STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

February 6, 1989
Letter No.: 89-16

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: MEDI-CAL CARD/LABEL FORMAT CHANGES

The Department of Health Services (DHS) along with the Medi-Cal Fiscal Intermediary (FI), Electronic Data Systems (EDS), will be establishing an Automated Eligibility Verification System (AEVS) for use by providers to check recipient eligibility. The AEVS will enable providers to use a touch tone telephone to verify the eligibility of individuals for whom services have been or will be rendered. Likewise, the FI will be using a Medi-Cal Eligibility Data System (MEDS) based eligibility file to verify eligibility prior to adjudicating claims.

In conjunction with the changes made to allow provider access to eligibility information and the FI use of the MEDS based eligibility files for claims payment eligibility clearance, programs that have been used to print Medi-Cal ID cards are being replaced with a single program. The old programs included edits which sometimes changed information on the cards so that it was not consistent with information on MEDS. The new program will instead use the information contained on MEDS.

The new Medi-Cal card print program has maintained, as closely as possible, the original format of the State issued and county online (MC 300 and MC 302 respectively) Medi-Cal card/label. The format for hand-typed temporary Medi-Cal ID cards (MC 301) is not affected by these changes and will remain the same.

On December 13, 1988, the following changes were made to the card print program:

- The District Code field now contains all three characters that are allowed on MEDS.
- The field which contains Health Insurance Claim Number (HIC#) or Social Security Number (SSN) now prints only when the recipient has or is presumed to have Medicare coverage.
- Some of the restricted service messages were expanded to improve clarity.
- The logic for displaying "RETRO" was changed so the "RETRO" will appear on Medi-Cal ID cards issued to recipients determined eligible after normal Medi-Cal card issuance has occurred for the current Month of Eligibility (MOE).

- State printed Medi-Cal ID cards that were previously issued with a DHS return address as a result of an MC 177 share of cost certification, are now sent out with the same return address as is used for other Medi-Cal cards for that county.

Effective March 1989 MOE additional changes to the Medi-Cal card will be made as follows:

- The 14 digit County ID number will no longer be displayed on the Medi-Cal card labels. Instead the MEDS ID (SSN or pseudo number assigned by MEDS) will be printed. The county and aid code will still appear on the label but in a different location. This change will not affect Medi-Cal cards issued to Redwood Health Foundation enrollees; the label portion of these cards will continue to display the County ID number.

- The date of birth field will display month, day and entire year. For example: 01/01/1960.

- The share of cost (SOC) amount field will contain 4 digits instead of 5 and will only be displayed when a valid SOC amount is present.

Attachments 1 and 2 are schematics of the MC 300 (state-issued) and MC 302 (online county issued) Medi-Cal ID cards.

Attachment 3 is the stuffer that will be sent out at MEDS Renewal with the March 1989 MOE Medi-Cal cards, informing beneficiaries of the Medi-Cal card changes.

If you have any questions regarding the changes described in this letter, please contact you Medi-Cal Eligibility Branch MEDS Network Liaison.

Sincerely,

Sandra Duvenick for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration: 02/01/90

ATTACHMENT 1

MC 300 FORMAT - NEW

(certified share of cost)

