STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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



TO: All County Welfare Directors All County Administrative Officers February 6, 1989 Letter No.: 89.16

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.
- o 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.
- o 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).

All County Welfare Directors All County Administrative Officers Page 2

 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:

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

and La Duvenich for

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

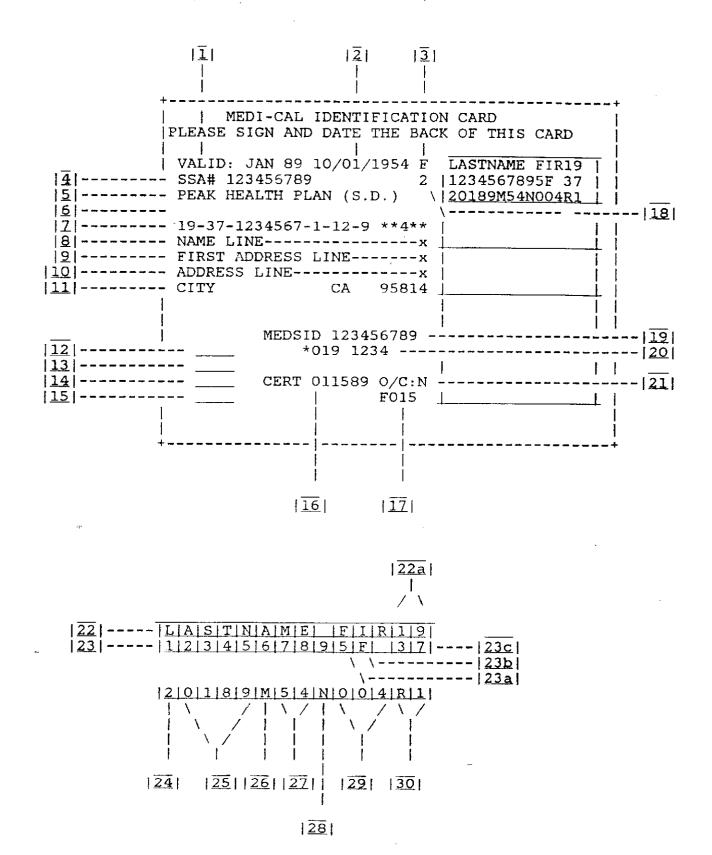
Attachment

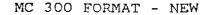
cc: Medi-Cal Liaisons Medi-Cal Program Consultants

Expiration: 02/01/90

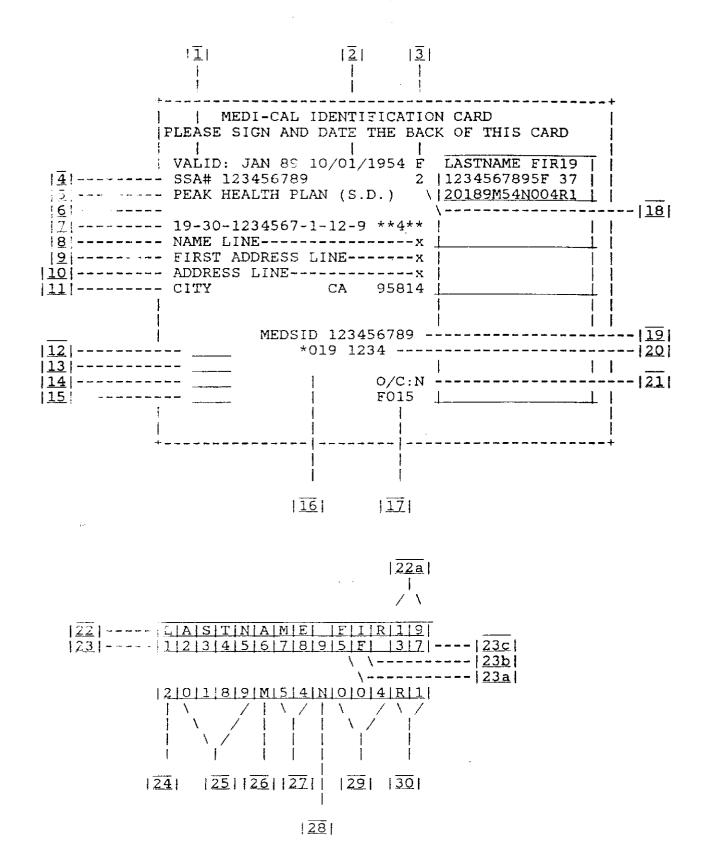
MC 300 FORMAT - NEW

(certified share of cost)





(no share of cost)



•

۰.

