ARTICLE 14

SECTION 2

CARD ISSUANCE

1. GENERAL

Medi-Cal cards are issued either by the California Department of Health Services (DHS) in Sacramento or by the County in Family Resource Centers (FRCs). This section describes when cards are issued directly by DHS from Sacramento, and the responsibilities and procedures for issuing cards in the FRCs.

Effective August 1, 1994, San Diego County implemented the Benefits Identifications Card (BIC) and Immediate Need/Minor Consent Paper ID card. Providers use the BIC and Paper ID card to access the California Eligibility Verification and Claims Management System (CA-EV/CMS) to verify eligibility and enter a SOC payment or obligation. The CA-EV/CMS pulls information from MEDS. Providers can access the system by phone, Automated Eligibility Verification System (AEVS), personal computer software or a card reader, Point of Service device (POS).

2. MEDI-CAL CARDS ISSUED BY DHS IN SACRAMENTO

DHS produces and mails BICs from MEDS information.

A. Routine Issuance

1) DHS issues a Medi-Cal BIC to each eligible person who is an MFBU member of an active Medi-Cal Case and when there is a SOC, to any ineligible member (IE) or responsible relative (RR) in the MFBU who is any of the following:

a) SSI/SSP eligible as reported by SSA; or

b) Certified eligible by the County:

(1) CalWORKs;

(2) Refugee Assistance;

(3) Foster Care; or

(4) Medi-Cal-only.

2) DHS issues BICs on a daily basis. The BIC will be generated and mailed within 5-10 days when a Medi-Cal beneficiary, IE or RR is added to MEDS or when HHSA requests a replacement. A new BIC is not needed when the beneficiary moves between programs or was previously discontinued and reapplies. Computer instructions can be submitted to MEDS by:

a) On-line entries by a MEDS/CRT person; or

b) BDLM entries by a worker.

3) If data on MEDS is incomplete or conflicting, no BIC will be produced by MEDS until the data is corrected. See the MEDS/CDB error message section of the CDS Code & Message Handbook (CCMH), Chapter 3 for instructions on resolving MEDS County Eligibility Worker Alert problems. MEDS Worker Alerts can also be reviewed online using the "INWA" screen on MEDS.

3. MEDI-CAL CARDS ISSUED BY COUNTY IN FRCs

County-issued Medi-Cal Paper ID cards are used as minor consent ID and Immediate Needs cards. In San Diego County, these Medi-Cal cards are generated through the use of form 14-1 HHSA, Request for Medi-Cal Paper ID Card (Appendix 14-2-A). Providers can use this card to verify eligibility and bill for services for up to one year for minor consent services and 30 days for Immediate Needs. This eliminates the need to issue additional cards for any subsequent months, unless the card is lost, stolen or damaged. A 14-1 HHSA must still be completed for each month in which the beneficiary's ongoing eligibility must be established on MEDS. If the beneficiary has a valid Paper ID card, the worker will note on the 14-1 HHSA, "No Card Needed" ("NCN") under "Reason Issued" or check the "Activate Only box" on the top of the 14-1 HHSA.

ACWDL 94-28

County Policy

A. Situations Requiring County Issuance

MEM 50743

County issued Medi-Cal cards will be produced in the following situations:

1) SSI/SSP Medi-Cal Cards

County Policy

When a person claiming SSI/SSP eligibility requests a FRC issued Medi-Cal card, the clerical section is responsible for processing the request. (See 3B. below for detailed Issuance Procedures.) The DM/ADM will ensure that relatives of FRC employees are directed to another FRC for issuance of a Medi-Cal card.

a) A designated clerk will verify SSI/SSP under the procedures outlined in MEM Procedures 14-B.

b) If SSI/SSP eligibility exists for the requested month, form 14-1 HHSA will be completed by the clerk and given to the MEDS operator. The DM or designee must sign the 14-1 HHSA to approve the issuance prior to the card being issued by the MEDS operators.

c) All SSI/SSP Medi-Cal requests for BIC cards are processed as an immediate need or mailed to the recipient by clerical staff in the FRC.

d) SSI recipients moving to California from another state may be eligible to a Medi-Cal card for the month in which they arrive. Verification must be obtained from SSA that the recipient is eligible in California. The beneficiary is responsible for that verification.

e) SSI/SSP Medi-Cal card problems will be the responsibility of clerical staff who will follow the directions in MEM, Procedure 14-B for resolving the problem. Exception problems will be referred to the Regional Program Support Division program specialist responsible for MEDS.

