



SAN FRANCISCO
HUMAN SERVICES AGENCY

How to Help Your Clients Complete their Medi-Cal Renewal and Stay Covered

For Community Based Organization Partners in San Francisco

SFHSA Community Engagement Team

September 2023



What We'll Cover

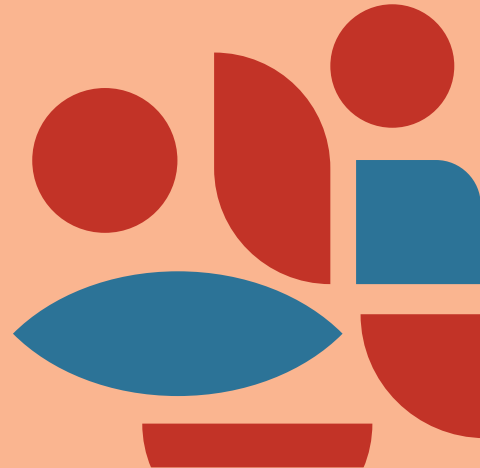
- Medi-Cal renewal and discontinuance paperwork
- The best ways to help Medi-Cal members:
 - Refer them to our county OR
 - Help them create a MyBenefitsCalWIN account and link their cases
 - Use Your CBO MyBenefitsCalWIN account to submit the form(s)





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HUMAN SERVICES AGENCY

Medi-Cal Renewal and Discontinuance Paperwork



Medi-Cal Renewal Paperwork

Public Health Emergency (PHE) and Continuous Coverage Unwinding

During the PHE:

DHCS deferred all
Medi-Cal annual
renewals



Now that the PHE has been lifted (effective 04/01/23):

DHCS resumed requiring Medi-Cal members
to submit yearly renewal paperwork

It's important for members to:

- 1) Let the county know of any changes in contact information
(i.e. phone number, home/mailling address)
- 2) Fill out the renewal form that was mailed to them

Note 1: Different renewal forms are required based on how the people in the household qualified for Medi-Cal. There are also different forms to fill out depending on if the client is still within their renewal month, or their renewal month has already passed.

Note 2: Some members will not receive an envelope because their benefits will be auto-renewed by our system; these members will receive a notice that their benefits will continue.



Medi-Cal Discontinuance Paperwork

Public Health Emergency (PHE) and Continuous Coverage Unwinding

During the PHE:

Medi-Cal member cases were not discontinued for failure to complete the annual renewal



Now that the PHE has been lifted (effective 04/01/23):

The member may lose their Medi-Cal coverage if renewal paperwork is not submitted by the due date on the form

It's important for members to:


- 1) Fill out the renewal form that was mailed to them by the due date on the form, otherwise their case may be discontinued.
- 2) Read the "Medi-Cal Notice of Action (NOA) Discontinuance of Benefits" if one is mailed to them; if a member does not understand the NOA, they should contact our county or log in to MyBCW to provide the information needed for continued coverage.

Note: Members have 90 days from the date of discontinuance to provide the needed information. Past the 90 days, members will need to submit a brand new application.



Medi-Cal Discontinuance Paperwork

Public Health Emergency (PHE) and Continuous Coverage Unwinding

The Discontinuance of Benefits Notice of Action is a two-page form as shown to the right. 

The back of the form has information about member Hearing Rights.

NOTICE OF ACTION Medi-Cal Termination

COUNTY OF SAN FRANCISCO

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : 08/31/2023
Case Name :
Case Number :
Worker Name : BANK MC
Worker Number : YBNC
Telephone : (415) 558-4700
Worker Hours : 8:00 AM- 12:00 PM, 12:00 PM - 5:00 PM
24hour Information : (877) 558-9009
Address : 1440 Harrison ST
San Francisco CA 94103-4312

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a state hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

This notice applies to:

Your eligibility to receive Medi-Cal will be discontinued the last day of _____. The reason for this discontinuance is:

You have failed to provide information necessary to determine your continuing Medi-Cal eligibility. The following information was requested and has not been provided:

You can still get Medi-Cal, but you need to give us more information. We need it within 90 days, by _____. We can give you Medi-Cal from _____ if you are still eligible. If we do not get the information by _____ you must reapply for Medi-Cal.

