

County of San Diego, Health and Human Services Agency (HHS)A)
Medi-Cal Program Guide Letter

Electronic Medi-Cal Applications – My Benefits CalWIN

Number

823

Page

1 of 2

Issue Date:

10/12/2015

Effective Date:

Upon Receipt

Purpose:

To add instructions from Special Notices (SN) 10-10, 10-17, and 10-18 and Memo 15-24 to the MPG. These SNs and Memo are now obsolete.

Background:

These SN provided instructions regarding the electronic applications for Medi-Cal. However, One-e-App and Health-e-App were discontinued effective December 31, 2014 and are not included in this section. All electronic applications either come from MyBenefitsCalWIN (MyBCW) or Covered California. Covered California applications are described separately.

Policy Change:

Applicants may apply for Medi-Cal electronically via:

- My Benefits CalWIN
- Covered California

Summary of Changes:

- MPG 4.2.1 – Added electronic application information
- MPG 4.2.4 – Added Single Streamlined Application and electronic statements of facts
- MPG 4.2.22 – Added this section regarding the processing of electronic applications

Impacts:

Automation:

How To #166, Process and Electronic Application from the Search for External Data Window, provides step-by-step instructions on processing an External Referral/Application from MyBCW into CalWIN.

Follow existing business processes when performing Application Registration with the following exceptions:

- Date of Application – Date of application will be established based on the guidelines in MPG 4.2.22.I.
- Source of Application – Select the source as Benefits CalWIN.

The telephonic signature audio file will be available for MyBCW electronic applications. Eligibility Operations will notify Access when available. The ability to save a copy of the telephonic signature audio file in CERMS is under development with the contractor. In the interim, the telephonic signature audio file will be saved in a folder on the S Drive.

Forms and Document Capture:

All electronic applications and verifications will be imaged into CERMS within 24 hours of receipt. When CERMS is unavailable or imaging timelines cannot be met, all verifications received at the FRC will be forwarded daily to the Document Processing Center (DPC) Unit at MS W460.

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Other Programs Affected:

CalWORKs and CalFresh applicants may also apply through MyBCW.

Quality Control:

Effective with November 2015 review month, Quality Control will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

References:

[42CFR 435.907\(f\)](#)

[W&I 14005.37\(r\)](#)

[MEDIL I 10-12](#)

Sunset Date:

This policy will be reviewed for continuance on or by 10/31/2018.

Approval for Release:



Rick Wanne, Director
Eligibility Operations

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Application Procedures

Number

04.02.01

Page

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Issue Date:

October 12, 2015

Effective Date:

Upon receipt

MPG 04.02.01.A

Background:

All Medi-Cal applicants have the option of applying for Medi-Cal benefits as a mail-in, electronically, or attend a face-to-face interview. The application process begins with the applicant requesting an application or completing an electronic application. At the time of the request for an application, a SAWS 1 may be completed to establish the date of application.

Policy:

Applicants who choose the mail-in process submit the completed Medi-Cal application, often referred to as the Statement of Facts (SOF) and all required verifications by mail.

Applicants who apply electronically submit the completed Medi-Cal application and all required verifications electronically and may include a telephonic signature.

Applicants who request a face-to-face interview will complete the Medi-Cal SOF during the intake appointment.

As part of the application process, all Medi-Cal applicants must be informed of their rights and responsibilities. The applicant's Medi-Cal eligibility and Share of Cost (SOC) determination is made after the applicant has applied, completed the SOF, and provided all essential information and verifications.

Procedure:

MPG 04.02.01.B, SAWS 1

A SAWS 1 is not required when the MC 210 (revision date 02/10 or later) or the Single Streamlined Application is used as the Medi-Cal SOF. When these forms are used, the application cannot be denied on the basis that there is not a SAWS 1, or that the SAWS 1 is complete. Even though a SAWS 1 is not required for Medi-Cal eligibility, it may be used to establish the date of application.