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                 |1|                |2|     |3|
                  |                  |       |
                  |                  |       |
              +-------------------------------------------------+
              |   |  MEDI-CAL IDENTIFICATION CARD                |
              |PLEASE SIGN AND DATE THE BACK OF THIS CARD        |
              |   |                  |       |                   |
              | VALID: JAN 89 10/01/1954 F  LASTNAME FIR19 |  |
 |4|--------- SSA# 123456789           2 |1234567895F 37 |  |
 |5|--------- PEAK HEALTH PLAN (S.D.)   \|20189M54N004R1 |  |
 |6|---------                            \------------ -------|18|
 |7|--------- 19-37-1234567-1-12-9 **4** |                 | |
 |8|--------- NAME LINE----------------x |_________________| |
 |9|--------- FIRST ADDRESS LINE-------x |                 | |
|10|--------- ADDRESS LINE-------------x |                 | |
|11|--------- CITY            CA   95814 |_________________| |
              |                            |                 | |
              |                            |                 | |
              |          MEDSID 123456789 ----------------------|19|
|12|----------- ____        *019 1234 -------------------------|20|
|13|----------- ____                      |                 | |
|14|----------- ____    CERT 011589 O/C:N ----------------------|21|
|15|----------- ____          |       F015 |_________________| |
              |                |         |                     |
              |                |         |                     |
              +---------------|--------|---------------------+
                              |         |
                              |         |
                             |16|      |17|
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                                        |22a|
                                          |
                                         / \
 |22|-----|L|A|S|T|N|A|M|E|  |F|I|R|1|9|
 |23|-----|1|2|3|4|5|6|7|8|9|5|F|  |3|7|----|23c|
                                  \ \----------|23b|
                                   \-----------|23a|
              |2|0|1|8|9|M|5|4|N|0|0|4|R|1|
               | \     / | \ / | \   / \ /
               |  \   /  |  |  |  \ /   |
               |   \ /   |  |  |   |    |
               |    |    |  |  |   |    |
                                |
            |24|  |25| |26| |27| |  |29| |30|
                                |
                             |28|
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MC 300 FORMAT - NEW

