

# Denti-Cal Bulletin



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## CHANGES IN REQUIREMENTS FOR VERIFYING BENEFICIARY IDENTIFICATION

Section 2, Page 43 of the Denti-Cal Provider Manual outlines requirements for verifying beneficiary identification, regardless of age or status of the beneficiary. This is to notify you that those requirements have been updated as follows:

1. NO identification verification is required for persons aged 17 or younger.
2. NO identification verification is required for any beneficiary receiving emergency services, regardless of age.
3. NO identification verification is required for residents of long-term care facilities.

For all others, if the beneficiary is unknown to the provider, the provider is required to make a “good faith” effort to verify a beneficiary’s identity by matching the name and signature on the Benefits Identification Card (BIC) with that on a photo identification card. Some, but not all, examples of photo ID are:

- ◆ A California Driver’s license.
- ◆ An identification card issued by the Department of Motor Vehicles.
- ◆ Any other document which appears to validate and establish identity.

The provider must retain a copy of this identification in the beneficiary’s record. If a claim is submitted that is in conflict with a previously paid claim (for example, restoring a tooth that history shows was previously extracted), Denti-Cal will request a copy of the beneficiary’s identification to verify the services are being provided to the appropriate beneficiary. If the provider cannot demonstrate compliance with this requirement, it may impact payment of services.

Your Denti-Cal Provider Manual will be updated to reflect these changes and will be available in the next quarterly release.

For additional information, please refer to W&I Code 14017, 14017.5, 14018, and 14018.2(c). If there are any questions, please call the Denti-Cal Telephone Service Center at (800) 423-0507, or visit the Denti-Cal Web site (<http://www.denti-cal.ca.gov>).

**Beneficiary Identification****Medi-Cal Benefits Identification Card**

Denti-Cal does not determine the eligibility of beneficiaries. Eligibility for the California Medi-Cal Dental Program is determined by a County Social Services office and reported to the State of California. The State, in turn, issues a Medi-Cal Benefits Identification Card (BIC) (see Figure 2-15 four pages following) to beneficiaries who are eligible for Medi-Cal benefits. The BIC serves as a permanent identification for a Medi-Cal beneficiary; however, possession of the card does not guarantee eligibility for Medi-Cal benefits, since the card can be retained by the beneficiary whether or not the beneficiary is eligible for the current month.

In certain instances, such as immediate need, a Medi-Cal beneficiary will be issued a hand-typed paper card as proof of eligibility. The MC-302 Immediate Need Card (see Figure 2-14 on the preceding page), is issued manually by the county and can be identified by the word "HANDTYPE" located in the bottom right corner of the card. The beneficiary must certify to the county that there is a medical need for this card and that the provider will not perform treatment without a valid Medi-Cal card.

A beneficiary may be issued an MC-302 identification card with service restrictions. Restricted service messages are enclosed within a green-bordered area located on the card immediately above the beneficiary's name. The beneficiary must sign and date the card at the top, where indicated.

If a beneficiary is unknown to a provider, the provider must make a "good faith" effort to verify the beneficiary's identification before rendering Denti-Cal services. A good faith effort means verifying the beneficiary's ID by matching the name and signature on the Benefits Identification Card (BIC) 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.

The provider must retain a copy of this identification in the beneficiary's record. If a provider submits a claim that presents a conflict with a previously paid claim (i.e., to restore a tooth that history shows was previously extracted), Denti-Cal will request that the current provider

submit a copy of the beneficiary's identification to verify that the services are being provided to the appropriate beneficiary. If this situation occurs and the current provider cannot provide the necessary beneficiary identification, payment or authorization will be denied.

**Exception:** These requirements do not apply when a beneficiary:

- ◆ Is receiving emergency services,
- ◆ Is 17 years of age or younger, or
- ◆ Is in a Long Term Care facility.

**Altered Cards and Other Abuses of the California Medi-Cal Dental Program**

The Department of Health Services is requesting that dental providers be reminded that all beneficiary information is confidential and must be protected from disclosure to unauthorized personnel. Beneficiary identification includes the beneficiary's name, address, telephone number, social security number and Medi-Cal identification number. Protecting confidential information is especially important for providers of in-patient care billing and third-party insurance organizations when utilizing independent billing agencies, as well as employees who appear to be inappropriately accessing such information.

Dental providers should not accept any Medi-Cal identification card that has been altered in any way. If a beneficiary presents a paper or plastic card that is photocopied or contains erasures, strike-outs, white-outs, type-overs, or appears to have been altered in any other way, the provider should request that the beneficiary obtain an unaltered card from his or her county social services office prior to performing services. Health care providers are encouraged to report evidence of fraud to the Attorney General's Medical Fraud Hotline at (800) 722-0432. Any provider who suspects a beneficiary of abusing the California Medi-Cal Dental Program may call (800) 822-6222. Situations where abuse of the program may be suspected include:

- ◆ Use of another person's Medi-Cal identification card;
- ◆ Presenting an altered card;

- ◆ Attempting to obtain excessive or inappropriate drugs.

#### **Misuse of Benefits Identification Card: New BICs Issued**

The Department of Health Services (CDHS) Medical Review Branch has increased the number of replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. Approximately 10,000 beneficiaries per month will be issued BICs with new Identification (ID) numbers and issue dates. This process may be further escalated as other misuses of BICs are discovered.

When verifying eligibility for the beneficiaries who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, "For claims payment, current BIC ID number and date of issue required." Providers must have and use the BIC ID number and issue date from the new card when verifying beneficiary eligibility. All providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for beneficiaries whose card returns the message, "For claims payment, current BIC ID number and date of issue required," the claim will be denied.

A claim for payment on behalf of a beneficiary that returns the new eligibility message must include the new BIC ID number and issue date (mmddyy) as follows:

- ◆ Paper claims – new BIC ID in Patient Social Security Number (SSN) field (field 2) and new issue date in the Proof of Eligibility (POE) field;
- ◆ EDI claims – new BIC ID in SSN field and new issue date in the Comments field; and
- ◆ Attaching a copy of the BIC card for documentation purposes will not be accepted.

For automated messages providing eligibility information, phone the Automatic Eligibility Verification System (AEVS) at (800) 456-2387 and, when prompted, enter the information found on the BIC ID. For assistance with the

eligibility message, the Point of Service (POS) device or the Medi-Cal Web site, call the EDS/Medi-Cal Telephone Service Center at (800) 541-5555. If illegal use of a BIC is suspected, or if you have any questions about this policy, call Provider Services at (800) 423-0507.

#### **Prevention of Identity Theft**

To prevent identity theft, the California Department of Health Services (CDHS) strongly encourages all providers to avoid using a beneficiary's Social Security Number (SSN) whenever possible, including for the purposes of administrative billing and submission of Treatment Authorization Requests (TARs).

When submitting claims and TARs to Denti-Cal, providers should use the 14-character ID number from the Benefits Identification Card.

CDHS recognizes the importance of protecting the identity and the health information of beneficiaries and is currently working on system changes that will prevent the use of SSNs on Denti-Cal claims and TARs.