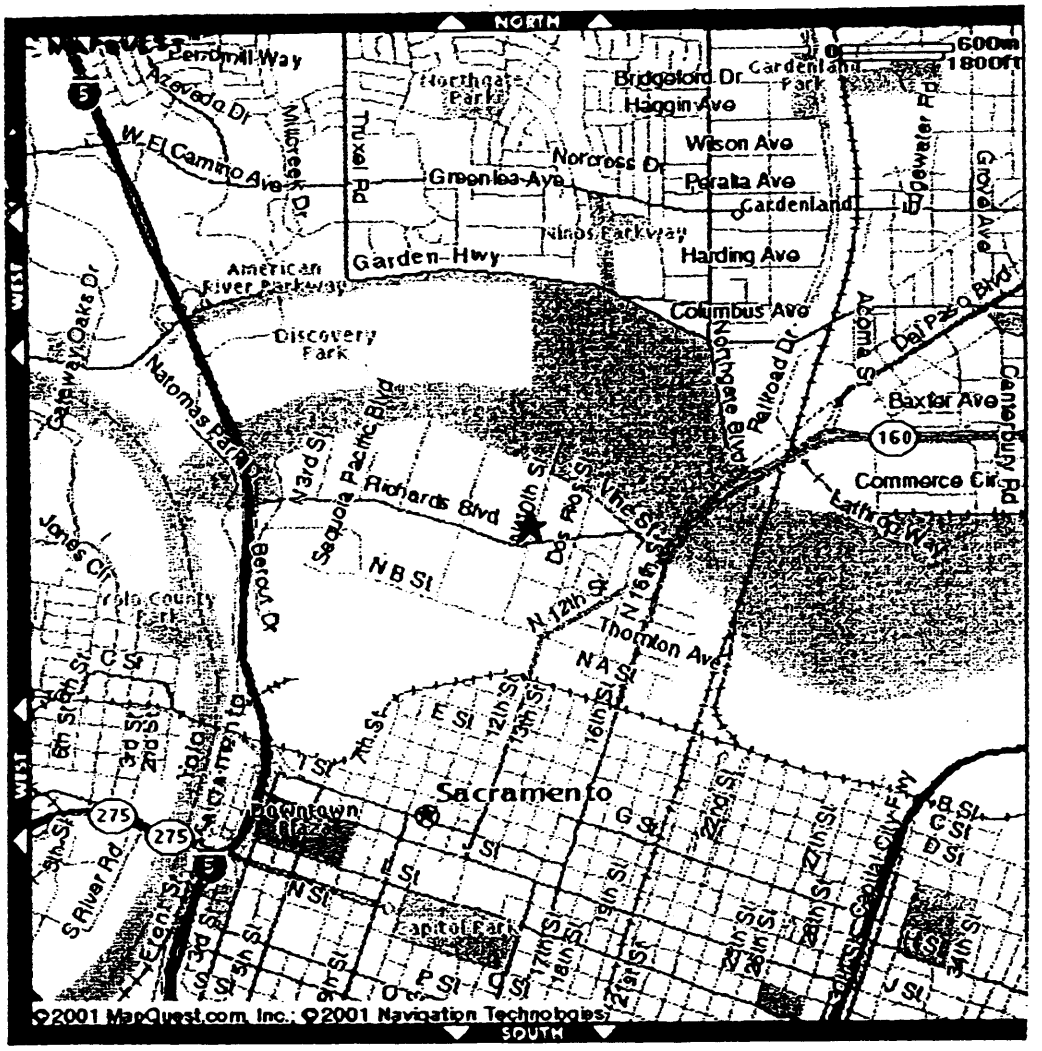
Driving Instructions to the Department of Health Services
Office of Medi-Cal Procurement
600 North Tenth Street, Room 240C