If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, this means that _____ is the last month the State will pay your premium for supplementary insurance coverage (Part B Medicare). You will receive a written notice from the Social Security Administration, or you may call your Social Security district office if you have any questions about your Medicare status.

If you have any questions about this action or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. Please remember that this action pertains to only the circumstances you reported to us, and that you may reapply at any time.

Rules: These rules apply. You may review them at your welfare office. CCR: 50179, Title 22: 50167, 50175, 50175a(v), 50185, 50189, Welfare & Education Code: 14005.37(i), Welfare & Inst. Code: 14005.37(i)

PAGE 1 OF 2

NOTICE OF ACTION Medi-Cal Termination

COUNTY OF SAN FRANCISCO

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : 08/31/2023
Case Name :
Case Number :
Worker Name : BANK MC
Worker Number : YBNC
Telephone : (415) 558-4700

(Continued)

DO NOT THROW YOUR PLASTIC ID CARD AWAY.
You can use it again if you become eligible for Medi-Cal.

MC 239 A Disc. (05/07) Medi-Cal Discontinuance of Benefits - General

PAGE 2 OF 2





SAN FRANCISCO
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The Best Ways to Help Medi-Cal Members Renew Their Benefits



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Option 1: Refer Your Members To Our County

Our eligibility workers can provide case-specific information





How members can reach us

Here's how to get in touch with a Medi-Cal and CalFresh eligibility worker:

 Call (415) 558-4700

 Email SFMedi-Cal@sfgov.org

 Visit one of our Service Centers at 1440 Harrison Street or 1235 Mission Street, or 2 Gough Street, our service hub for older adults, veterans, and adults with disabilities

 Meet with an eligibility worker at a designated community partner location

- Chinese Newcomers Service Center
- Community Assessment Services Center
- Wu Yee Children's Services





Announcement SNAP phone scam alert! Do not respond to calls from SNAP toll free information hotline number not affiliated with FNS or SNAP. [SNAP phone scam alert](#)

Option 2: Help Members Use the MyBenefitsCalWIN Website

For members who would like to apply, renew their paperwork and manage their benefits online



I would like to...



[See if I Am Eligible](#)

[Check to see what you qualify for in minutes.](#)



[Apply for Benefits](#)

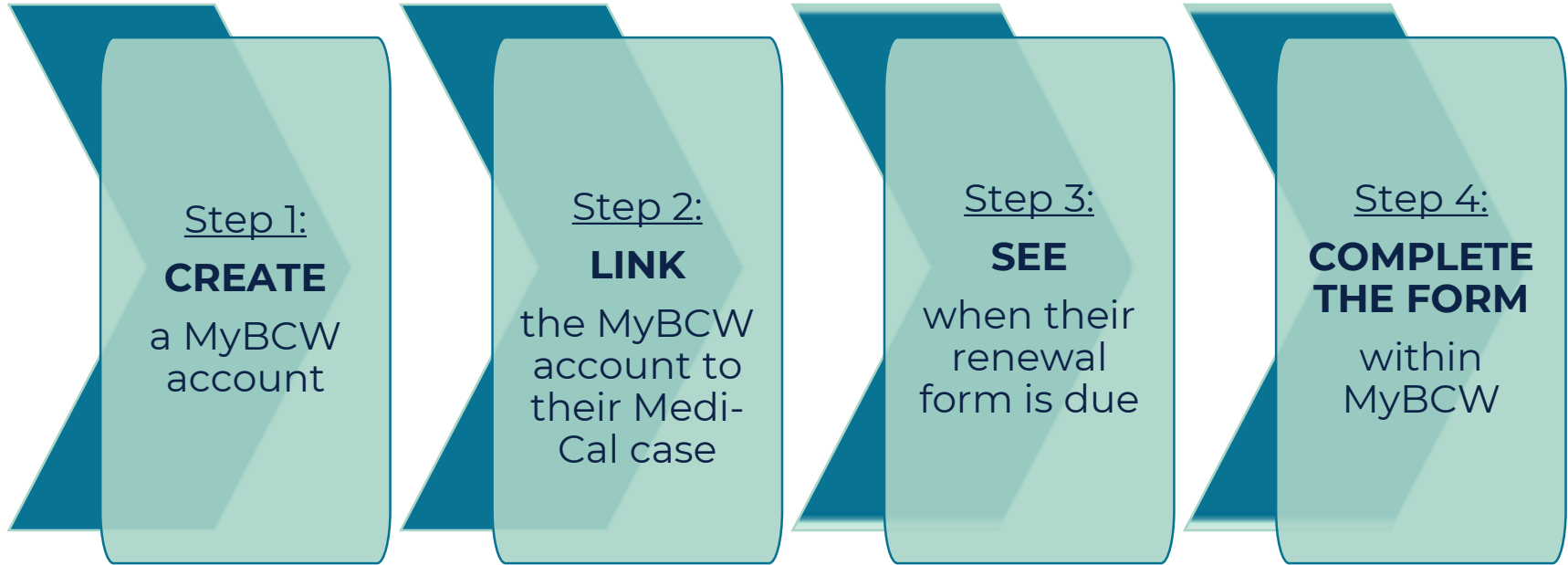
[Start a new application or continue an existing one.](#)

[Report](#)

[Complete](#)

Option 2: Important Information

Option 2 is a multi-step process for the member



How to Create a MyBCW Account

Website: <https://www.mybenefitscalwin.org/#/home>

Step 1:

Click on the “Create An Account” button



Announcement You can register to vote or change your address on your current voter registration information from [Announcement National Voter Registration](#)

Get medical, food and cash assistance now.

MyBenefits CalWIN is the fast, easy way for California residents to get the help they need.

[Create An Account](#)

Step 2:

Click on “San Francisco” from the list of counties

[San Bernardino](#) >

[San Diego](#) >

[San Francisco](#) >

[San Joaquin](#) >

[San Luis Obispo](#) >

[San Mateo](#) >

Create the Account:

Fill out all of the information needed to create the account.



Home MyBenefits CalWIN Account [Sign In](#) | [Help](#) | [FAQs](#) | [Contact](#) | [Language](#)

1 Select County 2 Personal Info 3 Sign-in Info 4 Confirm

Create A MyBenefits Account
Let's make sure we have your correct contact information.
You must answer all questions that are marked with an *

Your Name

- * First Name
- Middle Initial
- * Last Name Albert

Your Email Address

- * Email Address miekoyeh@gmail.com
- * Retype Email Address miekoyeh@gmail.com
- * Email Language English

Don't have an email account? [Learn how to get a free email address](#)

[Next](#)



The MyBenefitsCalWIN (MyBCW) webpage

An application assistance and benefits management portal for members

Benefits of creating a MyBCW account and linking it to a member's case:

- Members can see when their renewals are due and MyBCW will automatically populate the correct form the member needs to maintain their benefits for Medi-Cal, CalFresh, CAAP/GA and CalWORKS
- Members will automatically be prompted to upload income verification if it is needed
- Members can opt in to receive electronic notifications, including when their renewal is due
- If a member has a Medi-Cal, CalFresh, CAAP/GA or CalWORKS account, they can also link those cases to their MyBCW account to view account balances and more!

*** Our county is migrating to a new system on 10/30/23; On or around 10/30/23, members with a MyBCW account will receive an email prompting them to create a BenefitsCal account ***

