Eligibility: Recipient Identification Cards

Page updated: February 2025

The Department of Health Care Services (DHCS) issues a plastic Benefits Identification Card (BIC) to each Medi-Cal recipient. ‹‹In exceptional situations, county welfare departments may issue paper cards to individuals (see “Paper ID Cards for Immediate Need and Medi-Cal Minor Consent Services Recipients” information on a following page in this section).›› It is the provider’s responsibility to verify that the person is eligible for services and is the individual to whom the card was issued. Eligibility verification should be performed prior to rendering a service.

Benefits Identification Card (BIC)

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. See the following sample BICs. Any of the three card types are valid. Providers should accept all three BIC designs and must continue to verify eligibility accordingly.

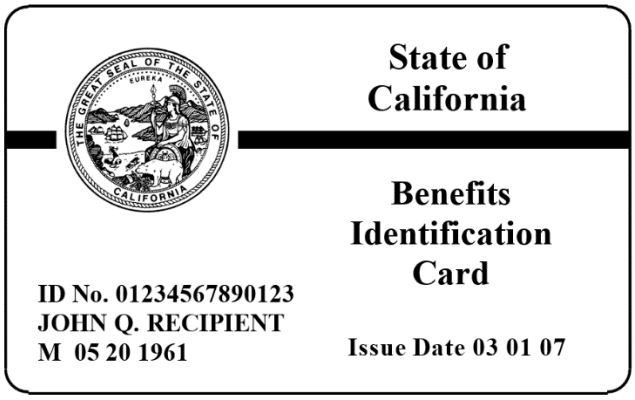


Figure 1: Front of BIC printed in blue with sex indicator

Figure 2: Front of BIC printed in full color with sex indicator

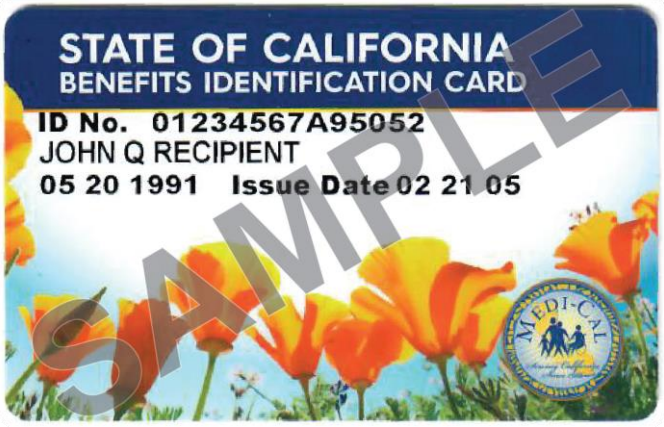
‹‹ 

Figure 3: Front of BIC printed in full color without sex indicator››

Second ID Helps Confirm Recipient's Identification

If a recipient is unknown to a provider, the provider must make a "good faith effort" to verify the recipient's identification before rendering Medi-Cal services.

A "good faith effort" means verifying the recipient's ID by matching the name and signature on the Benefits Identification 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 identification documentation.

The provider must document the "good faith effort" by making a copy of the BIC and a copy of the identification card/document (described above) that was used to compare signatures. The provider's documented "good faith effort" to verify the recipient's ID will be a consideration in assessing the validity of the medical claim.

If the recipient does not have one of the identification documents specified above, the provider must document that the recipient failed to provide the identification document by recording this in the medical file. If DHCS later determines that the patient who received the medical services is not the Medi-Cal recipient, the provider may be required to refund reimbursements associated with these services to Medi-Cal.

Exception: The requirement does not apply when a recipient is receiving emergency services, is 17 years of age or younger or is in a Long Term Care facility.