(no share of cost)

```
                 |1|                |2|     |3|
                  |                  |       |
                  |                  |       |
              +-------------------------------------------+
              |   |  MEDI-CAL IDENTIFICATION CARD          |
              |PLEASE SIGN AND DATE THE BACK OF THIS CARD  |
              |   |                  |       |  ______________ |
              | VALID: JAN 89 10/01/1954 F  LASTNAME FIR19 | |
 |4|---------- SSA# 123456789           2 |1234567895F 37 | |
 |5|---------- PEAK HEALTH PLAN (S.D.)   \|20189M54N004R1 | |
 |6|---------                             \-------------------|18|
 |7|---------- 19-30-1234567-1-12-9 **4** |               | |
 |8|---------- NAME LINE----------------x |_______________| |
 |9|---------- FIRST ADDRESS LINE-------x |               | |
|10|---------- ADDRESS LINE-------------x |               | |
|11|---------- CITY            CA   95814 |_______________| |
              |                            |               | |
              |                            |               | |
              |          MEDSID 123456789 ---------------------|19|
|12|----------- ____        *019 1234 -------------------------|20|
|13|----------- ____                      |               | |
|14|----------- ____          |      O/C:N ---------------------|21|
|15|  ---------- ____         |      F015  |_______________| |
              |                |        |                    |
              |                |        |                    |
              +----------------|--------|--------------------+
                               |        |
                               |        |
                             |16|     |17|
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```
                                        |22a|
                                          |
                                         / \
 |22|------ |L|A|S|T|N|A|M|E|  |F|I|R|1|9|
 |23|------ |1|2|3|4|5|6|7|8|9|5|F|  |3|7|----|23c|
                                  \ \----------|23b|
                                   \-----------|23a|
              |2|0|1|8|9|M|5|4|N|0|0|4|R|1|
               | \     / | \ / | \   / \ /
               |  \   /  |  |  |  \ /   |
               |   \ /   |  |  |   |    |
               |    |    |  |  |   |    |
              |24|  |25| |26| |27| | |29| |30|
                                  |
                                |28|
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MC 300 SCHEMATIC EXPLANATION - NEW

SCHEMA	LINE	COLUMNS	DESCRIPTION
1	1	2-14	VALID MO/YR OF CARD:
		2-7	'VALID:' FOR CURRENT MONTH CARDS
		2-7 or	'RETRO:' FOR HISTORY MONTH CARDS
		8	SPACE
		9-11	MONTH - ABBREVIATED TO THREE LETTERS
		12	SPACE
		13-14	YEAR - LAST TWO DIGITS OF YEAR
2	1	17-25	BENEFICIARY DATE OF BIRTH
		17-18	BIRTH MONTH - NUMERIC 01-12
		19	CONSTANT '/'
		20	BIRTH DAY - NUMERIC 01-31
		21	CONSTANT '/'
		22-25	BIRTH YEAR
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. SSA# - IF '2' IN MEDICARE INDICATOR
			2. HIC# - IF HIC NUMBER PRESENT
			3. RRB# - IF RRB NUMBER PRESENT
		11	SPACE
		12-23	BENEFICIARY NUMBER IN ORDER OF PREFERENCE ABOVE
		24-26	SPACES
5	3	2-28	PILOT PROJECT NAME
6	4	2-28	ADDITIONAL DATA LINE
7	5	2-21	BENEFICIARY COUNTY ID OR TITLE XVI ID
			COUNTY ID:
		2-3	COUNTY CODE
		4	CONSTANT '-'
		5-6	AID CODE
		7	CONSTANT '-'
		8-14	SERIAL NUMBER
		15	CONSTANT '-'
		16	FAMILY BUDGET UNIT (FBU) CODE
		17	CONSTANT '-'
		18-19	PERSON NUMBER
		20	CONSTANT '**'
		21	COUNTY ID CHECK DIGIT
			TITLE XVI ID:
		2-3	COUNTY CODE
		4	CONSTANT '-'
		5-6	AID CODE
		7	CONSTANT '-'
		8	CONSTANT '9'
		9-17	SOCIAL SECURITY NUMBER
		18	CONSTANT '**'
		19	COUNTY ID CHECK DIGIT

MC 300 SCHEMATIC EXPLANATION - NEW

8	6	2-28	BENEFICIARY NAME
9	7	2-28	SECOND ADDRESSEE, IF PRESENT
10	8	2-28	ADDRESS LINE
11	9	2-28	CITY/STATE/ZIP
		2-21	CITY/STATE
		22	SPACE
		23-27	ZIP CODE
		28	SPACE
12	12	4-7	FOR STATE USE: SENSING MARK (READ/VERIFY LINE)
13	13	4-7	FOR STATE USE: SENSING MARK (FEEDER MARK)
14	14	4-7	FOR STATE USE: SENSING MARK (ZIP CODE CHANGE)
15	15	4-7	FOR STATE USE: SENSING MARK (DEMAND STUFFER)
16	14	11-21	BENEFICIARY LIABILITY IN ORDER OF PREFERENCE:
			1. CERT DATE PRESENT
		11-14	CONSTANT 'CERT'
		15	SPACE
		16-21	CERTIFICATION DATE - MMDDYY
			2. LIABILITY AMOUNT PRESENT (ZEROS QUALIFY AS AN AMOUNT)
		11-14	CONSTANT - 'SOC:'
		15	SPACE
		16-20	LIABILITY AMOUNT
			3. DIALYSIS PERCENT PRESENT
		11-17	CONSTANT - '% OBLIG:'
		18	SPACE
		19-20	PER CENT OF OBLIGATION
		21	CONSTANT - '%'
			IF NONE OF THESE ARE PRESENT, FIELD WILL BE BLANK
17	18	23-26	FOR STATE USE:
		23	HOUR CID RECORD EDITED
		24-26	JULIAN DAY CID RECORD EDITED
18	2	28	MEDICARE STATUS NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT BLANK INDICATES NONENTITLEMENT

MC 300 SCHEMATIC EXPLANATION - NEW

19	11	11-26	MEDS IDENTIFICATION NUMBER:
		11-16	CONSTANT - 'MEDSID'
		17	SPACE
		18-26	SOCIAL SECURITY NUMBER
20	12	16-24	COUNTY IDENTIFIER:
		16	CONSTANT - '*'
		17-19	DISTRICT OF REGISTRATION
		20	SPACE
		21-24	MEDS ELIGIBILITY WORKER CODE
21	14	23-27	BENEFICIARY'S OTHER COVERAGE:
		23-26	CONSTANT - 'O/C:'
		27	OTHER COVERAGE CODE
22	TAG1	29-40	BENEFICIARY NAME:
		29-36	LAST NAME
		37	SPACE
		38-40	FIRST NAME
22a	TAG1	41-42	COUNTY CODE
23	TAG2	29-37	SOCIAL SECURITY NUMBER
23a	TAG2	38	CHECK DIGIT
	TAG2	39	SPACE
23b	TAG2	40	BENEFICIARY SEX - M OR F
23c	TAG2	41-42	AID CODE
24	TAG3	29	MEDICARE STATUS NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT BLANK INDICATES NONENTITLEMENT
25	TAG3	30-33	VALID MONTH/YEAR OF CARD:
		30-31	MONTH - NUMERIC 01-12
		32-33	YEAR - LAST TWO DIGITS
26	TAG3	34	TYPE OF LABEL: FULL SERVICE CARD LINES 3 & 6 - 'M' LINES 9, 12, 15 - 'P' NON-FULL SERVICE CARD ALL LINES - 'P'
27	TAG3	35-36	BENEFICIARY YEAR OF BIRTH LAST TWO DIGITS OF YEAR
28	TAG3	37	BENEFICIARY'S OTHER COVERAGE
29	TAG3	38-40	PILOT PROJECT OR HEALTH CARE PLAN NUMBER
30	TAG3	41-42	LIMITED OR RESTRICTED SERVICES CODE

MC 302 FORMAT - NEW

(certified share of cost)