If an individual is unable to apply on his/her own behalf, or is deceased, a SAWS 1 may be filed by any of the following persons:

- the applicant's guardian, conservator or executor
- a person who knows the applicant's need to apply
- a public agency representative

MPG 04.02.01.C, Ways to Apply

An individual may apply for Medi-Cal benefits by:

- calling Access at (866) 262-9881 to request a mail-in application
- calling 2-1-1 to apply over the phone with a 211 San Diego agent

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- visiting a Family Resource Center (FRC) or outstation site to request a mail-in application or a face-to-face interview
- submitting a Healthy Families/Medi-Cal Joint Application through Single Point of Entry (SPE)
- submitting an electronic application through [My Benefits CalWIN](#), or [Covered California](#)
- consenting to a Medi-Cal evaluation on the National School Lunch Program application, the Healthy Families Annual Eligibility Review form, or the Access for Infants and Mothers application
- applying through the Perinatal Care Network
- making the request while receiving aid under other PA programs

MPG 04.02.01.D, Processing Requests for a Face-to-Face Interview

When an applicant requests Medi-Cal at a FRC or outstation site and chooses to attend a face-to-face interview:

Step	Action
1	Schedule an appointment according to FRC/Outstation procedures.
2	Complete the "Application Registration" process.
3	Ask the applicant to sign a SAWS 1.
4	Provide the applicant with a "Basic Packet." (See 4.2.2.C.) Note: FRC may screen the applicant at the time of request and provide any supplemental forms that may be required.
5	Encourage the applicant to attend a Health Care Options (HCO) presentation so that he/she can make an informed choice of health plan.

MPG 04.02.01.E, Processing Requests for Mail-In Application

Whether the request for an application is by phone or in person at a FRC, the following actions will be taken to provide the applicant with the necessary information at the time of the request:

Step	Action
1	Explain to the applicant that he/she can apply for Medi-Cal as a mail-in or attend a face-to-face interview.
2	Encourage Mail-In applicants to attend a HCO presentation so that he/she can make an informed choice of health plan and inform the applicants that they will receive an HCO packet by mail.
3	Ask the applicant if he/she would like to apply for CalFresh in addition to Medi-Cal. If the applicant is interested in applying for CalFresh in addition to Medi-Cal or needing expedited services, explain to him/her that a face-to-face interview may provide him/her with faster benefits and is advisable especially if he/she does not have access to a regular source of communication. Inform regular applicants they should expect an interview within 30 days and can choose to do so over the phone (refer to the CalFresh Program Guide). The CalFresh interview may be scheduled with the Medi-Cal application to streamline the application. However, the applicant may still apply for Medi-Cal by mail if he/she chooses.

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MPG 04.02.01.F, Procedures for Processing Mail-In Requests Received at FRCs

Aside from explaining the applicant’s options as stated in the section above, take the following actions upon receipt of a request for a mail-in application:

Step	Action						
1	Ask the applicant to complete a SAWS 1.						
2	Keep the original copy of the SAWS 1. Note: Outstations will process the SAWS 1 requests they receive.						
3	Provide the applicant with the “Basic Packet” and include a return envelope.						
4	Perform the “Application Registration” process and assign to the FRC’s generic Mail-In caseload ID.						
5	Generate form 14-85 HHSA. The 14-85 HHSA reminds the applicant of the requirement to complete the application process and must be mailed without delay.						
6	Complete Case Comments documenting all actions taken.						
7	File the SAWS 1 in a central bank in Clerical.						
8	Fifteen days after the SAWS 1 date, determine if the application packet has been received. <table border="1" data-bbox="224 989 1495 1629"> <thead> <tr> <th>If the application packet is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>not received,</td> <td> <ul style="list-style-type: none"> • assign the application to a worker to deny • image the SAWS 1 <p>Note: FRCs are encouraged to attempt a reminder phone call with those families who do not submit the application packet prior to denial.</p> </td> </tr> <tr> <td>received,</td> <td> <ul style="list-style-type: none"> • assign the application to a worker to process • image the SAWS 1 <p>Note:</p> <ul style="list-style-type: none"> • a mail-in application will be treated the same as a face-to-face appointment for the purpose of scheduling intakes and assigning to workers • requests for Medi-Cal by pregnant women are considered an Immediate Medical Need. </td> </tr> </tbody> </table>	If the application packet is ...	Then ...	not received,	<ul style="list-style-type: none"> • assign the application to a worker to deny • image the SAWS 1 <p>Note: FRCs are encouraged to attempt a reminder phone call with those families who do not submit the application packet prior to denial.</p>	received,	<ul style="list-style-type: none"> • assign the application to a worker to process • image the SAWS 1 <p>Note:</p> <ul style="list-style-type: none"> • a mail-in application will be treated the same as a face-to-face appointment for the purpose of scheduling intakes and assigning to workers • requests for Medi-Cal by pregnant women are considered an Immediate Medical Need.
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**MPG 04.02.01.G, Processing Requests for Mail-In Requests Received at Access
Access Required Actions**

When an applicant contacts Access to request a mail-in application:

Step	Action		
1	Clear all people requesting an application packet for an active Medi-Cal case. <table border="1" data-bbox="224 1959 1446 2001"> <tr> <td>If an active Medi-Cal case ...</td> <td>Then ...</td> </tr> </table>	If an active Medi-Cal case ...	Then ...
If an active Medi-Cal case ...	Then ...		

