message Phone. There is also a dropdown menu for 'How would you like to be contacted?' with 'Home Phone' selected. A 'Save' button is located at the bottom of the form.

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.

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
	Jorge Lopez	5/11/1980	Nadia R. Mora	9/25/2014	Medi-Cal Restricted No Share of Cost	Fax	190022014267002113	31900201061267145	100.00		N/A
	Jorge Lopez	5/11/1980	Nadia R. Mora	9/25/2014	My Health LA	Fax	190022014267002113	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 ICR 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 (see previous 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'

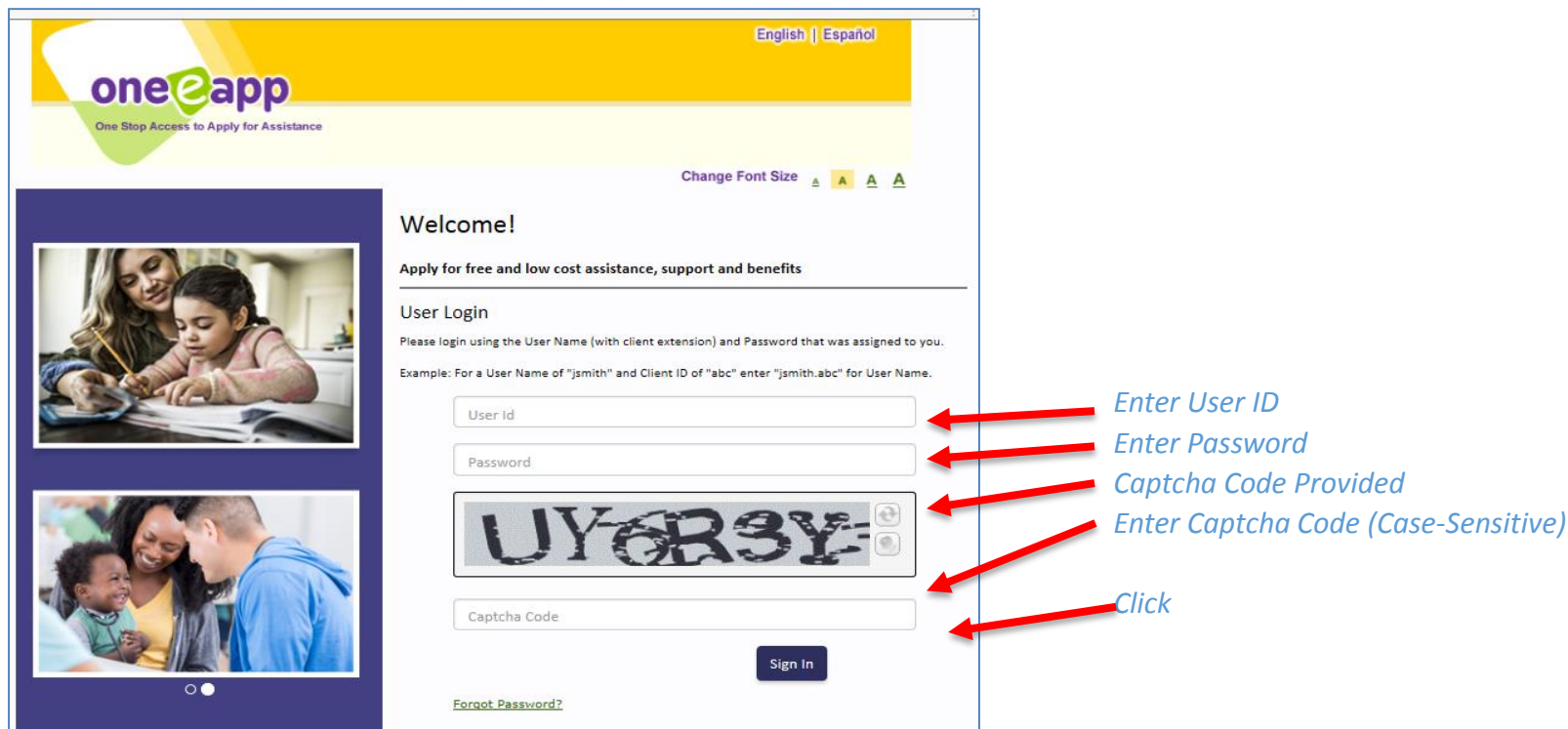
To search for or take action on the most recent application:

