

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
() 445-1912



August 21, 1981

To: All County Welfare Directors

Letter No. 81-40

NEW MEDI-CAL ID CARD STOCK

This letter updates All County Welfare Directors Letter No. 80-37 (10/23/80) regarding new Medi-Cal ID card stock (MC 300).

Beginning with September 1981 Month of Eligibility (MOE), the new type card will be sent to all SSI/SSP recipients. Beginning with November MOE, all other state generated cards will be printed on the new card stock.

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. This description incorporates some changes made to the card since All County Welfare Directors Letter No. 80-37.

A stuffer explaining the new Medi-Cal ID card will be included in each envelope for the first month the new card is issued. Attachment II is a copy of the stuffer. Medi-Cal providers have been informed, via a provider bulletin, of the new MC 300.

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

Sincerely,

Original signed by

Barbara V. Carrl for
Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: August 31, 1982

3 4 5 6 7 8 9

21A

4
5
6
7
8
9
10
11
12
13
14
15

1 2 3

21
22
23

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

24A
24
25
26
27
28
29

MEDICAL IDENTIFICATION

VALID: JUN 80 06/13/930 F
 MEDICARE# 123456789ABC -2
 REDWOOD HLTH PILOT PROJECT

19-34-1234567-0-12-9

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

MEDSID 123456789
 *019 1234

SOC: 1000 O/C: N
 193412345670129194

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDICAL INSURANCE POLICIES AND LIFE SAVINGS WILL CHAMPUS. MEDICAL INSURANCE POLICIES CAN BE DELETED. PROVIDERS ARE NOT LIABLE FOR HEALTH CARE COVERAGE. ANY OTHER...

16 17

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 DASHES ON FIRST CARD OF A NEW ZIP CODE SPACES 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
			1. DIALYSIS RECORD
		11-17	CONSTANT - %OBLIG:
		18	SPACE
		19-20	PER CENT OF OBLIGATION
		21	CONSTANT - %
			2. LIABILITY AMOUNT PRESENT (ZEROS QUALIFY AS AN AMOUNT)
		11-14	CONSTANT - SOC:
		15	SPACE
		16	CONSTANT - \$
		17-21	LIABILITY AMOUNT
			3. CERT DATE PRESENT
		11-14	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 - O/C:

21	TAG1	29-41	BENEFICIARY NAME:	
		29-37	LAST NAME	
		38	SPACE	
		39-41	FIRST NAME	
21A	TAG1	42	CHECK DIGIT	
22	TAG2	29-42	BENEFICIARY ID:	
		29-30	COUNTY CODE	
		31-32	AID CODE	
		33-39	SERIAL NUMBER	
		40	FBU	
		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 PP1	
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	

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.