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	exists,	<ul style="list-style-type: none"> inform applicant of existing case update case and mail any required forms/notices
	does not exist,	proceed to Step 2.
2	Mail an application packet and include a return envelope addressed to the FRC that will be processing the application.	
3	<p>Complete a SAWS 1 for each packet mailed as follows:</p> <ul style="list-style-type: none"> sign and date the date the application packet was requested complete the date received using the date indicated in the previous bullet in the "County Use" section Enter the date of birth for the person requesting Medi-Cal in box #2 under the Social Security number on the SAWS 1 <p>Note: Since a SAWS 1 is not required with the MC 210 or Single Streamlined Application, the SAWS 1 completed and forwarded by Access will not include the applicant signature.</p>	
4	Perform the "Application Registration" process and assign to the FRC's generic Mail-In caseload ID.	
5	Generate form 14-85 HHSA. The 14-85 HHSA reminds the applicant of the requirement to complete the application process and must be mailed without delay.	
6	Batch and forward the SAWS 1 forms on a daily basis to the appropriate FRC.	

FRC Required Actions

Upon receipt of the SAWS 1 forwarded from Access, the FRC Mail-In Liaison (or other appropriate staff appointed by the FRC) will:

Step	Action						
1	Log the application in with the date of application and the date of receipt. This action must be taken on the day that the FRC receives the SAWS 1.						
2	File the SAWS 1 in a central bank in Clerical.						
3	<p>Fifteen days after the SAWS 1 date, determine if the application packet has been received.</p> <table border="1"> <thead> <tr> <th align="center">If the application packet is ...</th> <th align="center">Then ...</th> </tr> </thead> <tbody> <tr> <td>not received,</td> <td> <ul style="list-style-type: none"> assign the application to a worker to deny image the SAWS 1 <p>Note: FRCs are encouraged to attempt a reminder phone call with those families who do not submit the application packet prior to denial.</p> </td> </tr> <tr> <td>received,</td> <td> <ul style="list-style-type: none"> assign the application to a worker to process image the SAWS 1 <p>Note:</p> <ul style="list-style-type: none"> a mail-in application will be treated the same as a face-to-face </td> </tr> </tbody> </table>	If the application packet is ...	Then ...	not received,	<ul style="list-style-type: none"> assign the application to a worker to deny image the SAWS 1 <p>Note: FRCs are encouraged to attempt a reminder phone call with those families who do not submit the application packet prior to denial.</p>	received,	<ul style="list-style-type: none"> assign the application to a worker to process image the SAWS 1 <p>Note:</p> <ul style="list-style-type: none"> a mail-in application will be treated the same as a face-to-face
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		appointment for the purpose of scheduling intakes and assigning to workers <ul style="list-style-type: none"> • requests for Medi-Cal by pregnant women are considered an Immediate Medical Need.
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MPG 04.02.01.H, Date of Application

The date of application for Medi-Cal benefits will be established using the following guidelines:

If the request is made ...	Then ...
over the phone,	complete a SAWS 1 using the date of the phone request. The date of the phone request is the date of application.
in person (at an FRC or outstation site)	request the applicant to complete a SAWS 1 at that time. The date the SAWS 1 was signed by the applicant is the date of application.

Additionally, when the MC 210 (2/10 or later) or Single Streamlined Application is mailed directly to the County, the date of application is the date the County receives the form. For applications submitted through SPE, the application date is the found on the transmittal form.

Lastly, if an application is inadvertently sent to another county by a resident of San Diego County and then forwarded by the other county, the date of application is the date stamped by the sending county.

Note: The date of application will always be the earlier of the two dates when the MC 210 or Single Streamlined Application and SAWS 1 are received separately.

Other Program Impacts:

None.