SCHEMA	LINE	COLUMNS	DESCRIPTION
1	1	8 9-11 12	VALID MO/YR OF CARD: 'VALID:' FOR CURRENT MONTH CARDS 'RETRO:' FOR HISTORY MONTH CARDS SPACE MONTH - ABBREVIATED TO THREE LETTERS SPACE YEAR - LAST TWO DIGITS OF YEAR
2	1	17-18 19 20 21	BENEFICIARY DATE OF BIRTH BIRTH MONTH - NUMERIC 01-12 CONSTANT '/' BIRTH DAY - NUMERIC 01-31 CONSTANT '/' BIRTH YEAR
3	l	27	BENEFICIARY SEX - M OR F
4	2	2-10	BENEFICIARY NUMBER AND ENTITLEMENT CODE 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 SPACE BENEFICIARY NUMBER IN ORDER OF PREFERENCE ABOVE SPACES
5	3	2-28	
<u>c</u>			PILOT PROJECT NAME
x .	4	2-28	ADDITIONAL DATA LINE
7	5	2-21 2-3 4 5-6 7 8-14 15 16 17 18-19 20 21	BENEFICIARY 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 CONSTANT '**' COUNTY ID CHECK DIGIT
		2-3 4 5-6 7 8 9-17 18 19	TITLE XVI ID: COUNTY CODE CONSTANT '-' AID CODE CONSTANT '-' CONSTANT '9' SOCIAL SECURITY NUMBER CONSTANT '**' COUNTY ID CHECK DIGIT

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

.

•

. . .

.

19	11	11-26 11-16 17 18-26	CONSTANT - 'MEDSID' SPACE
20	12	16-24 16 17-19 20 21-24	COUNTY IDENTIFIER: CONSTANT - '*' DISTRICT OF REGISTRATION SPACE MEDS ELIGIBILITY WORKER CODE
21	14	23-27 23-26 27	BENEFICIARY'S OTHER COVERAGE: CONSTANT - 'O/C:' OTHER COVERAGE CODE
22	TAG1	29-40 29-36 37 38-40	SPACE
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 30-31 32-33	MONTH - NUMERIC 01-12
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

Ŧ

MC 302 FORMAT - NEW

(certified share of cost)

			121	131	
		ł	Ĩ	I	
2×LASTNAME FIR	2*LASTNAME FIR	MEDI-CAL			.RD
5699266321*19 34	5699266321 * 19 34	1	I	I	l l
0389MEDI *54M4	0389MEDI *54M4	FIRSTNAME	LASTNAM	E	VALID MAR, 1989
A*R1004CRT031589	<u>A*41004CRT031589</u>	RECIPIENT	ID 5699-	26632	DOB 07-08-978
2*LASTNAME FIR	2*LASTNAME FIR	COUNTY ID	19-34-12	34567-12-	-3 SEX M
	I I		N		
5699266321*19 34	5699266321 * 19 34	MEDICARE 1	ID 123456	789ABC	OTHER COVERAGE A
	I I			<i>\</i>	
0389POE *54M4	0389POE	CERTIFICAT	TION DATE	03/15/89	DISTRICT 001
	E , E			۱	
A*R1004CRT031589	A*R1004CRT031589				CASEWORKER 0009
2*LASTNAME FIR	2*LASTNAME FIR	********	******	*****	******
5699266321*19 34	[569926632]*19 34]	××			**
0389POE *54M4	0389POE *54M4	** PEAK I	EALTH PL	AN (S.D.)	××)
A*R1004CRT031589	A*R1004CRT031589	** FOR DE	ENTAL SER	VICES ONL	YY
2*LASTNAME FIR	2*LASTNAME FIR	××			**
5699266321*19 34	5699266321 * 19_34	¥¥			**
0389POE *54M4	0389POE +54M4	********	****** *	******	******
A*R1004CRT031589	A*R1004CRT031589	2N0588	334409263	6	Į