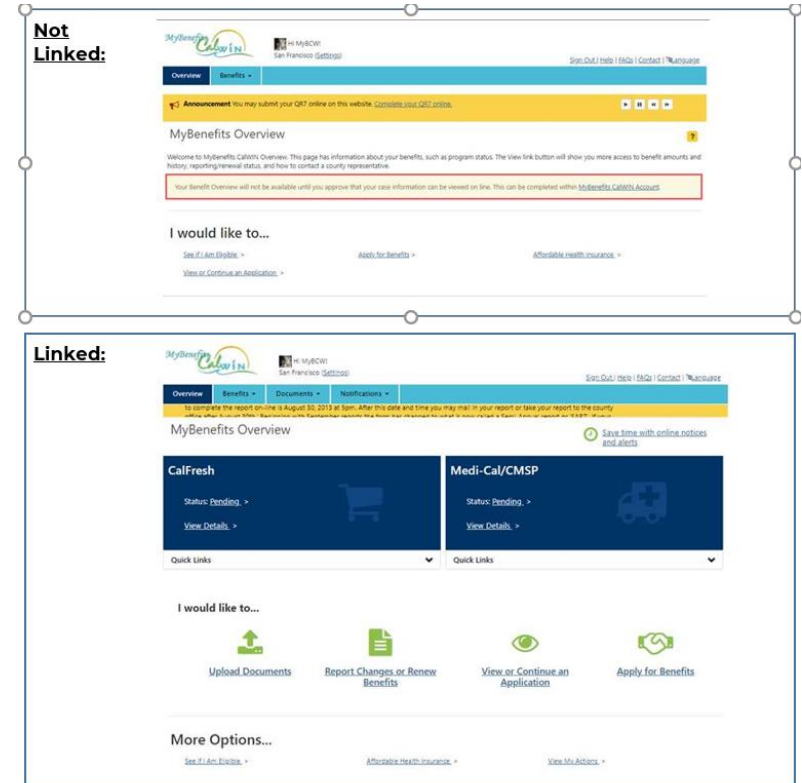


Linking the MyBCW Account to the Medi-Cal Case

Linking is required to see renewal status

Linking allows members to access more information about and manage their benefits!

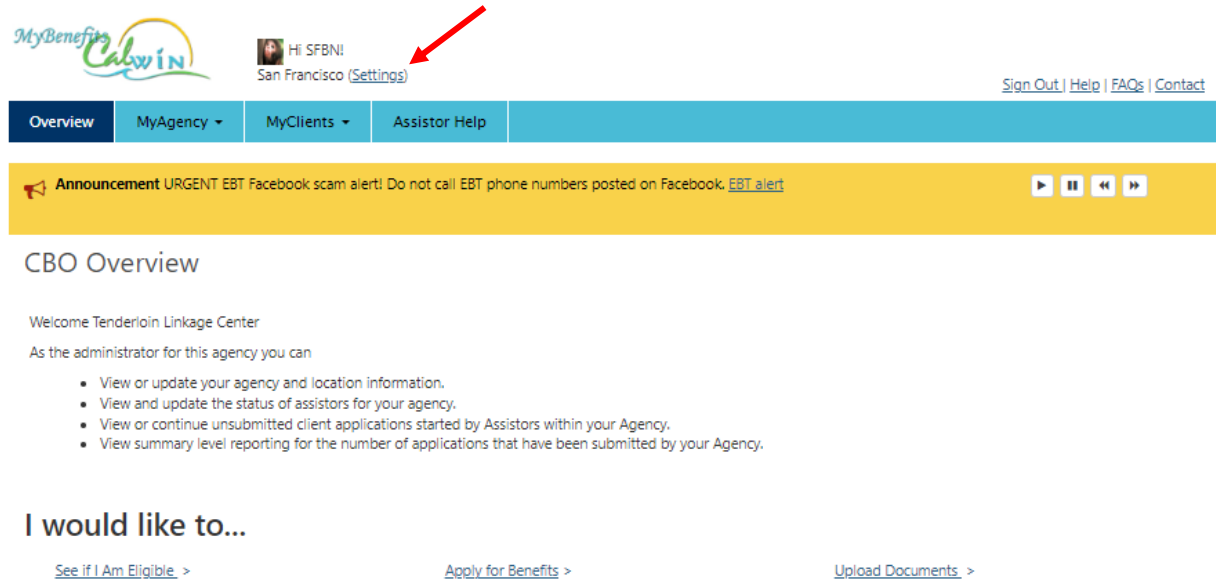
On the right is a home page comparison between a Non-Linked and a Linked account.



How Members Can Link their Accounts

Step 1:

After logging in to their existing MyBCW account, the member will click on the “Settings” link in the upper left-hand corner of the screen



The screenshot shows the MyBenefits Calwin user interface. At the top left is the logo. To its right, the user is identified as 'Hi SFBNI San Francisco' with a '(Settings)' link. A red arrow points to this link. In the top right corner, there are links for 'Sign Out', 'Help', 'FAQs', and 'Contact'. Below the header is a navigation bar with 'Overview', 'MyAgency', 'MyClients', and 'Assistor Help'. A yellow announcement banner is present, followed by a 'CBO Overview' section with a welcome message and a list of administrative actions. At the bottom, there are three links: 'See if I Am Eligible', 'Apply for Benefits', and 'Upload Documents'.