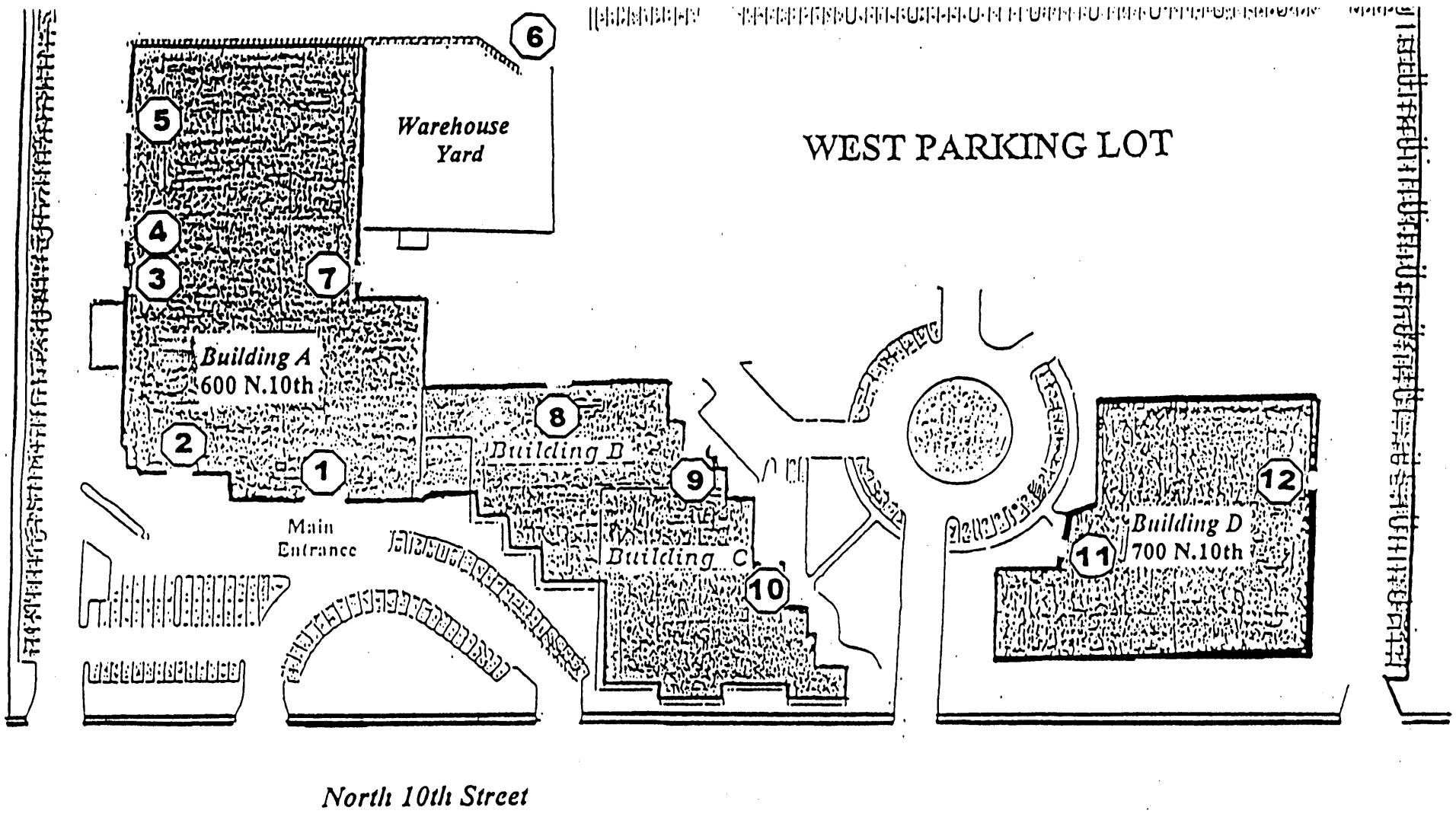
From the North:

Take I-5 South
Exit on Richards Blvd and turn left
Continue on Richards to North Tenth St and turn left

From the South:

Take I-5 North
Exit on Richards Blvd. and turn right
Continue on Richards to North Tenth and turn left

➢ **For Drop-off of documents and packages:**
Review "California State Lottery Map" (on reverse)
Find the "Wedge" – Building B, Entrance 8



CALIFORNIA STATE LOTTERY

13

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Legend:

