

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814



January 7, 1986

TO: All County Welfare Directors  
County Administrative Officers

Letter No. 86-1

## IMPLEMENTATION OF MEDI-CAL CARD SIGNATURE REQUIREMENT

Background

On July 30, 1985, Governor Deukmejian signed Senate Bill (SB) 494 (Maddy) into law (Chapter 425, Statutes of 1985). This law requires all Medi-Cal beneficiaries 18 years of age or older who are not in long-term care to sign and date their Medi-Cal card upon receipt and prior to presentation of the card to a provider for any service. This law is effective January 1, 1986.

The law also requires that providers must make a good faith effort to verify the person's identity, if it is not known to them, by matching the name and signature on a valid California drivers license, California identification card issued by the Department of Motor Vehicles, or another type of picture identification card or other credible document of identification.

In order to implement SB 494 in January 1986 modifications to current Medi-Cal card stock for January-March 1986 are necessary. New reprinted card stock will be available for April 1986 month of Eligibility (MOE) card production. The following procedures will be necessary for the different time periods.

MC 300 and MC 302 Medi-Cal Card Stock

Existing Medi-Cal card stock for January, February and March 1986 MOE will be used. The Department of Health Services (DHS) computer program will be modified to print the signature/date line on the front of the centrally issued MC 300 Medi-Cal cards and on online MC 302 Medi-Cal cards (Attachment A) prior to issuance.

Effective April 1986 MOE and ongoing, revised Medi-Cal card stock (MC 300 Attachment B; MC 302 Attachment C) will be used. The following statement will appear on the front of the MC 300 and MC 302:

"Please sign and date the back of this card."

The signature/date line and the following statement, in English and Spanish, will appear on the back of the new MC 300 and MC 302:

"It is a crime for you to sell or lend your Medi-Cal card or labels to any person or furnish or give your Medi-Cal card or labels to any person other than your provider of services as required under Medi-Cal regulations."

The Department will send an initial supply of revised MC 302 card stock to counties prior to March 25, 1986. Counties must load the new MC 302 card stock into the MEDS printer on March 25, 1986. Old MC 302 card stock without the preprinted signature/date line must be shredded by counties.

#### MC 301 Medi-Cal Card Stock

Since a large inventory of MC 301 card stock is available, effective with January 1986 MOE and ongoing, counties must type the following information on the MC 301 (Attachment D):

1. On the front of the MC 301: "Please sign and date the back of this card."
2. On the back of the MC 301:
  - A. The signature/date line
  - B. The statement noted above ("It is a crime for you to sell," etc.)

This statement only needs to be typed in one language, i.e., English or Spanish, depending on the primary language of the beneficiary.

A stuffer notice (Attachment E) was sent to all Medi-Cal recipients with their January 1986 Medi-Cal cards informing them of this new requirement.

Beneficiaries will also be notified of the signature/date requirement through a revised "Medi-Cal Responsibility Checklist" (MC 217). However, in order to liquidate the existing supply of MC 217s, a half sheet (MC 217A - Attachment F), which must be attached to the front of the MC 217, will be available through the DHS warehouse effective March 1, 1986. Until the MC 217A is

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available counties should inform new recipients and beneficiaries who are issued a Medi-Cal card in person that they must sign and date the Medi-Cal card. The MC 217A will contain several additions to the MC 217 including the following statement:

"I have the responsibility to sign and date my Medi-Cal card when I receive it and to ensure that it is used only to obtain necessary health care services for myself."

Counties who use MC 300 cardstock for temporary Medi-Cal cards must include the signature/date line on the front of the MC 300 for January, February and March MOE as noted on Attachment A; the statement ("It is a crime, etc.") does not have to be printed on the MC 300. In March, 1986, these counties should order revised MC 300 cardstock from the DHS warehouse. The signature/date line and the statement ("It is a crime, etc.") will be printed on the back of the revised MC 300.

Two bulletins, (Attachment G and H) were sent to all Medi-Cal providers in November and December advising them of the signature/date and good faith requirement of the new law.