MyBenefits Calwin

Hi SFBNI
San Francisco ([Settings](#))

[Sign Out](#) | [Help](#) | [FAQs](#) | [Contact](#)

Overview MyAgency MyClients Assistor Help

Announcement URGENT EBT Facebook scam alert! Do not call EBT phone numbers posted on Facebook. [EBT alert](#)

CBO Overview

Welcome Tenderloin Linkage Center

As the administrator for this agency you can

- View or update your agency and location information.
- View and update the status of assistors for your agency.
- View or continue unsubmitted client applications started by Assistors within your Agency.
- View summary level reporting for the number of applications that have been submitted by your Agency.

I would like to...

[See if I Am Eligible >](#) [Apply for Benefits >](#) [Upload Documents >](#)



How Members Can Link their Accounts (cont.)

Step 2:

Click on the “Detail info” tab

Step 3:

Click on the “Yes” radio button

Step 4:

Enter member’s date of birth

Step 5:

Click on the “Case Information” tab and fill out the fields with the Medi-Cal case information

Step 6: Click on the green “Save” button

Overview MyBenefits CalWIN Account

MyBenefits CalWIN Account

Personal Info Sign-In Info **Detail Info** Change County Password

Do you want to view your case (benefit) information on this website?

No, I do not want to view my case information on this website (you do not need to provide your Date of Birth or other identifying information)

Yes, I want to view my case information on this website (please provide your Date of Birth and other identifying information below)

Step 1: Please enter your Date of Birth below:

* Date of Birth: 04/11/xxxx
Example: MMDDYYYY

Step 2: Please select the additional option you would like to use to confirm your identity:

Social Security Number **Case Information** EBT Card

Enter either Case # and Zip code, or an ID provided by the County.

Case #: [Field]

Zip Code: [Field]

or

County Provided Client Identification Number (CIN): [Field]

Save



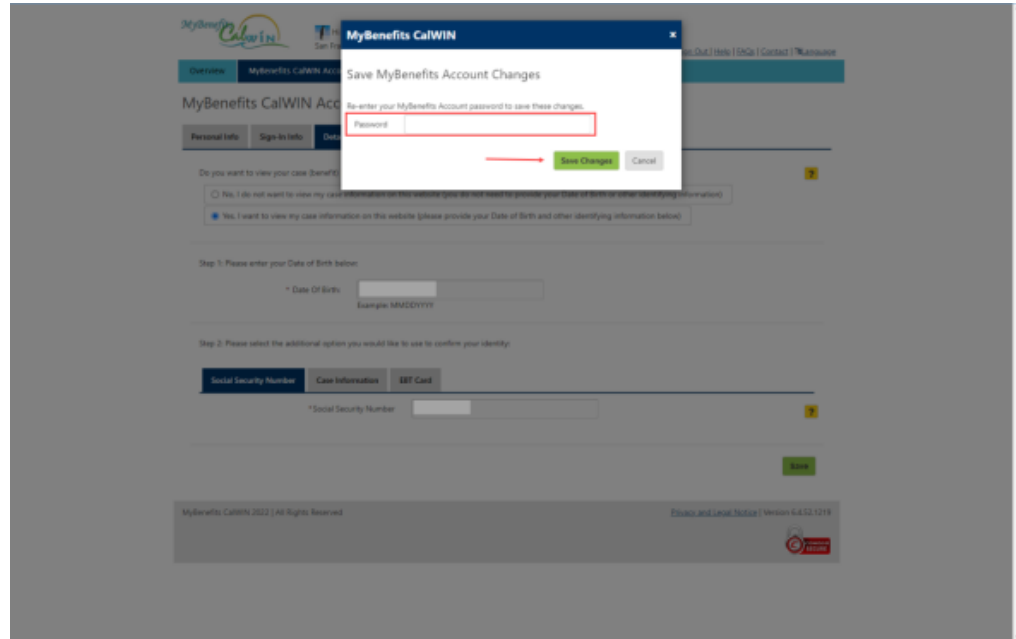
How Members Can Link their Accounts (cont.)

Step 7:

The member will receive a pop-up to enter their account password to confirm the change

Step 8:

Click on the “Save Changes” button



How Members Can Link their Accounts (cont.)