References:

[42CFR 435.907\(f\)](#)

[W&I 14005.37\(r\)](#)

California Code of Regulations, Section [50151](#)

ACWDL [12-28](#)

MPG Letters [516](#), [532](#), [749](#), [780](#), and [823](#)

Sunset Date:

This policy will be reviewed for continuance on or by 10/31/2018.

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Acceptable Statement of Facts (SOF)

Number

04.02.04

Page

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Issue Date:

October 12, 2015

Effective Date:

Upon receipt

MPG 04.02.04.A

Background:

A SOF is required to determine an applicant's eligibility to Medi-Cal.

Policy:

MPG 04.02.04.B, Acceptable Statement of Facts (SOF)

The following forms may be accepted as an application and SOF for Medi-Cal benefits:

Form	Usage
MC 210 (rev 2/10 or later) – Medi-Cal Mail-In Application	<ul style="list-style-type: none"> Serves as an application for Medi-Cal benefits Does not require a SAWS 1
MC 321 HFP – Healthy Families/Medi-Cal Joint Application	<ul style="list-style-type: none"> Serves as a Medi-Cal mail-in application for pregnant women and children under 19 Does not require a SAWS 1
CCFRM604 – Single Streamlined Application	<ul style="list-style-type: none"> Serves as an application for Medi-Cal benefits Does not require a SAWS 1
Electronic Statement of Facts from MyBenefitsCalWIN (MyBCW) or Covered California	<ul style="list-style-type: none"> Serves as an application for Medi-Cal benefits Does not require a SAWS 1
CF 285 – CalFresh Application	<ul style="list-style-type: none"> May be used in lieu of MC 210 or CCFRM604 when a CalFresh recipient requests a Medi-Cal evaluation within 12 months from the date of the CF 285 Requires completion of Informing Notice 09-83 HHSA
SAWS 2 PLUS – Application for CalFresh, Cash Aid, and/or Medi-Cal/Health Care Programs	<ul style="list-style-type: none"> May be used in lieu of MC 210 or CCFRM604 when the applicant is determined ineligible for CalWORKs Page 1 is the equivalent of the SAWS 1
National School Lunch Program Application for Free and Reduced-Price Meals	Serves as a Medi-Cal application for children eligible to free lunch and whose parents have consented to the sharing of information according to the procedures in 4.2.7 .
Note: Must be revised to include required Medi-Cal consent language	

Other Program Impacts:

None.

References:

California Code of Regulations, Sections [50159](#) and [50161](#)
ACWDLs [03-35](#) and [03-40](#)

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MPG Letters [535](#) and [823](#)

Sunset Date:

This policy will be reviewed for continuance on or by 10/31/2018.

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Processing of Electronic Applications

Number

04.02.22

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1 of 7

Issue Date:

October 12, 2015

Effective Date:

Upon receipt

MPG 04.02.22.A

Background:

In December 2009, the Department of Social Services (DSS) began collaborating with the California Welfare Client Data Systems (CalWIN) Consortium and several counties to implement My Benefits CalWIN (MyBCW). This new technology would allow applicants to screen for eligibility and apply for Medi-Cal benefits online.

MyBCW will:

- Alleviate the constraints of travel and office hours
- Provide applicants an alternative means of applying for benefits
- Simplify and expedite the application process by allowing the electronic submission of applications and verifications
- Provide 24-hour access to the screening and application process
- Allow the applicant to scan and upload verification documents along with the application directly to the MyBCW web site
- Reduce FRC lobby traffic
- Enable Community-Based Organizations (CBOs) to submit applications on the behalf of the applicant

Note: All regular established application processing policies and procedures will apply unless otherwise specified in this section.

Policy:

An applicant may submit their application and verifications electronically to the County for processing via MyBCW. The web address for My Benefits CalWIN is www.mybenefitscalwin.org. Applications will be transmitted from MyBCW into CalWIN.

Procedure:

MPG 04.02.22.B, Electronic Application Process

All electronic Medi-Cal applications submitted through MyBCW or Covered California will be registered by the Document Processing Center (DPC) and assigned to the appropriate FRC to be processed.

