

Recipient Eligibility

Introduction

Purpose

The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process.

Module Objectives

- Review eligibility terminology
- Identify and define the Benefits Identification Card (BIC)
- Identify the functions available in the Point of Service (POS) network
- Review eligibility verification, Medi-Service reservation response information and Share of Cost (SOC)

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (www.medi-cal.ca.gov/mcss).

References

The following reference materials provide Medi-Cal program, eligibility, billing and policy information.

Provider Manual References

Part 1

AEVS – General Instructions (aev gen)
AEVS – Transactions (aev trn)
Aid Codes Master Chart (aid codes)
Eligibility: Recipient Identification (elig rec)
Eligibility: Recipient Identification Cards (elig rec crd)
MCP: Code Directory (mcp code dir)
Other Health Coverage (OHC) Codes Chart (other)
Share of Cost (SOC) (share)

Part 2

California Children's Services (CCS) Program (cal child)
California Children's Services (CCS) Program Eligibility (cal child elig)

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Other References

POS and Internet user guides
Eligibility Web Tutorial

Acronyms

A list of current acronyms is located in the *Appendix* section of this workbook.

Recipient Eligibility Terms

This module addresses POS device and Internet eligibility transactions. As required by Health Insurance Portability and Accountability Act (HIPAA) electronic standards, the POS network and Internet eligibility transactions include the following terminology:

Provider Manual Terminology	POS Network and Electronic Transaction Terminology
Date of Birth	Subscriber Birth Date
Date of Card Issue	Issue Date
Date of Service	Service Date
Eligibility Verification Number	Trace Number (Eligibility Verification Confirmation [EVC] Number)
First Name	Subscriber First Name
Last Name	Subscriber Last Name
Medi-Services	Medical Services Reservation
Provider Number	Medicaid Provider Number
Recipient	Subscriber
Recipient ID	Subscriber ID
Share of Cost (SOC)	Spend Down Amount (or SOC)

NOTES

Benefits Identification Card

BIC Overview

The Department of Health Care Services (DHCS) issues a plastic Benefits Identification Card (BIC) to each Medi-Cal recipient for identification purposes.

The BIC is used to access the Medi-Cal Automated Eligibility Verification System (AEVS) to determine a recipient's eligibility and scope of benefits. It is the provider's responsibility to verify that the person is eligible for services, and is the individual to whom the card was issued prior to rendering services or goods to that individual.

The BIC is composed of a nine-character Client Identification Number (CIN), a check digit and a four-digit date that matches the date of issue. The BIC issue date is used to deactivate a card when reported as lost or stolen.

Below are two valid BIC samples. The new design, featuring the California poppy, will be provided to newly eligible recipients and recipients requesting replacement cards. There are no plans to provide the new card to the entire Medi-Cal population.



Providers should accept both BIC designs. Providers must continue to verify eligibility. Possession of a Medi-Cal BIC does not guarantee eligibility.

NOTE

For policy information about the BIC and verification of eligibility of other programs such as California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP), please refer to the appropriate sections of the provider manual.

NOTES

Temporary Paper Medi-Cal ID Cards

Some recipients are issued temporary paper Medi-Cal ID cards. The paper card is used to identify immediate need eligibility for Medi-Cal and Minor Consent Program recipients. The card contains a 14-digit BIC ID number and is used just like a plastic BIC.

County welfare departments issue temporary paper identification cards to the following people:

- Recipients new to Medi-Cal who have an immediate need for health care services
- Recipients currently eligible for Medi-Cal who have an immediate need for replacement ID card
- Eligible minors who wish to receive confidential care for services

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*                               STATE OF CALIFORNIA                               *
*                               TEMPORARY BENEFITS IDENTIFICATION CARD           *
*                               =====                                       *
*                               ===  FOR IDENTIFICATION PURPOSES ONLY  ===       *
*                               ===  PROVIDER: PLEASE VERIFY ELIGIBILITY  ===     *
*                               =====                                       *
* ID NO. BICIDNUMBERXXX                               ISSUE DATE: MM/DD/YYYY *
*                                                    GOOD THRU : MM/DD/YYYY *
* FIRSTNAME I LASTNAME APL                               *
* F  MM/DD/YYYY                                         *
*                                                       *
* SIGNATURE _____ *
*                                                       *
* TERMVTAMCICSTRANYYYMMDDHHMMSSDDDOPRXXXXDISWRKR *
*****
  
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Sample Paper ID Card for Immediate Need and Minor Consent Recipients.
 (Actual card size = 8½ x 11 inches.)

