

DEPARTMENT OF HEALTH SERVICES

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May 7, 1999

MMCD Policy Letter 99-05
Addendum to MMCD Policy Letter 98-03

TO: Geographic Managed Care Plans
 Prepaid Health Plans
 Primary Care Case Management Plans
 Special Projects/PACE
 Two-Plan Model Plans

RECEIVED**MAY 14 1999**

SUBJECT: ADDENDUM TO MMCD POLICY LETTER 98-03--CONVERSION TO NEW
 ELIGIBILITY REPORTING SYSTEM

GOAL

In the Department of Health Services' (DHS) efforts to move to a paperless reporting environment and to meet the requirements of the Federal Health Insurance Accountability and Portability Act of 1996, Medi-Cal eligibility system changes are being made that will allow for electronic transmission to Medi-Cal Health Care Plans (HCP) of eligibility files and reports. The purpose of this letter is to advise plans about these critical changes and the modifications that HCPs must make to their systems to accommodate this.

BACKGROUND, POLICY, and DISCUSSION

Please refer to MMCD Policy Letter 98-03 (Enclosure F).

PURPOSE

The purpose of this policy letter is to provide managed care plans (hereafter referred to as the Plans) with additional information regarding the conversion of the existing eligibility reporting system to the Medi-Cal HCP Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) eligibility reporting system. The requirement to convert to this new eligibility reporting system was provided to the Plans in MMCD Policy Letter 98-03 (Conversion to New Eligibility Reporting System) dated February 20, 1998. As stated in MMCD Policy Letter 98-03, all Plans will be required to convert to the new eligibility reporting system. This conversion will begin to be phased in starting July 1, 1999.

This policy letter is a follow-up to MMCD Policy Letter 98-03 and contains information regarding revisions to the Non-COHS FAME Extract file layout, procedures for requesting DHS FAME Test Files, the HCP FAME Capitation Report, and the electronic access to Plan membership eligibility files.

Non-COHS FAME Extract Layout Revisions

Effective October 6, 1998, the month-end and daily Non-COHS FAME Extract files were modified to reflect the following changes:

- Residence Address Indicator field was added.
- The data values for the Residence and Mailing Address Flags were redefined.
- The Residence Address field was redefined and reduced from 161 characters to 124 characters.

The length of the file did "not" change. Refer to Enclosure A for the revised file layout and data field definitions for the modified data fields. A copy of the revised Medi-Cal Eligibility Data System (MEDS) quick reference guide is also enclosed.

Currently, the beneficiary mailing address is the only address reported on MEDS. This information is reported in the Residence Address field. Implementation of the MEDS Address Enhancement Project, tentatively scheduled for June 1999 MOE, will provide the capability for both the beneficiary residence and mailing addresses to be recorded on MEDS and reported to the Plans. County welfare (CW) and social security (SS) offices must modify their computer systems in order to submit both addresses. Until CW and SS computer systems are modified, these agencies will continue to send only the beneficiary mailing address.

Another component of the MEDS Address Enhancement Project is the addition of the County of Residence data field. The County of Residence can be updated by CW and SS staff as of December 1998. If these agencies do not update the County of Residence field, MEDS will update it only if a true residence address is present. A true residence address is present on MEDS when the value "Y" is in the Residence of Address Indicator field.

Plans will continue to receive one address and many of the new data fields will contain spaces until such time as the MEDS Address Enhancement Project has been implemented. The enclosed Data Element Description will identify the data fields that will be affected by this project.

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- The Case Name, Phone Number, Language Code, and Residence County data fields were shifted 37 characters to the left.
- The Mailing Address field was redefined. The field length was not changed.
- Capitated Aid Code fields for current and 12 prior months were added.

Medi-Cal eligibility for Medi-Cal beneficiaries can be reported with up to four aid codes for any given month. Consequently, four separate aid code segments are defined on the Non-COHS FAME Extract file. When a Plan member is eligible under multiple aid codes and more than one aid code is covered by the Plan, the Capitated Aid Code data fields can be used to determine which aid code was used for capitation.

The Capitated Aid Code fields are populated for active Plan members and Plan members whose membership is on "hold" for reasons other than Medi-Cal eligibility. However, capitation is only paid for the active plan members. To determine if the Capitated Aid Code field was used to pay capitation for any given month, the Plan must confirm active Plan membership. If the Plan's plan code is present for the month in question and the HCP STAT data field displays active Plan membership (i.e., HCP STAT = 01, 51, or S1), capitation would be paid. Otherwise, the beneficiary is not an active Plan member and capitation would not be paid.

- The Filler space at the end of the file increased by 11 characters.
- The HCP FAME Extract Trailer Record Layout (Enclosure A) will become the last record of the month-end and daily Non-COHS FAME Extract file.

DHS Test Files

DHS will provide Plans with two types of test files to assist in the conversion process; the month-end and daily Non-COHS FAME Extract test file and a Client Index Number (CIN) conversion file. These files will be created using actual Plan eligibles. The use of actual Plan eligibles will allow the Plans to run the new eligibility reporting process parallel to their existing eligibility process until the Plan's new FAME process is proven and accepted. Plans will basically run the production Non-COHS FAME Extract process in a test environment that will allow them to correct any transition problems without affecting their current business. Once the new eligibility process has been successfully tested, the old process can be discontinued.

All Plans must complete and fax the health care plan conversion to FAME form (Enclosure D) to Mr. Wayne Schloemer, Information Technology Services Division, at (916) 657-1322 and to Ms. Sandra Zajkowski, Chief of the Systems Support Unit, at

(916) 654-7248 **no later than May 10, 1999. The daily files can only be transmitted electronically via DHS's Extranet connection or existing Health and Welfare Data Center (HWDC) dedicated connection.** The first test file generated will be the month-end Non-COHS FAME Extract file applicable to the month of eligibility in which testing will begin. This file will be generated at MEDS renewal along with the PHP Address Masterfile and Prepaid Health Plan (PHP) IDCHANGE files.

- **Month-End And Daily Non-COHS FAME Extract Test Files**

Note: At this time, the testing of the daily files is being suspended. The downloading process for the daily files is the same as the month end file. However, plans may have to create their own test files to ensure their systems can correctly process the daily files.