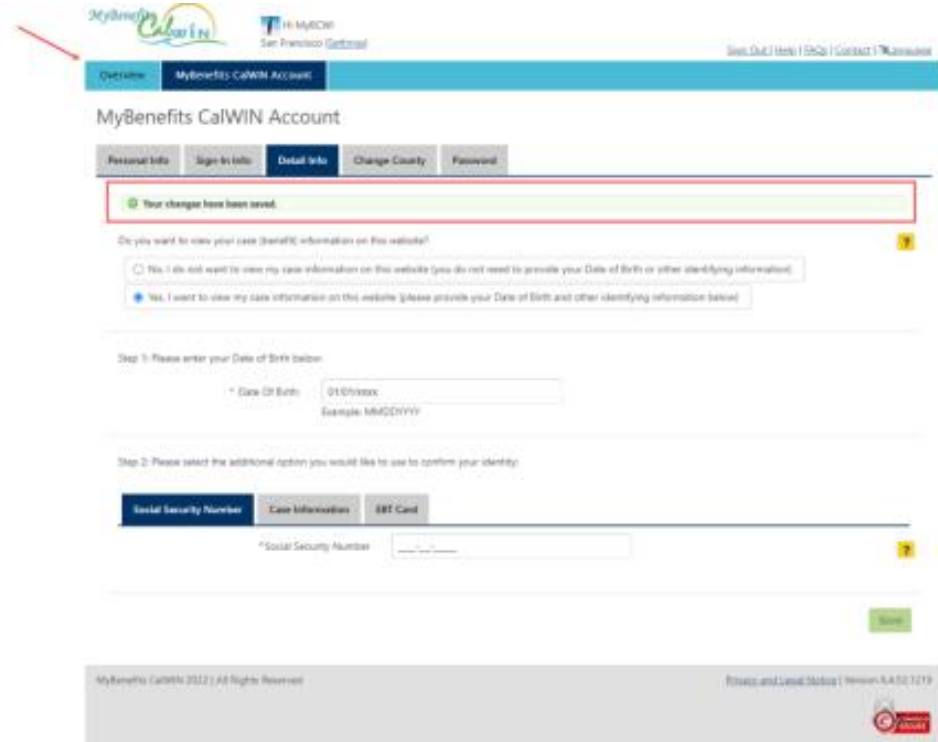
Step 9:

The member will see a message that the changes have been saved

Step 10:

Click on the “Overview” tab in the menu bar to return to the home page. It should display the additional options associated with a linked case.

Note: In this demo, we only reviewed how to link a Medi-Cal case. Members can also link CalFresh, CalWORKS and CAAP cases depending on the types of benefits they receive.



The screenshot shows the MyBenefits CalWIN Account page. At the top, there are logos for MyBenefits CalWIN and the City of San Francisco Department of Human Services. A navigation bar includes tabs for Overview, MyBenefits CalWIN Account, Personal Info, Sign-In Info, Detail Info, Change County, and Forward. A green message box states "Your changes have been saved." Below this, a question asks if the user wants to view their case/benefit information on the website. Two radio button options are provided: "No, I do not want to view my case information on this website (you do not need to provide your Date of Birth or other identifying information)" and "Yes, I want to view my case information on this website (Please provide your Date of Birth and other identifying information below)". The "Yes" option is selected. Step 1: "Please enter your Date of Birth below" with a text input field for "Date of Birth" (format: DD/MM/YYYY, example: MM/DD/YYYY). Step 2: "Please select the additional option you would like to use to confirm your identity" with three tabs: Social Security Number, Case Information, and SST Card. The "Social Security Number" tab is active, showing a text input field for "Social Security Number". A "Save" button is at the bottom right. The footer contains "MyBenefits CalWIN 2022 | All Rights Reserved" and "Privacy and Social Media | Version AA.02.1219".