NOTE

The ID number is the 14-character BIC ID. State law prohibits use of Social Security Numbers (SSNs) on identification cards.

The bottom line is system information that identifies the source of the card request.

Share of Cost

Some Medi-Cal recipients may be required to pay a portion of their medical expenses before Medi-Cal will reimburse providers for services. This portion is known as Share of Cost (SOC), or spend down amount.

Recipient SOC amounts vary according to income and dependents. This information is determined by the County Welfare Department.

CCS clients who are also Medi-Cal recipients may pay portions of their SOC during the month until their total SOC has been met. Until the SOC is met, these clients are considered CCS-only clients. Once the SOC has been met, they are considered CCS clients/Medi-Cal recipients.

Aid Codes

Aid codes help providers identify the types of services for which Medi-Cal and Public Health Program recipients are eligible. A recipient may have more than one aid code, and may be eligible for multiple programs and services. The full chart of aid codes is located in Part 1 of the Medi-Cal Provider Manual. The *Aid Codes Master Chart* (aid codes) was developed for use in conjunction with the Medi-Cal Automated Eligibility Verification System (AEVS). Providers must submit an inquiry to AEVS to verify a recipient's eligibility for services.

County Codes

Medi-Cal recipients enrolled in contracting Managed Care Plans (MCPs) must receive Medi-Cal benefits from plan providers and not from providers who bill through the fee-for-service program. Each MCP is unique in its billing and service procedures. Providers must contact the individual plan for billing instructions.

The MCP code directory in the Part 1 provider manual includes MCP information for counties that offer Medi-Cal benefits to recipients enrolled in a managed care plan. The directory lists health care plan (HCP) names, codes, addresses, telephone numbers and counties of operation.

CCS Client Eligibility Verification Process

It is important that providers always verify a CCS client's eligibility for every encounter prior to rendering services.

All providers are expected to use the Medi-Cal identification number from the recipient's BIC or temporary paper Medi-Cal ID card when verifying eligibility, billing Medi-Cal, CCS or submitting Service Authorization Requests (SARs).

BILLING NOTICE

Most providers may no longer bill Medi-Cal, CCS or the Child Health and Disability Prevention (CHDP) program using a recipient's Social Security Number (SSN). Claims submitted with a recipient's SSN will be denied.

Benefits Identification Card (BIC) for CCS Clients

Possession of a BIC is not proof of CCS or Medi-Cal eligibility. It is a permanent form of identification and is retained by the client even if he or she is not eligible for the current or subsequent months. Providers must verify a client's eligibility before rendering services or goods.

For a sample of a BIC, please see page 3 of this module.

The BIC is for identification purposes only. When using the BIC in conjunction with the Medi-Cal POS network, the following information can be identified:

- Recipient Eligibility
- Share of Cost (SOC) (spend down amount)
- Other Health Coverage (OHC)/Medicare
- Aid Codes
- Medi-Cal Managed Care Plans (MCP)

Children eligible for CCS are identified by aid codes unique to the CCS program. For aid codes and associated messages, refer to the *Aid Codes Master Chart* (aid codes) section in the Part 1 Medi-Cal Program and Eligibility provider manual.

Medi-Service (Medical Services) Reservation

The POS network is also used to complete a Medi-Service reservation or reversal transaction. Medi-Cal recipients are normally allowed two Medi-Service visits per month. When providers complete a Medi-Service reservation on the POS network, the date of service and the appropriate five-digit procedure code will be required.

Medi-Services are used by Allied Health, Medical Services and Outpatient providers. A Medi-Service should be reserved before billing for the following services:

- Acupuncture
- Audiology
- Chiropractic
- Occupational Therapy
- Podiatry
- Psychology
- Speech Pathology

Providers should not reserve a Medi-Service unless they are certain the service will be rendered. Providers who do not provide a Medi-Service that has been reserved must reverse the reservation to allow the recipient to obtain another service.

Brainteaser

1. The SOC can change from month to month. True False
2. When can the provider waive the SOC?
 - a. Once a week
 - b. Once a month
 - c. Never
3. How does a provider clear a collected or obligated SOC amount?

Answer Key: 1) True; 2) c; 3) Through the POS network

Frequently Asked Questions (BIC)

Question: What changes occur if the recipient's BIC needs to be replaced?