The month-end and daily Non-COHS FAME Extract test files will be generated in the new file format. Each Plan will receive the monthly and daily Non-COHS FAME Extract test files and their month-end PHP Address Masterfile and PHP IDCHANGE files. Effective September 1999 MOE (9/1/99, the PHP Address Masterfile and PHP IDCHANGE files will no longer be created.

- **CIN Conversion File**

CIN is the most consistent beneficiary identification number recorded on MEDS; therefore, it will be used as the primary beneficiary identifier for the Non-COHS FAME Extract reporting system. Plans do not currently use CIN as the primary beneficiary identifier because it is not consistently provided by the existing eligibility reporting system. The purpose of the CIN conversion file is to assist Plans with the converting their existing primary beneficiary identifier to CIN. The process will be critical when attempting to link non-MEDS data (such as Primary Care Provider and medical history) to the appropriate HCP FAME eligibility record. The CIN conversion file is a one-time month-end file that provides the Plan with the CIN number for each of its members.

To initiate the creation of the CIN conversion file, Plans must provide DHS with a file of its existing and prior membership. At a minimum, this file must contain the member's MEDSID or CIN and Date of Birth. Additional data may be included at the end of the file to allow Plans to link the returning record back to their systems. The Plan's file will be matched against MEDS to obtain the current MEDSID and CIN number for each plan record received. This information will

be reported in the output MEDS-ID/SSN and output CIN data fields of the CIN conversion file returned to the Plan. (See Enclosure B for the file layout.)

HCP FAME Extract Capitation Report

The HCP FAME Capitation Report will replace the existing PHP Capitation Summary Report. The HCP FAME Capitation Report generates capitation totals by plan code and by aid code for the most recent thirteen months of eligibility. The aid code totals are grouped by aid code categories. Only beneficiaries with active Plan membership will be included in the capitation totals. The Capitation Aid Code data field on the beneficiary's record will determine which aid code was used for capitation. The detail lines for supplemental adds (supplemental eligibles) and deletes (retroactive disenrollments) will no longer exist. The difference between the two will be reported within the Net Change field on this report. (See Enclosure C for a copy of the HCP FAME Capitation Report and a description of its data fields.)

Electronic Access to HCP Membership Eligibility Information

A feature of the HCP FAME Extract reporting system is the automation of the daily update process and electronic transmission of the daily and month-end membership eligibility files. As stated earlier, daily updates files will only be accessible electronically. To support the electronic transmission of this data, DHS has developed a private infrastructure through which Plans can electronically obtain access to their membership eligibility files. This infrastructure is called the Medi-Cal Extranet for State Healthcare (MESH). MESH is a private extranet owned and operated by SPRINT. The confidential nature of the membership eligibility information provided to the Plan precludes DHS from transmitting this information via the public Internet. MESH enables DHS to use Internet protocols in a secure environment in which access is limited to a restricted group of users. Plans can choose from a 28.8 kbps dial-up connection (soon to be upgraded to 56 kbps) and/or a high speed dedicated connection operating up to 1.544 mbps and can access their files using web browser or file transfer protocol (FTP) commands.

Electronic Data Systems (EDS), DHS's fiscal intermediary, will coordinate the enrollment and installation of the MESH connections. Initially, MESH will only support electronic access to the daily and month-end Non-COHS FAME as well as the PHP Address Masterfile and PHP IDCHANGE file. Plans are required to sign-up for MESH prior to converting to the Non-COHS FAME Extract reporting system. Future MESH enhancements will support the electronic access to encounter data and other Medi-Cal managed care related data files. The files available through MESH will be created using

data compression. Plans must purchase the necessary software to convert these files into a usable format.

To obtain access to MESH, Plans must submit a fax written request to Mr. Lionel St. Pierre, Payment Systems Division, at (916) 464-2105 and to Ms. Zajkowski at (916) 654-7248 **no later than May 10, 1999**. Plans must follow the instructions entitled MESH SIGN-UP PROCESS (See Enclosure E). Once the enrollment process is complete, EDS will coordinate the transmission of the Plan's files with DHS.

Plans who have a dedicated line connection with HWDC may retrieve their PHP Address Masterfile, PHP IDCHANGE file, and the month-end and daily NON-COHS FAME Extract files through this connection. The Plan must send a written request to Sandra Zajkowski, Systems Support Unit, and to include the name, address, telephone, and fax numbers of the Plan's primary contact person responsible for coordinating connectivity; the initial files to be transmitted (i.e., PHP Address Masterfile and IDCHANGE files or the Non-COHS FAME Extract files); and the Plan's connection site. Access to the Plan membership eligibility files will be coordinated by DHS instead of EDS. If the HWDC connection is through the County Department of Social Services (the County), the Plan must ensure that use of the County link for Medi-Cal managed care purposes will 'not' interfere with County business. A signed agreement and processing schedule between the County and the Plan must be submitted along with the written request to Ms. Zajkowski to access the Plan's files through this connection.

DHS 9-Inch Magnetic Tape Reels To Be Phased Out

Due to the many read errors experienced with DHS's 9-inch magnetic tape reels, these tapes will be phased out. The phase out process will occur on a Plan to Plan basis, as Plans are setup to receive their membership eligibility information electronically. ITSD has scheduled that 9-inch magnetic tape reels are scheduled to be phased out beginning July 1, 1999. Plans currently receiving 9-inch magnetic tapes must receive their month-end membership eligibility files electronically (via the MESH or existing HWDC connection) or convert to a 3490 tape cartridge(s) (3480 tape cartridges will only be available to Plans who currently receive them from DHS). To eliminate the need for month-end tapes, Plans are strongly encouraged to select a MESH connection that will support the transmission of all daily and month-end files. The creation of duplicate tapes will also be phased out.

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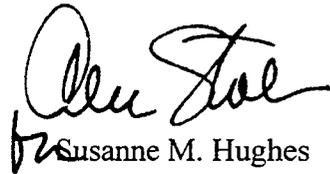
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MMCD Policy Letter 98-03

A copy of MMCD Policy Letter 98-03 dated February 20, 1998 is enclosed for your reference. However, the letter's enclosures are not being sent, as they have been revised and enclosed with this letter.

