Community-Based Organizations with One-e-App Users:
1) Asian Health Services (Oakland), 2) Axis Community Health (Livermore), 3) La Clinica de la Raza (Oakland),
4) Lifelong Medical (Berkeley & Oakland), 5) Native American Health Center (Oakland), 6) West Oakland Health
Council (Oakland), 7) Tiburcio Vasquez Health Center (Hayward), 8) Tri-Cities Health Center (Fremont), 9) Healthy Communities, Inc. (Oakland)

Some clinics staff call centers which prescreen applicants using a basic paper screening tool, schedule an
appointment for client, & notifies them of required documentation to bring based on what programs it looks like they are eligible for.

Preliminary Eligibility for
MEDI-CAL
MEDI-CAL Supplemental Forms in One-e-App:
- 50-85 Language Preference Survey
- MC207 Medi-Cal General Property Limit
- MC219 Medi-Cal Rights and Reporting Responsibilities
- MC210A Retroactive Medi-Cal Application (optional)
- MC13 Statement of Citizenship, Alienage, & Immigration Status
- CW2.1Q Non-custodial Parent
- CW2.1A Agreement to Attach Absent Parent Information
- MC230: Authorization for Release of Information*
- MC223: Statement of Facts Regarding Disability*
- *All Users have these forms turned in in One-e-App, but not all clinics complete forms with clients- some defer to SSA ET to assist

Preliminary Eligibility for
Healthy Families*
HEALTH-E-APP INTERFACE WITHIN ONE-E-APP
1. User submits One-e-App information to Health-E-App; electronic S step transfer
2. Health-E-App will scan other household members for Medi-Cal
ALL assistants request “No” as all adults are processed through AC SSA office through a direct One-e-App transfer
3. Client selects a health plan and a health home
4. Signature, Rights and Declarations for both Healthy Families & Medi-Cal
5. All verification documents for all family members must be faxed within 24 hours or the application will be terminated

Alameda County Medical Center Sites:
1) Highland Hospital, 2) Fairmont Hospital, 3) John George Psychiatric, 4) Eastmont Wellness,
5) Newark Health Center, 6) Winton Wellness

Initial phone screening with financial services or referral from a hospital department; appointment
scheduled with an eligibility specialist (PST)

Initial phone screening, required doc list mailed, appointment scheduled with HIT

ONE-E-APP:
Applicant meets with a Patient Advocate to complete one-e-app at the clinic location. Patient Advocate
checks CalWIN (view only) before beginning one-e-app to see if the applicant has a past case or file. Clinics do
not have MEDS access to check past Medi-Cal status in other counties or see MEDS case details.

ONE-E-APP:
Applicant meets with a PST to complete one-e-app at the location. PST has both CalWIN and
MEDS access (read-only) and checks before beginning one-e-app to see if the applicant has a past Medi-Cal case or existing renewal file.

ONE-E-APP:
Applicant meets with a HIT to complete one-e-app at HCSA. HIT has both CalWIN and MEDS access (readonly) and checks before beginning one-e-app to see if the applicant has a past case or file.

Preliminary Eligibility
Kaiser Child Health Plan
(HIT ONLY)
HIT assist applicant to complete a paper application which they mail to Kaiser.

Preliminary Eligibility
for HealthPAC
(as either primary coverage or secondary coverage to Restricted Medi-Cal or FS Medi-Cal with a high share of cost)

Application Submission
COUNTY AUDIT
Final Approval
Denial

Final Approval
(Takes
approximately 45 days to process)

Denial

System of Record: One-e-App

Alameda Alliance issues benefits card; health
home pre-selected in One-e-App application process

Child receives ACCELERATED ENROLLMENT
& application mailed to SSA Enterprise for final
eligibility determination (see chart 1)

Child found Medi-Cal eligible
upon review at SPE

Healthy Families Final Approval

Denial

Child receives MEDS

Healthy Families Final Approval

Denial

System of Record Entry:

Recording

Electronic Submission to Single Point of Entry (SPE) at Sacramento
(See Chart 4, Health-E-App)

Electronic Submission to SSA Enterprise
See Chart 2 for Medi-Cal Application Flow
A BHCS client may be screened on an appointment basis for coverage at one of the following locations with out-stationed BHCS HITs:
1) Tri-City Clinic
2) North County Crisis
2) South County Crisis
4) Valley Clinic
5) Authorization Services
6) ACCESS
7) Oakland Clinic
8) Schumane-Liles Clinic
9) Eden Clinic
10) Alameda Clinic
11) the Cove
12) Villa at Fairmont

Verifying Coverage: BHCS HIT will check INSYST, MEDS, CalWIN, and/or One-e-App to verify current or past Medi-Cal or HealthPAC coverage.