- 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**

Log-in Screen



The screenshot shows the 'oneeapp' login interface. At the top, there's a yellow header with the 'oneeapp' logo and the tagline 'One Stop Access to Apply for Assistance'. Language options 'English | Español' are in the top right. Below the header, there's a 'Change Font Size' link with three icons. The main content area is divided into two columns. The left column has a dark blue background and contains two images: a woman helping a child with homework and a family smiling. The right column has a white background and contains the following text and form elements:

- 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.
-
-
- Captcha image showing the text 'UY6R3Y'
-
-
- [Forgot Password?](#)

Red arrows point from the following text labels to the corresponding form elements:

- Enter User ID* points to the 'User id' input field.
- Enter Password* points to the 'Password' input field.
- Captcha Code Provided* points to the captcha image.
- Enter Captcha Code (Case-Sensitive)* points to the 'Captcha Code' input field.
- Click* points to the 'Sign In' button.

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.

TWO STEP VERIFICATION (2SV)

oneeapp

English | Español

Font Size

One Stop Access to Apply for Assistance

Verify Your Identity

User Name:

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:

Verification Code

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.

[Quick Help](#)

[> Didn't receive verification code email?](#)

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.*

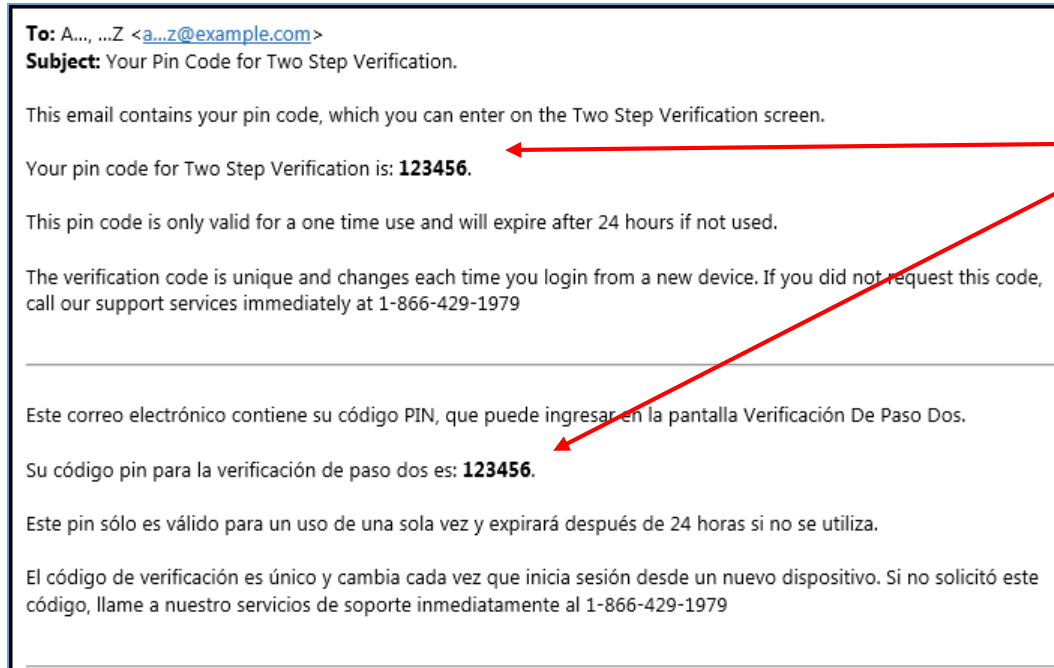
Once 2SV is completed for each up to three computers, 2SV will only be required again if it meets one of the verification conditions.*

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
- (After 2SV goes 'live', all users will be considered first time visitors of the OEA site and will be required to provide 2SV).
- 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) Continued



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: Implementation of the 2SV security feature will require that 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 change it in your OEA user profile.

