STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

(916) 739-2501

April 1, 1990
CMSP Letter 90-6

TO: All County Welfare Directors

SUBJECT: CMSP UNDOS

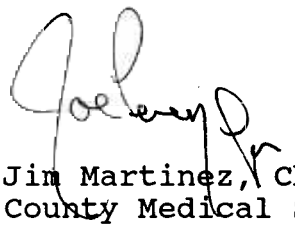
In County Medical Services Program (CMSP) 89-5 (November 20, 1989) you were informed of several program changes to the CMSP made possible by the passage of Assembly Bill 75 (Tobacco Tax Initiative Implementing Legislation). One of those changes expanded CMSP eligibility, effective 1/1/90, to include persons whose immigration status has not been satisfactorily established and who are otherwise eligible for CMSP. These new eligibles, CMSP UNDOS, receive restricted "Emergency Services Only" CMSP benefits. CMSP Aid Code 50 was redefined from "CMSP IRCA" (full scope of benefits) to "CMSP UNDOS" (Emergency Services Only) in order to identify those new eligibles and track associated costs.

Recent reports produced by the Department from the Medi-Cal Eligibility Data System (MEDS) history, show a number of CMSP eligibles with Aid Code 50 entered in the Original Aid Code field. Counties should note that no CMSP eligible should have an Aid Code 50 entry in the Original Aid Code field after 1/1/90. All CMSP IRCA eligibles are to be placed in one of the 4 "regular" CMSP Aid Codes (84, 85, 88, 89) only, while CMSP UNDOS eligibles are to be placed in Aid Code 50. All such Aid Code entries (84,85,88, 89 and 50) should be made in the current Aid Code Field. An Aid Code 50 entry in the original Aid Code field will neither cause an "Emergency Services Only" CMSP card to be produced nor will it be useful in isolating CMSP UNDOS program costs.

Attached you will find a listing of CMSP eligibles in your county who have an Original Aid Code 50 entry in MEDS. Please delete all such entrees as soon as possible. If your county had no entries in the original Aid Code field, you will find a page noted "no entries for this county".

If you have any questions regarding this letter, please contact Albert Cooper of the CMSP Unit at (916) 739-3141. Thank you for your cooperation.

Sincerely,



Jim Martinez, Chief
County Medical Services Program

Enclosure

cc: CMSP Contact Persons

Enclosure

NO ENTRIES FOR THIS COUNTY

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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME GARCIA,ANTONIO        DISTRICT         GARCIA         , MARIA      C
COUNTY-ID 35-84-0011952-0-50    EW-CODE 0011
MEDS-ID 615-20-7708  SSN-VER 3  REDETERM-MO 10   1487 SANTA ANA RD. #H
BIRTHDATE 06-06-1955   SEX F    GOVT-RESP 1      HOLLISTER, CA.       95023
CHAINED-ID    -  -      LAST-MC/CP-CHG 01-11-90  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 00-00-00  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      35        35   35   00   00   00   00   00   00   00   35   35   35
AID-CODE    84        84   84   00   00   00   00   00   00   00   84   84   84
ELIG-STAT  001       001  001  999  999  999  999  999  999  999  002  002  002
SOC-AMT
CERT-DAY
OTH COV      N         N    N                                       N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO          ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 615-20-7708  NAME GARCIA         , MARIA      C  BIRTHDATE 06-06-1955

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 01-26-1956
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 01-11-90    LAST-FS-CHG                LAST-OTHER-CHG 00-00-00
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   00   00   00   00   00   50   50   50
NEG-ACTN
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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME GARCIA,ANTONIO        DISTRICT         GARCIA         , ANTONIO
COUNTY-ID 35-84-0011952-0-60    EW-CODE 0011
MEDS-ID 622-14-2678  SSN-VER 3  REDETERM-MO 10   1487 SANTA ANA RD.#H
BIRTHDATE 10-13-1951   SEX M    GOVT-RESP 1      HOLLISTER, CA.       95023
CHAINED-ID    -  -      LAST-MC/CP-CHG 01-11-90  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 04-21-89  HIC-NO              PICKLE
WELFARE-PGM 005   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      35        35   35   00   00   00   00   00   00   00   35   35   35
AID-CODE    84        84   84   00   00   00   00   00   00   00   84   84   84
ELIG-STAT  001       001  001  999  999  999  999  999  999  999  002  002  002
SOC-AMT
CERT-DAY
OTH COV      N         N    N                                       N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO            ** OTHER MISCELLANEOUS INFORMATION **           03-02-90
MED910
MEDS-ID 622-14-2678  NAME GARCIA         , ANTONIO       BIRTHDATE 10-13-1951

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 01-26-1956
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 01-11-90    LAST-FS-CHG 03-20-89       LAST-OTHER-CHG 04-21-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   00   00   00   00   00   50   50   50
NEG-ACTN
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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME CABALLERO,NARCIZO     DISTRICT         CABALLERO      , NARCIZO    R
COUNTY-ID 35-84-0012512-0-60    EW-CODE 0011
MEDS-ID 613-20-6789  SSN-VER 3  REDETERM-MO 08   40 ORTIZ CT.
BIRTHDATE 03-02-1957   SEX M    GOVT-RESP 1      HOLLISTER, CA.       95023
CHAINED-ID    -  -      LAST-MC/CP-CHG 01-23-90  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 00-00-00  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      35        35   35   00   00   00   00   00   35   35   35   35   35
AID-CODE    84        84   84   00   00   00   00   00   84   84   84   84   84
ELIG-STAT  001       001  001  999  999  999  999  999  002  002  001  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N                             N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO          ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 613-20-6789  NAME CABALLERO      , NARCIZO    R  BIRTHDATE 03-02-1957

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 02-07-1942
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 01-23-90    LAST-FS-CHG                LAST-OTHER-CHG 00-00-00
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   00   00   00   84   84   84   84   84
NEG-ACTN
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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME                        DISTRICT         PADILLA        , MARIBEL
COUNTY-ID 35-85-0006136-0-50     EW-CODE 0011
MEDS-ID 624-07-2947  SSN-VER J   REDETERM-MO 01   691 COMSTOCK RD.
BIRTHDATE 02-17-1964   SEX F     GOVT-RESP 1      HOLLISTER, CA.       95023
CHAINED-ID    -  -      LAST-MC/CP-CHG 12-13-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 10-24-89  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1 (PREGNT)   H   SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      35        35   35   35   35   35   35   35   35   35   35   35   35
AID-CODE    85        85   85   57   57   57   57   57   57   57   85   85   85
ELIG-STAT  591       591  591  592  592  591  591  001  591  591  591  591  591
SOC-AMT   0094      0094 0094 0639 0639 0639 0020      0007 0007 0040 0094 0094
CERT-DAY    00        00   00   00   00   00   00   00   00   00   00   00   00
OTH COV      N         N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO            ** OTHER MISCELLANEOUS INFORMATION **             03-02-90
MED910
MEDS-ID 624-07-2947  NAME PADILLA        , MARIBEL       BIRTHDATE 02-17-1964

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 02-17-1964
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 12-13-89    LAST-FS-CHG                LAST-OTHER-CHG 10-24-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1 (PREGNT)   H   SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   87   87   87   87   87   87   87   87
NEG-ACTN
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    INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME SAUCEDA                DISTRICT 310     SAUCEDA        , MARIA      V
COUNTY-ID 13-30-0089140-1-50     EW-CODE
MEDS-ID 561-13-0949  SSN-VER J   REDETERM-MO 06   P O BOX 790
BIRTHDATE 08-15-1961   SEX F     GOVT-RESP 1      HEBER           CA   92249
CHAINED-ID    -  -      LAST-MC/CP-CHG 08-16-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 02-26-90  HIC-NO              PICKLE
WELFARE-PGM 007   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS C H   AFDC C H
                     1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      13        13   13   13   13   13   13   13   13   13   13   13   13
AID-CODE    30        30   30   34   34   34   34   34   34   30   30   30   30
ELIG-STAT  001       001  001  001  001  001  001  001  001  001  001  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO           ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 561-13-0949  NAME SAUCEDA        , MARIA      V  BIRTHDATE 08-15-1961

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 7            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 04-28-1951
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 08-16-89    LAST-FS-CHG 08-16-88       LAST-OTHER-CHG 02-26-90
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS C H   AFDC C H
                     1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   50   50   50   50   50   50   50   50   50   50
NEG-ACTN
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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME                        DISTRICT         MENDEZ         , MARIA
COUNTY-ID 13-10-9547234-7-81     EW-CODE
MEDS-ID 547-23-4781  SSN-VER Y   REDETERM-MO       714 COMMERCIAL APT 1
BIRTHDATE 10-20-1920   SEX F     GOVT-RESP 2       EL CENTRO CA         92243
CHAINED-ID    -  -      LAST-MC/CP-CHG 08-16-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 01-27-90  HIC-NO 559664246D2  PICKLE
WELFARE-PGM 001   DEATH-DT   -  -   DEATH-CD      TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      13        13   13   13   13   13   13   13   13   13   13   13   13
AID-CODE    10        10   10   14   14   14   14   14   14   10   10   10   10
ELIG-STAT  001       001  001  001  001  001  001  001  001  001  001  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE    32        32   32   32   32   32   32   32   32   32   32   32   32
HCP-NO
HCP-STAT


     INQO            ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 547-23-4781  NAME MENDEZ         , MARIA         BIRTHDATE 10-20-1920

PHONE                              AUTH-REP-NAME
ETHNIC 1     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE
DEATH-POSTED   -  -

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE 06-87       SDX-ALIEN-STATUS R
PICKLE-TICKLER             LAST-PICKLE-CHG   -        SSI-LAST-RECEIVED

LAST-MC/CP-CHG 08-16-89    LAST-FS-CHG                LAST-OTHER-CHG 01-27-90
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   50   50   50   50   50   50   50   50   50   50
NEG-ACTN
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    INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME COSIO           EN    DISTRICT         COSIO          , ELVIRA
COUNTY-ID 04-52-0034577-0-50    EW-CODE 358      C/O E N COSIO
MEDS-ID 818-71-527P  SSN-VER 8  REDETERM-MO      P O BOX 541
BIRTHDATE 06-10-1961   SEX F    GOVT-RESP 1      GRIDLEY           CA 95948
CHAINED-ID    -  -      LAST-MC/CP-CHG 05-31-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 00-00-00  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   04   04   04   04   04   04   04   04   04   04
AID-CODE    52        52   52   84   84   52   52   52   52   52   52   52   52
ELIG-STAT  001       001  001  002  002  001  001  001  001  001  001  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


    INQO            ** OTHER MISCELLANEOUS INFORMATION **               03-02-90
MED910
MEDS-ID 818-71-527P  NAME COSIO          , ELVIRA       BIRTHDATE 06-10-1961

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 02-17-1964
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 05-31-89    LAST-FS-CHG                LAST-OTHER-CHG 00-00-00
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   50   50   50   50   50   50   50   50   50   50
NEG-ACTN
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RECEIVED
MAR 06 1990
DEPT OF HEALTH SERVICES
COUNTY HEALTH SERVICES
BRANCH

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     INQM              ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME PONCE           RM    DISTRICT         PONCE          , RUTILIA
COUNTY-ID 04-84-0068599-8-50    EW-CODE 358      C/O R M PONCE
MEDS-ID 619-14-6533  SSN-VER 5  REDETERM-MO      P O BOX 83
BIRTHDATE 01-13-1949   SEX F    GOVT-RESP 1      PALERMO           CA 95968
CHAINED-ID    -  -      LAST-MC/CP-CHG 12-11-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 02-09-90  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   00   00   00   00   00   04   04   04   04   04
AID-CODE    84        84   84   00   00   00   00   00   85   84   84   84   84
ELIG-STAT  001       001  001  999  999  999  999  999  302  002  002  001  001
SOC-AMT                                                  0068
CERT-DAY              00                                   21                   00
OTH COV      N         N    N                             N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO          ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 619-14-6533  NAME PONCE          , RUTILIA       BIRTHDATE 01-13-1949

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 01-26-1956
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 12-11-89    LAST-FS-CHG                LAST-OTHER-CHG 02-09-90
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   00   00   00   00   00   00   00   50
NEG-ACTN
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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME GODINEZ, FS           DISTRICT         GODINEZ        , J         G
COUNTY-ID 04-85-0073131-8-60    EW-CODE
MEDS-ID 565-97-4269  SSN-VER J  REDETERM-MO      346 NORD AVE #306
BIRTHDATE 01-25-1959   SEX M    GOVT-RESP 1      CHICO, CA            95926
CHAINED-ID    -  -      LAST-MC/CP-CHG 11-07-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 10-14-89  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   00   00   04   04   04   04   04   04   04   04
AID-CODE    85        85   85   00   00   85   85   85   85   85   85   85   85
ELIG-STAT  591       591  591  999  999  302  591  591  591  591  592  591  591
SOC-AMT   0189      0189 0189           0148 0148 0189 0189 0189 0189 0189 0189
CERT-DAY    00        00   00   00   00   07   00   00   00   00   00   00   00
OTH COV      N         N    N              N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO          ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 565-97-4269  NAME GODINEZ        , J         G  BIRTHDATE 01-25-1959

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 01-25-1959
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 11-07-89    LAST-FS-CHG                LAST-OTHER-CHG 10-14-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   50   50   50   50   50   50   50   50
NEG-ACTN
```

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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME ARELLANO        JL    DISTRICT         ARELLANO       , JOSEFINA
COUNTY-ID 04-84-0076403-8-50    EW-CODE 358      C/O J L ARELLANO
MEDS-ID 552-99-3537  SSN-VER Y  REDETERM-MO      P O BOX 1181
BIRTHDATE 12-26-1962   SEX F    GOVT-RESP 1      GRIDLEY           CA 95948
CHAINED-ID    -  -      LAST-MC/CP-CHG 02-15-90  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 01-25-90  HIC-NO              PICKLE
WELFARE-PGM 007   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS C H   AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   04   04   04   04   04   04   04   04   04   04
AID-CODE    84        84   84   84   84   84   84   84   84   84   84   84   84
ELIG-STAT  001       001  001  001  001  001  001  001  001  001  001  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO            ** OTHER MISCELLANEOUS INFORMATION **           03-02-90
MED910
MEDS-ID 552-99-3537  NAME ARELLANO       , JOSEFINA      BIRTHDATE 12-26-1962

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 02-15-90    LAST-FS-CHG 12-26-89       LAST-OTHER-CHG 01-25-90
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS C H   AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   50   50   50   50   50   50   50   50   50   50
NEG-ACTN
```

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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME RANA            S     DISTRICT         RANA           , KALEEM
COUNTY-ID 04-84-0093542-8-60    EW-CODE 873      C/O S   RANA
MEDS-ID 553-99-5454  SSN-VER J  REDETERM-MO      478 CHANDON AVE
BIRTHDATE 04-10-1954   SEX M    GOVT-RESP 1      GRIDLEY           CA 95948
CHAINED-ID    -  -      LAST-MC/CP-CHG 11-21-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 10-14-89  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   00   04   04   04   04   04   04   04   04   04
AID-CODE    84        84   84   00   84   84   84   84   84   84   85   84   84
ELIG-STAT  001       001  001  999  002  001  001  001  001  001  591  001  001
SOC-AMT                                                            0427
CERT-DAY              00        00   00   00   00   00   00   00   00   00
OTH COV      N         N    N         N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO            ** OTHER MISCELLANEOUS INFORMATION **           03-02-90
MED910
MEDS-ID 553-99-5454  NAME RANA           , KALEEM       BIRTHDATE 04-10-1954

PHONE                              AUTH-REP-NAME
ETHNIC 1     LANGUAGE 6            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 04-10-1954
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 11-21-89    LAST-FS-CHG                LAST-OTHER-CHG 10-14-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   50   50   50   50   50   50   50   50   50
NEG-ACTN
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    INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME QUINTANA        PG    DISTRICT         QUINTANA       , PABLO
COUNTY-ID 04-84-0098584-8-60    EW-CODE 358      C/O P G QUINTANA
MEDS-ID 557-99-7683  SSN-VER J  REDETERM-MO      1668 VISTA VERDE
BIRTHDATE 04-28-1951   SEX M    GOVT-RESP 1      CHICO             CA 95928
CHAINED-ID    -  -      LAST-MC/CP-CHG 08-16-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 01-24-90  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   04   04   04   04   04   04   04   04   04   04
AID-CODE    84        84   84   85   84   84   84   84   84   84   84   84   84
ELIG-STAT  001       001  001  302  002  002  001  001  001  001  001  001  001
SOC-AMT                        0008
CERT-DAY              00        28   00   00   00   00   00
OTH COV      S         N    S    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO          ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 557-99-7683  NAME QUINTANA       , PABLO        BIRTHDATE 04-28-1951

PHONE                              AUTH-REP-NAME                ,
ETHNIC 1     LANGUAGE 7            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 04-28-1951
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 08-16-89    LAST-FS-CHG                LAST-OTHER-CHG 01-24-90
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   50   50   50   50   50   50   50   50   50
NEG-ACTN
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    INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME ALVARADO        S     DISTRICT         ALVARADO       , SARA
COUNTY-ID 04-85-0096838-8-50    EW-CODE 358      C/O S   ALVARADO
MEDS-ID 573-97-0251  SSN-VER Y  REDETERM-MO      7020 CANA RD
BIRTHDATE 12-11-1937   SEX F    GOVT-RESP 1      CHICO             CA 95926
CHAINED-ID 824-02-217P  LAST-MC/CP-CHG 01-29-90  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 10-14-89  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        00   04   04   04   04   04   04   04   04   04   04   04
AID-CODE    85        00   85   34   57   57   84   84   84   84   84   84   84
ELIG-STAT  591       999  591  001  002  001  001  001  001  001  001  002  001
SOC-AMT   0172            0172
CERT-DAY    00        00   00   00   00   00   00   00   00   00   00   00   00
OTH COV      N              N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO           ** OTHER MISCELLANEOUS INFORMATION **             03-02-90
MED910
MEDS-ID 573-97-0251  NAME ALVARADO       , SARA          BIRTHDATE 12-11-1937

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 01-25-1959
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 01-29-90    LAST-FS-CHG                LAST-OTHER-CHG 10-14-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50             50   57   50   50   50   50   50   50   50   50   50
NEG-ACTN
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    INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME                        DISTRICT        GARCIA         , MARIA      J
COUNTY-ID 04-58-0098855-0-50     EW-CODE 358
MEDS-ID 604-16-0385  SSN-VER J   REDETERM-MO      863 ERNEST AV
BIRTHDATE 02-07-1942   SEX F     GOVT-RESP 1      GRIDLEY,  CA         95948
CHAINED-ID     -  -      LAST-MC/CP-CHG 12-06-89  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 10-14-89  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   04   00   04   04   04   00   00   00   04   04
AID-CODE    58        58   58   84   00   84   84   84   00   00   00   58   58
ELIG-STAT  001       001  001  002  999  001  001  001  999  999  999  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N    N         N    N    N                   N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


    INQO            ** OTHER MISCELLANEOUS INFORMATION **           03-02-90
MED910
MEDS-ID 604-16-0385  NAME GARCIA         , MARIA      J  BIRTHDATE 02-07-1942