#### Exemptions

Beneficiaries who cannot sign their name and cannot make a mark (X) in lieu of a signature because of a physical or mental handicap will be exempt from this requirement. Emergency regulations are being developed which will allow for such exemptions.

Beneficiaries who can make a mark (X) in lieu of a signature will not be exempted from this requirement and will be required to make their mark on the Medi-Cal card.

In addition, this requirement does not apply when a beneficiary is receiving emergency services, is 17 years of age or younger, or is a beneficiary residing in a long-term care facility.

If you have any questions regarding these procedures, you may contact Kevin M. Melrose, Chief, Beneficiary Utilization Review Unit at (916) 920-7117 or ATSS 430-7117. You may also write to:

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Kevin M. Melrose, Chief  
Beneficiary Utilization Review Unit  
Department of Health Services  
714/744 P Street  
Sacramento, CA 95814

Sincerely;

Original signed by

Doris Z. Soderberg, Chief  
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: April 1, 1986

MC 300, MC 302 - JANUARY, FEBRUARY, MARCH MONTHS OF ELIGIBILITY

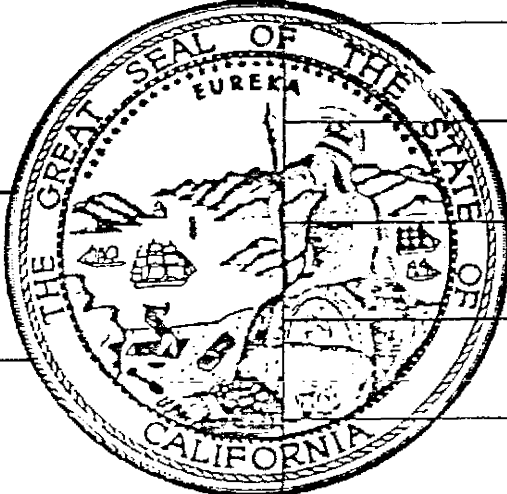
MC 300

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 VALID: AUG 85 03/04/ 53 M LASTNAME FIRM8  
 SSA# 561816833 34000000000008  
 0885M53N  
 LASTNAME FIRM8  
 34-00-0000000-0-08 \*\*8\*\* 34000000000008  
 FIRSTNAME LASTNAME 0885M53N  
 FIRST ADDRESS LINE LASTNAME FIRM8  
 SECOND ADDRESS LINE 34000000000008  
 CITY, STATE 95814 0885P53N  
 LASTNAME FIRM8  
 MEDSID 561816833 34000000000008  
 \* N795 0885P53N  
 LASTNAME FIRM8  
 SOC: 00000 D/C:N 34000000000008  
 F358 0885P53N

MC 302

PHPTARGET FIRS	*PHPTARGET FIRS	SIGNATURE: _____	DATE: _____
30-3222048-101	3730-3222048-101	FIRST NAME M PHPTARGET	048 VALID DEC, 1980
280*POE *51F4	1280*POE *51F4	RECIPIENT-ID 3222-00048	DOB 01-01-951
004	N* 004	COUNTY ID 37-30-3222048-1-01	SEX F
PHPTARGET FIRS	*PHPTARGET FIRS	OTHER COVERAGE N	
30-3222048-101	3730-3222048-101	DISTRICT PHP	
280*POE *51F4	1280*POE *51F4	CASEWORKER PHP	
004	N* 004	*****	
PHPTARGET FIRS	*PHPTARGET FIRS	**	
30-3222048-101	3730-3222048-101	**	
280*POE *51F4	1280*POE *51F4	**	
004	N* 004	**	
PHPTARGET FIRS	*PHPTARGET FIRS	** PROTECTIVE HEALTH PROVIDERS	
30-3222048-101	3730-3222048-101	** FOR DENTAL SERVICES ONLY	
280*POE *51F4	1280*POE *51F4	*****	
004	N* 004	2N0885284115601	