If you have any questions regarding this letter, please contact Ms. Zajkowski at (916) 653-2973 or for technical questions related to the Non-COHS FAME conversion, please contact Mr. Schloemer at (916) 657-1482.



Susanne M. Hughes

Acting Chief

Medi-Cal Managed Care Division

Enclosures

ENCLOSURE "A"

**REVISED NON-COHS FAME EXTRACT FILE
LAYOUT (10/06/98)**

&

**REVISED HCP FAME DATA ELEMENT
DESCRIPTIONS (4/28/99)**

&

HCP FAME TRAILER RECORD LAYOUT (6/18/97)

&

MEDS QUICK REFERENCE GUIDE (3/29/99)

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING

SYSTEM/PROJECT: MED1024

SOURCE PROGRAM: FAM265

0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0111	0112	0113	0114	0115	0116	0117	0118	0119	0120	0121	0122	0123	0124	0125	0126	0127	0128	0129	0130	0131	0132	0133	0134	0135	0136	0137	0138	0139	0140	0141	0142	0143	0144	0145	0146	0147	0148	0149	0150				
MEDI ID											CK D I G I T	CURRENT COUNTY ID										CLIENT INDEX NUMBER										CK C I N D I G	CA DL/ID NUMBER										RECIPIENT NAME										
MEDI ID											CK D I G I T	COUNTY	AID C D	SERIAL							FBU	PERSON	CLIENT INDEX NUMBER										CK C I N D I G	CA DL/ID NUMBER										LAST NAME									

0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0111	0112	0113	0114	0115	0116	0117	0118	0119	0120	0121	0122	0123	0124	0125	0126	0127	0128	0129	0130	0131	0132	0133	0134	0135	0136	0137	0138	0139	0140	0141	0142	0143	0144	0145	0146	0147	0148	0149	0150												
RECIPIENT NAME																														BIRTHDATE YYYYMMDD										CK X M S	CARD ISSUE DATE YYYYMMDD										FILLER										
LAST NAME															FIRST NAME															CK I N I T I A L	BIRTHDATE YYYYMMDD										CK X M S	CARD ISSUE DATE YYYYMMDD										FILLER									

1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150																	
FILLER															PRIOR MEDS ID										CK A L L I E N C D	CK E T H N I C C D	HIC NUMBER										DEATH DATE YYYYMMDD										DEATH DATE POSTED YYYYMMDD										MEDS RENEWAL YYYYMM									

1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150
LAST MODIFIED DATE YYYYMMDD										PAPER CARD ISSUE DATE YYYYMMDD										CURRENT MONTH DATA										FILLER																			
LAST MODIFIED DATE YYYYMMDD										PAPER CARD ISSUE DATE YYYYMMDD										CK S E R I O	CK P R I M C N T Y	CK P R I M A I D	CK P R I M E S C	CK S P E C 1 A I D	CK S P E C 1 E S C	CK S P E C 2 A I D	CK S P E C 2 E S C	CK S P E C 3 A I D	CK S P E C 3 E S C	SOC AMT					CK C E R T D A Y	CK F I L L E R													

MODE: BINARY - B
PACKED - P

LABELS: STANDARD
NON-STANDARD

RECORD FORMAT: FIXED - F
VARIABLE - V

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

PAGE: 4 OF 8
 DATE: 10/06/98
 REVISION: 8
 REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
 RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
 SYSTEM/PROJECT: MED1024
 SOURCE PROGRAM: FAM265

601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650							
FIFTH PRIOR MONTH DATA																																																								
SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	REL PGM1 AID	REL PGM2 AID	REL PGM2 AID	REL PGM3 AID	REL PGM3 AID	REL PGM4 AID	REL PGM4 AID	REL PGM5 AID	REL PGM5 AID	REL PGM6 AID	REL PGM6 AID	REL PGM7 AID	REL PGM7 AID	REL PGM8 AID	REL PGM8 AID	REL PGM9 AID	REL PGM9 AID	REL PGM10 AID	REL PGM10 AID	REL PGM11 AID	REL PGM11 AID	REL PGM12 AID	REL PGM12 AID	REL PGM13 AID	REL PGM13 AID	REL PGM14 AID	REL PGM14 AID	REL PGM15 AID	REL PGM15 AID	REL PGM16 AID	REL PGM16 AID	REL PGM17 AID	REL PGM17 AID	REL PGM18 AID	REL PGM18 AID	REL PGM19 AID	REL PGM19 AID	REL PGM20 AID	REL PGM20 AID

651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700
FIFTH PR					SIXTH PRIOR MONTH DATA																																												
S/F IND	FILLER	SEG 16	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE																												

701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750
SIXTH PRIOR MONTH DATA															SEVENTH PRIOR MONTH DATA																																		
HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	REL PGM1 AID	REL PGM2 AID	REL PGM2 AID	REL PGM3 AID	REL PGM3 AID	REL PGM4 AID	REL PGM4 AID	S/F IND	FILLER	SEG 17	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID																									

751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800
SEVENTH PRIOR MONTH DATA																																																	
SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT																														

MODE: BINARY - B LABELS: STANDARD RECORD FORMAT: FIXED - F RECORD LENGTH: 1555 PROGRAMS THAT USE THIS AS:
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 BLOCK SIZE: D= , T= OUTPUT FAM265

PAGE: 5 OF 8

DATE: 10/06/98

REVISION: 8

REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING

SYSTEM/PROJECT: MEDI024

SOURCE PROGRAM: FAM265

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SEVENTH PRIOR MONTH DATA															EIGHTH PRIOR MONTH DATA																																		
REL PGM1 AID	RS LA PT PGM1	REL PGM2 AID	RS LA PT PGM2	REL PGM3 AID	RS LA PT PGM3	REL PGM4 AID	RS LA PT PGM4	S/F IND	FILLER	SEG 1	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT			CERT DAY	FILLER	OHC	MEDICAR																							

