

# How to Submit a Medi-Cal<sup>1</sup> Renewal Online

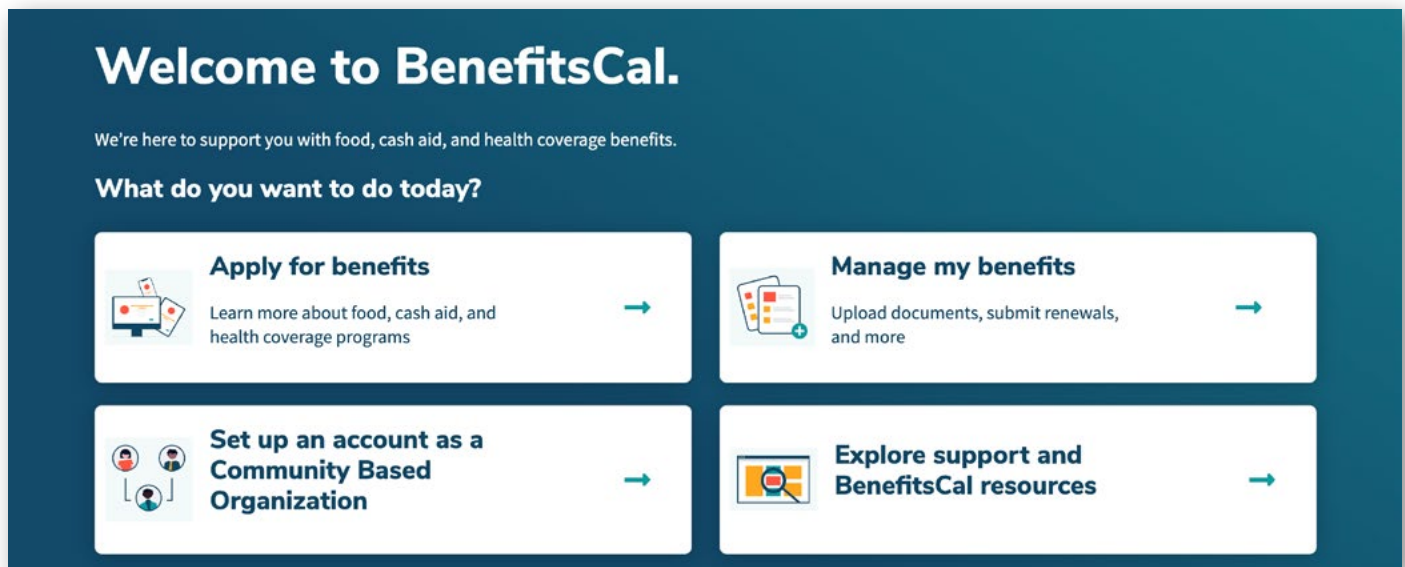


Anyone can apply for or renew their Medi-Cal benefits online. Members can visit [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org) or contact their local county Medi-Cal office to learn where to go online to update their information or complete their renewal information. The below information is for [BenefitsCal.com](https://www.BenefitsCal.com) where most people in California can apply for or renew their Medi-Cal.

1

## Create an account on **BenefitsCal.com**

(Skip Step 1 if you already have an online account)



You will have to enter information:

- **Choose the county where you live or the county where you last applied for Medi-Cal.** If you live in a shelter, in your car, or on the streets, choose the county where you are staying. You can also contact the county where you used to live when you had a home.
- **Type in your first and last name.**
- **Email** is required. If you do not have an email, you will need to find someone who can receive email for you. Email is the way the [county Medi-Cal office](#) can contact you about your Medi-Cal.
- **Create a Password.** You will need to create a password. Passwords can be difficult to remember. You should write down your password and keep it somewhere safe.
- **Type in your mobile telephone number.** Telephone is the way to get a password reset. Be sure you have your phone with you when you use your online account. The system will text you to be sure you are you. If you don't have a telephone, you should be able to skip this question.