2) Immediate Need Medi-Cal Cards

An immediate need Medi-Cal card will be issued to any person who has completed the application process, been determined eligible, and has an immediate medical need per MPG, Article 4, Section 5.

a) Immediate Need Issuance - Intake Case

(1) AIS Granting:

The system is programmed to identify beneficiaries meeting immediate need criteria. After granting, AIS will ask the granting worker if an Immediate Need card should be produced. A "yes" response by the worker will produce automated form 14-1 HHSA to the MEDS clerk who will then issue the card.

(2) Manual Granting:

The worker will complete form 14-1 HHSA and deliver it to the Immediate Need Clerk.

When available, a completed computer document, LMO, opening the case is submitted at the same time as form 14-1 HHSA. When the computer document is not available, an Immediate Need Medi-Cal card is authorized by form 14-1 HHSA only. The BDLM entries to confirm the transaction must be completed and submitted for data entry within 24 hours of receipt of the card. Worker failure to update BDLM will result in MEDS putting a hold on future Medi-Cal eligibility.

b) Immediate Need Issuance - Granted Case

When an eligible beneficiary has an immediate medical need, the worker will complete form 14-1 HHSA and deliver it to the Immediate Need Clerk. The worker will check MEDS for errors and immediately correct any problem that may be preventing routine card issuance by MEDS from DHS.

c) Immediate Need Issuance - Share of Cost Cases

(1) For new grantings with a SOC, providers are not able to enter a SOC payment or obligation until the day after the beneficiary, ineligible person or responsible relative has been added to MEDS. Until then, the

Paper ID card will only verify eligibility. If the beneficiary needs to use the card the same day as it is issued, the provider can simply note the beneficiary's CIN number, date of birth and the card issuance date and enter the SOC payment/obligation the following day.

d) Immediate Need Issuance - Retroactive Medi-Cal Case

Immediate Need cards for retroactive months will be issued when the beneficiary's situation meets the immediate need criteria per MPG, Article 4, Section 5.

B. County Issuance Procedures

1) Directions - Clerical staff will issue cards based upon specific directions detailed in:

a) MEM Procedures 14A, 14B, 19A and 19B;

b) San Diego County HHSA Fiscal Manual, Chapter 4; and

c) MEDS User Manual.

2) Mail Delivery of Medi-Cal Paper ID Cards

Form 14-1 HHSA - Clerical staff or eligibility staff, as appropriate, will complete and submit form 14-1 HHSA using instructions printed on the reverse side of this form. The form is then submitted to the Immediate Need Clerk to have the Medi-Cal card produced and mailed to the beneficiary.

3) Office Delivery of Medi-Cal Paper ID Cards

County produced Medi-Cal Paper ID cards issued in the FRC are to be delivered to the beneficiary by clerical personnel. The "MEDI-CAL PAPER ID CARD RECEIPT FORM" section of form 14-1 HHSA will be used for the applicant's signature.

a) Preparation

For SSI beneficiaries, the MEDS/CRT clerk, or other designated clerk, will prepare the “Medi-Cal Paper ID Card Receipt Form” section of form 14-1 HHSA, including the beneficiary's name, the current date, the worker's or clerk's name and number.

When the packet containing form 14-1 HHSA and Medi-Cal Paper ID card is complete, it will be given to a designated clerical person who will be responsible for delivering the Medi-Cal card to the beneficiary, identifying the beneficiary, and obtaining the beneficiary's signature on form 14-1 HHSA.

b) Verification of Identity

The person completing the card request form will explain to the beneficiary that the clerk delivering the Medi-Cal Paper ID card will need to verify the beneficiary's identity.

(1) Beneficiary acceptable I.D. for receiving a card includes, but is not limited to, the following:

(a) Driver's License;
(b) DMV Identification Card;
(c) Military I.D. Card;
(d) Immigration and Naturalization Service (INS) I.D. Card or Paper;
(e) Social Security Card;
(f) Bank Card;
(g) Student I.D.;
(h) Food Stamp I.D.; or
(i) Any other similar identification, which has the beneficiary's picture and/or signature.