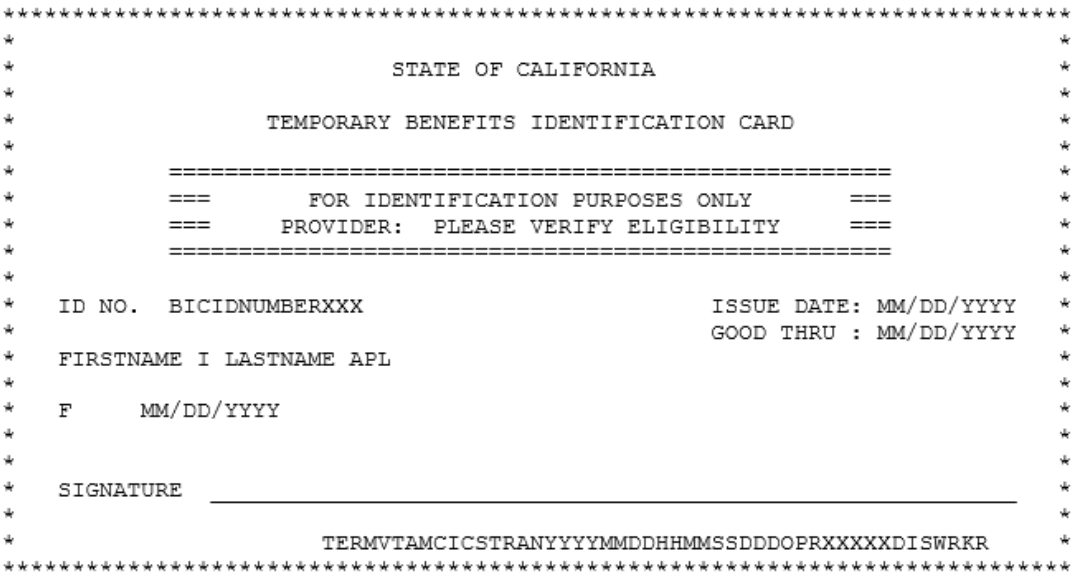
For patients receiving emergency services, this exception applies only for the duration of the medical emergency. After the emergency services terminate, and prior to providing any non-emergency services or releasing the recipient from care (whether emergency room, hospital, clinic or other medical services provider), the provider must confirm the recipient's identity as specified by the "good faith effort" described above.

Altered ID Cards

Medi-Cal ID cards must not be altered by either the recipient or provider. If a recipient presents a card that is photocopied or contains erasures, strike-outs, white-outs, typeovers or any other form of alteration, providers should request that the recipient obtain an unaltered card and check other identification to ensure that the patient is the Medi-Cal recipient. Do not accept altered Medi-Cal ID cards as proof of eligibility.

‹‹Paper ID Cards for Immediate Need and Medi-Cal Minor Consent Services Recipients››

Some recipients are issued temporary paper Medi-Cal ID cards. The 14-character BIC ID number is needed to access the Medi-Cal Eligibility Verification System.



‹‹**Figure 4:** Sample Paper ID Card for Immediate Need and Medi-Cal Minor Consent Services Recipients *(Actual card size is 8½ x 11 inches.)*››

Note: The ID number is the 14-character BIC ID. State law prohibits the use of Social Security Numbers (SSNs) on identification cards.

The bottom line is system information that identifies the source of the card request.

‹‹For more information, see the “Immediate Need” and “Medi-Cal Minor Consent Services” descriptions on a following page.››

‹‹The Medi-Cal Eligibility Confirmation Letter will be used as a temporary Medi-Cal benefit identification document. When applicants have an immediate medical need, enrollment systems are mandated to provide a temporary identification card for those eligible for Medi-Cal services.

Medi-Cal

Medi-Cal Eligibility Confirmation

You can start using Medi-Cal for health care services today. Print this page and bring it with you to your doctor or pharmacy until you get your plastic Medi-Cal Identification Card. This document is intended as a temporary identification only. Providers must verify the recipient's eligibility prior to providing services.

Temporary Benefits Identification Card (BIC)

First Name Last Name

##########A	mm/dd/yyyy
Identification Number	Birth Date
mm/dd/yyyy	mm/dd/yyyy
Issue Date	Good Through Date

You will be sent a plastic card in the mail and should get it in the next 10 days. If you do not get your plastic card in the next 10 days, contact your local County office for help to get a replacement plastic card. This temporary card will not be accepted after the Good Through Date on the card.

DHCS.ca.gov

Figure 5: Medi-Cal Eligibility Confirmation Letter

Note: The identification number is the member's Client Identification/Index Number (CIN)››

Immediate Need

‹‹For Immediate Need recipients, paper cards and Medi-Cal Eligibility Confirmation Letters are valid for identification purposes for 30 days.›› For example, the “Issue Date” could be 01/01/05 and the “Good Thru” date 02/01/05. The “Issue Date” and the “Good Thru” dates may occur in two consecutive months and are given only for identification purposes. Providers must verify the recipient’s eligibility through the Point of Service (POS) network.