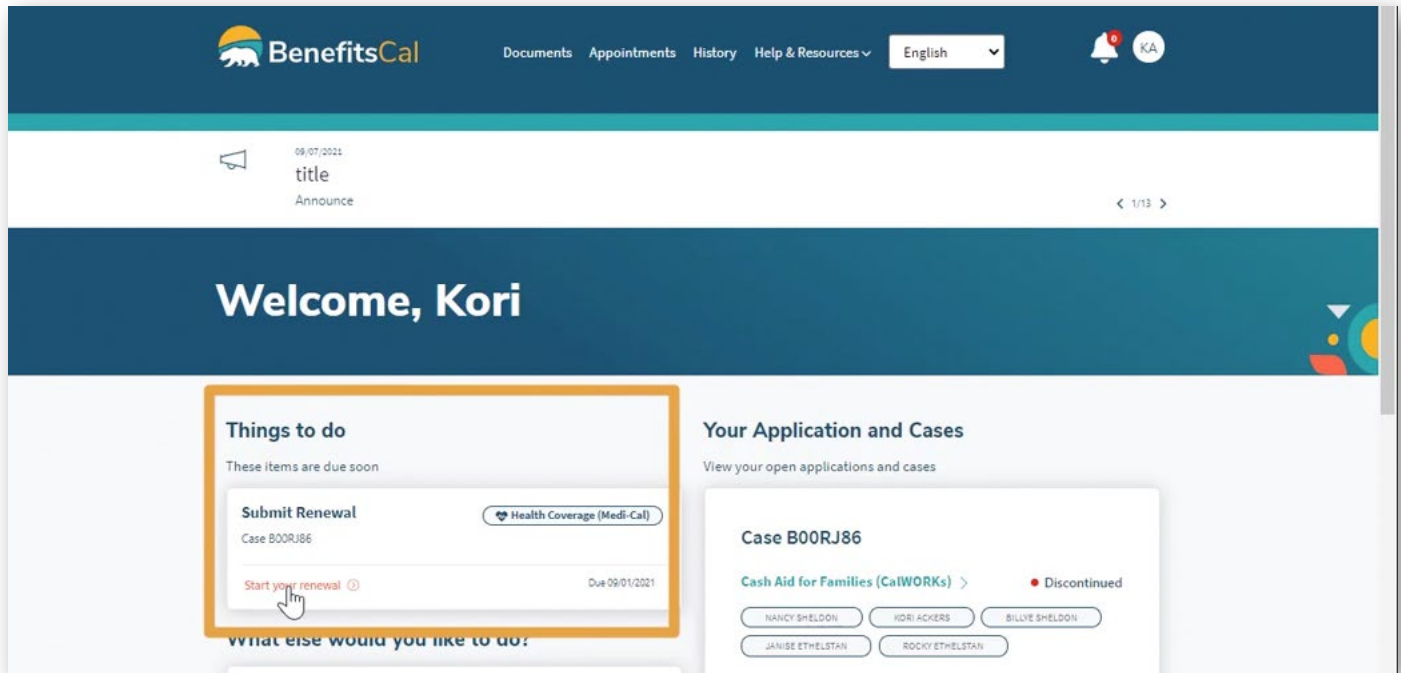
You will have to set up security questions. Once you are done, you will be invited to login.

<sup>1</sup> For a quick overview of Medi-Cal, see the companion document, "[Medi-Cal \(California's Medicaid Program\)](#)"



2 Sign into your account on BenefitsCal.com

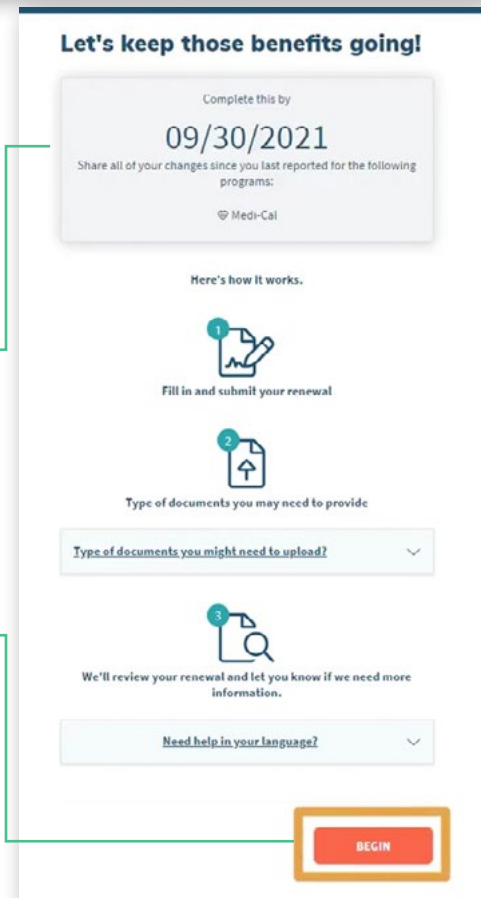
3 Go to "Things to Do"



4 Under "Things to Do" click on "Start Your Renewal."

The next screen tells you about the renewal process. At the top is the date when your renewal forms have to be filled out.

5 Select "Begin" at the bottom of the screen.





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The next page shows all the information you will need to renew Medi-Cal.