User Type Selection

Work Location

User Setting

User: Raymond Plaza

User Type Selection

Select your user type to continue:

Certified Enrollment Counselor ▼

Work Location Selection

Select a work location to continue:

Alhambra ▼

☒ Save as default work location

Continue

Logout

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 shows the 'myoneapp' dashboard for a user named Raymond Plaza. The interface is in English. The top header includes the 'oneeapp' logo, a 'logout' link, and language options for 'English' and 'Español'. Below the header, a welcome message reads 'Welcome to myoneapp Raymond Plaza !'. The dashboard is organized into a left sidebar with expandable sections and a main content area with several summary cards.

Left Sidebar:

- Search for an Application...** (with a search input field and a 'Search' button)
- 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](#)
- Outreach...**
 - [View Messages](#)
 - [View Reminders](#)
 - [View Ticklers](#)
 - [View Faxes](#)
 - [View Follow-Up Workload](#)
- Administration...**
 - [View Scanned Documents](#)

Main Content Area:

- My Assisted Applications** (Minimize button)
 - 2 [In Progress](#) (Last 30 days)
 - 0 [Expired](#) (Last 30 days)
 - 0 [Due for Renewals](#) (Last 30 to 90 days)
- My Assisted Persons** (Minimize button)
 - 0 [Pending Submission](#) (Last 30 days)
 - 0 [Submitted](#) (Last 30 days)
- My Mailbox** (Minimize button)
 - 0 [Tickler\(s\)](#) (Last 30 days)
 - 0 [Reminders\(s\)](#) (Last 30 days)
 - 0 [Messages\(s\)](#) (Last 30 days)
- My Account** (Minimize button)
 - [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.

Begin Application – Search for Applicant

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

To begin a new application you must first search for whether the applicant already has an application in the system. 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.

Begin Application Cont'

The form is titled 'Begin Application Cont'' and contains two main sections: 'Unique Identifier' and 'Person Detail'.

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:

- Application ID:
- Person ID:
- SSN:

Person Detail:

- First Name:
- Middle Name:
- Last Name:
- Suffix:
- Gender: ☐ Male ☐ Female
- Date of Birth:
- 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.

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID		
<input type="checkbox"/>	Greg Iles	1/1/1980	Jorge Staff	7/24/2014	Medi-Cal - Restricted No Share of Cost	Fax	190022014204001233	1900201032204142	100.00	 
<input type="checkbox"/>	Greg Iles	1/1/1980	Jorge Staff	7/24/2014	My Health LA	Fax	190022014204001233	1900201032204142	100.00	 

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.

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

Begin Application

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

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).

Add Notes | Search

View Clipboard | Begin New Application | Renew/Modify

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 

[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.

1 Getting started	2 Your Household	3 Household Income	4 Other Information	5 Preliminary Eligibility	6 Additional Information
-------------------	------------------	--------------------	---------------------	---------------------------	--------------------------

Tell us about yourself

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 ☐ None ?

Home Phone ?

Cell Phone ?

Work Phone X ?

Message/Emergency Phone X ?

How would you like to be contacted? ?

What is your primary spoken language? ?

What is your primary written language? ?

Name:

Please ask the applicant their first name, middle name, last name and mother's maiden name; and enter this information in the appropriate category. This screen allows first, middle, and last name only. There is a place to enter the applicant's mother's maiden name under "Tell us more about yourself."

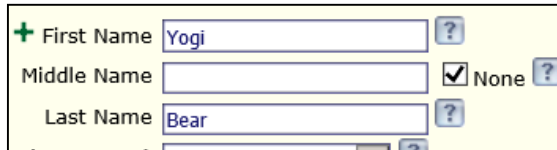
Contact information:

Email and telephone numbers are important contact information but they are not mandatory to proceed with the application. **NOTE: Please collect cell phone numbers as MHLA may be using texting for future communication.**

Language:

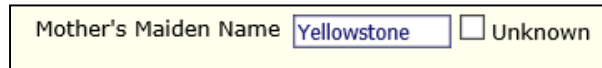
How applicant would like to be contacted and primary spoken/written language are necessary. Under language, the choice of Spanish will give the applicant documents in Spanish. Choosing any language other than Spanish will provide materials in English only.