851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900
EIGHTH PRIOR MONTH DATA																									NINTH PRIOR																								
MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RS LA PT PGM1	REL PGM2 AID	RS LA PT PGM2	REL PGM3 AID	RS LA PT PGM3	REL PGM4 AID	RS LA PT PGM4	S/F IND	FILLER	SEG 1	PRIM CNTY																									

901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950
NINTH PRIOR MONTH DATA																																																	
PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT			CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE																												

951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
NINTH PRIOR MONTH DATA															TENTH PRIOR MONTH DATA																																		
HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RS LA PT PGM1	REL PGM2 AID	RS LA PT PGM2	REL PGM3 AID	RS LA PT PGM3	REL PGM4 AID	RS LA PT PGM4	S/F IND	FILLER	SEG 2	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC																									

MODE: BINARY - B
PACKED - P

LABELS: STANDARD
NON-STANDARD

RECORD FORMAT: FIXED - F
VARIABLE-V

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

PAGE: 6 OF 8
 DATE: 10/06/98
 REVISION: 8
 REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
 RECORD LAYOUT

ORIGINATOR: NANCY KING
 SYSTEM/PROJECT: MED1024
 SOURCE PROGRAM: FAM265

FILE NAME: NON-COHS FAME EXTRACT

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TENTH PRIOR MONTH DATA																																																	
SOC AMT	CERT DAY	FILLER	OHCH	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	REL PGM1	REL PGM2 AID	REL PGM2	REL PGM3	REL PGM3																											

051	052	053	054	055	056	057	058	059	060	061	062	063	064	065	066	067	068	069	070	071	072	073	074	075	076	077	078	079	080	081	082	083	084	085	086	087	088	089	090	091	092	093	094	095	096	097	098	099	100
TENTH PRIOR MONTH DATA										ELEVENTH PRIOR MONTH DATA																																							
REL PGM3	REL PGM3	REL PGM4 AID	REL PGM4	S/F IND	FILLER	S/GM21	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHCH	MEDICAR	RESTRCTD	FILLER	HCP1 CD																										

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
ELEVENTH PRIOR MONTH DATA																				TWELVETH PRIOR MONTH DATA																													
HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	REL PGM1	REL PGM2 AID	REL PGM2	REL PGM3 AID	REL PGM3	REL PGM4 AID	REL PGM4	S/F IND	FILLER	S/GM22	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID																									

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
TWELVETH PRIOR MONTH DATA																																																	
SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHCH	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT																														

MODE: BINARY - B LABELS: STANDARD RECORD FORMAT: FIXED - F RECORD LENGTH: 1555 PROGRAMS THAT USE THIS AS: INPUT
 PACKED - P NON-STANDARD VARIABLE-V RECORDS PER BLOCK: D= , T= OUTPUT FAM265
 BLOCK SIZE: D= , T=

PAGE: 7 OF 8
 DATE: 11/06/98
 REVISION: 8
 REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
 RECORD LAYOUT

ORIGINATOR: NANCY KING
 SYSTEM/PROJECT: MEDI024
 SOURCE PROGRAM: FAM265

FILE NAME: NON-COHS FAME EXTRACT

201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250																																																			
TWELVETH PRIOR MONTH DATA												RESIDENCE ADDRESS																																																																																								
HCP5 CODE	HCP5 STAT	REL PGM1 AID	REL PGM1 AID	REL PGM2 AID	REL PGM3 AID	REL PGM3 AID	REL PGM4 AID	REL PGM4 AID	REL PGM5 AID	REL PGM5 AID	REL PGM6 AID	REL PGM6 AID	REL PGM7 AID	REL PGM7 AID	REL PGM8 AID	REL PGM8 AID	REL PGM9 AID	REL PGM9 AID	REL PGM10 AID	REL PGM10 AID	REL PGM11 AID	REL PGM11 AID	REL PGM12 AID	REL PGM12 AID	REL PGM13 AID	REL PGM13 AID	REL PGM14 AID	REL PGM14 AID	REL PGM15 AID	REL PGM15 AID	REL PGM16 AID	REL PGM16 AID	REL PGM17 AID	REL PGM17 AID	REL PGM18 AID	REL PGM18 AID	REL PGM19 AID	REL PGM19 AID	REL PGM20 AID	REL PGM20 AID	REL PGM21 AID	REL PGM21 AID	REL PGM22 AID	REL PGM22 AID	REL PGM23 AID	REL PGM23 AID	REL PGM24 AID	REL PGM24 AID	REL PGM25 AID	REL PGM25 AID	REL PGM26 AID	REL PGM26 AID	REL PGM27 AID	REL PGM27 AID	REL PGM28 AID	REL PGM28 AID	REL PGM29 AID	REL PGM29 AID	REL PGM30 AID	REL PGM30 AID	REL PGM31 AID	REL PGM31 AID	REL PGM32 AID	REL PGM32 AID	REL PGM33 AID	REL PGM33 AID	REL PGM34 AID	REL PGM34 AID	REL PGM35 AID	REL PGM35 AID	REL PGM36 AID	REL PGM36 AID	REL PGM37 AID	REL PGM37 AID	REL PGM38 AID	REL PGM38 AID	REL PGM39 AID	REL PGM39 AID	REL PGM40 AID	REL PGM40 AID	REL PGM41 AID	REL PGM41 AID	REL PGM42 AID	REL PGM42 AID	REL PGM43 AID	REL PGM43 AID	REL PGM44 AID	REL PGM44 AID	REL PGM45 AID	REL PGM45 AID	REL PGM46 AID	REL PGM46 AID	REL PGM47 AID	REL PGM47 AID	REL PGM48 AID	REL PGM48 AID	REL PGM49 AID	REL PGM49 AID	REL PGM50 AID	REL PGM50 AID
												FIRST LINE OF ADDRESS																																																																																								

301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350
RESIDENCE ADDRESS																																																	
FIRST LINE OF ADDRESS																									STREET ADDRESS																								

301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350
RESIDENCE ADDRESS																																			CASE NAME														
STREET ADDRESS															CITY/STATE										STATE	ZIP CODE					ZIP PLUS 4					DELIVERY P	ZIP C K												