Click **“Next”** on each page to update or change any of your information.

Currently on **Step 1 of 9**

**Your Information** Reviewed

People Not Available

Household Details Not Available

Income Not Available

Expenses Not Available

Assets Not Available

Other Situations Not Available

Document Upload Not Available

Review and Submit Not Available

**We are pulling your current case details.**

- ✓ Your Information
- ✓ People
- ✓ Household Details
- ✓ Income
- ✓ Expenses
- ✓ Assets

Let's review your current case details and edit what's changed.

Next

7

You can update any parts of your case. You can change or delete information.

Start with **“Your Information.”**

It will take you through one screen at a time.

**Medi-Cal Renewal**

Your Information Not Reviewed Start

People Not Available Start

Household Details Not Available Start

Income Not Available Start

Expenses Not Available Start

8

The renewal will ask if you are experiencing homelessness.

If you are homeless, you should click **“Yes.”**

There are ways to renew Medi-Cal faster if the state knows you are homeless.

Currently on **Step 1 of 9**

**Your Information** Reviewed

People Not Available

Household Details Not Available

Income Not Available

Expenses Not Available

Assets Not Available

Other Situations Not Available

**Are you a person experiencing homelessness? (required)**

This could include:

- Staying in a supervised shelter, halfway house, or similar place
- Staying with another person or family for no more than 90 days in a row
- Sleeping in a place not designed for, or normally used as, a place to sleep (a hallway, a bus station, a lobby, or similar)

Yes No

Next



## 9 Go through each step to update your information.

There will be a chance at the end of each section to press **“This Looks Correct.”**

## 10 After going through all the questions, you will see a new screen. It lists other programs and help you can apply for.

You can click on any of the programs to see if you can get more help.

## 11 Next is the document upload section.

If your income has changed, this is the time to upload proof of your income. **You do not have to upload documents to submit a renewal. You will need to submit documents at some point if the county requests them.**

The system will tell you the documents you need to upload; if you need help finding or uploading documents, you can ask someone you have worked with (like an outreach worker, a case worker, or navigator) to help you.

If you are not ready to share documents, skip the upload documents, by pressing **“Next.”**

**You may be able to get more help.**

Select the programs and your caseworker will follow-up.

- Child Health and Disability Prevention**  
Access free well-child exams to help children grow up healthy.
- Women, Infants, and Children (WIC)**  
Discover services that are key to childhood and family well-being such as:
  - Additional money to buy healthy foods for your family (fruits, milk, eggs, and bread)
  - Help for breastfeeding moms
  - Help to find medical care
  - Tips on exercise and healthy eating
- Personal Care Services Program**  
This program offers in-home care program for aged, blind, or disabled persons (also called IHSS or in-Home Supportive Services)

< Next



## 12 Now you can review your renewal and “sign” it online.

You will enter your first name and last name. Then the date. You will need to click the box that says you agree to use this as your electronic signature.

Then press **“Submit Renewal.”**

Household Details Reviewed

Income Reviewed

Expenses Reviewed

Assets Reviewed

Other Situations Reviewed

Document Upload Reviewed

Review and Submit Reviewed

myself, I made every reasonable attempt to confirm the answer with someone who did know. I have read or had read to me the privacy statement, rights, and responsibilities on the following pages.

- I know that if I do not tell the truth on this renewal form, there may be a civil or criminal penalty for perjury that may include up to four years in jail (See California Penal Code section 126). I know that the information in this renewal form will be used to decide if the people who are applying qualify for health insurance. The Medi-Cal program and Covered California will keep the information private, as required by federal and California law.
- If anything changes on this renewal form for any person applying for health insurance, I agree to notify the Medi-Cal program or contact my local county office within 10 days of any change. If I have insurance through Covered California, I agree to report any changes within 30 days.

**Signature of applicant/beneficiary or authorized representative**

First Name (required)

Kaitlyn

Last Name (required)

Conner

Date (required)

10/27/2021

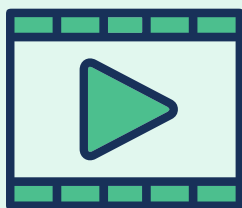
By checking this box, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

< SUBMIT RENEWAL

## 13 If possible, take a picture or download the renewal summary after submitting the renewal.

## 14 Watch your email and regular mail for any requests from the county.

They may contact you to ask for documents to prove your income or more information that they need to complete your renewal. Check your online account once a week so you don't miss any questions they might have for you.



There is a Youtube video that walks through the renewal process at [BenefitsCal.com: How to Submit a Medi-Cal Renewal](https://www.benefitscal.com/medicare-renewal)