

## Frequently Asked Questions – Verifying Medi-Cal Eligibility

### **How Often Should I Check Medi-Cal Eligibility?**

Programs that provide DMC services are responsible for verifying the Medi-Cal eligibility of each client for each month of service prior to rendering service or billing for DMC services to that client for that month. Note that verification of client Medi-Cal eligibility is often reviewed by external auditors after the claimed month of service. For this reason DMC Providers must maintain proof of client Medi-Cal eligibility in their records.

### **What are the Identity and Eligibility Verification Requirements?**

All Medi-Cal beneficiaries have identification cards. DHCS issues a plastic Benefits Identification Card (BIC) to each Medi-Cal beneficiary. In exceptional situations, county welfare departments may issue temporary paper identification cards for Immediate Need and Minor Consent program beneficiaries. Mere possession of a BIC is not proof of Medi-Cal eligibility because it is a permanent form of identification and is retained by the recipient even if he or she is not eligible for the current month. It is the provider's responsibility to verify that the person is the individual to whom the BIC was issued. Identification verification should be performed prior to rendering service.

### **How do I Verify Medi-Cal Eligibility?**

To verify the Medi-Cal eligibility of a client, the DMC provider must first have an eight digit Provider Identification Number (PIN). Any certified DMC provider that has not yet received a PIN may request one by submitting a written request and faxing it to (916) 322-1176 or mailing it to: Department of Health Care Services Fiscal Management and Accountability Branch P.O. Box 997413 Sacramento, CA 95899-7413.

There are three options for verifying the eligibility of a Medi-Cal Beneficiary:

1. **Automated Eligibility Verification System (AEVS):** The Automated Eligibility Verification System (AEVS) is an interactive voice response system that allows providers having a valid PIN to access recipient eligibility via a touchtone telephone.
2. **Point of Service (POS) Device:** The POS device is an automated transaction device which allows checking eligibility by swiping the client's BIC or by manually entering information.
3. **Transaction Services on the DHCS Medi-Cal Website:** Medi-Cal Transaction Services allow Medi-Cal providers to perform a variety of secure transactions over the internet, including eligibility verification. **TIP:** If you do not have the BIC and you are using a Social Security Number to verify eligibility, then in the "Issue Date" field, you must enter today's date [the date you are running the eligibility verification]. Any other date entered in that field will not yield accurate information.

For instructions on how to access each of these options, refer to the DHCS DMC Billing Manual (reference and link below).

### **What Do the Aid Codes Mean and Why Does it Matter?**

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The Medi-Cal program uses aid codes to categorize types of eligibility, specific coverage and benefits, and percentage of Federal Financial Participation (FFP). In order to ensure beneficiaries are eligible for your services, whether there is a share of cost, whether you bill Other Health Coverage (OHC) first, and how to submit your batches to Marin County (Medi-Cal Mandated or Medi-Cal Expanded), you will need to understand what the aid codes represent and which aid codes are for the “Mandated” (eligible under the original pre-Affordable Care Act criteria) and “Expanded” (eligible under the expanded Affordable Care Act criteria) populations.

The full Aid Code Master Chart can be accessed via the County website (reference and link below), though below are some of the most commonly used aid codes:

- Common Expanded Population Aid Codes: M1, L1, 7U
- Common Mandated Population Aid Codes: 60, M3, M4, 3N

### **Resources**

[DHCS Drug/Medi-Cal Billing Manual](#)

[DHCS Aid Code Master Chart](#)

[Drug/Medi-Cal Service Provision Policy: MHSUS-ADP-18](#)