

DEPARTMENT OF HEALTH SERVICES

14744 P STREET
CRAMENTO, CA 95814
(916) 445-1912



October 23, 1980

To: All County Welfare Directors

NEW MEDI-CAL ID CARD STOCK

Letter No. 80-37

Effective early next year the Department will begin using a new type of Medi-Cal ID card stock for some eligibles. The new stock will be phased in on a county-by-county basis.

Statewide use of the new MC 300 stock will save approximately 40 percent of the time required for printing the approximate three million Medi-Cal cards each month. The new MC 300 is different from the current MC 300 in the following ways:

1. The form is smaller and lighter in weight.
2. There are five labels (2 "Medi" and 3 "POE") instead of eight.
3. Because of the size and weight of the new card, more cards for an individual family can be inserted into one envelope. This will reduce the number of envelopes and postage.

Attachment I provides a detailed description of the revised MC 300 Medi-Cal ID card and a schematic description of the data elements contained on the card.

Counties which prepare computer generated MC 300 Medi-Cal cards in place of the MC 301 Temporary Medi-Cal cards will continue to use the regular card stock (8 labels). Only the Department, through its centralized card issuance process will use the newly designed Medi-Cal cards.

A stuffer explaining the new Medi-Cal ID card will be included in each envelope for the first month the new card is used in each county. Attachment II is a draft of the wording to be included on the stuffer. Medi-Cal providers will be informed, via a provider bulletin, of the production of the new MC 300.

If you have any questions regarding the new MC 300 Medi-Cal card, please contact your Medi-Cal field representative.

Sincerely,

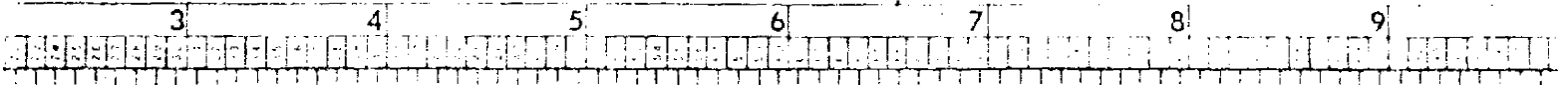
Original signed by

Barbara V. Carr, Acting Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives

Expiration Date: April 30, 1981



NAME										LINE									
1	9	3	4	1	2	3	4	5	6	7	0	1	2						
2	0	6	8	0	F	3	0	F	N	P	1	0	5						

MEDICAL IDENTIFICATION

As Affiliated
ACCOUNT EACH CA

VALID: JUN 80 06/13/830 F
 MEDICARE# 123456789ABC. 2
 REDWOOD HLTH PILOT PROJECT

19-34-1234567-0-!2-1

NAME LINE _____ X
 2ND NAME LINE _____ X
 ADDRESS LINE _____ X
 CITY CA 95814

MEDSID 123456789
 *019 1234

SOC: \$ 1000 O/C: N
 193412345670121194

THE PERSON NAMED ON THIS CARD IS ELIGIBLE FOR BENEFITS UNDER MEDICAL INSURANCE AND MAY BE COVERED BY EMPLOYER'S GROUP HEALTH PLAN. MEDICAL BILL CHARGES UNDER THIS PLAN WILL BE PAID BY THE HEALTH COVERAGE EMPLOYER.

- 4
- 5
- 6
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- 1
- 2
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- 21
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- 18
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- 20