301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350
CASE NAME															PHONE NUMBER										LANG CD	RESIDENCY	MAIL ADDRESS																						
																											FIRST LINE OF ADDRESS																						

MODE: BINARY - B LABELS: STANDARD RECORD FORMAT: FIXED - F RECORD LENGTH: 1555 PROGRAMS THAT USE THIS AS:
 PACKED - P NON-STANDARD VARIABLE-V RECORDS PER BLOCK: D= , T= INPUT
 BLOCK SIZE: D= , T= OUTPUT FAM265

PAGE: 8 OF 8

DATE: 10/06/98

REVISION: 8

REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING

SYSTEM/PROJECT: MED1024

SOURCE PROGRAM: FAM265

401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450
MAIL ADDRESS																																																	
FIRST LINE OF ADDRESS																									STREET ADDRESS																								

451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500
MAIL ADDRESS																																													CAPIT				
STREET ADDRESS															CITY/STATE																				STATE		ZIP CODE			ZIP PLUS 4		D I V I S I O N	Z I P C O D E	C U R					

501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550
CAPITATED AID CODES																									FILLER																								
P R I O R I T Y 1	P R I O R I T Y 2	P R I O R I T Y 3	P R I O R I T Y 4	P R I O R I T Y 5	P R I O R I T Y 6	P R I O R I T Y 7	P R I O R I T Y 8	P R I O R I T Y 9	P R I O R I T Y 10	P R I O R I T Y 11	P R I O R I T Y 12																																						

551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600
FILLER																																																	

MODE: BINARY - B LABELS: STANDARD RECORD FORMAT: FIXED - F RECORD LENGTH: 1555 PROGRAMS THAT USE THIS AS: INPUT

PACKED - P NON-STANDARD VARIABLE-V RECORDS PER BLOCK: D= , T= OUTPUT FAM265

BLOCK SIZE: D= , T=

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: MEDS ID

AKA: MEDS Identification Number

SOURCE: MEDS LENGTH: 9

DEFINITION:

A nine-digit number that is the primary and unique recipient identifier used by MEDS. The recipient's SSN is used when known to MEDS. If the SSN is unavailable, MEDS assigns a pseudo number beginning with the number 8 or 9 and ending with the letter 'P'.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: MEDS ID CHECK DIGIT

SOURCE: MEDS LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data entry of the MEDSID.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: COUNTY-ID

AKA: County Identification Number

SOURCE: COUNTY LENGTH: 14

DEFINITION:

A fourteen position unique recipient identifier which includes:

FIELD NAME	LENGTH
County Code	2
Aid Code	2
Serial Number	7
FBU	1
Person Number	2

VALUES:

Refer to individual data elements.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: COUNTY

AKA: County of Responsibility

SOURCE: COUNTY LENGTH: 2

DEFINITION:

The numeric code of the county which has responsibility for the recipient's Medi-Cal eligibility.

VALUES:

The universal set of county codes used by the State and Counties to identify the California county codes. Valid values 01 through 58. See attached "COUNTY CODE NUMBERS" list for definition of values.

04/28/99

COUNTY CODE NUMBERS

1	Alameda	30	Orange
2	Alpine	31	Placer
3	Amador	32	Plumas
4	Butte	33	Riverside
5	Calaveras	34	Sacramento
6	Colusa	35	San Benito
7	Contra Costa	36	San Bernardino
8	Del Norte	37	San Diego
9	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: AID CODE

SOURCE: COUNTY, SDX

LENGTH: 2

DEFINITION:

The two-digit number that indicates the primary aid category a Medi-Cal recipient is eligible under.

VALUES:

This is an alpha numeric field.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: SERIAL

SOURCE: COUNTY LENGTH: 7

DEFINITION:

This number is assigned to the case by the county for a range of numbers supplied to the county by the state. Along with COUNTY code, this number provides a unique identifier for the whole case.

VALUES:

This is an alpha numeric field.

SPECIAL CONSIDERATIONS:

SERIAL of SSI/SSP recipients consist of a `9' in the first position and the first 6 positions of the recipients SSN following.

For example: A SSN of 956-01-3241 looks like:

SERIAL	FBU	PERSON-NO
9956013	2	41

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: FAMILY BUDGET UNIT (FBU)

SOURCE: COUNTY LENGTH: 1

DEFINITION:

This number is assigned to each recipient as part of a unique recipient identifier.

VALUES:

This is an alpha numeric field.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: PERSON NUMBER

SOURCE: COUNTY LENGTH: 2

DEFINITION:

This number is assigned to each recipient within a case as part of a unique recipient identifier (County-ID), to distinguish an individual.

VALUES:

This is an alpha numeric field.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: CLIENT INDEX NUMBER (CIN)

SOURCE: Daily MEDS Update Program LENGTH: 9

DEFINITION:

A permanent and unique CIN is assigned to every Health Services recipient via the daily MEDS batch update process. The one exception being for those cases represented by skeleton records. Once assigned, the CIN never changes. Even when a later change is made to the MEDS-ID (from Pseudo to SSN).

In addition to updating the MEDS data base, the new CIN and their corresponding MEDS-IDs must be written to a transaction file for updating the CIN Master file. The Client Index Master file is an IBM VSAM file with a primary index on Client Index Number and an alternate index on MEDS-ID number. The primary purpose of the Client Index Master file is for cross-referencing these two fields.

VALUES:

The Client Index Number is a nine character number. The first character is a predefined digit. The next seven characters are sequentially assigned numbers. The last character is a letter taken from a selected group of valid letters. Currently, the proposed list of legal letters for the terminal characters are:

ABCDEFGHIJMNSTUVWX.

SPECIAL CONSIDERATIONS:

When MEDS records are combined, the Master Index file always points to the MEDS-ID associated with the most current CIN. The older CIN entry becomes frozen.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: CIN CHECK DIGIT

SOURCE: MEDS LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data entry of the Client Index Number (CIN).

