

DEPARTMENT OF HEALTH SERVICES

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March 15, 1995

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-17

BENEFIT IDENTIFICATION CARD (BIC) QUESTIONS AND ANSWERS

The purpose of this letter is to share answers to some questions counties have raised on the BIC. Here are the questions and answers:

Question 1: Why are providers incorrectly receiving the message "no recorded eligibility for (month/year)", on their Point of Service (POS) devices and from phone Automated Eligibility Verification System (AEVS)?

Response: In many instances the provider is manually entering the information incorrectly or in the incorrect order, for example, birthdate. Often times walking the provider through the process rectifies the situation. If providers print the message or re-edit their input, he/she will be able to visually confirm whether or not he/she entered the correct information. The number one problem regarding phone AEVS is that the Client Index Number (CIN) ends in an alpha and providers may not be following correct procedures when entering the CIN. To enter an alpha character, they MUST enter an asterisk (*), then the two-digit code, followed by a number sign (#). This information can be found on page 100-54-8 in the provider manual. If the AEVS User Guide is not available, please call the POS Help Desk. The counties should have a POS device which can be used to duplicate the processing in the provider's office. Most of the POS devices were shipped out in November 1994. If you have filled out the appropriate enrollment forms and have not received your POS Device, call the POS Help Desk at (800) 427-1295. If you have not filled out the appropriate forms, please call Ms. Givana Hartman at (916) 657-3772.

Question 2: Can we still issue a hand typed Medi-Cal card with labels?

Response: Counties can issue hand typed cards. As always, we request that this be done as a last resort only, i.e., a valid medical emergency and Medi-Cal Eligibility Data System (MEDS) is down or cannot be updated immediately. When MEDS comes back up, the eligibility information should be updated as soon as possible. An eligible response will not be returned from the POS device or phone AEVS until the information is entered on MEDS. Providers may refuse hand typed cards for non-emergency services.

Question 3: Do SSI/SSP recipients still need the referral from Social Security to get immediate need eligibility?

Response: SSI/SSP recipients still need to submit the referral form from Social Security. When a beneficiary brings in the referral form, the county should immediately enter eligibility on MEDS for the month(s) in question.

Note: It is essential that when you issue an Immediate Need paper card that you also enter eligibility on MEDS immediately so that the recipient will be eligible on MEDS for the month in question. You can use an EW 15 which posts eligibility and prints a card or post eligibility with an EW 20 and print a card with an EW 45. If this is not done, providers who access the eligibility system for that beneficiary (POS, CERTS, or AEVS) will receive the message "no recorded eligibility", thus causing a delay in service. Remember, recipients will eventually find their way back to your office if you do not enter eligibility on MEDS.

Question 4: When I remove the Other Health Coverage/Share of Cost (OHC/SOC), why can't the provider access the changed information immediately?

Response: The changed OHC/SOC information is located in the pending file; however, the system does not look at the pending file when there is full-scope eligibility.

Question 5: What should we do with cards returned to the county office?

Response: Department of Health Services (DHS) and Electronic Data System (EDS) are requesting that counties establish an internal policy for cards that are returned to them. Some counties are holding on to the BIC for a limited period such as for the homeless population or in the event the recipient comes in to pick up the card or a new address is located. Once that period has elapsed, the cards are then destroyed/mutilated. It is suggested that cards that are returned to the counties be kept in a highly secure area until they are destroyed/mutilated. EDS receives the BICs that are returned through the mail, marked as either 1) address undeliverable or 2) addressee deceased. EDS opens the mail, removes the BIC, and swipes it through a reader which produces two separate files; one for bad addresses and one for deceased recipients. DHS will use these records to update the MEDS database on a daily basis. Please refer to the Returned Benefits Identification Card instructions which is located in the TAO BIC bulletin board for more detailed information on the returned card process.

Question 6: Is it necessary to issue a new BIC when we go in and make changes on MEDS?

Response: It is very important that the information on the card match with the information that is stored in MEDS. If there is a change to the information that appears on the front of the card (Recipient ID, Name, DOB, SSN), then a new BIC should be issued with the correct matching information that shows on MEDS. Some beneficiaries are keeping the old card thinking it can be used as a back-up. Remember to inform the recipients that once a new BIC is issued, the old BIC is deactivated and should be destroyed. They should keep the BIC with the latest issue date.

Question 7: Are County Department of Public Social Services (DPSS) offices allowed to give the CINs to hospitals in accordance with Assembly Bill (AB) 1305 and AB 2918 which allows us to provide proof of eligibility labels to hospitals when they made at least two attempts to acquire the labels? Also, are we allowed to give them a paper BIC?

Response: County DPSS offices are allowed to give the CIN, Issue Date, and DOB to providers as long as verification is obtained to prove that they are providers. Yes, the paper BIC can be given.

Question 8: May the hospital retain a copy of the recipient's BIC in their patient file? This is for audit purposes and if the client returns to the hospital without his/her BIC, the hospital will have a copy.

Response: The hospital may keep a copy of the BIC in the patient file. This procedure has not changed from the old paper card system; however, providers should ask for the BIC at each visit. If a new BIC has been issued, the issue date on the previous card will not provide access to the eligibility verification information. The hospital will need to get the latest issue date.

Question 9: Counties were told at BIC Training that Article 14E would be changed to reflect a different way of doing the Letter of Authorization (LOA) process. When are we going to be advised of this process?

Response: All County Letter No. 94-77 was issued on October 11, 1994 and a Medi-Cal Eligibility Manual Letter No. 140, dated January 4, 1995 was also issued. These letters provide instructions on the new LOA form and procedures.

Question 10: Can we use the mail to address on the EW 15 and EW 45 to request that a BIC be produced and mailed to an address other than what's on MEDS?

Response: No. DHS has implemented the policy that a permanent BIC should not be mailed to a temporary address. If a BIC must be mailed to an address other than the one on MEDS, the worker must submit a transaction to change the address on MEDS, issue the BIC, then change the address back to what was on MEDS originally.

Question 11: Why does a paper card print with an EW 45 if the recipient is not eligible for the month entered?

Response: When requesting a replacement card with an EW 45, the person only needs to be known to MEDS to print a card; the person does not have to be eligible for the month entered as long as the month entered is after the BIC implementation date. This allows IEs to get a paper card in addition to eligible beneficiaries.

Question 12: Which date does the provider use on the paper card to verify eligibility? The ISSUE DATE or the GOOD THRU date?

Response: Providers should use the Issue Date provided on the paper Medi-Cal cards when verifying eligibility on the POS device. When using phone AEVS, an issue date is not required. The only date that can be used to access eligibility in the example is the ISSUE DATE. Example:

ISSUE DATE 04/03/94
GOOD THRU 05/03/94

The only date that can be used to access eligibility in the above example is ISSUE DATE 04/03/94. The GOOD THRU date refers to the length of time that the paper card is valid. After the GOOD THRU DATE, another paper card must be issued when needed.

Note: The ISSUE DATE is the date that the paper card was requested.

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As with any new system, many issues will be raised and, hopefully, we will be able to resolve these issues as expeditiously as possible. If you have any questions, please contact Marco Ermac of my staff at (916) 654-0021, FAX (916) 657-3224.

Sincerely,

ORIGINAL SIGNED BY
RICARDO BUSTAMANTE for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch