California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost
|->
Article 14@ MEDI-CAL CARD USE AND ISSUANCE
|->
Section 50737@ Format of Medi-Cal Card

50737 Format of Medi-Cal Card

(a)

A Medi-Cal card issued by the Department or by the county department in accordance with these regulations shall be used to authorize services.

(b)

The Medi-Cal card for persons with no share of cost shall contain: (1) Complete and accurate information identifying the beneficiary, the program under which eligibility has been established and other health care coverage entitlement. (2) Valid month and year and whether it is a past month Medi-Cal card. (3) Information on limited service or PHP status, if applicable. (4) Two MEDI labels, if the card is a full complement card. (5) Proof of eligibility (POE) labels.

(1)

Complete and accurate information identifying the beneficiary, the program under which eligibility has been established and other health care coverage entitlement.

(2)

Valid month and year and whether it is a past month Medi-Cal card.

(3)

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(4)

Two MEDI labels, if the card is a full complement card.

(5)

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Proof of eligibility (POE) labels.

(c)

The Medi-Cal card for persons who have met their share of cost and are required to complete form MC 177S, shall contain:(1) The items listed in (b). (2) The date of certification for claims clearance.

(1)

The items listed in (b).

(2)

The date of certification for claims clearance.

(d)

The Medi-Cal card for persons in long-term care, with a share of cost less than or equal to the monthly cost of care at the Medi-Cal reimbursement rate for the long-term care facility, shall contain:(1) The items listed in (b). (2) The amount of the share of cost.

(1)

The items listed in (b).

(2)

The amount of the share of cost.