Applicant's Full Name



A screenshot of a web form titled 'Tell us about yourself screen'. It contains three input fields: 'First Name' with the value 'Yogi', 'Middle Name' which is empty, and 'Last Name' with the value 'Bear'. Each field has a small blue question mark icon to its right. To the right of the 'Middle Name' field is a checked checkbox labeled 'None' followed by another question mark icon.

Tell us about yourself screen



A screenshot of a web form titled 'Tell us more about yourself screen'. It contains one input field labeled 'Mother's Maiden Name' with the value 'Yellowstone'. To the right of the field is an unchecked checkbox labeled 'Unknown'.

Tell us more 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, middle, last and mother's maiden name.

Example 1:

Jose Luis Garcia Torres

First Name – Jose

Middle name – Luis

Last name – Garcia

Mother's Maiden Name – Torres

Example 2

Jessica Lisa Garcia-Gomez Martinez

First name - Jessica

Middle name - Lisa

Last name - Garcia-Gomez

Mother's Maiden name - Martinez

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 Yogi Bear – Part 1

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.


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

Representative : Richard Milhouse Nixon

Tell us more about Richard Milhouse Nixon 

Is this person applying for benefits? ☒ Yes ☐ No

Gender ☒ Male ☐ Female ☐ Other

Date of Birth 

Mother's Maiden Name ☒ Unknown

Place of Birth *(Select the one that applies)*

California County or

US State or

Other Country

Are you Hispanic or Latino? ☐ Yes ☒ No

What is your race?
(You may select up to 2 races with which you most closely identify)

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 Alien ☐ Yes ☒ No

Marital Status

Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

Suffix

Tell Us More About Yogi Bear – Part 2

1 Getting Started

2 Your Household

3 Household Income

4 Other Information


5 Preliminary Eligibility

6 Additional Information

7 Program Information


8 Next Steps

Representative : [Richard Milhouse Nixon](#)

Tell us more about Richard Milhouse Nixon  Notes

Is this person applying for benefits? ☒ Yes ☐ No

Gender ☒ Male ☐ Female ☐ Other

Date of Birth 

Mother's Maiden Name ☒ Unknown

Place of Birth (Select the one that applies)

California County or

US State or

Other Country

Are you Hispanic or Latino? ☐ Yes ☒ No

What is your race?
(You may select up to 2 races with which you most closely identify)

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 Alien ☐ 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 Alien:

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 Yogi Bear – 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

Representative : [Richard Milhouse Nixon](#)

Tell us more about Richard Milhouse Nixon  Notes

Is this person applying for benefits? ☒ Yes ☐ No

Gender ☒ Male ☐ Female ☐ Other

Date of Birth 

Mother's Maiden Name ☒ Unknown

Place of Birth *(Select the one that applies)*

California County or

US State or

Other Country

Are you Hispanic or Latino? ☐ Yes ☒ No

What is your race?
(You may select up to 2 races with which you most closely identify)

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 Alien ☐ Yes ☒ No

Marital Status

Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

Suffix

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
Yogi Bear (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


The screenshot shows a multi-step application process. The top navigation bar has eight steps: 1 Getting Started, 2 Your Household, 3 Household Income (highlighted in green), 4 Other Information, 5 Preliminary Eligibility, 6 Additional Information, 7 Program Information, and 8 Next Steps. Below the navigation bar, the main heading is 'Tell us about the family income and care expenses' in purple, with a 'Notes' icon to its right. The question 'Does anyone on this application have income?' is followed by radio buttons for 'Yes' (selected) and 'No'. Below this, there is a checked checkbox for 'Yogi Bear (Primary Informant)' and a large yellow text input area. At the bottom, there are links for 'View Application Summary' and 'Get Help', and a green 'Next' button.

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 and care expenses  Notes

Does anyone on this application have income? ☒ Yes ☐ No

☒ Yogi Bear (Primary Informant)

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

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 Unit at 833-714-6500** for assistance.

