

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

ACRAMENTO, CA 94234-7320



July 16, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No: 93-45

SUBJECT: MEDI-CAL CARD FORMAT CHANGES

EMC2 DHS # 93999

This letter is a follow-up to the E-Mail sent on April 21, 1993 which gave the counties advance notice of the changes that the Department of Health Services recently made to the format of the Medi-Cal card. These changes were made to:

- Assist providers in identifying the MEDS ID number;
- Reduce the number of returned claims arising from the use of an incorrect MEDS ID number; and,
- Encourage providers to use Social Security numbers rather than county case numbers when billing Medi-Cal.

Medi-Cal providers were notified of these changes via Provider Bulletin #223 dated April 1993, and the changes were installed on April 15, 1993. Any cards issued after this date should contain these changes.

Enclosed are pages from Provider Bulletin #223 addressing the changes made, together with a schematic of the current Medi-Cal card and an explanation of the changes made.

If you have any questions, please contact Ginny Wende at (916) 654-0573.

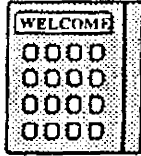
Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

PROVIDER SURVEY



Point of Service Site Survey: Please Mail

The March bulletin requested that you complete and return a *Provider Site Survey*. The results of that survey will be used to determine if you require a Point of Service (POS) device to verify recipient eligibility online. It is very important that you return the survey so we can take your special needs into account when designing this new automated system. Please fold the survey in half and tape (not staple) all three edges shut and return it, postage prepaid, by April 16, 1993. Your time spent completing the survey is greatly appreciated.

Medi-Cal ID Card Changes

The May 1993 Medi-Cal recipient ID cards will be slightly different than current ID cards. The following changes have been made to the body of the card:

- The word "VALID" has been changed to "VAL" and the word "RETRO" to "RET" on the first line.
- "MC" has been added to the Medicare status indicator code on the second line of the card.
- The Social Security Number (SSN) check digit has been added after the SSN.
- A space between the MEDS ID number (SSN) and the SSN check digit has been added to help prevent misinterpretations of the number.

The following changes have been made to the MEDI and POE labels:

- The Medicare status indicator code has been moved from the first to the third line and an "MC" has been added.
- Only the county and aid code, not the entire 14-character county ID number, will be shown.

If you see a POE or MEDI label only and not a card, and have a computer system that will accept only 14-character ID numbers, you may use the SSN preceded by five zeros. For example, instead of typing "25401112233334" (the 14-character county ID number), type "00000111223333" (the SSN preceded by five zeros).

If you are billing for a recipient with an aid code of "80", please attach a copy of the POE or MEDI label to your claim form with non-glare tape. This will ensure that the aid code "80" is recognized by the Medi-Cal computer in the absence of the 14-character ID number.

If you have any further questions, please contact the EDS Toll-free Telephone Group at 1-800-541-5555.

The revised Medi-Cal ID card and label are shown on manual replacement pages 100-24-8.1 and -8.2, included with this bulletin.

Injectable Contraceptives Now Covered

The contraceptive injection of Depo-Provera C, 150 mg/ml, is now a Medi-Cal benefit. Providers should bill this procedure with HCPCS code X6051. *For the complete policy, see manual replacement page 200-45-5, included with this bulletin.*

Medi-Cal Recipient ID Card

Service Restriction Message

Medicare Billing Number

Valid month and year of card

Medicare Status Indicator (Blank, 1, 2 or 3)

Date of Birth

Sex Code

Share of Cost Certification Day or Share of Cost Percent of Obligation

Medi-Cal Eligibility Data System (MEDS) ID (SSN)

SSN Check Digit

Share of Cost Amount

MEDI-CAL IDENTIFICATION CARD

SIGNATURE/FIRMA: _____ DATE/ECHA: _____

VAL APR93 04/15/945 F MEDSID 561829996 7 561829996 7 M0493 F945
HIC 120123456789 MC3 CERT13 SOC\$00100 LASTNAME FIRSTN
55-27 MC 3 HP 102
1020 13 OC 5 P/A RX/OV

PCCM**PRIOR AUTHORIZATION REQUIRED**CALL
(123) 555-1234 ABC MEDICAL CENTER
HEALTH INSURANCE COMPANY
ID 5598367512986478009800000000000
DENTAL PLAN ID 9678947299999999999
PH LASTNAME FIRSTNAME DENTAL 1020
COV IOMVLP O/C 5

FIRSTNAME I LASTNAME
ADDRESS LINE 1
----- BOX A101
----- ANYTOWN, CA
95383-1234

55-27-4123456-7-10 *7* D01 EW01 Q326

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER
MEDI-CAL. SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION.