- 24A
- 24
- 25
- 26
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- 29

MC300 SCHEMATIC EXPLANATION

SCHEMA LINE COLUMNS DESCRIPTION

1	1	2-14 VALID MO/YR OF CARD: 2-7 'VALID:' FOR CURRENT MONTH CARDS 'RETRO:' FOR PRIOR MONTH CARDS 8 SPACE 9-11 MONTH - ABBREVIATED TO THREE LETTERS 12 CONSTANT - / 13-14 YEAR - LAST TWO DIGITS OF YEAR
2	1	17-25 BENEFICIARY DATE OF BIRTH: 17-18 MONTH - NUMERIC 01-12 19 CONSTANT - / 20-21 DAY - NUMERIC 01-31 22 CONSTANT - / 23-25 YEAR - LAST THREE DIGITS OF YEAR (980 = 1980) (LAST TWO DIGITS OF YEAR (80 = 1980) ONLY UNTIL MEDS IS OPERATIONAL. CENTURY WILL BE BLANK)
3	1	27 BENEFICIARY SEX - M OR F
4	2	2-27 BENEFICIARY NUMBER AND ENTITLEMENT CODE: 2-10 NUMBER TYPE - IN ORDER OF PREFERENCE 1. MEDICARE# - IF '2' IN MEDICARE INDICATOR 2. HIC # - IF HIC NUMBER PRESENT 3. RRB # - IF RRB NUMBER 11 SPACE 12-23 BENEFICIARY NUMBER IN ORDER OF PREFERENCE ABOVE 24-26 SPACES 27 ENTITLEMENT CODE - NUMERIC INDICATES ENTITLEMENT BLANK MEANS NONENTITLEMENT
5	3	2-28 PILOT PROJECT NAME: ENTER IF BENEFICIARY IS UNDER 1. PILOT PROJECT 2. LESS THAN FULL SERVICE PHP 3. LIMITED SERVICES 4. RESTRICTED SERVICES
6	4	2-28 ADDITIONAL DATA LINE: USE IF ADDITIONAL SPACE IS NEEDED FOR PILOT PROJECT MESSAGES

7	5	2-21	BENEFICIARY COUNTY ID OR TITLE XVI ID: COUNTY ID:
		2-3	COUNTY CODE
		4	HYPHEN
		5-6	AID CODE
		7	HYPHEN
		8-14	SERIAL NUMBER
		15	HYPHEN
		16	FAMILY BUDGET UNIT (FBU) CODE
		17	HYPHEN
		18-19	PERSON NUMBER
		20	HYPHEN
		21	CHECK DIGIT
			TITLE XVI ID
		2-3	COUNTY CODE
		4	HYPHEN
		5-6	AID CODE
		7	HYPHEN
		8	CONSTANT - 9
		9	HYPHEN
		10-18	SOCIAL SECURITY NUMBER
		19	HYPHEN
		20	CHECK DIGIT
8	6	2-28	BENEFICIARY NAME STANDARDIZED FORMAT ATTEMPTED IN CID010. TRUNCATE IF NECESSARY.
9	7	2-28	SECOND ADDRESSEE/ADDRESS LINE: USE AS ADDRESS LINE IF FIRST AND SECOND ADDRESS LINE OF CID RECORD ARE BOTH IN USE. OTHERWISE PRINT C/O AND ADDRESSEE/INSTITUTION NAME TRUNCATE IF NECESSARY.
10	8	2-28	ADDRESS LINE: TRUNCATE IF NECESSARY.
11	9	2-28	CITY/STATE/ZIP:
		2-18	CITY: TRUNCATED
		19	SPACE
		20-21	STATE: FIXED 'CA' FOR NON-XVI POSSIBLY TRUNCATED FOR OTHERS
		22	SPACE
		23-27	ZIP CODE
		28	SPACE

