
DHS issues a Minnesota Health Care Programs Card for each eligible person in the household. The card does not specify the program of coverage and does not verify eligibility. The card gives information the medical service provider needs to call the Eligibility Verification System (EVS) to verify eligibility dates. EVS also provides health plan enrollment information for managed care enrollees. **For ID cards issued before January 2003, the front of the ID card has the metro and 1-800 telephone numbers for provider access into EVS. The back of the ID card has the metro and out-state telephone numbers for enrollees to call with questions about medical services they have received. For ID cards issued after January 2003, the front of the ID card has the metro and out-state telephone numbers for enrollees to call with questions about medical services they have received. The back of the ID card has the metro and 1-800 telephone numbers for provider access into EVS.**

MMIS generates a Minnesota Health Care Programs Card. See MMIS User Manual, Health Care Identification Cards. If enrollees need medical services before they receive their cards, providers can use the PMI number for each approved person to verify eligibility through EVS. The PMI numbers are shown on initial notices. Also provide PMI numbers to enrollees over the phone on request.

Issue replacement identification cards at no charge to the enrollee for:

- Lost, destroyed, damaged, or stolen cards.
- OR
- Corrections to name, gender, or date of birth.

There is no limit on the number of replacements.

Managed care enrollees receive both a Minnesota Health Care Programs Membership Card and an identification card from the health plan. Medical providers use the Minnesota Health Care Programs Cards to access EVS medical eligibility information.

Enrollees must present the Minnesota Health Care Programs Card along with other health care coverage information to all health care providers. Clients must be eligible during the time of services for the provider to be paid. Providers should contact EVS or the provider help desk to verify medical eligibility. You may verify the PMI number and eligibility dates without the client's written consent.

DHS may restrict clients' use of the medical identification card to certain providers of health care services for the following reasons:

- To prevent duplication or abuse of services.

- To prevent violation of prior authorization requirements.
- To ensure continuity of care.

Because managed care enrollees' choice of providers is limited to providers enrolled in the health plan, DHS does not restrict cards for people enrolled in managed care. The health plan is responsible for prior authorization, monitoring use of medical services, and ensuring continuity of care.