Medi Labels (2)

POE Labels (2)

Name/Address

Recipient (County) Medi-Cal ID (First two digits = County Code Second two digits = Aid Code)

County Use Area

Recipient ID Check Digit

State Coding (one of three possible formats)

1. 4-digit code = state-issued
2. 19-digit code = county-issued
3. "HANDTYPE" = Hand-typed card

Restriction/Coverage Area

1. Restricted Aid Code Message
2. Health Care Plan (HCP) Message
3. Other Health Insurance Carrier
4. FIMD Dental Message
5. Additional Other Health Insurance Carrier

Scope of Other Coverage (COV) appears when information is available and Other Coverage (O/C) always appears.

Figure 1. Medi-Cal Recipient ID Card. (Green)
(Actual card size = 6½" x 3½")

Medi-Cal ID POE/MEDI Label

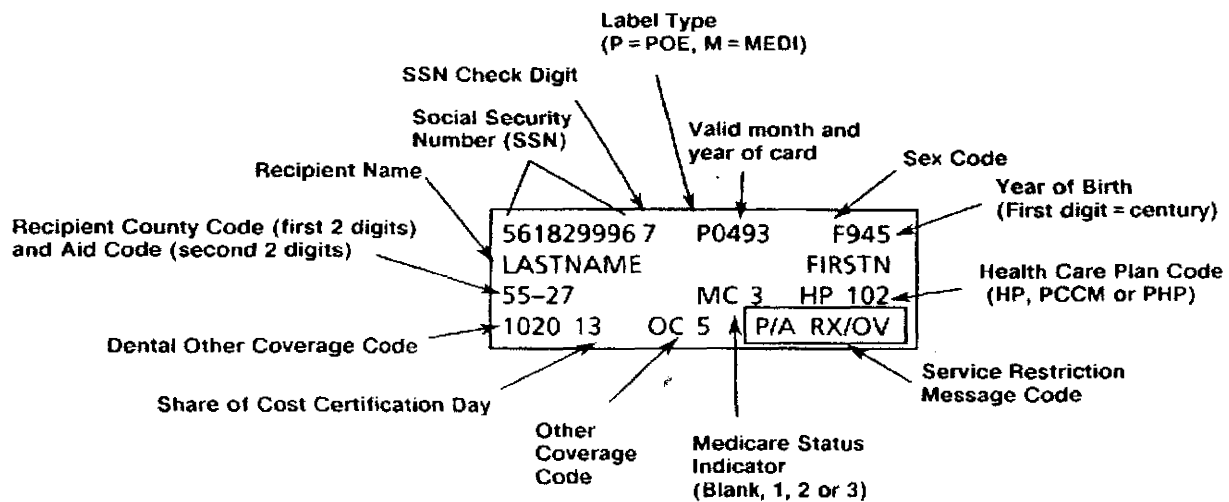


Figure 2. POE/MEDI Label.

MEDI-CAL ELIGIBILITY BRANCH
ALL COUNTY WELFARE DIRECTORS' LETTER REVIEW FORM

LETTER NUMBER: ACL

TITLE: Medi-Cal Cook Journal Charges

SUBJECT AREAS AFFECTED: Medi-Cal Providers

CONTENTS OF THE LETTER (i.e., draft regulations, lawsuit instructions, questions and answers, etc.):

Follow-up ACL to PM Mail
Classification of Journal Charges to M/C Case

REGULATION(S) NECESSITY

None A. Needs Regulation(s) - Regulation(s) currently in progress.

Regulation Package Number _____
Target Implementations Date _____

B. Needs Regulation(s) - Regulation not currently in progress.

Regulation Article Number _____

PROCEDURE(S) NECESSITY

A. Procedures Required, Proposed Article/Section # _____

Proposed Section Title _____
Estimated Date of Completion _____

✓ B. No Procedure Necessary. Explanation:

_____ ACWDL Transmitted Draft Regulations:
Final Regulations Filed _____

✓ Information Letter Only - No action required.

_____ Contents Currently in Procedures Section of MEM.
Section Number and Title _____

_____ Letter Contents Obsolete. Reason: _____

CURRENT ACTIVITY REQUIRED: None

ANALYST SIGNATURE: Janey Hendon

DATE: 6/21/98

MANAGER APPROVAL: _____

DATE: _____