Renewing Benefits Using MyBCW

Step 1:

The member logs in to their existing MyBCW account

Step 2:

Click on the “Benefits” tab in the upper left-hand corner

Step 3:

Select “Case Reporting” from the drop-down menu

Step 4:

Click on the “Report Changes or Renew Benefits” icon

The screenshot displays the MyBCW website interface. At the top left, the 'MyBenefits Calwin' logo is visible. A navigation bar contains tabs for 'Overview', 'Benefits', 'Documents', and 'Notifications'. A red arrow points to the 'Benefits' tab, which has a dropdown menu open. The dropdown menu includes options for 'Benefit Details', 'EBT Balance', 'Applications', and 'Case Reporting', with 'Case Reporting' highlighted by a red box. Below the navigation bar, there are sections for 'CalFresh' and 'Medi-Cal/CMSP', both showing a status of 'Approved' and a 'View Details' link. A 'Quick Links' section is also present. At the bottom, a section titled 'I would like to...' features four icons: 'Upload Documents', 'Report Changes or Renew Benefits' (highlighted with a red box), 'View or Continue an Application', and 'Apply for Benefits'.



View and Submit Renewal Forms That Are Due

Step 1:

Click on the “Reports Due” tab

Step 2:

If there is a hyperlink in the “Program” or “Type” columns, click on the hyperlink to complete the associated form

Note: In this example, the client does not have any renewals due this month, so there are no hyperlinks to click on

MyBenefits CalWIN

Sign Out | Help | FAQs | Contact | Language

Overview Benefits Documents Notifications

Case Reporting

Reports Due Submitted

Below is the status of the report and/or renewal information for your benefits. To continue getting benefits you must complete your report and/or renewal when they are due. Not all report and/or renewals can be completed online. When available, only the person who started the report and/or renewal can submit it online.

Note: After you submit please continue to check back until your status is "Received and complete". Please contact your county if your status is not updated by the end of the month.

Program	Type	Status	Due	Action
CalFresh	Reporting Form	Not due this month		
CalFresh	Renewal	Not due this month	03/2024	
Medi-Cal/CMSP	Renewal	Not due this month		
Medi-Cal/CMSP	Reporting Form	Not due this month		

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Privacy and Legal Notice | Version 6.4.52.1219





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HUMAN SERVICES AGENCY

Option 3: Submit Member Forms Using Your MyBCW CBO Assistor Account

A good option if:

- 1) You have a MyBCW CBO Assistor Account
- 2) The member brings their paperwork to your office



Help the Member Complete and Submit Their Forms

For members who received renewal or discontinuance forms in the mail

Step 1:

Help the member complete the form they received in the mail to the best of their ability and your ability. It is better to submit an incomplete form that our eligibility workers will follow up on than to not submit the form.



Help the Member Complete and Submit Their Forms

For members who received renewal or discontinuance forms in the mail

Step 2:

Scan or take pictures of the completed form

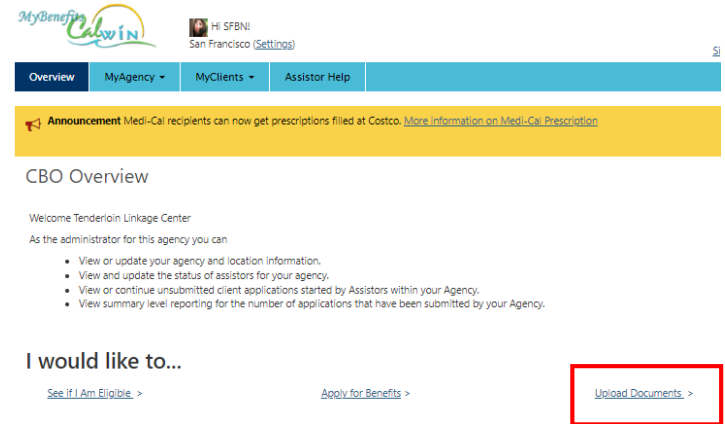


Step 3:

Log in to your MyBCW CBO Assistor Account at <https://www.mybenefitscalwin.org/#/signin>

Step 4:

From the MyBCW homepage, click on the “Upload Documents” link



The screenshot shows the MyBenefits Calwin website interface. At the top, there is a navigation bar with the following items: Overview, MyAgency, MyClients, Assistor Help, and a user profile for Hi SFBN: San Francisco (Settings). Below the navigation bar is a yellow announcement banner that reads: "Announcement Medi-Cal recipients can now get prescriptions filled at Costco. [More information on Medi-Cal Prescription](#)". Underneath the banner is the "CBO Overview" section, which includes a welcome message and a list of actions: "View or update your agency and location information.", "View and update the status of assistors for your agency.", "View or continue unsubmitted client applications started by Assistors within your Agency.", and "View summary level reporting for the number of applications that have been submitted by your Agency." Below this is the "I would like to..." section, which contains three links: "See if I Am Eligible >", "Apply for Benefits >", and "Upload Documents >". The "Upload Documents >" link is highlighted with a red rectangular box.