Answer: A replacement BIC has the recipient's new identification number and shows a new date of issue.

Question: How often is the BIC issued to a recipient?

Answer: BICs are issued once, unless reported lost or stolen.

Question: When should a recipient's eligibility be verified?

Answer: Eligibility is determined on a month-to-month basis and is subject to change. It is important that providers verify Medi-Cal recipient eligibility prior to rendering services.

Question: What information is NOT provided on the BIC and can only be determined by performing an eligibility inquiry?

Answer: The following information is not provided on a BIC: eligibility, SOC, Other Health Coverage (OHC)/Medicare Coverage, special programs or restricted services.

Brainteaser

A provider may ask a recipient for a second ID to help confirm a recipient's identification.
True False

Answer Key: True

POS Network

The Point of Service (POS) network allows providers to access information related to these topics:

- Recipient eligibility
- Share of Cost (SOC)
- Scope of benefits/services
- Other Health Coverage (OHC)
- Medicare
- Medi-Cal Managed Care Plans (MCP)
- Medi-Services

POS Network Access

The POS network is accessed using any one of following methods:

- POS device (BIC card reader)
- Internet (Medi-Cal website)
- Third Party Software (contact CMC Help Desk at 1-800-541-5555.)
- Telephone Automated Eligibility Verification System (AEVS) at 1-800-456-2387

Brainteaser

To access recipient eligibility, you must have the following information:

1. _____
2. _____
3. _____

NOTES

Answer Key: 1) ID number; 2) date of birth; 3) date of issue

Eligibility Verification by POS Device (BIC Card Reader)

Requirements

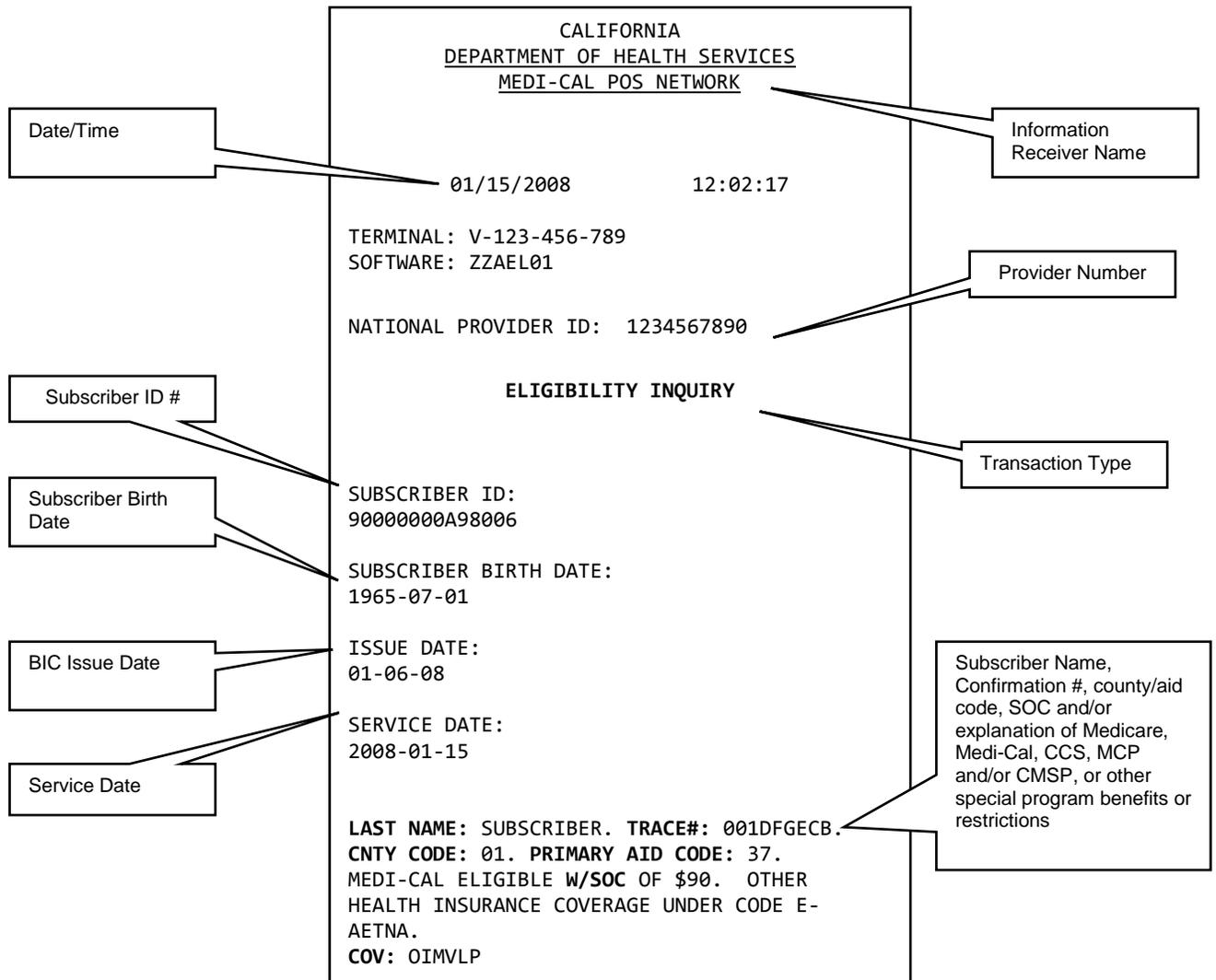
- Medi-Cal POS Network/Internet Agreement form
- Medi-Cal Provider Identification Number (User ID) and a password (PIN)