```
                                        |1|       |2|     |3|
                                         |         |       |
+-------------------------------------------------------------------------------+
|  2*LAST--NAME FIR |2*LAST--NAME FIR|  MEDI-CAL IDENTIFICATION CARD                |
|  5699266321*19 34 |5699266321*19 34|     |          |       |                     |
|   0389MEDI  *54M4 | 0389MEDI  *54M4| FIRSTNAME  LASTNAME  |         VALID MAR, 1989---|4|
|  A*R1004CRT031589 |A*41004CRT031589| RECIPIENT ID 5699-26632          DOB 07-08-978---|5|
|  2*LAST--NAME FIR |2*LAST--NAME FIR| COUNTY ID 19-34-1234567-12-3             SEX M---|6|
|                   |                |                  \-------------------------------|7|
|  5699266321*19 34 |5699266321*19 34| MEDICARE ID 123456789ABC      OTHER COVERAGE A---|8|
|                   |                |                    \-----------------------------|9|
|   0389POE   *54M4 | 0389POE   *54M4| CERTIFICATION DATE 03/15/89      DISTRICT 001----|10|
|                   |                |                          \-----------------------|11|
|  A*R1004CRT031589 |A*R1004CRT031589|                                CASEWORKER 0009---|12|
|  2*LAST--NAME FIR |2*LAST--NAME FIR| ******************************************** |
|  5699266321*19 34 |5699266321*19 34| **                                        ** |
|   0389POE   *54M4 | 0389POE   *54M4| **  PEAK HEALTH PLAN (S.D.)               ** |
|  A*R1004CRT031589 |A*R1004CRT031589| **  FOR DENTAL SERVICES ONLY        -------------|13|
|  2*LAST--NAME FIR |2*LAST--NAME FIR| **                                        ** |
|  5699266321*19 34 |5699266321*19 34| **                                        ** |
|   0389POE   *54M4 | 0389POE   *54M4| ******************************************** |
|  A*R1004CRT031589 |A*R1004CRT031589|     2N05B8344092636                           |
+-------------------------------------------------------------------------------+
                                          |
                                          |14|

                  |15|          |16|          |17|
                   |            |
                   |  ________________    |
                   |  |                 |   / \
              +-----------------------------------+
              |  2|*|L|A|S|T|-|-|N|A|M|E| |F|I|R| |
              |                                   |
              |  5|6|9|9|2|6|6|3|2|1|*|1|9| |3|4| |
                 |_____________| |   \ /   \ /  |
                 |          |     |    |     |   |
|18|------------|          |     |    |     |   |
|19|----------------------|     |    |     |   |
|20|--------------------------|     |     |   |
|21|-------------------------------|     |   |
              |                                   |
              |   |0|3|8|9|M|E|D|I| | |*|5|4|M|4| |
                  |____| |____|       \ / | |  |
                 |       |            |  | | |  |
|22|---------|       |            |  | | |  |
|23|----------------|            |  | | |  |
|24|----------------------------|  | | |  |
|25|------------------------------| | |  |
|26|-----------------------------|  |  |
                                                |
              | |A|*|R|1|0|0|4|C|R|T|0|3|1|5|8|9| |
|27|----|   \ / |___| |_____________|
|28|---------|    |            |
|29|-------------|            |
|30|-------------------------|
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MC 302 SCHEMATIC EXPLANATION - NEW