MC 300 - EFFECTIVE APRIL MONTH OF ELIGIBILITY

<b>MEDI-CAL IDENTIFICATION CARD</b> PLEASE SIGN AND DATE THE BACK OF THIS CARD	
	
<p>THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDI-CAL. THE PROGRAM REQUIRES THAT PROVIDERS BILL MEDICARE, CHAMPUS, KAISER, AND ROSS-LOOS BEFORE MEDI-CAL CAN BE BILLED. PROVIDERS ARE ENCOURAGED TO BILL ALL OTHER HEALTH COVERAGE CARRIERS DIRECTLY.</p>	

Signature/Firma

Date/Fecha

- It is a crime for you to sell or lend your Medi-Cal card or labels to any person or furnish or give your Medi-Cal card or labels to any person other than your provider of services as required under Medi-Cal regulations.
- Es un crimen que Ud. venda o preste su tarjeta de Medi-Cal o sus etiquetas a cualquier persona o negocie o dé su tarjeta de Medi-Cal o etiquetas a una persona que no sea su proveedor de los servicios tal como lo requieren los reglamentos de Medi-Cal.
- You should carry your Medi-Cal card with you in case of emergency. Present this card to your provider of services and be sure they return it to you.
- Usted debe llevar consigo su tarjeta de Medi-Cal por si se presenta una emergencia. Presente esta tarjeta a su proveedor de los servicios y asegúrese que se la devuelve.
- You must report any changes of income or property within ten days to your county welfare department; or if you are receiving SSI/SSP, report any changes to your Social Security Office.
- Usted debe informar cualquier cambio en sus ingresos o en su propiedad al departamento de bienestar dentro de los diez días en que dicho cambio ocurre; o si está recibiendo SSI/SSP, informe cualquier cambio a su oficina del Seguro Social.
- For services to be received outside of California, your provider of services should call (916) 445-4171 prior to giving service.
- Para recibir servicios fuera de California, su proveedor debe llamar al (916) 445-4171 antes de dárselos.

MC 300 (9/85)

MC 302 - EFFECTIVE APRIL MONTH OF ELIGIBILITY



## MEDICAL IDENTIFICATION CARD (MC 302)

Please sign and date the back of this card

SEE INSTRUCTIONS ON BACK  
(04498.8.82)

Signature/Firma

Date/Fecha

- It is a crime for you to sell or lend your Medi-Cal card or labels to any person or furnish or give your Medi-Cal card or labels to any person other than your provider of services as required under Medi-Cal regulations.
- Es un crimen que Ud. venda o preste su tarjeta de Medi-Cal o sus etiquetas a cualquier persona o negocie o dé su tarjeta de Medi-Cal o etiquetas a una persona que no sea su proveedor de los servicios tal como lo requieren los reglamentos de Medi-Cal.
- You should carry your Medi-Cal card with you in case of emergency. Present this card to your provider of services and be sure they return it to you.
- Usted debe llevar consigo su tarjeta de Medi-Cal por si se presenta una emergencia. Presente esta tarjeta a su proveedor de los servicios y asegúrese que se la devuelve.
- You must report any changes of income or property within ten days to your county welfare department; or if you are receiving SSI/SSP, report any changes to your Social Security Office.
- Usted debe informar cualquier cambio en sus ingresos o en su propiedad al departamento de bienestar dentro de los diez días en que dicho cambio ocurre; o si está recibiendo SSI/SSP, informe cualquier cambio a su oficina del Seguro Social.
- For services to be received outside of California, your provider of services should call (916) 445-4171 prior to giving service.
- Para recibir servicios fuera de California, su proveedor debe llamar al (916) 445-4171 antes de dárselos.

MC 302

CONTROL NUMBER 23826721

# MEDI-CAL IDENTIFICATION CARD

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDI-CAL, PROVIDED THAT BENEFITS UNDER OTHER COVERAGE, INCLUDING MEDICARE, ARE USED FIRST.

PROVIDER  
OF SERVICE

REMOVE APPROPRIATE LABEL  
AND ATTACH TO YOUR CLAIM.