PHONE                              AUTH-REP-NAME
ETHNIC       LANGUAGE              AUTH-REP-ADDR
SSN-VER-BIRTHDATE 02-07-1942
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 12-06-89    LAST-FS-CHG                LAST-OTHER-CHG 10-14-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   50   50   50   50   50        50   50
NEG-ACTN
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     INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME CRUZ            MJ    DISTRICT         CRUZ           , MARGARITO
COUNTY-ID 04-84-0101280-8-60    EW-CODE 358      C/O M J CRUZ
MEDS-ID 615-07-8190  SSN-VER J  REDETERM-MO      P O BOX 1142
BIRTHDATE 01-26-1956   SEX M    GOVT-RESP 1      OROVILLE          CA 95965
CHAINED-ID    -  -      LAST-MC/CP-CHG 01-02-90  ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 10-14-89  HIC-NO              PICKLE
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   00   00   00   00   00   04   04   04   04   04
AID-CODE    84        84   84   00   00   00   00   00   84   84   84   84   84
ELIG-STAT  001       001  001  999  999  999  999  999  001  001  001  002  002
SOC-AMT
CERT-DAY
OTH COV      N         N    N                             N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO            ** OTHER MISCELLANEOUS INFORMATION **           03-02-90
MED910
MEDS-ID 615-07-8190  NAME CRUZ           , MARGARITO     BIRTHDATE 01-26-1956

PHONE                              AUTH-REP-NAME
ETHNIC 2     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 01-26-1956
DEATH-POSTED

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE             SDX-ALIEN-STATUS
PICKLE-TICKLER             LAST-PICKLE-CHG            SSI-LAST-RECEIVED

LAST-MC/CP-CHG 01-02-90    LAST-FS-CHG                LAST-OTHER-CHG 10-14-89
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS       AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   00   00   00   00   00   50   50   50
NEG-ACTN
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    INQM            ** MEDI-CAL/CMSP INFORMATION **                 03-02-90
MED910
CASE-NAME                        DISTRICT         ARELLANO       , RAUL       C
COUNTY-ID 04-60-9562292-7-58     EW-CODE          JOSEFINA L ARELLANO
MEDS-ID 562-29-2758  SSN-VER W   REDETERM-MO       BX 1181
BIRTHDATE 07-16-1952   SEX M     GOVT-RESP 2      GRIDLEY CA           95948
CHAINED-ID    -  -      LAST-MC/CP-CHG 11-02-89   ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 02-26-90   HIC-NO              PICKLE
WELFARE-PGM 007   DEATH-DT   -  -   DEATH-CD      TERM-DT 00-00-00 TERM-REAS 00

PGM-ELIG:  MC/CP C H   SP1                SP2                FS   H   AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      04        04   04   04   04   04   04   04   04   04   04   04   04
AID-CODE    60        84   60   84   84   84   84   84   84   84   84   84   84
ELIG-STAT  001       001  001  001  001  001  001  001  001  001  001  001  001
SOC-AMT
CERT-DAY
OTH COV      N         N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT   000       000  000  000  000  000  000  000  000  000  000  000  000
MEDICARE
HCP-NO
HCP-STAT


     INQO           ** OTHER MISCELLANEOUS INFORMATION **              03-02-90
MED910
MEDS-ID 562-29-2758  NAME ARELLANO       , RAUL       C  BIRTHDATE 07-16-1952

PHONE                              AUTH-REP-NAME                ,
ETHNIC 8     LANGUAGE 1            AUTH-REP-ADDR
SSN-VER-BIRTHDATE 04-28-1951
DEATH-POSTED   -  -

COUNTRY-OF-ORIGIN          INS-ENTRY-DATE 04-75       SDX-ALIEN-STATUS K
PICKLE-TICKLER             LAST-PICKLE-CHG   -        SSI-LAST-RECEIVED

LAST-MC/CP-CHG 11-02-89    LAST-FS-CHG 12-26-89       LAST-OTHER-CHG 02-26-90
LAST-MC/CP-TRANS           LAST-FS-TRANS              LAST-OTHER-TRANS


PGM-ELIG:  MC/CP C H   SP1                SP2                FS   H   AFDC
                    1990====> 1989==========================================>
         03-90 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID    50        50   50   50   50   50   50   50   50   50   50   50   50
NEG-ACTN
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