SCHEMA	LINE	DESCRIPTION
1	3	RECIPIENT FIRST NAME
2	3	RECIPIENT LAST NAME
3	4	MEDS IDENTIFICATION NUMBER: CONSTANT 'RECIPIENT ID' SOCIAL SECURITY NUMBER OR PSEUDO SOCIAL SECURITY NUMBER
4	5	RECIPIENT COUNTY ID OR TITLE XVI ID COUNTY ID: COUNTY CODE CONSTANT '-' AID CODE CONSTANT '-' SERIAL NUMBER CONSTANT '-' FAMILY BUDGET UNIT (FBU) CODE CONSTANT '-' PERSON NUMBER TITLE XVI ID: COUNTY CODE CONSTANT '-' AID CODE CONSTANT '-' CONSTANT '9' SOCIAL SECURITY NUMBER
5	3	VALID MO/YR OF CARD: 'VALID' FOR CURRENT MONTH CARDS SPACE MONTH - ABBREVIATED TO THREE LETTERS CONSTANT ',' SPACE YEAR
6	4	RECIPIENT DATE OF BIRTH CONSTANT 'DOB' SPACE BIRTH MONTH - NUMERIC 01-12 CONSTANT '-' BIRTH DAY - NUMERIC 01-31 CONSTANT '-' BIRTH YEAR - NUMERIC, LAST THREE DIGITS
7	5	RECIPIENT SEX - M OR F
8	6	RECIPIENT'S OTHER HEALTH INSURANCE COVERAGE: CONSTANT - 'OTHER COVERAGE' SPACE OTHER COVERAGE CODE

MC 302 SCHEMATIC EXPLANATION - NEW

9	7	RECIPIENT NUMBER AND ENTITLEMENT CODE CONSTANT - 'MEDICARE ID' SPACE BENEFICIARY NUMBER IN ORDER OF PREFERENCE: 1. MEDICARE# - IF '2' IN MEDICARE INDICATOR 2. HIC# - IF HIC NUMBER PRESENT 3. RRB# - IF RRB NUMBER PRESENT
10	8	DISTRICT IDENTIFIER: CONSTANT - 'DISTRICT' SPACE DISTRICT OF REGISTRATION
11	7	SHARE OF COST CERTIFICATION DATE (OPTIONAL) CONSTANT - 'CERTIFICATION DATE' SPACE MONTH - NUMERIC 01-12 CONSTANT '/' DAY - NUMERIC 01-31 CONSTANT '/' YEAR - NUMERIC, LAST TWO DIGITS
12	8	WORKER IDENTIFIER: CONSTANT - 'CASEWORKER' SPACE CASE WORKER NUMBER
13	10-14	MESSAGE AREA PILOT PROJECT OR HEALTH CARE PLAN NAME, IF APPLICABLE -OR- LIMITED SERVICES MESSAGE, IF APPLICABLE
14	16	MEDS IMMEDIATE NEED CARD CONTROL NUMBER
15	TAG1	MEDICARE STATUS NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT BLANK INDICATES NONENTITLEMENT
16	TAG1	RECIPIENT LAST NAME
17	TAG1	RECIPIENT FIRST NAME
18	TAG2	MEDS IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR PSEUDO SOCIAL SECURITY NUMBER
19	TAG2	MEDS IDENTIFICATION NUMBER CHECK DIGIT
20	TAG2	RECIPIENT COUNTY CODE
21	TAG2	RECIPIENT AID CODE
22	TAG3	VALID MONTH/YEAR OF CARD: MONTH - NUMERIC 01-12 YEAR - LAST TWO DIGITS

MC 302 SCHEMATIC EXPLANATION - NEW

23	TAG3	TYPE OF LABEL: 2 LABELS - 'MEDI' 6 LABELS - 'POE '
24	TAG3	RECIPIENT YEAR OF BIRTH LAST TWO DIGITS OF YEAR
25	TAG3	RECIPIENT SEX CODE - M OR F
26	TAG3	COUNTY ID CHECK DIGIT
27	TAG3	RECIPIENT OTHER COVERAGE CODE
28	TAG3	LIMITED OR RESTRICTED SERVICES CODE
29	TAG3	PILOT PROJECT OR HEALTH CARE PLAN NUMBER
30	TAG3	SHARE OF COST CERTIFICATION DATE CONSTANT 'CRT' MONTH - NUMERIC 01-12 DAY - NUMERIC 01-31 YEAR - NUMERIC, LAST TWO DIGITS