Please sign and date the back of this card

VALID:

LIABILITY:

OTHER COVERAGE:

TEAR  
THIS

SIDE  
OFF

AND  
THROW

AWAY  
CARCEN

FORM  
MC 301-ORFEN  
(REV. 6-79)

SAFEGUARD THIS CARD -  
LOSS WILL RESULT IN DELAYS  
WHEN YOU NEED MEDICAL ATTENTION

PRESENT THIS CARD TO YOUR DOCTOR OR OTHER PERSON GIVING MEDI-CAL SERVICE EACH TIME YOU SEE HIM. HE WILL COPY CERTAIN INFORMATION FROM IT, REMOVE A LABEL, AND RETURN IT TO YOU. UNLESS HE OBTAINS A LABEL FOR EACH SERVICE HE CANNOT BILL MEDI-CAL. PLEASE HELP HIM BY HAVING YOUR CARD AVAILABLE.

Signature

Date

You should carry your Medi-Cal card with you at all times in case of an emergency. Present this card to your doctor or other person giving Medical Services each time you see them. The provider will take a label from the card or take a photocopy of the card to bill the Medi-Cal program. Make sure that the card is returned to you.

Debe de tener su tarjeta de Medi-Cal en su persona todo el tiempo en caso de emergencia. Presente la tarjeta a su medico o cualquier persona que provee servicios cada vez que usted lo visite. El medico o la persona que provee servicios medicos pueden tomar una etiqueta de su tarjeta o una copia fotografica de la tarjeta para que puedan cobrar al programa de Medi-Cal. Este seguro que le devuelvan su tarjeta.

You must report any changes of income or property to your worker within 10 days. If you are receiving SSI/SSP you should contact your Social Security office. If you are receiving AFDC or Medi-Cal only you should contact your county welfare department.

Debe de reportar a su trabajador cualquier cambio en sus ingresos o propiedad dentro de diez dias. Si usted esta recibiendo SSI/SSP debe de comunicarse con su oficina del Seguro Social. Si usted esta recibiendo AFDC o Medi-Cal solamente, debe comunicarse con su departamento de bienestar.

- It is a crime for you to sell or lend your Medi-Cal card or labels to any person or furnish or give your Medi-Cal card or labels to any person other than your provider of services as required under Medi-Cal regulations.

Firma

Fecha

You should carry your Medi-Cal card with you at all times in case of an emergency. Present this card to your doctor or other person giving Medical Services each time you see them. The provider will take a label from the card or take a photocopy of the card to bill the Medi-Cal program. Make sure that the card is returned to you.

Debe de tener su tarjeta de Medi-Cal en su persona todo el tiempo en caso de emergencia. Presente la tarjeta a su medico o cualquier persona que provee servicios cada vez que usted lo visite. El medico o la persona que provee servicios medicos pueden tomar una etiqueta de su tarjeta o una copia fotografica de la tarjeta para que puedan cobrar al programa de Medi-Cal. Este seguro que le devuelvan su tarjeta.

You must report any changes of income or property to your worker within 10 days. If you are receiving SSI/SSP you should contact your Social Security office. If you are receiving AFDC or Medi-Cal only you should contact your county welfare department.

Debe de reportar a su trabajador cualquier cambio en sus ingresos o propiedad dentro de diez dias. Si usted esta recibiendo SSI/SSP debe de comunicarse con su oficina del Seguro Social. Si usted esta recibiendo AFDC o Medi-Cal solamente, debe comunicarse con su departamento de bienestar.

- Es un crimen que Ud. venda o preste su tarjeta de Medi-Cal o sus etiquetas a cualquier persona o negocie o de su tarjeta de



Effective January 1986 state law requires every Medi-Cal beneficiary to sign and date his/her Medi-Cal card. This law does not apply to people who are under 18 years of age, persons in a long-term care facility or any Medi-Cal card issued for a month of Eligibility before January 1986.

The card you have just received is for the month of January 1986. Each month you receive a Medi-Cal card you must sign and date the card in the space provided on the card. You should sign this card using your normal signature. Only the person whose name appears on this card may sign and date it.

