

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

JUL 25 1984

To: All County Welfare Directors

Letter No. 84- 32

REVISIONS TO THE MEDI-CAL CARD FORMAT

The purpose of this letter is to provide a description of the changes to the format of the Medi-Cal label that will be implemented in the August 1984 month of eligibility.

As a result of the increasing number of alternative capitated health care systems, it has become necessary for the Department of Health Services (DHS) to modify the format of Medi-Cal card labels. The number of capitated health care systems has outgrown the capabilities of the Department's processing systems to assign a unique number to each different plan. Therefore, the Department is modifying the format of the Medi-Cal card labels on the MC 300 cards only. The attached example will provide a description of the changes that will be implemented for the August 1984 production of Medi-Cal cards. The sex code that is located in the bottom line of the label will be moved to the top line of the label and the PHP code field will expand to three digits (from 2 digits). This change will not significantly impact the county welfare departments because the MC 300 Medi-Cal cards are all produced by the DHS in Sacramento.

The formats of the MC 301 (temporary Medi-Cal ID card stock) and the MC 302 (MEDS temporary Medi-Cal ID card stock) will remain unchanged.

If you or your staff have any questions regarding this Medi-Cal card label format change, please contact Shirley Deasy of my staff at (916) 445-1969 or (ATSS) 485-1969.

Sincerely,

Original signed by

Caroline Cabias, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

CURRENT MC 300 LABEL FORMAT

	L	A	S	T	N	A	M	E		P	I	R	S	9	Check Digit
	1	9	3	0	7	7	7	7	7	7	7	7	7	7	Medi-Cal ID Number
Medicare Status	2	0	7	8	4	P	4	8	F	N	P	3	R	1	Restricted Services
	Month of Eligibility				Type of Year Label of Birth				Sex		Other Coverage		PHP Code		

PROPOSED MC 300 LABEL FORMAT

	L	A	S	T	N	A	M	E		F	I	R	F	9	Check Digit
	1	9	3	0	7	7	7	7	7	7	7	7	7	7	Medi-Cal ID Number
Medicare Status	2	0	7	8	4	P	4	8	N	5	0	0	R	1	Restricted Services
	Month of Eligibility				Type of Year Label of Birth				Sex		Other Coverage		PHP Code		