

Denti-Cal Bulletin



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UPDATE: MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) NUMBERS

The Statewide reissuance of the new 14-character BICs began in January 2005 and is scheduled for completion by July 1, 2005.

How do you know if a Medi-Cal beneficiary has a valid BIC?

Providers will need to submit an eligibility verification transaction using the information on the BIC presented by the Medi-Cal beneficiary.

- ◆ If the BIC is not valid, the eligibility verification system will return one of the following messages: “Invalid BIC ID,” or “Issue Date of the Beneficiary’s ID Card Invalid.”
- ◆ If the eligibility verification transaction returns the message “Invalid BIC ID,” do the following:
 - ◆ Make sure the information was entered correctly.
 - ◆ If the information was entered correctly, refer the beneficiary to their local county office.
- ◆ Until the statewide reissuance is complete in July, some Medi-Cal beneficiaries will have a BIC with a 10-character ID and others will have a BIC with a 14-character ID.
- ◆ Medi-Cal beneficiaries will need to use the 10-character BIC until the 14-character BIC is received in the mail.
- ◆ Once beneficiaries have received the new 14-character BIC ID, the old one will be deactivated.
- ◆ If beneficiaries have not received the new 14-character BIC ID by August 2005 and are getting the “Invalid BIC ID” message, refer them to their local county office.

Providers are responsible for verifying the beneficiary’s identity and eligibility for services. Eligibility should always be verified prior to rendering service by using information from the Medi-Cal beneficiary’s BIC ID.

How will the new 14-character BIC ID work?

Until the statewide reissuance is complete in July, the new 14-character BIC ID will be treated the same as the current 10-character BIC ID.

The Automated Eligibility Verification System (AEVS) will accept all 14 characters, however only the first 10 characters will be returned with the eligibility verification response. After the statewide reissuance is complete, AEVS will be changed to return the full 14 characters of the BIC ID with the eligibility verification response.

The Medi-Cal Dental Program (Denti-Cal) Interactive Voice Response (IVR) System now accepts nine of the 14-character BIC ID. When using the Denti-Cal IVR, enter those first nine digits *only* as the prompt for date of birth follows immediately thereafter.

Will the 10-character BIC ID and Social Security Number (SSN) continue to be accepted for billing?

- ◆ The claims processing system will accept all 14 characters, however only the first 10 characters will be processed. Providers should bill using the ID number from the BIC for which they received an eligibility verification response.
- ◆ The 10-character BIC ID will be phased out after the statewide reissuance is complete.
- ◆ Denti-Cal providers can continue to use the SSN for billing until notified of the new billing requirements by Denti-Cal.
 - ◆ For some beneficiaries, providers must have and use the BIC ID and issue date for verifying eligibility and billing.
 - ◆ When providers attempt to verify eligibility for beneficiaries using the SSN or previous BIC number, the eligibility verification system will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.”
- ◆ New billing requirements will not be implemented until late 2005 or early 2006. More billing information will be released in a future bulletin. Until then, the claims processing system will accept both the 10- and 14-character BICs.

All recent updates are in the Technical Specification Manual on the Medi-Cal Web site at www.medi-cal.ca.gov.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.