If you are unable to sign this card, or unable to make a mark (X) instead of a signature because of a disability, you will not be required to sign the card. However, you must have some type of identification with you should your doctor ask for proof of your identity. This identification could include a valid California driver's license, a California identification card issued by the Department of Motor Vehicles, or any other type of picture identification card or other acceptable document of identification.

It is a crime for you to sell or lend your Medi-Cal card or labels to any person or to furnish or give your Medi-Cal card or labels to any person other than your provider of services as required under Medi-Cal regulations.

#### AVISO IMPORTANTE

A partir de enero de 1986 la ley estatal exige que cada beneficiario de Medi-Cal firme y ponga la fecha en su tarjeta de Medi-Cal. Esta ley no rige para los menores de 18 años de edad, para las personas que necesitan atención médica por largo tiempo o para cualquier tarjeta de Medi-Cal emitida por un mes de Elegibilidad antes de enero de 1986.

La tarjeta que Ud. acaba de recibir es por el mes de enero de 1986. Cada mes que Ud. reciba una tarjeta de Medi-Cal debe firmarla y ponerle la fecha en el espacio correspondiente en la parte superior de la misma. Usted debe firmar esta tarjeta como firma corrientemente. Sólo la persona cuyo nombre aparece en esta tarjeta puede firmarla y fecharla.

Si Ud. no puede firmar esta tarjeta o no puede poner una marca (X) en vez de su firma porque es incapacitado(a), no se le pedirá que firme la tarjeta. Sin embargo, Ud. debe tener alguna clase de identificación consigo para cuando su médico le pida alguna prueba de identidad. Esta identificación puede incluir una licencia para manejar válida en California, una tarjeta de identificación emitida por el Departamento de Vehículos Motorizados en California o cualquier otra tarjeta de identificación con su retrato o cualquier otro documento aceptable de identificación.

Es un crimen vender o prestar su tarjeta de Medi-Cal o etiquetas a cualquier persona o negociar o dar su tarjeta o etiquetas a cualquier persona que no sea su proveedor de los servicios tal como lo requieren los reglamentos de Medi-Cal.

11-CAL APPLICANT

\_\_\_\_\_, am applying for Medi-Cal benefits from the \_\_\_\_\_ County Welfare Department (on behalf of \_\_\_\_\_ )  
 I understand that I have to meet certain responsibilities which are listed below in order to be eligible for Medi-Cal.

- CAL APPLICANT RESPONSIBILITIES**
- I HAVE THE RESPONSIBILITY TO complete a status report when provided by the county and to return the completed status report to the county within the time frame described on the report.
- I HAVE THE RESPONSIBILITY TO notify my county representative **WITHIN 10 days** whenever:
- Income received by me or any member of my family increases, decreases, or stops. This includes Social Security payments, loans, settlements, or income from any other source, including interest from checking or savings accounts;
  - I plan to change or have already changed my residence or mailing address (including moving out of state) or plan to visit some place for more than seven (7) days.
  - A person, whether or not related to me or my family, moves in or out of my home.
  - I receive, transfer, give away, or sell any item of real or personal property and whenever someone gives me or a member of my family such things as a car, house, insurance payments, etc.
  - I have any expenses which are paid for by someone other than myself.
  - An absent parent returns to the home or a member of my household becomes pregnant.
  - I or a member of my family becomes employed, changes employment, or is no longer employed.
  - I have a change in expenses related to employment or education (for example: child care, transportation, etc.)
  - I or a member of my family becomes physically or mentally impaired so that we cannot be employed (this would include a child in the family who may not seek employment in the future due to any impairment).
  - I or a member of my family apply for disability benefits under the SSI/SSP program, Social Security Program, VA, or Railroad Retirement.
  - One of my children drops out of school or returns to school.
- I HAVE THE RESPONSIBILITY TO sign and date my Medi-Cal card when I receive it and to ensure that it is used only to obtain necessary health care services for myself.