Income Screen

Does Yogi Bear have any income? ☒ Yes ☐ No

Current Situation	Income Source	Frequency	Gross Amount
Other Income	In-Kind Unearned	Monthly	\$272.00

Gross monthly income for Yogi Bear is \$ **\$272.00**

Please select the type(s) of In-Kind Income received ☒ Housing ☒ Utilities ☒ Food

Name of employer, organization, or person providing the income

Address 1

Address 2

Employer City

State

Zip

Employer Phone Number

Date Received/Expected to be Received

Pay Period Begin Date

Has this income been terminated? ☐ Yes ☒ No

Does Yogi Bear have any additional income? ☐ Yes ☒ No

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

For this applicant I chose In-Kind Unearned, which for a HH of 1 is \$272 per month. It is mandatory to enter name and address of person providing In-Kind support - Not mandatory for other types of income.

Income Summary

ing
ted

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.

[Yogi Bear \(Adult\)](#) [Sample Self Affidavit of Income Letter](#)

Income Type	Frequency	Amount	Gross Monthly Amount	Remove
In-Kind Unearned	Monthly	\$272.00	\$272.00	Remove

[Sample Profit and Loss Statement](#)

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

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

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.”

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.

Yogi Bear

	Score	Person Name	Person ID	Current Application ID	Date Of Birth	Place Of Birth	Gender
<input checked="" type="radio"/>	92.5	Yogi Bear	31900201015286148	19002201428800019	10/14/1959	Argentina	Male
<input type="radio"/>	The 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
<input type="radio"/>	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
<input type="radio"/>	100.0	Citlaly Ruvalcaba	31900201751042152	19002201504206289	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
<input type="radio"/>	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 your Program Advocate.

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.

Household Person Details


Household Person Details

 **Notes**

Person details for the application are summarized below.

Adult(s)

Name	Date of Birth	Person ID	Applying for Coverage
Yogi Bear	10/14/1959	31900201015286148	Yes

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

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

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 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

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

Preliminary Eligibility Results

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

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	Yogi Bear	My Health LA	Primary	?

Current Benefits (One or more persons have indicated to be receiving these benefits.)

Person Name	Program Name	Help
Yogi Bear	Medi-Cal (All Types)	?

[View Application Summary](#) | [Get Help](#) [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) therefore there is no RMC referral. However, if the applicant did not have RMC then you would see RMC under 'Likely Eligible.'

Change Demographic Information, Save and Close, & In Progress

oneeapp **step 5: Preliminary Eligibility** help save and close cancel

One Stop Access to Apply for Assistance

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

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	Yogi Bear	My Health LA	Primary	?

Change Demographic Info:

At this point in the application process you can still make updates to previously entered information. 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 A A A A

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

 Jorge Lopez !

My Assisted Applications Minimize

2

[In Progress](#) (Last 30 days) ←

0






[Expired](#) (Last 30 days)

1

[Due for Renewals](#) (Last 30 to 90 days)

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"/>		11/28/2014	10/14/2014	Yogi Bear	19002201428600039
<input type="checkbox"/>		9/28/2014	8/14/2014	Chris Paul	19002201422500409
<input type="checkbox"/>		11/9/2014	9/25/2014	Jay Bird	19002201426700427

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 a web application interface for 'Preliminary Eligibility Results'. At the top is a progress bar with eight steps: 1 Getting Started, 2 Your Household, 3 Household Income, 4 Other Information, 5 Preliminary Eligibility (highlighted in green), 6 Additional Information, 7 Program Information, and 8 Next Steps. The main heading is 'Preliminary Eligibility Results'. Below it, a blue pop-up window titled 'Message from webpage' is open. The pop-up contains 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. In the background, the main page shows a section titled 'Likely Eligible' with a table. The table has columns for 'Person Name', 'Program Name', and 'Help'. One row is visible with 'Yogi Bear' and 'Medi-Cal (All Types)'. At the bottom of the page, there are links for 'View Application Summary', 'Get Help', and a green 'Next' button.

Preliminary Eligibility Results

Based on the information provided, you are likely eligible for the following programs.