‹‹Medi-Cal Minor Consent Services

For Medi-Cal Minor Consent Services recipients, paper cards are valid for identification purposes for one year. Medi-Cal Minor Consent Services recipients will continue to be eligible for only the month requested. For example, the “Issue Date” could be 09/01/99 and the “Good Thru” date 09/01/00. The “Issue Date” and the “Good Thru” dates are given only for identification purposes. Providers must verify the recipient’s eligibility through the POS network. Refer to the *Medi-Cal Minor Consent Services* section in the appropriate Part 2 manual for billing information.››

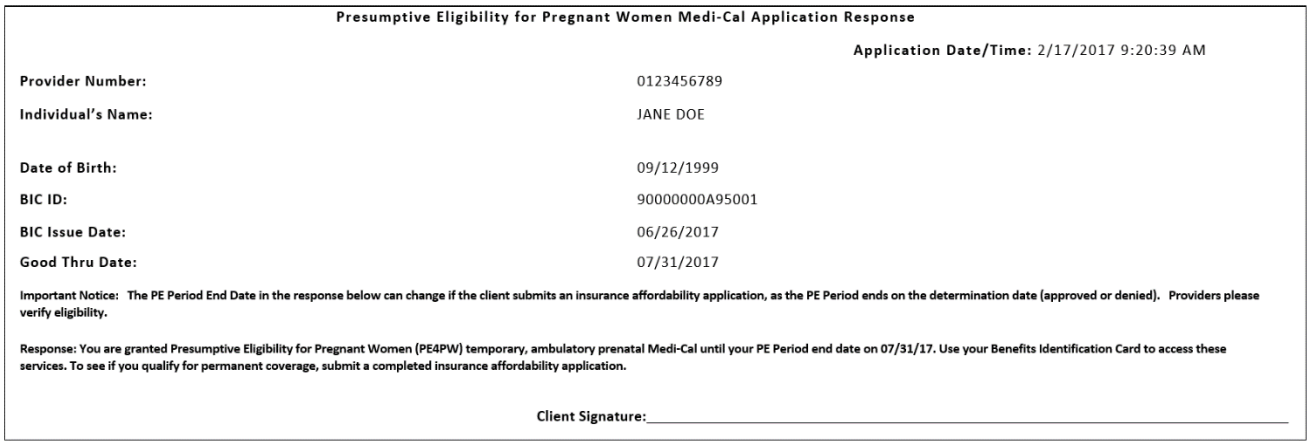
Presumptive Eligibility for Pregnant People Program Recipients

Presumptive Eligibility for Pregnant People (PE4PP) program recipients are issued a paper immediate need card. The card is valid until their Medi-Cal eligibility is determined or their PE period ends. The PE enrollment period begins on the day the pregnant recipient was determined PE4PP eligible.

The PE enrollment period The PE enrollment period ends, either: ends, either:

- On the last day of the following month in which determined eligible for PE4PP, if the pregnant recipient did not file an insurance affordability application prior to the PE enrollment period end date.
- On the day the eligibility determination is made, if the insurance affordability application is filed prior to the PE enrollment period end date.

The PE effective date cannot be backdated regardless of the reason. However, individuals may submit a completed insurance affordability application before the PE enrollment period terminates to apply for full scope Medi-Cal. The individual marks the box that indicates the individual had medical expenses in the last three months and requires help to pay.



Presumptive Eligibility for Pregnant Women Medi-Cal Application Response

Application Date/Time: 2/17/2017 9:20:39 AM

Provider Number:	0123456789
Individual's Name:	JANE DOE
Date of Birth:	09/12/1999
BIC ID:	90000000A95001
BIC Issue Date:	06/26/2017
Good Thru Date:	07/31/2017

Important Notice: The PE Period End Date in the response below can change if the client submits an insurance affordability application, as the PE Period ends on the determination date (approved or denied). Providers please verify eligibility.

Response: You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period end date on 07/31/17. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.

Client Signature:_____

‹‹**Figure 6:** Facsimile of Immediate Need Card››

Verifying PE

PE4PP recipients are eligible for services specified in the *Presumptive Eligibility for Pregnant People Program Process* section of the appropriate Part 2 manual. In addition, recipients are eligible for all Medi-Cal-approved drugs prescribed during pregnancy that are dispensed within the recipient's "presumed eligible" time period.

Presumptive Eligibility information is available through the Point of Service (POS) network, which includes the Automated Eligibility Verification System (AEVS), the Internet and state-approved vendor software.

For specific PE4PP questions, providers may call the Telephone Service Center (TSC) at 1-800-541-5555 and follow the prompts for Health Access Programs (HAP).

Newborn Infant Using Mother's ID

A mother's Medi-Cal Benefits Identification Card (BIC), whether for restricted or full-scope benefits, can be used to bill full-scope medical services rendered to her newborn during the month of delivery and the following month. A separate identification number must be issued to the infant following the two-month grace period so that services can be billed separately for each recipient.

Newborn Infant in Foster Care

Foster parents of newborn infants will present a photocopy of the natural mother's card to obtain services for the infant. Providers should perform an eligibility verification transaction before rendering services to the infant. If the transaction indicates that the mother is eligible for the date of service, record the Eligibility Verification Confirmation (EVC) number and render the service to the infant. Foster infants are eligible for shared mother/child coverage during the month of birth and the following month.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.