12	12	4-7	FOR STATE USE: SENSING MARK - GATE/READ VERIFY PRINTED ON EVERY CARD
13	13	4-7	FOR STATE USE: SENSING MARK - DEMAND FEED SPACES ON FIRST CARD OF A NEW FAMILY DASHES ON REMAINING CARDS OF SAME FAMILY
14	14	4-7	FOR STATE USE: SENSING MARK - ZIP CODE CHANGE SPACES ON FIRST CARD OF A NEW ZIP CODE DASHES ON REMAINING CARDS OF SAME ZIP CODE
15	15	4-7	FOR STATE USE: SENSING MARK - SELECT FEED FOR STUFFER SPACES OR DASHES AS DETERMINED BY CALLED SUBPROGRAM. SUBPROGRAM CALLED THRU CODING OF 'CRDFIL' INPUT.
16	16	11-21	BENEFICIARY LIABILITY: IN ORDER OF PREFERENCE
		11-17	1. DIALYSIS RECORD CONSTANT - %OBLIG:
		18	SPACE
		19-20	PER CENT OF OBLIGATION
		21	CONSTANT - %
		11-14	2. LIABILITY AMOUNT PRESENT (ZEROS QUALIFY AS AN AMOUNT) CONSTANT - SOC:
		15	SPACE
		16	CONSTANT - \$
		17-21	LIABILITY AMOUNT
		11-14	3. CERT DATE PRESENT CONSTANT - CERT
		15	SPACE
		16-21	CERTIFICATION DATE - MMDDYY
17	15	11-28	FOR STATE USE: OPTICAL CHARACTER RECOGNITION (OCR) LINE.
		11-12	COUNTY CODE
		13-14	AID CODE
		15-21	SERIAL NUMBER
		22	FBU
		23-24	PERSON NUMBER
		25	CHECK DIGIT
		26-28	JULIAN DAY CID RECORD EDITED
18	11	11-27	MEDS IDENTIFICATION NUMBER:
		11-16	CONSTANT - MEDSID
		17	SPACE
		18-26	SOCIAL SECURITY NUMBER
		27	SPACE - FOR FUTURE USE OF CHECK DIGIT
19	12	16-24	COUNTY IDENTIFIER:
		16	CONSTANT - *
		17-19	DISTRICT OF REGISTRATION
		20	SPACE
		21-24	COUNTY USE
20	14	23-28	BENEFICIARY'S OTHER COVERAGE:
		23-26	CONSTANT - D/C:
		27	SPACE
		28	OTHER COVERAGE CODE

21 TAG1 29-42 BENEFICIARY NAME:
29-37 LAST NAME
38 SPACE
39-42 FIRST NAME

22 TAG2 29-42 BENEFICIARY ID:
29-30 COUNTY CODE
31-32 AID CODE
33-39 SERIAL NUMBER
40 FRU
41-42 PERSON NUMBER

23 TAG3 29 MEDICARE STATUS
NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT
BLANK MEANS NONENTITLEMENT

24 TAG3 41-42 PILOT PROJECT OR PHP NUMBER
OMIT FIRST 'P' WHERE APPLICABLE, AS IN PPI

24A TAG3 39-40 LIMITED OR RESTRICTED SERVICES CODE

25 TAG3 38 BENEFICIARY'S OTHER COVERAGE

26 TAG3 37 BENEFICIARY SEX

27 TAG3 35-36 BENEFICIARY YEAR OF BIRTH
LAST TWO DIGITS OF YEAR

28 TAG3 34 TYPE OF LABEL
FULL SERVICE CARD: IF TRANSACTION CODE = 1 OR 5
LINES 3 & 6 - 'M'
LINES 9, 12, & 15 - 'P'
NON-FULL SERVICE CARD: IF TRANSACTION CODE = 6 OR 7
ALL LINES - 'P'

29 TAG3 30-33 VALID MONTH/YEAR OF CARD:
30-31 MONTH - NUMERIC 01-12
32-33 YEAR - LAST TWO DIGITS

PROPOSED STUFFER

IMPORTANT NOTICE

The Department of Health Services has developed a new Medi-Cal ID card (enclosed). This card is smaller than the old Medi-Cal cards and has three fewer "Proof of Eligibility" (POE) labels. If you need additional POE labels, you may contact your local county welfare department. However, in most cases, your provider may photocopy your card and use the photocopy instead of a POE label.

This Medi-Cal card is used in the same way as previous cards you may have received.