04/28/99

*****FAME DATA ELEMENT DESCRIPTIONS*****

NAME: CA DL/ID NUMBER

AKA: CA DRIVER'S LICENSE OR IDENTIFICATION NUMBER

SOURCE: N/A LENGTH: 8

DEFINITION:

CURRENTLY NOT IN USE.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: SEX

SOURCE: COUNTY, SDX, MEDS LENGTH: 1

DEFINITION:

This code identifies the sex of the recipient.

VALUES:

F Female
M Male
U Unborn
N Sex Unknown

SPECIAL CONSIDERATIONS:

The only valid values for input by counties are `F', `M' and `U'. The value `N' is set by MEDS when an SDX update has no valid sex code.

When SEX is unborn (U), the BIRTHDATE is the expected delivery date. Medi-Cal ID cards cannot be issued for unborn recipients.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: CARD ISSUE DATE

SOURCE: MEDS LENGTH: 8

DEFINITION:

Represents the date of the recipient's most recently issued beneficiary identification card (BIC).

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: PRIOR MEDS-ID

SOURCE: County LENGTH: 9

DEFINITION:

After the current MEDS-ID, prior MEDS-ID is the most recent MEDS-ID used to identify the recipient on MEDS.

VALUES:

Refer to MEDS-ID.

SPECIAL CONSIDERATIONS:

If the MEDS-ID was not originally reported, a pseudo MEDS-ID is assigned. If the recipient's valid SSN is submitted later as the new MEDS-ID, the pseudo MEDS-ID is maintained as the prior MEDS-ID.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: ALIEN CODE

SOURCE: SDX

LENGTH: 1

DEFINITION:

This code indicates whether the individual is in a special alien status category. This field is present on MEDS only when the SDX file identifies a recipient as an alien and there is either an alien date of residence or a date of application present on the SDX file. The information is used for the Refugee tracking system.

VALUES:

See 'REFUGEE/ALIEN' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: **ETHNIC CODE**

SOURCE: COUNTY, SDX LENGTH: 1

DEFINITION:

This code indicates the ethnic group the applicant represents in the opinion of the eligibility interviewer.

VALUES:

See 'ETHNIC' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: HEALTH INSURANCE CLAIM NUMBER (HIC NO.)

SOURCE: COUNTY, BENDEX, BUY-IN LENGTH: 12

DEFINITION:

This is the claims number the recipient is using for claiming Medicare, Buy-In or railroad retirement benefits.

VALUES:

The HIC contains a nine-digit number plus a suffix of one to three characters. If the letter 'H' appears in the first position of a HIC suffix (i.e., HA, HB, HC1), it indicates the claimant is being paid through the SSA disability program. However, the 'H' is not recorded on the tape from Baltimore.

Some RR numbers consist of a prefix of one to three characters and a six-digit number issued by the RRB. Other RR numbers consist of a prefix of one to three characters and the annuitant's SSN. RR numbers should be reported as follows:

CA	123456
A	123456789

SPECIAL CONSIDERATIONS:

A county may not update this element after the state has bought into the Medicare for the recipient benefits (MEDICARE = 02 or 03).

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: DEATH DATE

SOURCE: MEDS, DHS

LENGTH: 8

DEFINITION:

This field is represents the date a recipient became deceased. This information currently comes from one of three sources: 1) a Medi-Cal ID Cared for an SSI/SSP recipient marked deceased and returned to DHS by the Post Office; 2) an SDX update with a payment status code indicating that the recipient is deceased; or 3) a Pickle status update indicating that the recipient is deceased. When death information comes from an SDX update, the date of death from SDX will be in the death date field. When death information comes from a returned ID card, the death date field will contain the date on which the returned card information updated MEDS and the termination date (TERM-DT) is changed to the end of the month prior to the valid month and year of the ID Card that was changed. When death information comes from a Pickle update, the death date field will contain the date on which the Pickle transaction updated MEDS.

VALUES:

YYYY - YEAR
DD - DAY
MM - MONTH

SPECIAL CONSIDERATIONS:

MEDS uses the death information to verify that an individual has not been reported as deceased before accepting a request to issue and ID card.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: DEATH DATE POSTED TO MEDS

SOURCE: MEDS, DHS LENGTH: 8

DEFINITION:

This field is present when MEDS has received information indicating that the recipient is deceased.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: MEDS RENEWAL DATE

SOURCE: MEDS LENGTH: 6

DEFINITION:

This date indicates which calendar month that MEDS current month information is associated.

VALUES:

MM - MONTH
YYYY - YEAR

SPECIAL CONSIDERATIONS:

The monthly MEDS renewal cycle turns the MEDS calendar to the next month. The MEDS renewal is processed before the end of a month so that the MEDS RENEWAL DATE is a future month date for the last days of a calendar month. For example, on March 29, 1996 the MEDS RENEWAL DATE could be 041996 (April would be the current MEDS month) and March 1996 would be the prior March.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: LAST MODIFIED DATE

SOURCE: MEDS LENGTH: 8

DEFINITION:

Indicates the last date a change was applied to the MEDS record of a Medi-Cal recipient.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: PAPER CARD ISSUE DATE

SOURCE: MEDS LENGTH: 8

DEFINITION:

Represents the date of the recipient's most recent issued paper beneficiary identification card (BIC). Paper cards are generally printed for immediate need purposes only.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: CURRENT MONTH DATA

SOURCE: MEDS LENGTH: 81 (POSITIONS 168-248)

DEFINITION:

Recipient eligibility information that pertains to the current MEDS month reflected in the MEDS RENEWAL DATE FIELD. The following data elements appear within this field:

FILE NAME	LENGTH	POSITION
SEG 10	2	168-169
COUNTY CODE	2	170-171
PRIMARY AID CODE	2	172-173
PRIMARY ESC	3	174-176
1ST SPECIAL AID CODE	2	177-178
1ST SPECIAL ESC	3	179-181
2ND SPECIAL AID CODE	2	182-183
2ND SPECIAL ESC	3	184-186
3RD SPECIAL AID CODE	2	187-188
3RD SPECIAL ESC	3	189-191
SOC AMOUNT	5	192-196
SOC CERT DAY	2	197-198
FILLER	2	199-200
OTHER HEALTH CODE	1	201-201
MEDICARE STATUS CODE	2	202-203
RESTRICT SERVICE CODE	3	204-206
FILLER	2	207-208
1ST HCP CODE	3	209-211
1ST HCP STATUS	2	212-213
2ND HCP CODE	3	214-216
2ND HCP STATUS	2	217-218

DATA FIELDS IN POSITIONS 219-248 WILL NOT BE USED AT THIS TIME. THESE FIELDS WILL BE BLANK IN CURRENT AND ALL HISTORY SEGMENTS.