MPG 04.02.22.C, Roles Related to the Electronic Application Process

The following is an overview of the roles and responsibilities for processing an electronic application:

Role	Responsibility
DPC Office Assistant (OA)	Retrieval, clearance, application registration, and assignment of electronic applications and verifications.
FRC Worker	<ul style="list-style-type: none">• Process electronic applications

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	<ul style="list-style-type: none"> Accept pending DDSD applications where the eligibility determination has been completed and case is pending the DDSD decision. Image verifications according to the CERMS policy.
FRC Supervisor	Ensure Performance Standards are met by monitoring and tracking electronic application processing timeframes.

MPG 04.02.22.D, Role of the DPC Office Assistant (OA)

A designated DPC OA will use the following procedures to retrieve electronic Medi-Cal applications from MyBCW and perform Application Registration in CalWIN.

Step	Action								
1	Log into CalWIN to retrieve electronic applications through the External Referral window.								
2	Print application, SOF, and any attached verifications.								
3	Review for required signatures. For telephonic signature via electronic application, listen to the audio file. <table border="1" data-bbox="225 882 1494 1144" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th align="left">If the signature is ...</th> <th align="left">Then ...</th> </tr> </thead> <tbody> <tr> <td>attached,</td> <td>Proceed to Step 4.</td> </tr> <tr> <td>not attached,</td> <td>contact the applicant and request that the signature be attached to the application.</td> </tr> <tr> <td></td> <td>Proceed to Step 4 once the signature is received.</td> </tr> </tbody> </table>	If the signature is ...	Then ...	attached,	Proceed to Step 4.	not attached,	contact the applicant and request that the signature be attached to the application.		Proceed to Step 4 once the signature is received.
If the signature is ...	Then ...								
attached,	Proceed to Step 4.								
not attached,	contact the applicant and request that the signature be attached to the application.								
	Proceed to Step 4 once the signature is received.								
4	Clear CalWIN to determine if the applicant has an active or pending case for the application type. <table border="1" data-bbox="225 1287 1494 1915" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th align="left">If the applicant ...</th> <th align="left">Then the DPC OA will ...</th> </tr> </thead> <tbody> <tr> <td>has an active or pending case for the application type,</td> <td> <ol style="list-style-type: none"> Image the SOF and any attached verifications into CERMS Add a case comment in CalWIN to include the MyBCW or Covered California source ID and indicate the type of signature attached to the application. If the applicant has an existing active case, send a SharePoint to the FRC Change Task Group. If the applicant has an existing pending case, send a SharePoint to the FRC Pending Task Group. Enter application on the electronic tracking log. Forward printed copies of the application and verifications to the assigned FRC. No further action is needed. </td> </tr> <tr> <td>does not have an active or pending case for the application type,</td> <td>Proceed to Step 5.</td> </tr> </tbody> </table>	If the applicant ...	Then the DPC OA will ...	has an active or pending case for the application type,	<ol style="list-style-type: none"> Image the SOF and any attached verifications into CERMS Add a case comment in CalWIN to include the MyBCW or Covered California source ID and indicate the type of signature attached to the application. If the applicant has an existing active case, send a SharePoint to the FRC Change Task Group. If the applicant has an existing pending case, send a SharePoint to the FRC Pending Task Group. Enter application on the electronic tracking log. Forward printed copies of the application and verifications to the assigned FRC. No further action is needed. 	does not have an active or pending case for the application type,	Proceed to Step 5.		
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does not have an active or pending case for the application type,	Proceed to Step 5.								
5	Perform Application Registration in CalWIN.								

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6	Select the existing case number in CalWIN or generate a new case number if one is not available.
7	Image application and verifications in CERMS.
8	Add case comment in CalWIN to include the: <ul style="list-style-type: none"> • MyBCW ID source number • Type of signature attached to the application.
9	Assign the electronic application to the appropriate FRC for processing.

MPG 04.02.22.E, Role of the FRC Worker

The FRC worker is responsible for processing electronic application and determining eligibility within required timeframes. Worker actions include, but are not limited to:

- search for received documents in MyBCW or Covered California
- complete 100% of telephone interviews within three business days
- perform Data Collection in CalWIN
- identify and process Immediate Medical Need applications timely
- identify and process retroactive Medi-Cal requests
- send required forms and information to the applicant
- generate the Verification Checklist (VCL) when additional information/verifications are needed and allow the applicant the appropriate timeframe to provide the requested items
- determine eligibility timely and issue appropriate NOAs
- resolve SharePoint referrals that are generated and assigned to the worker.

