

One-e-App User Tips regarding Kaiser Permanente Child Health Plan (KPCHP)

This document contains important tips regarding using One-e-App to submit KPCHP applications, including:

- How to update your One-e-App user account to insert the KPCHP Enrollment Entity number
- Important tips for submitting your KPCHP application

How to Enter your Kaiser Permanente (KP) Enrollment Entity (EE) Number in your One-e-App User Profile

It is important to update your user account with the KP EE# prior to submitting KPCHP applications via One-e-App. See below for instructions.

Welcome to **myoneeapp** Sarah Boehm !

Application Assistance...

- Begin Application
- Renew/Modify Application
- Search for Person/Application
- Print Document Cover Sheet
- Health-e-App Fax Cover
- Attach Scanned Documents
- Scanned Documents
- Notes
- Re-print Forms
- eLearning
- Support Documentation

Enrollment Assistance...

- Manage Program Disposition
- KPCHP Enrollment Roster
- Update Applicant Data

Manage Workload's...

- Assistor Workload
- Program Submission Workload
- Expired Applications

My Assisted Applications Minimize

- 1 In Progress (Last 14 days)
- 1 Expired (Last 14 days)
- 0 Due for Renewals
- 0 Assigned Application(s) from Public One-e-App Users

My Assisted Persons Minimize

- 0 Pending Submission (Last 14 days)
- 0 Submitted (Last 14 days)

My Mailbox Minimize

- 0 Tickler(s) (Last 14 days)
- 0 Reminder(s) (Last 14 days)
- 0 Message(s) (Last 14 days)

My Account Minimize

- Password Reset
- Secret Question
- Default Location
- Profile**
- Font Size Settings

- 1) On the One-e-App dashboard, click on "Profile" under "My Account".

Modify Profile

User ID: **oeas_sboehm**

Organization: The Center

First Name: Sarah

Middle Initial:

Last Name: Boehm

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

Work Phone: 510 273 4645 x111

Other Phone:

Pager:

Email: sboehm@oneeapp.org

Address 1: 3841 Northfreeway Blvd

Address 2:

City: Sacramento

State: California

County: Sacramento

Zip: 95834

Verify

Is the user bilingual? Yes No

Are you a mobile application assistor? Yes No

Default Location: Social Interest Solutions

Your E-Sign:

Next

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- 2) Click "Next" to go through the following screens until you reach the "Remote System User Account Information" page.

Remote System User Account Information

Please provide the user account information for the following systems to which One-e-App may send application information.

Kaiser Permanente EE Number

Health-e-App User Account Information

Please provide Health-e-App user account for Sarah Boehm

CAA ID
Health-e-App UserID
Health-e-App Password
Confirm Health-e-App Password
Health-e-App Enrollment Entity Number/County Code
Health-e-App User Type

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Next

- 3) Verify or enter your Kaiser Permanente Enrollment Entity Number (four digits).

If you do not know your KP EE#, contact your One-e-App System Administrator or call Sarah Boehm at Social Interest Solutions at 510-273-4645.


Click "Next" to save your changes.

Important Tips for Submitting your KPCHP Application via One-e-App

The following key things to remember about submitting KPCHP applications via One-e-App.

- **KPCHP is available based on zip code service area.** For details, see the KPCHP member services agreement.
- **The signature must match the pre-printed name on the application.** On the household summary page, select the name of the “financially responsible” person from the drop down (see image 1 below). This person will be pre-printed on the application. This same person must sign the application.
- **KPCHP applications are not sent to Kaiser Permanente until verification documents are received in One-e-App.** You must fax or upload the required verification documents (e.g., proof of income, signed KPCHP arbitration agreement) into One-e-App to complete the application process. Also, please make sure your documents are readable by KP staff to ensure smooth processing of applications.
- **Applicants can choose to give third party authorization to the Agency to view disposition of the application in One-e-App.** If an applicant chooses to, they can select “Agency” from the drop-down (see image 2 below) to give permission for the assistor agency to be the third party authorized entity. That means any Application Assistor from that agency will have permission to view the disposition status of the KPCHP application in One-e-App.



Image 1

Change Font Size  **Los Angeles County**

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	Child Living in Household	Kaiser Permanente Financially Responsible Person 	Remove
Maria Fuentes (PI)	No			Remove
Javier Fuentes (Adult)	No			Remove
Joel Fuentes (Child)	Yes	Yes	<div style="border: 2px solid red; padding: 2px;">Maria Fuentes  ---Select One--- Maria Fuentes Javier Fuentes</div>	Remove

Do all the persons in this application purchase and prepare food together? Yes No

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** 

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Application ID: 19000201128200031

Image 2

Print Kaiser Permanente Child Health Plan Application Notes

Note: The system is downloading the filed application. If for any reason, it does not appear, please record the signature date below and click Next to proceed. You will have another opportunity to download and print the form.

1 / 6

38.6% Sign

Find

Kaiser Permanente
CHILD HEALTH PLAN

One e-App. Kaiser Permanente

Enrollment Application

One-e-App Application ID: 19000201128200031

Instructions:

- Fill out the application using black or blue ink only.
- The Applicant must be 17 years of age or older. You are the Applicant if your name is identified with the family's account and if you are responsible for the account. On this form, "you" and "your" refer to the Applicant. The Applicant should complete and sign this application.
- Answer each question. Incomplete applications will be denied and returned to you.
- If you want your spouse/child/parent to have access to the account, complete the Third Party Authorization and on the last page with their information.
- Sign both the submission and certification agreements on the last page of this application. You must sign both agreements. Unsigned applications will be denied and returned to you.
- Provide copies of the most current proof of monthly income. With a proof of your monthly income, your application will be denied and returned to you.
- Complete the Profit and Loss Statement, if applicable.
- Fill out the enclosed postcard.
- Make a copy of your completed application to keep for your records.
- Use the enclosed postage-paid envelope to mail in your application, proof of monthly income, and postcard.
- Incomplete applications may result in termination of your child(ren)'s coverage.

Please note that it may take a least 45 business days to process your application. Completion of this application does not guarantee enrollment in Kaiser Permanente Child Health Plan.

PLEASE DO NOT SEND PERSONAL CHECKS,
MONEY ORDERS, OR CASH WITH THIS APPLICATION.

301604-002019 KAISER PERMANENTE.

Languages

Please enter the date of application was signed and then click the Next button to print a copy of this application.

<p>Relation: <input type="text" value="Agent"/></p> <p>2242</p> <p>OP SS #</p> <p>2041 Northfreesway Blvd Sacramento CA 95824</p> <p>Address: If an Assessor</p>	<p>Name: <input type="text" value="The Center (Sarah Soehn)"/></p> <p>(510) 273-4645</p> <p>Phone Number</p>
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I decline to sign the above declaration.

For System Use

Please enter the date the application was signed.

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

Report a Bug/Make a Suggestion
Application ID: 19000201128200031