MC 302 FORMAT - NEW

(no share of cost)

```
                                        |1|        |2|     |3|
                                         |          |       |
+-------------------------------------------------------------------------------+
|  2*LAST--NAME FIR |2*LAST--NAME FIR|  MEDI-CAL IDENTIFICATION CARD                |
|  5699266321*19 34 |5699266321*19 34|     |          |       |                     |
|   0389MEDI   *54M4 | 0389MEDI   *54M4| FIRSTNAME  LASTNAME  |         VALID MAR, 1989---|4|
|  A*R1004          |A*41004         | RECIPIENT ID 5699-26632          DOB 07-08-978---|5|
|  2*LAST--NAME FIR |2*LAST--NAME FIR| COUNTY ID 19-34-1234567-12-3             SEX M---|6|
|                   |                |                   \-------------------------------|7|
|  5699266321*19 34 |5699266321*19 34| MEDICARE ID 123456789ABC      OTHER COVERAGE A---|8|
|                   |                |                    \-----------------------------|9|
|   0389POE    *54M4 | 0389POE    *54M4|                                 DISTRICT 001----|10|
|  A*R1004          |A*R1004         |                                CASEWORKER 0009---|11|
|  2*LAST--NAME FIR |2*LAST--NAME FIR| ******************************************** |
|  5699266321*19 34 |5699266321*19 34| **                                        ** |
|   0389POE    *54M4 | 0389POE    *54M4| **  PEAK HEALTH PLAN (S.D.)               ** |
|  A*R1004          |A*R1004         | **  FOR DENTAL SERVICES ONLY        -------------|12|
|  2*LAST--NAME FIR |2*LAST--NAME FIR| **                                        ** |
|  5699266321*19 34 |5699266321*19 34| **                                        ** |
|   0389POE    *54M4 | 0389POE    *54M4| ******************************************** |
|  A*R1004          |A*R1004         |     2N0588344092636                          |
+-------------------------------------------------------------------------------+
                                         |
                                        |13|

                                  |14|        |15|        |16|
                                   |          |
                                   |  ________________     |
                                   | |                |   / \
                                +-----------------------------------+
                                |  2|*|L|A|S|T|-|-|N|A|M|E| |F|I|R| |
                                |                                   |
                                |  5|6|9|9|2|6|6|3|2|1|*|1|9| |3|4| |
                                   |_____________| |   \ /   \ /  |
                                 |                |    |     |    |
                                |17|------------|    |     |    |
                                |18|----------------------|     |    |
                                |19|--------------------------|     |
                                |20|-------------------------------|    |
                                |                                   |
                                |   |0|3|8|9|M|E|D|I| | |*|5|4|M|4| |
                                     |____| |____|       \ / | |  |
                                 |          |          |  | | |  |
                                |21|---------|          |  | | |  |
                                |22|----------------|   |  | | |  |
                                |23|---------------------------|  | |  |
                                |24|-----------------------------| |  |
                                |25|-------------------------------|  |
                                                                    |
