DEP/RTMENT 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
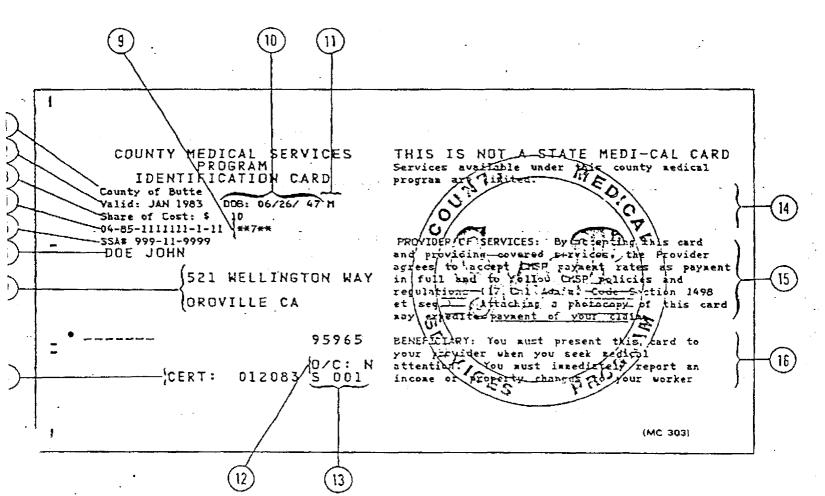Sacramento, CA 95814, (916) 445-1161.

Sincerely,

ORIGINAL SIGNED BY

Madalyn M. Martinez, Chief
Eligibility Branch

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

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

2. Valid Month of Card

3. Share of Cost Amount

4. Beneficiary ID number

5. Beneficiary Social Security Number

6. Beneficiary Name

7. Beneficiary Address

8. Date of Certification (Only applies for SOC Beneficiaries 85 & 89)

9. Beneficiary ID Number Check Digit

10. Date of Birth of Beneficiary

11. Sex of Beneficiary

12. Other Coverage Indicator

13. DHS Internal Batch Identifier

14. Future Use Area

15. Provider Instructions

16. Beneficiary Instructions