Help the Member Complete and Submit Their Forms

For members who received renewal or discontinuance forms in the mail

Step 5:

Enter the member's Medi-Cal Case Number and their Last Name and click on the "Next" button



Upload Documents for a Case

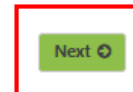
Need to upload verification or documents to the County for a client?

You may upload documents by providing the information below and uploading the document from your computer.

Upload documents for case #

Household member last 4 of SSN

or last name



Help the Member Complete and Submit Their Forms

For members who received renewal or discontinuance forms in the mail

Step 6:

Complete the fields on this page using the drop-down menus.

- Document Type:
 - Reports and Forms
- This document is a:
 - Medi-Cal Renewal Forms

Step 7:

Upload the form. A green check mark will appear with the message “File successfully uploaded”

Step 8:

Click on the “Next” button

MyBenefits CaWIN | FAQs | Contact Us | Help | San Francisco County

Case Attachment

✓ File successfully uploaded

Submit Documents Detail
Please identify your documents to help us process your request.

Step 1: Select a Household Member and Document information.

This document is for: Applicant
Document type: Reports and Forms
This document is a: Medi-Cal Renewal Forms

Step 2: Choose a File(s) or Drag and Drop File(s).
[Find out more about the type of files that can be uploaded.](#)
Maximum file size: 5 MB

✓ 1 File(s) uploaded (1 Total)

Choose Files to Upload | Scan Documents
or Drag and Drop files here.

Note: Uploaded documents which are password protected cannot be viewed by your worker. Please, remove any password protection associated with the document.

Step 3: When you are done uploading files, select Next to view your uploaded files.

Exit | Next



Help the Member Complete and Submit Their Forms

For members who received renewal or discontinuance forms in the mail

Step 9:

The form will be listed as a Case Attachment.
Click on the “Next” button.

The screenshot shows the 'Case Attachment' page in the MyBenefits CalWIN system. At the top, there is a navigation bar with 'MyBenefits CalWIN', 'FAQs', 'Contact Us', and 'Help'. Below the navigation bar, the page title is 'Case Attachment' and the location is 'San Francisco County'. The main content area lists various document categories: 'Uploaded Documents', 'Birth/Citizenship - Applicant', 'Identification - Applicant', 'Social Security Number - Applicant', 'Residency - Applicant', 'Expenses - Applicant', 'Income - Applicant', 'Medical Records - Applicant', 'Property/Resources - Applicant', and 'Reports and Forms - Applicant'. The 'Reports and Forms - Applicant' section is highlighted in yellow and contains a document named 'Test2_Medi.docx' with a 'Remove' button. At the bottom right of the page, there is a 'Next' button highlighted with a red box.

Step 10: Confirmation Page

You can Print/Save the Confirmation Page and also enter an email address to receive email confirmation. Click the “Next” button.

The screenshot shows the 'Confirmation' page in the MyBenefits CalWIN system. At the top, there is a navigation bar with 'MyBenefits CalWIN', 'FAQs', 'Contact Us', and 'Help'. Below the navigation bar, the page title is 'Thank You' and the location is 'San Francisco County'. The main content area displays a 'Thank You' message: 'Thank you, your document(s) has been submitted. Thank you for using MyBenefits CalWIN.' Below this, there is a 'Confirmation' section with the text: 'Please print a copy of this page and keep for your records. Your tracking information is:'. The tracking information includes: 'Confirmation Number: 001062397', 'Date: 9/8/2023', and 'Time: 9:10 AM'. A red arrow points from the text 'Confirmation Number' to the value '001062397'. There is a 'Print/Save Confirmation Page' button. Below the tracking information, there is an 'Email Confirmation' section with two input fields for 'Email Address' and 'Retype Email Address'. At the bottom right of the page, there is a 'Next' button highlighted with a red box.

** After clicking “Next,” you will be returned to the MyBCW homepage **





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Thank you!

Questions?

Please email hsaoutreachcomms@sfgov.org

www.sfhsa.org