(2) If the beneficiary has no identification, the worker may either:

(a) identify the beneficiary to the clerk;
(b) provide the clerk with identifying information, (e.g., birth dates of children); or
(c) have the beneficiary sign form 14-1 HHSA on the "other information" line prior to the worker submitting the 14-1 HHSA to the clerk for card issuance. The clerical person can then have the beneficiary sign form 14-1 HHSA, and compare the signatures before releasing the Paper ID card.

c) Clerical Responsibilities Following Delivery of Medi-Cal Card

After card delivery, the clerk will route form 14-1 HHSA to the current worker for HHSA cases or to the clerk for SSI cases.

(1) HHSA Cases

For HHSA cases, form 14-1 HHSA must be filed in the financial folder of the case under the "Co Pay/Medi-Cal" tab.

(2) For SSI/SSP cards, form 14-1 HHSA must be maintained in a central location for statistical purposes.

4) Minor Consent Services Cards

Minor Consent Service Medi-Cal Paper ID cards are always produced in the FRCs. These cards are not to be mailed unless requested in writing by the minor on form 07-42 DSS.

a) Confidentiality

To assure confidentially, MEDS requires that all minor consent Medi-Cal Paper ID cards be issued by an on-line transaction on a MEDS terminal using pseudo numbers rather than actual Social Security numbers. This means a minor consent case cannot be granted ongoing eligibility on MEDS. Each month that a minor consent Medi-Cal card is needed, an on-line issuance must be done by the County, which will then update the MEDS eligibility history file.

b) Address

To ensure the minor consent eligible persons do not receive a Beneficiary Explanation of Medi-Cal Benefits and Services (BEOMBS) or other mailings from DHS, the minor's home address should not be submitted to DHS via MEDS.

c) Minor Consent Services Codes

Children applying for Medi-Cal minor consent coverage must specify the type of services they want covered before eligibility can be determined. For program evaluation and control purposes, DHS has assigned each type of minor consent service a separate aid code. See the CDS Code & Message Handbook for a list of codes.

These codes must be entered on Paper ID cards issued by the MEDS System and on those that are hand-typed. The codes will appear as part of the 14-digit county ID number in positions 3 and 4, immediately following our county code. Workers will indicate the aid code on form 14-1 HHSA.

Minor consent beneficiaries receive a paper ID card that is good for one year from the date of issuance. Workers are not to issue a new card when a minor reapplies for minor consent services unless it has been 12 months since the last date of issuance, or if the card is lost (from MPG 4-4.3.F).

It is possible for a child to be in need of more than one of the listed minor consent services. See MPG 4-4.5 for case processing instructions if this occurs.

EXCEPTION:

The minor consent service aid codes are not to be used for minors who are already included in a public assistance case, an MFBU with zero SOC, or for minors who apply for and receive CalWORKs cash on the basis of pregnancy.

d) Minors Included in Parent's Case

(1) If the minor is included in the parents zero SOC MFBU or in the parent's AU, the worker will issue a Paper ID card. Use the parent's case serial number for the minor. Place form 14-1 HHSA in an envelope marked "confidential" and forward it to the appropriate worker to be filed in the parent's case. Per MPG 4-4.3.C.2)b, no entry is to be made in the case narrative.

(2) If the minor is included in the parent's SOC MFBU and the SOC has been met, issue a Paper ID card. Use the parent's case serial number for the minor's Paper ID card. Process form 14-1 HHSA as in d)(1), above.

(3) If the minor is included in the parent's SOC MFBU and the SOC has not been met, process an application in the minor's name. The minor will have a separate case number and case folder.

(4) If a minor is covered under a Medi-Cal Health Plan (MHP), refer to MPG 4-4.3.B.2)c.

e) Other Coverage

County departments shall not report other coverage information for children who are applying for minor consent services only, regardless of whether the child's parent(s) have other coverage.

5) Out-of-County Eligible Beneficiary

A Paper ID card may be issued to a Medi-Cal Beneficiary from another county when an immediate need is indicated.

a) If a MEDS inquiry indicates eligibility for the month in question, the Medi-Cal card may be issued through MEDS. If a MEDS inquiry indicates no eligibility, the county of responsibility must be contacted and the issuance information required in MEM, Procedures 14-A, secured.

b) When a beneficiary from another county is a member of a Health Maintenance Organization (HMO) Plan and needs medical services, the following procedures are to be followed:

(1) The beneficiary may use his/her BIC card to obtain emergency medical services.