MPG 04.02.22.F, Role of the FRC Supervisor

The FRC Supervisor is responsible for ensuring that all electronic applications are processed timely. Supervisor actions include, but are not limited to:

- reviewing cases based on transaction sampling
- conducting supervisory case reviews
- ensuring that all performance standards are met

MPG 04.02.22.G, Establishing the Date of Application

The date of application for Medi-Cal benefits will be established using the following guidelines:

If the application is submitted ...	Then the date of application will be the ...
by 5:00 PM on a business day,	date that the application is submitted electronically to the County. Example: Application was submitted on 11/23/2010 at 4:30 PM. Date of application will be 11/20/2010.
after 5:00 PM on a business day,	next business day from the date that the application was submitted electronically to the County. Example: Application was submitted on Tuesday, 11/23/2010 at 6:30 PM. Date of application will be Wednesday, 11/24/2010.
on a non-business day,	next business day from the date that the application was submitted electronically to the County.

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	Example: Application was submitted on Saturday, 11/27/2010 at 11:00 AM. Date of application will be Monday, 11/29/2010. If Monday is a County holiday, then the date of application will be Tuesday, 11/30/2010.
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MPG 04.02.22.H, Electronic Signature

An electronic signature is considered an official signature of the signatory and confirms the applicant:

- understands that an electronic signature is being used
- consents to the use of an electronic signature
- intends to have the signature serve with the same force and effect as a written signature

Applications that are submitted electronically will include one of the following electronic signatures:

Type	Description
Telephonic signature	A recorded audio file of the applicant acknowledging his/her understanding of the use of an electronic signature and attesting to the information that he/she has provided on the application.
Scanned signature	A scanned image of the application form with the applicant's signature.
Digital signature	An applicant's signature that is captured through the use of a signature tablet.
Electronic signature	A typed signature captured by MyBCW constituting an agreement to submit an application by electronic means.

MPG 04.02.22.I, How e-Signatures Appear on Applications

The following table shows how the signatures will appear on required application forms:

For applications using ...	Signature Shown on Form?
Telephonic signature	No
Scanned signature	Yes
Digital signature (through use of a signature tablet)	Yes
Electronic signature via MyBCW	Yes, in typed format

MPG 04.02.22.J, Medi-Cal Processing Timeframes

Established application processing timeframes will apply as follows:

- General applications will be processed within 45 days of the application date
- Applications based on disability (requiring a DDSD evaluation) will be processed within 90 days of the application date

MPG 04.02.22.K, Processing Retroactive Medi-Cal

Review the electronic Medi-Cal application and determine if the applicant is requesting retroactive Medi-Cal. When retroactive Medi-Cal is requested, mail the MC 210 A, if one has not been completed by the applicant for the retroactive month(s). Requests for retroactive Medi-Cal shall be processed as specified in [4.2.10](#).

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MPG 04.02.22.L, Verifications Submitted at the FRC

FRCs will follow the CERMS guidelines to image verifications received at the FRC.

MPG 04.02.22.M, Determining Medi-Cal Eligibility

Medi-Cal applications received electronically will be processed in the same manner as mail-in applications except the date of application will be established based on the guidelines in G, above.

Additionally, regardless of the type of signature used for the Medi-Cal application/SOF, the applicant's signature must appear on the following forms when needed based on the applicant's circumstances:

Form #	Title
MC 13	Statement of Citizenship, Alienage, and Immigration Status
MC 210 A	Supplement to Statement of Facts
MC 220	Authorization for Release of Information (part of DDSD packet)
MC 223	Supplemental Statement of Facts (part of DDSD packet)

MPG 04.02.22.N, MyBCW Applications Completion

MyBCW allows the applicant to submit the application after completing basic information on the household (SAWS 1 equivalent). Current functionality does not require the applicant to provide all information necessary to determine eligibility for Medi-Cal. During the telephone interview, review the following eligibility categories with the applicant and enter the information in CalWIN.