VIEW STATEMENT

by state that the above information has been reviewed by me with the county representative. I understand fully my responsibilities.

_____cant	_____Date
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\_\_\_\_\_e explained the responsibilities listed above to the applicant.

\_\_\_\_\_ty Representative

Explanations of Benefits and Remittance Advices for claims paid at the Medi-Cal allowed amount or at the billed amount will reflect the usual EOB/RA Messages. EOBs and RAs for claims paid at the TAR-authorized amount will show the following EOB/RA message.

437-This claim has been paid at the TAR-authorized amount.

Manual revision pages showing the new EOB/RA code and the change in completing the TAR are included with this bulletin.

### **New Legislation Requires Beneficiaries to Sign Medi-Cal ID Cards and Provide Proper Identification to Providers**

Medi-Cal requires beneficiaries to sign and date their Medi-Cal identification cards before presenting the cards for services effective January 1, 1986. The new requirement, based on Senate Bill 494 (Welfare and Institutions Code Section 14018), does not apply to persons 17 years of age and under, or persons in long-term care facilities.

Under SB 494, the provider must also make a good faith effort to verify the beneficiary's identity before rendering Medi-Cal services.

A "good faith effort" means verifying the beneficiary's ID by matching name and signature on the Medi-Cal card against the signature on a valid California driver's license, a California identification card issued by the Department of Motor Vehicles, or another acceptable picture ID card. *This requirement does not apply when a beneficiary is receiving emergency services, is 17 years of age and younger, or is in a long-term care facility.*

While the Department of Health Services may review each claim, it will concentrate on providers who establish a pattern of services to ineligible beneficiaries or to individuals other than the beneficiaries indicated on the Medi-Cal ID card.

Medi-Cal beneficiaries who are unable to sign their names or make an (X) instead of a signature because of disability will not be required to sign their Medi-Cal cards. Providers must still attempt to match the name on the Medi-Cal card, however, with acceptable photo identification. If a provider does not attempt to identify a beneficiary as described above and renders services to an ineligible beneficiary, payment for those services may be disallowed later.

If a provider suspects this type of fraud or abuse is occurring, it should be reported immediately to the nearest Department of Health Services Investigation Office, or call toll free 1-800-822-6222, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.

### **Update to Billing Limit Exceptions**

The Department of Health Services has modified the procedures for submitting claims that are exceptions to the two-month billing limitation. The new procedures are shown on the attached manual replacement pages.

### **New EOB/RA Codes for Preventive Health Care Limitations and PCCM Providers**

The Department of Health Services has approved the following Explanation of Benefits/Remittance Advice codes and their corresponding messages:

Code	Message
113	This procedure is payable only once in 90 days.
483	The procedure billed exceeded the service limitation and was reduced to the value of 90761.

(Continued)

## Changes to List of Medicare Noncovered Services

Medicare policy changes regarding Home Health Agency (HHA) billing have resulted in changes to the list of Medicare Noncovered Services in your provider manual. The revised manual pages enclosed with this bulletin reflect the new HHA procedures for billing crossover services.

## New Information on Legislation Requiring Beneficiaries to Sign Medi-Cal ID Cards

This article includes additional information related to the article, "New Legislation Requires Beneficiaries to Sign Medi-Cal ID Cards and Provide Proper Identification to Providers," published in the November bulletins. The new information is underlined in the text below.

Under SB 494, the provider must also make a good faith effort to verify the beneficiary's identity before rendering Medi-Cal services, if the beneficiary is unknown to the provider.

A "good faith effort" means verifying the beneficiary's ID by matching name and signature on the Medi-Cal card against the signature on a valid California driver's license, a California identification card issued by the Department of Motor Vehicles, another acceptable picture ID card, or other credible document of identification. *This requirement does not apply when a beneficiary is receiving emergency services, is 17 years of age and younger, or is in a long-term care facility.*

## Updated EOB/RA Codes and Messages

New EOB/RA denial codes were announced in a previous article concerning Kaiser denial letters. The updated manual pages containing these codes are included with this bulletin.