(2) For treatment that is not of an emergency nature, there should be a number on the HMO I.D. card that the beneficiary or provider may call to obtain authorization for medical service. Authorization will depend on the seriousness of the illness.

(3) If the beneficiary has moved to San Diego and is enrolled in an HMO that is not active in San Diego County:

(a) The worker should have the beneficiary contact the Health Care Options (HCO) enrollment representative in the FRC, or if there is no representative in the FRC, call HCO at 858-492-2287 and supply the following information:

- the beneficiary's name;
- the beneficiary's Social Security number; and
- the beneficiary's phone number;

(b) The HCO section will:

- Assist the beneficiary in disenrolling from the other county HMO and enrolling in the San Diego County HMO;
- Verify the beneficiary's HMO disenrollment which is effective within 15 to 45 days (if notified after MEDS cutoff); and

NOTE: Between the date the HCO section is notified and the end of the month, the beneficiary is still a member of the HMO and must obtain medical services as described in a) above.

(c) The worker will document in the case narrative that the HCO section was contacted.

6) Foster Care Cards

Instructions for County-issued Foster Care Cards are found in MPG Article 5, Section 11.

7) IHSS Companion Case Cards

Medi-Cal companion cases for IHSS-eligible persons are centralized in the Southeast Family Resource Center. The staff there have the capability to issue replacement cards. They will follow the procedures for regular Medi-Cal cards.

4. REQUEST FOR REPLACEMENT MEDI-CAL CARDS

A. Original BIC Not Received by Beneficiary or Incorrect

1) When the original Medi-Cal card was not received by the beneficiary, the worker will:

a) Check MEDS to see if the record is correct and if a card was issued;

b) If the MEDS record is incorrect, correct it; (See CCMH, Chapter 3) and issue an initial card as described below in item 2).

2) If MEDS shows a BIC has been issued, but has been lost, stolen or damaged or the information on the card has changed (SSN, DOB, or name):

a) Request a replacement by either:

(1) entering an "M" in the CRD field on the PDT1 screen on BDLM (see CDS codebook for detailed entries);

(2) making a G-line entry using the GLIN screen (see the CDS Codebook for detailed entries). Note: G-line entries should be used only when requesting BIC replacements for persons not currently active or when requesting replacements for the entire household;

(3) completing a 14-1 HHSA (e.g. for SSI beneficiaries) and entering the "reason issued code 21."

5. RETURNED CARDS

BICs that cannot be delivered by the post office will be returned to DHS and destroyed or reissued. DHS will report returned BICs to the worker via MEDS alerts 90007, 9009 and 9010 (see the codebook for details).

For BICs that are mailed to a FRC/P.O. Box (e.g. homeless beneficiary), FRCs will follow their current procedures. BICs held in FRCs must be kept in a secured location (e.g. FRC safe).

A. Re-mail the Medi-Cal card to the beneficiary if an address is available. Document in the case narrative the date and action taken; or

B. Cancel the Medi-Cal cards using the procedures in 6., below, when no address is available.

6. MEDI-CAL CARD CANCELLATION

This procedure is used to cancel both DHS-issued BICs and county-issued Paper ID cards.

A. Medi-Cal Cards Returned to the worker

When the Medi-Cal card is returned to the worker and must be canceled, the worker will:

1) complete form 14-3 DSS indicating that all Medi-Cal cards attached are to be canceled;

2) attach the Medi-Cal cards to form 14-3 DSS and route to the designated FRC clerk;

3) document the disposition of the Medi-Cal card in the case narrative; and

4) when canceling a BIC, use the issue date of the BIC in lieu of the issuance month.

B. Medi-Cal Cards Returned to Fiscal Services

Medi-Cal cards returned by the Post Office are returned to HHSA Fiscal Services.

1) Fiscal Services will:

a) batch returned cards by FRC; and

b) forward cards to the designated FRC clerk.