Person Name	Program Name	Help
Yogi Bear	Medi-Cal (All Types)	?

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

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. You still have the opportunity to correct inaccuracies.

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

Medical Home Search

The screenshot shows a web application for finding a medical home. At the top is a navigation bar with eight steps: 1 Getting Started, 2 Your Household, 3 Household Income, 4 Other Information, 5 Preliminary Eligibility, 6 Additional Information (highlighted in green), 7 Program Information, and 8 Next Steps. Below the navigation bar is the main content area titled "Medical Home and Selection" in purple. To the right of this title is a "Notes" icon. The main area contains search fields: "City" with a dropdown menu set to "No Preference", "Zip Code" with a text input field, "Medical Home Location" with a text input field, "Status" with a dropdown menu set to "No Preference", and "Language" with a dropdown menu set to "No Preference". At the bottom left of the main area are two links: "View Application Summary" and "Get Help". At the bottom right is a green "Next" button with a right-pointing arrow.

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: No Preference
Zip Code:
Medical Home Location:
Status: No Preference
Language: No Preference

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

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

 [View Map](#)

	Clinic Name	Zipcode	Language	Status
<input type="radio"/>	ST. JOHN'S-DR. KENNETH WILLIAMS	90037	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ST. JOHN'S-LOUIS FRAYSER	90037	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	90007	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ALTAMED-BUENA CARE	90033	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ALTAMED-COMMERCE	90022	ENGLISH,SPANISH.	OPEN
<input checked="" type="radio"/>	ALTAMED-FIRST STREET	90033	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ALTAMED-HOLLYWOOD PRESBYTERIAN	90027	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ALTAMED-WHITTIER	90023	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	90032	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ARROYO VISTA-EL SERENO VALLEY	90032	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ARROYO VISTA-HIGHLAND PARK	90042	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ARROYO VISTA-LINCOLN HEIGHTS	90031	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	ARROYO VISTA-LOMA DRIVE	90017	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	COMPREHENSIVE COMMUNITY-HIGHLAND PARK	90042	ARMENIAN,SPANISH,ENGLISH	OPEN
<input type="radio"/>	JWCH-PATH	90004	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	JWCH-WEINGART	90013	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	THE NECC-CALIFORNIA FAMILY CARE	90015	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	THE NECC-FOSHAY	90018	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	THE NECC-GRAND	90015	ENGLISH,SPANISH.	OPEN
<input type="radio"/>	THE NECC-HIGHLAND PARK	90042	ENGLISH,SPANISH.	OPEN

1 2 3

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

<input type="checkbox"/> Select All	My Health LA Person Name	Clinic Name
<input checked="" type="checkbox"/>	Yogi Bear	ALTAMED-FIRST STREET

[Save](#)

Medical Home Search

[View Application Summary](#)

[Get Help](#)

[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 8-5 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

1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

Your Medical Home Summary

Notes

Application ID: 19002201428600039

☒ Yogi Bear

Selected Medical Home: ALTAMED-FIRST STREET

Previous Medical Home: N/A

View Application Summary

Medical Home Change History | Get Help

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".

Document Verification – Part 1

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.

Yogi Bear

☒ 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

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

The screenshot shows a web form titled "Document Verification" with a progress bar at the top. The progress bar has eight steps: 1. Getting Started, 2. Your Household, 3. Household Income, 4. Other Information, 5. Preliminary Eligibility, 6. Additional Information (highlighted in green), 7. Program Information, and 8. Next Steps. Below the progress bar, the form has a heading "Document Verification" and a sub-heading "Yogi Bear". A message states: "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." There are four sections, each with a checkbox and a "Verification" dropdown menu. The first section is "Proof of Income (My Health LA)" with a "Verification" dropdown set to "Received" and a "Source" dropdown set to "Letter from person providing you with free housing utilities and/or food (In-Kind Income)". The second section is "Proof of County Residency (My Health LA)" with a "Verification" dropdown set to "Received" and a "Source" dropdown set to "Letter addressed to applicant and postmarked within the last 60 days". The third section is "Proof of Identification (My Health LA)" with a "Verification" dropdown set to "Not Received" and a "Source" dropdown set to "Received". The fourth section is "My Health LA Rights & Declarations (My Health LA)" with a "Verification" dropdown set to "Received". At the bottom left, there are links for "View Application Summary" and "Get Help". At the bottom right, there is a green "Next" button.