Features

- Free of charge to all active providers
- Triggered by swiping the BIC through the card reader or by keying information on the key pad
- Features eight 20-character display lines to scroll through messages
- Equipped with an integrated modem and printer and a full-size QWERTY keyboard
- Ability to print

POS Device Printout

Remember to make additional copies of the eligibility receipt. Review the complete message stated on the printout and verify if the patient has SOC, OHC or Medicare coverage.



Eligibility Verification by Internet (Medi-Cal Website)

Requirements

- Medi-Cal POS Network/Internet Agreement form
- Medi-Cal Provider Identification Number (User ID) and a PIN

Features

- Free of charge to all active providers
- Ability to print screen display for a recipient's file
- Capable of batch sending (defined as "single or a batch of up to 99 records")
- Located on the Medi-Cal website (www.medi-cal.ca.gov)


Eligibility transaction performed by provider: ABC987664 on Saturday, December 05, 2007 at 6:05:05 PM


Name: SUBSCRIBER, JANET		
Subscriber ID: 9876543210		
Service Date: 12/05/2007	Subscriber Birth Date: 01/01/1930	Issue Date: 01/01/2007
Primary Aid Code: 10	First Special Aid Code: 80	
Second Special Aid Code:		Third Special Aid Code:
Subscriber County: 57 - Yolo	HIC Number: 123456789Z	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 123V12345V		
Eligibility Message: SUBSCRIBER LAST NAME: SUBSCRIBER, EVC # 123V12345V, CNTY CODE: 57, PRMY AID CODE: 10, 1 ST SPECIAL AID CODE: 80, MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, PART A, B MEDICARE COV W/HIC # 123456789Z. BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.		

Brainteaser

1. What is the Trace Number (EVC – Eligibility Verification Confirmation Number) _____ in the example above?
2. What is the aid code in the example above?

Answer Key: 1) 123V12345V; 2) 10

Eligibility Verification by State-Approved Vendor Software

Features

- Providers' existing software may be modified by a vendor
- Providers may purchase a vendor-supplied software package

Automated Eligibility Verification System (AEVS)

Features

- Free of charge
- Uses a telephone
- Uses alphabetic code list for alphanumeric BICs

Limitations

Limited to 10 inquiries per call

NOTES

Learning Activities

Learning Activity: 1

What type of inquiry is represented on the POS printout below? _____

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL POS NETWORK	
(916) 555-5555	
MM/DD/CCYY	HH:MM:SS
TERMINAL: 000001111 SOFTWARE: ZZZZZ01	
NATIONAL PROVIDER ID: 1234567890	
MEDI SERVICES	
SUBSCRIBER ID: 90000000A98006	
SUBSCRIBER BIRTH DATE: CCYY-MM-DD	
ISSUE DATE: YY-MM-DD	
SERVICE DATE: CCYY-MM-DD	
PROCEDURE CODE: 99999	
SUBSCRIBER LAST NAME: DOE JOHN. MEDI SVC RESERVATION APPLIED. # OF MEDI SVCS REMAINING FOR MONTH OF SVC ENTERED: 0	

Answer Key: Medi-Service