1. MAIN ENTRANCE
2. DISTRICT OFFICE
3. WAREHOUSE ROLLUP
4. DRAW ROOM/TV STUDIO
5. SOUTH ROLLUP
6. WAREHOUSE GATE
7. REAR MANTRAP
8. WEDGE ENTRANCE
9. MAIL DELIVERY
10. ANNEX ENTRANCE
11. BUILDING 700 ENTRANCE
12. TOTS ON TENTH
13. 10th STREET PARKING LOT

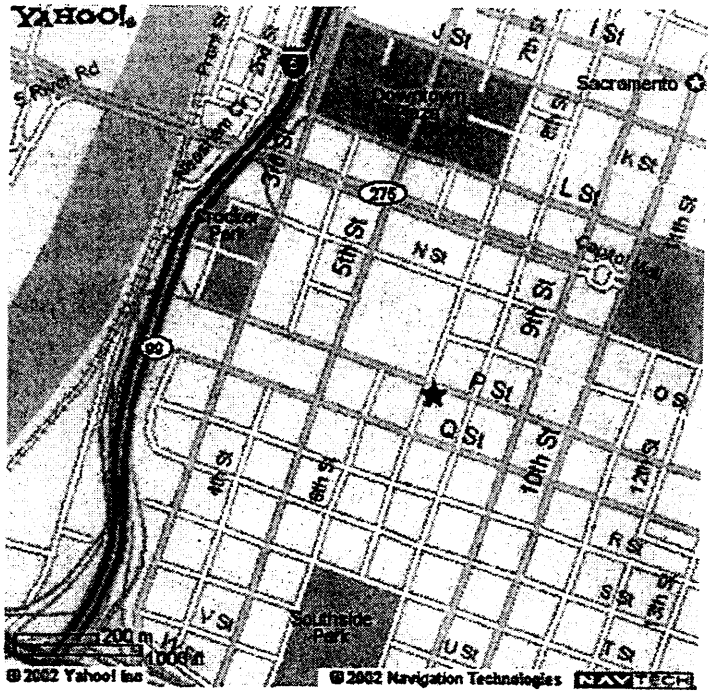
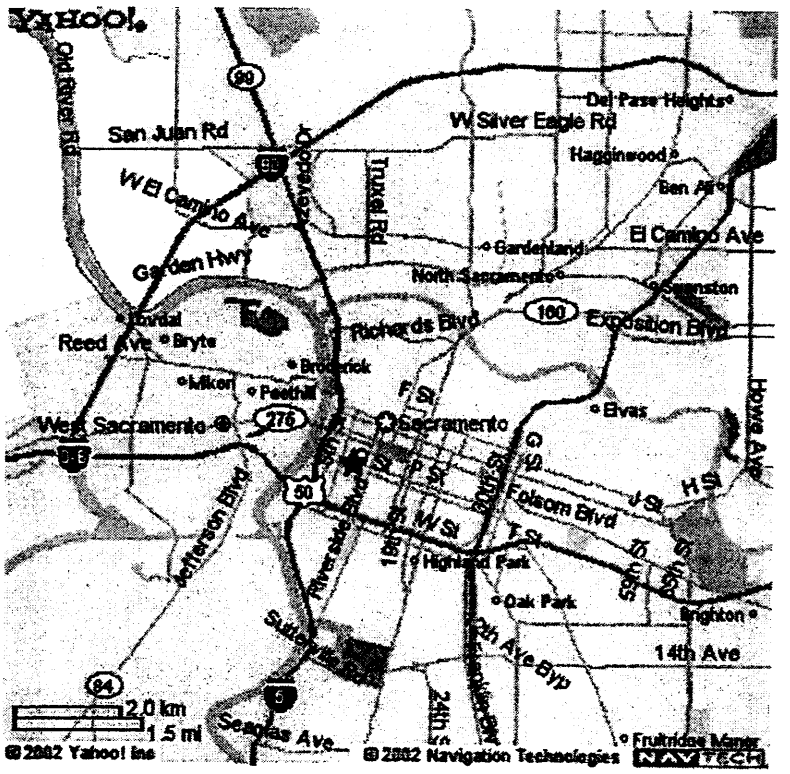
Record Layout for File Matches