                                 |  |A|*|R|1|0|0|4|C|R|T|0|3|1|5|8|9| |
                                |26|----|   \ / |__| |_____________|
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MC 302 SCHEMATIC EXPLANATION - NEW

SCHEMA	LINE	DESCRIPTION
1	3	RECIPIENT FIRST NAME
2	3	RECIPIENT LAST NAME
3	4	MEDS IDENTIFICATION NUMBER: CONSTANT 'RECIPIENT ID' SOCIAL SECURITY NUMBER OR PSEUDO SOCIAL SECURITY NUMBER
4	5	RECIPIENT COUNTY ID OR TITLE XVI ID COUNTY ID: COUNTY CODE CONSTANT '-' AID CODE CONSTANT '-' SERIAL NUMBER CONSTANT '-' FAMILY BUDGET UNIT (FBU) CODE CONSTANT '-' PERSON NUMBER TITLE XVI ID: COUNTY CODE CONSTANT '-' AID CODE CONSTANT '-' CONSTANT '9' SOCIAL SECURITY NUMBER
5	3	VALID MO/YR OF CARD: 'VALID' FOR CURRENT MONTH CARDS SPACE MONTH - ABBREVIATED TO THREE LETTERS CONSTANT ',' SPACE YEAR
6	4	RECIPIENT DATE OF BIRTH CONSTANT 'DOB' SPACE BIRTH MONTH - NUMERIC 01-12 CONSTANT '-' BIRTH DAY - NUMERIC 01-31 CONSTANT '-' BIRTH YEAR NUMERIC, LAST THREE DIGITS
7	5	RECIPIENT SEX - M OR F
8	6	RECIPIENT'S OTHER HEALTH INSURANCE COVERAGE: CONSTANT - 'OTHER COVERAGE' SPACE OTHER COVERAGE CODE

MC 302 SCHEMATIC EXPLANATION - NEW

9	7	RECIPIENT NUMBER AND ENTITLEMENT CODE CONSTANT - 'MEDICARE ID' SPACE BENEFICIARY NUMBER IN ORDER OF PREFERENCE: 1. MEDICARE# - IF '2' IN MEDICARE INDICATOR 2. HIC# - IF HIC NUMBER PRESENT 3. RRB# - IF RRB NUMBER PRESENT
10	8	DISTRICT IDENTIFIER: CONSTANT - 'DISTRICT' SPACE DISTRICT OF REGISTRATION
11	8	WORKER IDENTIFIER: CONSTANT - 'CASEWORKER' SPACE CASE WORKER NUMBER
12	10-14	MESSAGE AREA PILOT PROJECT OR HEALTH CARE PLAN NAME, IF APPLICABLE -OR- LIMITED SERVICES MESSAGE, IF APPLICABLE
13	16	MEDS IMMEDIATE NEED CARD CONTROL NUMBER
14	TAG1	MEDICARE STATUS NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT BLANK INDICATES NONENTITLEMENT
15	TAG1	RECIPIENT LAST NAME
16	TAG1	RECIPIENT FIRST NAME
17	TAG2	BENEFICIARY ID: COUNTY CODE AID CODE CONSTANT '-' SERIAL NUMBER FAMILY BUDGET UNIT (FBU) CODE PERSON NUMBER
18	TAG3	VALID MONTH/YEAR OF CARD: MONTH - NUMERIC 01-12 YEAR - LAST TWO DIGITS
19	TAG3	TYPE OF LABEL: 2 LABELS - 'MEDI' 6 LABELS - 'POE '
20	TAG3	RECIPIENT YEAR OF BIRTH LAST TWO DIGITS OF YEAR
21	TAG3	RECIPIENT SEX CODE - M OR F
22	TAG3	COUNTY ID CHECK DIGIT

MC 302 SCHEMATIC EXPLANATION - NEW

23	TAG3	RECIPIENT OTHER COVERAGE CODE
24	TAG3	LIMITED OR RESTRICTED SERVICES CODE
25	TAG3	PILOT PROJECT OR HEALTH CARE PLAN NUMBER

ATTACHMENT 3

Important Notice to Eligible Medi-Cal Recipients

As of December 1988, you may have noticed that there have been changes to your Medi-Cal card and labels. These changes (as described below) will not affect your Medi-Cal Eligibility status.

- The Health Insurance Claim (HIC) number or Social Security Number (SSN) will now appear on the Medi-Cal card only when you have or are presumed to have Medicare coverage.

- "RETRO" will still appear on Medi-Cal cards issued to you if your eligibility was determined after normal Medi-Cal card issuance has occurred for the current month of eligibility.

For March 1989 Month of Eligibility and ongoing, additional changes to the Medi-Cal card will be made as follows:

- In place of your 14 digit County ID number, your Medi-Cal card labels will display your SSN or a State assigned pseudo SSN which is used in place of a SSN. Your county and aid code will still be displayed on labels but in a different location.

- Your date of birth will indicate the month, day and entire year. Example: 01/01/1960.

- Share of Cost (SOC) amount will only appear when you are determined to have a valid SOC amount.

If you have questions or anything to tell us, call your county eligibility worker.