SPECIAL CONSIDERATIONS:

The data fields in positions 189 - 270 repeat for the TWELVE history months prior to the current MEDS RENEWAL DATE. The data in these fields is applicable to the history month under which it is reported. The history months are defined by their relationship to the MEDS RENEWAL DATE. The first prior segment represents the history month prior to the MEDS RENEWAL MONTH. For example, if MEDS current month is March 1998, the first prior month is February 1998; second prior month is January 1998, third prior month is December 1997, etc.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: PRIMARY AID CODE

SOURCE: COUNTY LENGTH: 2

DEFINITION:

Same as position #15 and 16.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: PRIMARY ELIGIBILITY STATUS CODE (ESC)

SOURCE: MEDS LENGTH: 3

DEFINITION:

A three position code which reflects Medi-Cal eligibility status information in the first digit, ID card issuance status information in the second digit, and information regarding the type of timeliness of reporting of the eligibility status in the third digit. This ESC field represents eligibility for the Primary Aid Code.

VALUES:

1st DIGIT -- Medi-Cal/CMS/Other Eligible Status

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

2nd DIGIT -- Normal/Exception Eligibility

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

3rd DIGIT -- Timeliness/Misc. Information

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: SPECIAL AID CODE (1-3)

AKA: Special Program Aid Code

SOURCE: COUNTY LENGTH: 2

DEFINITION:

A two digit number that identifies under which aid category a Medi-Cal recipient is eligible. This code is usually, but not always, associated with a limited scope of service or Share of Cost aid code.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: SPECIAL ESC (1-3)

AKA: SPECIAL PROGRAM ELIGIBILITY STATUS CODE

SOURCE: MEDS LENGTH: 3

DEFINITION:

A three position code which reflects Medi-Cal/CMSP/Other Eligibility status in the first digit, Normal/Exceptional Eligibility status in the second digit, and Timeliness/Miscellaneous Information in the third digit. A separate Special ESC will be displayed for each Special Aid Code.

VALUES:

See Definition for PRIMARY ELIGIBILITY STATUS CODE.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: CERT-DAY

AKA: Share of Cost Certification Day

SOURCE: COUNTY, POS NETWORK LENGTH: 2

DEFINITION:

This is the day of the month that recipient's share of cost amount was met. This is also the day of the month the recipient becomes a certified Medi-Cal eligible.

VALUES:

DD - Valid day in the month.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: OTHER-COVERAGE

AKA: Other Health Coverage

SOURCE: COUNTY, SDX, DHS LENGTH: 1

DEFINITION:

This code identifies a recipient's **private** health care coverage by a health care insurance company, a Prepaid Health Plan (PHP), or a Health Maintenance Organization (HMO). It indicates that health care services should, in most cases be covered by the private health care coverage instead of by Medi-Cal.

VALUES:

See 'OHC-OTH-COV' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: **RESTRICTION**

AKA: Restricted Services Code

SOURCE: COUNTY, DHS LENGTH: 3

DEFINITION:

A three position code that reflects restrictions placed upon the Medi-Cal services to which a recipient is entitled.

VALUES:

See 'RESTRICT' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

04/28/99

*****FAME DATA ELEMENT DESCRIPTIONS*****

NAME: Health Care Plan (HCP) CODE

SOURCE: MEDS LENGTH: 3

DEFINITION:

The HCP code (also known as Plan Code, Project Code, or MCP code) is a three digit code that identifies the Medi-Cal managed care plan(s) in which a recipient has been enrolled or disenrolled. MEDS has the capability to enroll a recipient in up to five separate plan codes at one time.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: Health Care Plan (HCP) STATUS

SOURCE: MEDS LENGTH: 2

DEFINITION:

This code identifies the status of a recipient's enrollment in an associated HCP code.

VALUES:

- blank Disenrollment occurred in prior month - no capitation paid
- 00 Voluntary disenrollment - no capitation paid (May also result from the retroactive disenrollment of a recipient in hold status - no capitation recovery)
- 01 Active enrollment - capitation paid
- 05 Enrollment held due to recipient's Medi-Cal eligibility status - no capitation paid
- 09 Mandatory disenrollment - no capitation paid. (May also result from the retroactive disenrollment of a recipient in hold status - no capitation recovery)
- 10 Voluntary disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active MCP status)
- 19 Mandatory disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active MCP status)
- 40 Voluntary disenrollment occurred before enrollment became effective - no capitation paid (very rare, but possible)

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: Health Care Plan (HCP) STATUS (Continued)

VALUES:

- 49 Mandatory disenrollment occurred before enrollment became effective - no capitation paid (very rare, but possible)
- 51 Enrollment activated from hold status - supplemental capitation to be paid at the end of the current month
- 55 Enrollment held - Potential HCP enrollee with Uncertified SOC - no capitation paid
- 59 Enrollment held due to change of recipient's status other than hold on Medi-Cal eligibility (e.g. zip code, county code, aid code or ohc code not covered by plan) - no capitation paid
- P4 Enrollment application accepted - no capitation paid
- S0 Voluntary disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active MCP status)
- S1 Active enrollment - supplemental capitation paid for individual release from hold status
- S9 Mandatory disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active MCP status)

SPECIAL CONSIDERATIONS:

A 'blank' HCP status occurs after the month in which a disenrollment has become effective. A 'blank' HCP status code should ALWAYS be preceded by a HCP status code of '00', '09', 'S9', 'S0', '40', '49'. (COHS plans excluded).