Category	Required Action
Statement of Citizenship/Alien Status	<ul style="list-style-type: none"> MC 13 Sworn statement (containing declaration of citizenship/alien status and place of birth) <p>See 4.2.9.</p>
Pregnancy Estimated Date of Confinement (EDC)	<p>Document EDC in case comments.</p> <p>See 4.7.08.</p>
Absent Parent	<ul style="list-style-type: none"> Document in case comments Send CW 2.1 and CW 2.1Q <p>See 4.18.</p>
Disability	<p>Document duration of disability in case comments.</p> <p>See 5.4.1.A.</p>
Property	<p>Send MC 210 PS, Property Supplement.</p>
Retroactive Coverage	<p>Send MC 210 A, Supplement to Statement of Facts.</p> <p>See 4.2.10.</p>

Note: If unable to make contact with the applicant by telephone, send a supplemental packet of forms with the VCL to include:

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Form #	Title
MC 13	Statement of Citizenship, Alienage, and Immigration Status
MC 007	Information Notice General Property Limitations
MC 210 PS	Property Supplement
MC 210 A	Supplemental Statement of Facts for Retroactive Coverage, if applicable
CW 2.1 and CW 2.1Q	Child Support Notice and Agreement and Child Support Questionnaire, if applicable

MPG 04.02.22.O, Medi-Cal DDSD Referral

Follow the steps outlined below to complete a DDSD referral:

Step	Action						
1	Process the SOF and enter information into CalWIN.						
2	Send the applicant the MC 223 and MC 220.						
3	When the completed MC 223 and MC 220 is received, prepare the DDSD packet to include: <ul style="list-style-type: none"> • MC 223 • MC 220 (signed and dated – one MC 220 is sufficient) • MC 221 LA • Medical verification, if provided • MC 179 (when packet is being sent to DDSD 75 days or more from the SAWS 1 date) • MC 272 SGA Worksheet, when appropriate 						
4	Image the DDSD packet into CERMS.						
5	Forward the completed packet to Supervisor for review.						
6	Within 10 calendar days of receipt of the completed DDSD packet, forward the packet to DDSD via U.S. mail to: State of California Health and Human Services Agency P.O. Box 30541 Los Angeles, CA 90030						
7	Enter the date the packet was sent to DDSD in case comments and complete the Display Disability Details window in CalWIN.						
8	Log in the DDSD referral on the DDSD tracking log located at S:/ENTERPRISE/Medi-Cal Spreadsheets and Forms/DDSD for the FRC log to which the case is assigned.						
9	Retain case until applicant has provided all necessary verifications and a decision can be reached regarding Medi-Cal program eligibility (this decision would be based on all eligibility factors other than disability). <table border="1" data-bbox="224 1671 1495 1864" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th align="center">When the applicant ...</th> <th align="center">Then ...</th> </tr> </thead> <tbody> <tr> <td>is determined not eligible for Medi-Cal even with a disability decision,</td> <td> <ul style="list-style-type: none"> • deny the application • send the MC 222 LA to DDSD </td> </tr> <tr> <td>has provided all necessary verifications and appears to be eligible for Medi-Cal,</td> <td>forward the case to the Supervisor for transfer to the FRC DDSD Liaison.</td> </tr> </tbody> </table>	When the applicant ...	Then ...	is determined not eligible for Medi-Cal even with a disability decision,	<ul style="list-style-type: none"> • deny the application • send the MC 222 LA to DDSD 	has provided all necessary verifications and appears to be eligible for Medi-Cal,	forward the case to the Supervisor for transfer to the FRC DDSD Liaison.
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MPG 04.02.22.P, Referrals to DHCS Investigations

When unable to resolve any conflicting, inconsistent, or incomplete information/verification with the applicant, initiate a fraud referral with the DHCS Investigations Branch. Fax the referral to (619) 668-0250.

MPG 04.02.22.Q, Confidentiality Guidelines

All requests for information will be processed in accordance with existing confidentiality guidelines. Although representatives of the CBOs may assist the applicant with submitting an application for Medi-Cal, he/she is not entitled to receive confidential case information. An authorization for release of information or a signed appointment of representative must be obtained prior to releasing any confidential information.

MPG 04.02.22.R, Tracking Electronic Applications

To ensure that Performance Standards are met, the Supervisor will use the following reports from CalWIN Management Reports to monitor application processing timelines:

Name	Description
Weekly Pending Case Report	Provides a weekly listing of pending applications and includes the number of days the application has been pending.
External Referral Aging Report	Provides a monthly listing of MyBCW applications that have not been processed.
VCL Report	Provides a twice-weekly (Tuesday and Friday) listing of pending applications with VCL due dates, if any.

Other Program Impacts:

CalWORKs and CalFresh applications may also be received through MyBCW.

References:

MPG Letter [823](#).

Sunset Date:

This policy will be reviewed for continuance on or by 10/31/2018.