2) The FRC clerk will:

a) remove the Medi-Cal card(s) from the envelope and file the card(s) in a control file;

b) attach the envelope, with the Post Office Stamp indicating the reason for non-delivery, to form 14-2 DSS;

c) route form 14-2 DSS to the worker indicated on the Medi-Cal card, requesting disposition of the Medi-Cal card;

d) re-mail Medi-Cal cards with update information if indicated on form 14-2 DSS returned by worker;

e) forward the Medi-Cal card and 14-2 DSS to the appropriate FRC clerk when the case has been transferred to another FRC;

f) retain for two months all returned Medi-Cal cards and 14-3 DSS forms that request cancellation;

g) check requests for Medi-Cal card issuance, form 14-1 HHSA, against the control file to determine if the card has already been generated and can be re-mailed to the beneficiary; and

h) at the end of the second month, return to Fiscal Services the Medi-Cal cards to be canceled and destroyed.

3) The worker shall:

a) request the closed case from Record Library if necessary;

b) review the case situation to determine whether the Medi-Cal card is to be canceled or re-mailed;

c) complete form 14-2 DSS indicating what action should be taken and route back to the FRC Medi-Cal Clerk; and

NOTE: If the case has been transferred to another FRC, note this on form 14-2 DSS. Return to the FRC Medi-Cal Clerk for forwarding to the appropriate FRC Medi-Cal Clerk.

d) document the Medi-Cal card disposition in the case narrative.

7. GENERAL FORMAT OF MEDI-CAL CARD

A. Specified Information

A Medi-Cal card issued either by DHS or by the county will contain specified information. The front of each BIC and Paper ID card contains the beneficiary's ID number, date of birth and the card issuance date. Providers use this information to access CA-EV/CMS. MEM 50737

a) The Client Identification Number will be a state issued Client Index Number (CIN). MEM 50737

The CIN begins with a "9" followed by 7 numeric digits, one alpha character and ends with a check digit followed by a four digit code which is the Julian date for the issue date (i.e. 9NNNNNNNANNNNN).

For future MEDS enhancement and tracking, the state will be issuing a CIN to every BIC recipient. The CIN and SSN can be viewed on MEDS. The ID number will only show on the front of the BIC or Paper ID card. Providers must use the beneficiary's CIN to access CA-EV/CMS.

1) Issue Date

The issue date on the BIC or Paper ID card will be the date the card is generated. The issue date can be seen on the MEDS INQO screen. A request for a replacement BIC will invalidate the previously issued BIC. A request for a Paper ID card will invalidate the previously issued Paper ID card. The provider cannot use the previously issued card because the issue date has changed.

B. Type of Card

1) DHS issues the BIC.

2) The County issues the Paper ID cards on form MC 302.

To: Immediate Need Issuance Desk

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

REQUEST FOR MEDI-CAL PAPER ID CARD

Activate Only ☐

In Office ☐

Mail to: ☐

DATE:_____

ADDRESS:_____

_____

_____

CASE NAME:_____

ET NUMBER:_____

County ID Number: Co. [ ][ ] Serial # [ ][ ][ ][ ][ ][ ][ ] FBU [ ][ ] SSN if SSI/SSP 9[ ][ ][ ][ ][ ][ ] — [ ][ ][ ]

AID CODE	PERS NO.	BENEFICIARY NAME (Last, First)	BENEFICIARY SSA NUMBER	BENEFICIARY HIC/RR NUMBER	BIRTHDATE	SEX	ESAC (1)	LTC (2)	SOC	SOC CERT DATE	OHC	REASON ISSUED (3)	ELIG. PERIOD

CHECK HERE IF REQUEST IS MINOR CONSENT SERVICES:

( ) Sexually Transmitted Disease
( ) Sexual Assault
( ) Family Planning
( ) Mental Health
( ) Drug or Alcohol Abuse
( ) Venereal Disease

*FOR NEW ELIGIBLES ONLY (01 issuance code)
ET has certified that eligibility has been established:

Other Information

_____ _____ _____

ET SIGNATURE DATE

Paper ID Card RECEIPT FORM

_____/ _____/ _____

Payee/Authorized Representative Signature Date of Birth Social Security Number

ISSUANCE CODES

(1) ELIGIBILITY STATUS ACTION CODE (ESAC)

0 SSI/SSP ELIGIBLE

6 1 MONTH ELIGIBILITY PERIOD

(2) LTC INDICATOR

1 LONG TERM CARE

(3) REASONS FOR ISSUANCE

* 01 INITIAL CARD FOR NEW ELIGIBLE

02 CARD NOT RECEIVED

21 CARD LOST, STOLEN OR MUTILATED

14-1 HHSA (2/02)