1141

L

1161 1171 1<u>15</u>1 1 L L I I Z1 +-----1_21*1LIAISITI-1-INIAIMIEL_IFIIIR | L I 1 51619191216161312111*1191 13141 1 11 $\times \mathbb{Z}$ ł L., $\times Z$ ł I Ł I 118 ------T 1 t 1 1121-----1 1 ł 1201-----1 1 I |<u>21</u>|-----| ł ŧ 101318191N1E1D111 | 1×15141N141 | 1_ NZ 1 I I 1 Т 1 1 1 1 221-----I 1 1 1 1 |23|-----| I E E t |24|-----| | | 1 |25|-----||| ł 1261-----1 ł ŧ _____I_IA[*|R|1]0|0|4|C|R|T|0|3|115|8|9| } 1<u>zz</u>]----| × / 1____ | ____ ----- L [<u>28</u>]-----| | L 1291----ł 1301-----

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 RECIPIENT SEX - M OR F 5 RECIPIENT'S OTHER HEALTH INSURANCE COVERAGE: 8 6 CONSTANT - 'OTHER COVERAGE' SPACE OTHER COVERAGE CODE

.

9 RECIPIENT NUMBER AND ENTITLEMENT CODE 7 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 SHARE OF COST CERTIFICATION DATE (OPTIONAL) 7 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 MEDS IMMEDIATE NEED CARD CONTROL NUMBER 14 16 15 TAGI MEDICARE STATUS NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT BLANK INDICATES NONENTITLEMENT 16 TAG1 RECIPIENT LAST NAME 17 TAGI 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 TAG3 VALID MONTH/YEAR OF CARD: 22 MONTH - NUMERIC 01-12

YEAR - LAST TWO DIGITS

. .

•

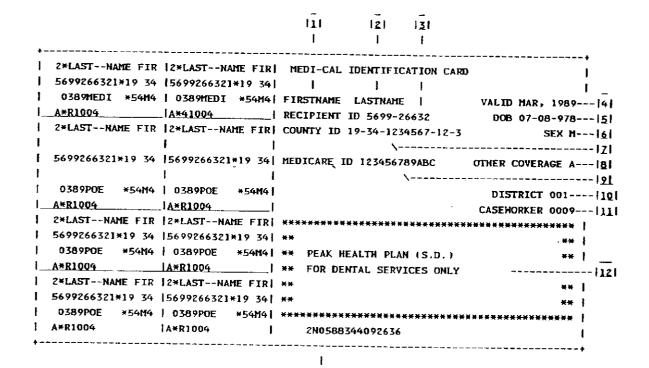
- 23 TAG3 TYPE OF LABEL: 2 LABELS - 'MEDI' 6 LABELS - 'POE '
- 24 TAG3 RECIPIENT YEAR OF BIRTH LAST TWO DIGITS OF YEAR
- 25 TAG3 RECIPIENT SEX CODE M OR F
- 26 TAG3 COUNTY ID CHECK DIGIT

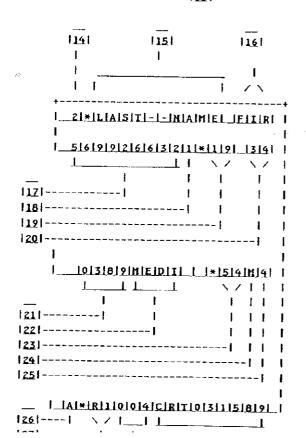
 $e^{-\epsilon}$

- 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)





1131

SCHEMA	LINE	DESCRIPTION
1	3	RECIPILAT FIRST NAME
٤	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 REMBER TITLE XVI ID, COUNTY CODE CONSTANT '-' AID CODE CONSTANT '-' CONSTANT '-'
5	3	SOCIAL SECURITY NUMBER 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

- 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 MEALTH 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 TAGI RECIPIENT LAST NAME
- 16 TAGI 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 THO 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

23 TAG3 RECIPIENT OTHER COVERAGE CODE

 $p \sim 10^{-10}$

- 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.

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