If the client has no current coverage:
BHCS HIT screens the client for an UMDAP to determine their ability to pay for mental health costs based on a sliding scale, and:
- BHCS automatically secures filing date for a HealthPAC policy and uses a data matching process with CalWIN for necessary citizenship/income data
- BHCS HIT assists client to complete the HealthPAC Declarations
  1) Residency & Income Declaration Form
  2) Legal Status Declaration Form
  3) Application of Rights and Declarations
- BHCS HIT uploads a HealthPAC policy into INSYST, the practice management/billing system. Declaration forms stored on site.
- Automated policy transfer process from INSYST to One-e-App via a flat file
- Alameda Alliance issues benefits card

Clients who are:
- Not eligible for Full Scope Medi-Cal
- Submitting a Medi-Cal application pending a disability determination

Possible HealthPAC eligibility

BHCS HIT worker will assist client to complete a paper Medi-Cal application. BHCS HIT is the authorized representative.

Paper Medi-Cal Application
BHCS HIT worker will assist client to complete a paper Medi-Cal application. BHCS HIT is the authorized representative.

BHCS HIT uploads a HealthPAC policy into INSYST, the practice management/billing system. Declaration forms stored on site.

Automated policy transfer process from INSYST to One-e-App via a flat file

Alameda Alliance issues benefits card

BHCS client screened at a BHCS CBO trained to do HealthPAC enrollment via automated system:

Verifying Coverage: CBO worker will check INSYST to see if the client has a current record of coverage.

If the client has no current coverage:
Worker screens the client for an UMDAP to determine their ability to pay for mental health costs based on a sliding scale, and:
- BHCS HIT uploads a HealthPAC policy into INSYST, the practice management/billing system.
- Automated policy transfer process from INSYST to One-e-App via a flat file
- Alameda Alliance issues benefits card

Clients who are:
- Not eligible for Full Scope Medi-Cal
- Submitting a Medi-Cal application pending a disability determination

Possible HealthPAC eligibility

BHCS HIT uploads a HealthPAC policy into INSYST, the practice management/billing system. Declaration forms stored on site.

Automated policy transfer process from INSYST to One-e-App via a flat file

Alameda Alliance issues benefits card

Documents stored at The Cove (1900 Embarcadero), Electronic Doc Storage
Designated SSA clerk pulls RRR list from SSIRS 60 days prior to the due date and sends to each office

Designated clerk at each office prints the MC210 Renewal Notice (approximately 10,000 per month) from CalWin and manually enters the due date. Notices are usually received around the 12th or 15th of the month

Client receives paper MC210RV in mail:
- Beneficiary Recipient Completes MC210RV
  - May seek assistance from CBO clinics, community-locations, HIT unit
  - All renewal forms must be mailed; no electronic option available currently through BCW

Completed MC210 RV mailed or delivered in person to an SSA office

Client does not receive their MC210RV in the mail and/or fails to complete form
- Termination of Benefits Notice issued from SSA requiring action within 30 days
  - If the benefit recipient accesses care within 30 days of the expiration date: Health providers may be able to help client identify the reasons their application is pending renewal & assist to collect documentation. (i.e., ACMC quick codes documents to ET3).

Missing information-letter mailed to client
- Information Submitted

Complete ET3 processes, authorizes application in CalWIN and renews

Denial/case closure if nothing received within 30 days from expiration date

Complete ET3 processes, authorizes application in CalWIN and renews

CHART 4
Presumptive Eligibility: Healthy Families, Medi-Cal for Families, or AIM

Maximus/MRMIB Sacramento, CA Single Point of Entry

HEALTH-E-APP.net Use with a Certified Application Assistor

HEALTH-E-APP.net Self-use

ONE-E-APP (see chart 3)

Presumptive Eligibility: Healthy Families

Health-e-App electronic interface with One-e-App, electronic submission to SPE

Determined Medi-Cal Eligible

Children with FS Medi-Cal Preliminary eligibility receive ACCELERATED ENROLLMENT in Medi-Cal

System of Record MEDS

BIC Card Generated; provider pre-selected in Health-e-App

BIC Card Generated (cancelled in rare case that child is deemed ineligible for Medi-Cal at county final eligibility assessment)

Healthy Families: DENIAL

Healthy Families/AIM Final Approval

System of Record MEDS

See Chart 1 – Mailed in Applications from SPE

SPE ONE - E-APP (see chart 3)

*Note: Health-e-App is not used extensively in Alameda County as a self-use enrollment platform, nor is it used extensively by certified application assistants in the community (One-e-App is used more). Additionally, Healthy families is transitioning to the Targeted Low Income Children’s Program within Medi-Cal as of 1/1/13. The role of the SPE long-term is unknown at this time.