Data Element Name	Length	Location		Format	Description
		Start	End		
Subscriber/Dependant Information	47	1	47		This is information about the person covered by the insurance policy. Sometimes called "subscriber" or "beneficiary".
SSN	9	1	9		Key Match Field; Social Security Number, pseudo MEDS - ID Number (CIN). Space fill if not available.
Last Name	15	10	24		Key Match Field; Required
Dependant First Name	10	25	34		Key Match Field; Required
Dependant Middle Initial	1	35	35		Optional. Space fill if not available.
Gender	1	36	36		Key Match Field; Required; Values are "M" = male, "F" = female, "U" = unknown.
Date of Birth	8	37	44	CCYYDDDD	Key Match Field; Space fill if not available.
Year	4	37	40		Key Match Field; Space fill if not available.
Month	2	41	42		Key Match Field; Space fill if not available.
Day	2	43	44		Key Match Field; Space fill if not available.
Relationship to Policyholder	1	45	45		Optional. Values: P=Self, S=Spouse, D=Dependant, O=Other
Dependant Coverage Available	1	46	46		Optional. Values: "Y"=Yes or "N"=No.
Filler	1	47	47		Space
Policy Number (1 of 3 Critical Fields)	20	48	67		A unique number that identifies the subscriber. If policy numbers are not used, then an appropriate value unique to the insurance carrier should be used. It may contain medical record number, dependant or policyholder SSN, or other value designated by the provider. Required if Policyholder's SSN is not available.
Start Date	8	68	75	CCYYMMDD	Beginning date of insurance coverage if known. Space fill if unknown.
Termination Date of Individual's Coverage	8	76	83	CCYYMMDD	Ending date of insurance coverage. Space fill if on-going coverage.

Coverage Indicators	7	84	90		At least one value required; Enter appropriate value. Indicates type of coverage person has.
Outpatient	1	84	84		Value "O" (alpha "OH").
Inpatient	1	85	85		Value "I" (alpha "EYE")
Physician Visit (Medical)	1	86	86		Value "M"
Long Term Care	1	87	87		Value "L"
Prescription Drugs	1	88	88		Value "P"
Dental Care	1	89	89		Value "D"
Vision Care	1	90	90		Value "V"
Insurance Identification	13	91	103		
Contractor ID	4	91	94		Required; Value: "IEXT" or File Match Contractor ID number.
Carrier Code	4	95	98	X999	Required; Value: An alpha character followed by three numeric digits. The carrier code is assigned by PSD/TPL Branch to uniquely identify a specific insurance carrier.
Carrier Name Abbreviations	5	99	103		Optional; May be Spaces
Policy Holder Information	126	104	229		Person who provides the insurance coverage for the dependant. When dependant and policyholder are one and the same person, then policyholder SSN and Name are identical to Dependant SSN and Name. When they are two different people, then Policyholder SSN is different from the Dependant SSN, and, Policyholder Name is different from Dependant Name.
SSN	9	104	112		Policyholders SSN. Required if Policy Number is not available.
Name	26	113	138		Policyholder's Name
Last Name	15	113	127		
First Name	10	128	137		
Middle Initial	1	138	138		
Address	81	139	219		Policyholder's Address. Space fill if not available.
C/O Person Line	26	139	164		
Street Number and Name	26	165	190		
City/State	20	191	210		
Zip Code	5	211	215		
Zip + 4	4	216	219		
Phone Number	10	220	229	AAAPPPNNNN	Policyholder's Phone Number. Space fill if not available.

Employer Group Information	131	230	360		Optional. Space fill if not available.
Group Number	20	230	249		
Group Name	30	250	279		
Group Address	81	280	360		
C/O Person Line	26	280	305		
Street Number and Name	26	306	331		
City/State	20	332	351		
Zip Code	5	352	356		
Zip + 4	4	357	360		

*Use Codes: Input - I
Output - O
Update - I/O

Bidder's Conference Map

Department of Social Services
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