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.

Yogi Bear

☒ 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 modify 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.

Document Verification – Part 3

The screenshot shows a web form titled "Document Verification" with a progress bar at the top indicating steps 1 through 8. Step 6, "Additional Information," is currently active. Below the title, a note states: "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." The form is for "Yogi Bear" and contains four sections, each with a checked checkbox, a "Verification" dropdown menu, and a "Source" dropdown menu. 1. "Proof of Income (My Health LA)" with Verification set to "Received" and Source set to "Letter from person providing you with free housing utilities and/or food (In-Kind Income)". 2. "Proof of County Residency (My Health LA)" with Verification set to "Received" and Source set to "Letter addressed to applicant and postmarked within the last 60 days". 3. "Proof of Identification (My Health LA)" with Verification set to "Not Received" (highlighted in blue) and Source set to "Received". 4. "My Health LA Rights & Declarations (My Health LA)" with Verification set to "Received". At the bottom left are links for "View Application Summary" and "Get Help". At the bottom right is a green "Next" button.

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.

Yogi Bear

☒ 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](#)

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, including children. If child does not have an ID, the parent must complete and sign an affidavit for each applying child.

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

Verification Document Summary **Notes**

Person Name	Verification Document	Verification	Source	Program Name
Yogi Bear	My Health LA Rights & Declarations	Received	N/A	My Health LA
Yogi Bear	Proof of County Residency	Received	Letter addressed to applicant and postmarked within the last 60 days	My Health LA
Yogi Bear	Proof of Identification	Received	Foreign Passport	My Health LA
Yogi Bear	Proof of Income	Received	Letter from person providing you with free housing utilities and/or food (In-Kind Income)	My Health LA

Missing Documents
View Application Summary
Get Help

Next

This is a summary of the information you had entered in the previous screen. If the information is accurate, 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 Steps

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 and Declarations for My Health LA

[Notes](#)

Original Application ID: 19002201428600039
Applicant Name: Yogi Bear
Certified Enrollment Counselor: Jorge Lopez

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.

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.

Submit to MHLA

My Health LA

Likely Eligible Persons
Yogi Bear

[Learn More!](#)

Steps to Complete the Application

This is a test.

- 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 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.**

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: 19002201428600039

Select All Documents ☐

Select All Permanent Verification Documents ☐

Documents in this Upload	Person Name	Permanent Verification Documents	SCAN 10/15/2014
<input type="checkbox"/>	Yogi Bear	Proof of Identification	

Select All Temporary Verification Documents ☐

Documents in this Upload	Person Name	Temporary Verification Documents	SCAN 10/15/2014	SCAN 10/15/2014	SCAN 10/15/2014
<input type="checkbox"/>	Yogi Bear	Proof of Income			
<input type="checkbox"/>	Yogi Bear	Proof of County Residency			
<input type="checkbox"/>	Yogi Bear	My Health LA Rights & Declarations			

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

[View Application Summary](#)

[Get Help](#)

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

one2app
One Stop Access to Health Insurance

Document Cover Sheet
Temporary Documents

Application ID : **19002201428600039**

Primary Informant : **Yogi Bear**

Other Persons :

Address : **1100 1/2 Corporate Center Dr, Monterey Park, California, 91754**

Phone :

Date : **10/15/2014**

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.

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).

Barcodes:

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

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.

You are Almost There-Last Screen

1Getting Started

2Your Household

3Household Income

4Other Information

5Preliminary Eligibility

6Additional Information

7Program Information

8Next Steps

You Are Almost There...!!!

Notes

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: **19002201428800019**

Next Steps Needed

Person ID	Person Name	Program Name	Application Status	Next Steps
31900201015286148	Yogi Bear	My Health LA	Completed	Next Steps

[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](#)

Next

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.