

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 445-1912



January 6, 1983

To: All County Welfare Directors

Letter No. 83-3

COUNTY MEDICAL SERVICES PROGRAM -- IDENTIFICATION CARD

Attached for your information is a sample of the County Medical Services Program (CMSP) identification card. This card will be provided to CMSP individuals residing in those counties that have chosen the option of contracting back with the Department for administrative services associated with the CMSP.

The CMSP card will be provided to persons each month they are eligible for the CMSP.

While the CMSP card is printed on paperstock with perforated lines on the right half of the card (where labels would exist on a Medi-Cal card) the perforated sections are not intended for removal by the provider.

Providers, including out-of-state providers who will submit claims using the CMSP card must meet Medi-Cal program provider requirements. Provider bulletins will be released soon describing the billing procedures for services rendered to CMSP beneficiaries.

If you have any questions, please contact Laura Vargas, 714 P Street, Room 1350 Sacramento, CA 95814, (916) 445-1161.

Sincerely,

ORIGINAL SIGNED BY

Madalyn M. Martinez, Chief
Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
Peter Abbott, 8/1350

COUNTY MEDICAL SERVICES PROGRAM IDENTIFICATION CARD

County of Butte
 Valid: JAN 1983 DOB: 06/26/ 47 M
 Share of Cost: \$ 10
 04-85-1111111-1-11 **7**
 SSA# 999-11-9999
 DOE JOHN

521 WELLINGTON WAY
 OROVILLE CA 95965

CERT: 012083 O/C: N
 S 001

THIS IS NOT A STATE MEDICAL CARD
 Services available under this county medical program are limited.

PROVIDER/CF SERVICES: By accepting this card and providing covered services, the Provider agrees to accept MSP payment rates as payment in full and to follow MSP policies and regulations (17 Cal. Admin. Code Section 1498 et seq.) Attaching a photocopy of this card may expedite payment of your claim.

BENEFICIARY: You must present this card to your provider when you seek medical attention. You must immediately report an income or property change to your worker.

(MC 303)

Callouts: 9 (Beneficiary ID Number Check Digit), 10 (Date of Birth), 11 (Sex), 12 (Other Coverage Indicator), 13 (DHS Internal Batch Identifier), 14 (Future Use Area), 15 (Provider Instructions), 16 (Beneficiary Instructions).

Note: Although the card is printed on paperstock with perforated lines on the right half of the card, the perforations are not intended for use by providers.

- | | |
|---|--------------------------------------|
| 1. Beneficiary County of Residence | 9. Beneficiary ID Number Check Digit |
| 2. Valid Month of Card | 10. Date of Birth of Beneficiary |
| 3. Share of Cost Amount | 11. Sex of Beneficiary |
| 4. Beneficiary ID number | 12. Other Coverage Indicator |
| 5. Beneficiary Social Security Number | 13. DHS Internal Batch Identifier |
| 6. Beneficiary Name | 14. Future Use Area |
| 7. Beneficiary Address | 15. Provider Instructions |
| 8. Date of Certification (Only applies for SOC Beneficiaries 85 & 89) | 16. Beneficiary Instructions |