HCP-STATUS codes '05' and '55' are updated to '51' when Medi-Cal eligibility is reinstated or SOC has been certified.

HCP-STATUS '51' is updated to 'S1' when the MEDS monthly renewal process initiates payment of the capitation. HCP-STATUS '19' is updated to 'S9' and HCP-STATUS '10' is updated to 'S0' after the MEDS monthly renewal process initiates the recovery process.

After two consecutive months of a HCP hold status of '05', '55' or '59', MEDS renewal terminates the MCP enrollment effective the following month resulting in HCP-STATUS '09'.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: ADDRESS FLAG (RESIDENCE AND MAILING)

SOURCE: MEDS, COUNTY, SDX LENGTH: 1

DEFINITION:

Specifies whether the address recorded on MEDS is a deliverable address to which the BIC and/or other Medi-Cal related materials can be mailed. The address flag is an alphanumeric field. The numeric characters (excluding '00') represent an undeliverable addresses. All other values represent deliverable addresses.

VALUES:

See 'ADDRESS FLAG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: RESIDENCE ADDRESS INDICATOR

SOURCE: MEDS LENGTH: 1

DEFINITION:

Identifies whether or not the address in the Residence Address field is known to be the recipient's residence address.

VALUES:

Y = This is the recipient's residence address.
N = This is the recipient's mailing address. It is unknown whether this is also the recipient's residence address.

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: RECIPIENT RESIDENCE ADDRESS

SOURCE: COUNTY, SDX

LENGTH: See below

DEFINITION:

Currently, this data field is populated with the recipient's mailing address. When a recipient enrolls in a managed care plan, this zip code may be used to verify that the recipient lives within the managed care plan's service area.

VALUES:

<u>NAME</u>	<u>MEDS NAME</u>	<u>LENGTH</u>
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	50
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	Zip Code	5
Zip Code suffix	Zip + 4	4
Delivery Point Code	Delivery Point	2
Zip Check Digit	Zip Ck	1

SPECIAL CONSIDERATIONS:

This data field will contain either the recipient's mailing address or actual residence address. The Residence Address Indicator should be used to determine if the information in this field is truly the recipient's residence address. This address field may also be used by MEDS to populate the COUNTY OF RESIDENCE data field.

04/28/99

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: COUNTY OF RESIDENCE

SOURCE: COUNTY, MEDS LENGTH: 2

DEFINITION:

The county where the recipient resides.

VALUES:

The universal set of county codes used by the state and counties to identify the California counties. Valid values are 01 through 58. (See numeric county code values listed under the data element description for County of Responsibility) The value of '99' will be used for recipients residing out of state.

SPECIAL CONSIDERATIONS:

Data will appear in this field when supplied by the counties. If the county does not supply the residence county, this field will be populated by MEDS ONLY when the TRUE residence address is available. If neither the residence county or the TRUE residence address is available to MEDS, this field will be blank.

*****HCP FAME DATA ELEMENT DESCRIPTIONS*****

NAME: RECIPIENT MAILING ADDRESS

SOURCE: COUNTY, SDX LENGTH: See below

DEFINITION:

This is the recipient's mailing address used to mail the BIC card and all other Medi-Cal related materials. This data field, and its address flag, will not be populated at this time. (See "Special Considerations" below)

VALUES:

<u>NAME</u>	<u>MEDS NAME</u>	<u>LENGTH</u>
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	50
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	ZIP CODE	5
Zip Code suffix	ZIP + 4	4
Delivery Code	DLVR CD	2
Check Digit	CK DIGI	1

SPECIAL CONSIDERATIONS:

This data filed will be populated as par of the MEDS Address Enhancement Project. At that time, data will only appear in this field when the mailing address is different than the residence address.

PAGE: 1 OF 1
 DATE: 06/18/97
 REVISION: 1
 REVIEWER: WAYNE SCHLOEMER

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
 RECORD LAYOUT
 FILE NAME: HCP FAME TRAILER RECORD

ORIGINATOR: WENDY LOUIE
 SYSTEM/PROJECT: FAM1001
 SOURCE PROGRAM: FAM265

001	002	003	004	005	006	007	008	009	010	011	012	013	014	015	016	017	018	019	020	021	022	023	024	025	026	027	028	029	030	031	032	033	034	035	036	037	038	039	040	041	042	043	044	045	046	047	048	049	050
RECORD KEY (HIGH VALUES)		TOTAL FAME RECORDS					TOTAL CAPITATED BENES										TOTAL HOLD BENES					TOTAL DISENROLLED BENES					TOTAL OTHER BENES																						
X(2)		X(9)					9(09)										9(09)					9(09)					9(09)																						

051	052	053	054	055	056	057	058	059	060	061	062	063	064	065	066	067	068	069	070	071	072	073	074	075	076	077	078	079	080	081	082	083	084	085	086	087	088	089	090	091	092	093	094	095	096	097	098	099	100
TOTAL OTHER BENES		FILLER - SPACES (THRU 1,555)																																															
X(1499)																																																	

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
FILLER - SPACES (THRU 1,555)																																																	

MODE: BINARY - B LABELS: STANDARD RECORD FORMAT: FIXED - F RECORD LENGTH: 1,555 PROGRAMS THAT USE THIS AS:
 PACKED - P NON-STANDARD VARIABLE-V RECORDS PER BLOCK: D= , T= INPUT HCPs/Dental Plans
 BLOCK SIZE: D= , T= OUTPUT FAM265

MEDS QUICK REFERENCE

Revised: 03/29/1999

PAGE 1

ELIG

0190

1st Digit = Medi-Cal/CMSP/Other Eligible Status 0191

- 0 Eligible with no conditions (Includes zero SOC)
- 1 Share of Cost to be met by LTC claim
- 2 LTC/SOC plus other conditions (i.e. 1 + 3)
- 3 Other conditions - Certified SOC, Restricted Service, Minor Consent or Partial Health Care Plan (HCP)
- 4 Full Service HCP
- 5 Unmet Share of Cost Obligation (Uncertified)
- 6 Health and Welfare Program other than Medi-Cal/CMSP eligible (SLMB, QDWI, Out-of-State Foster Care, Unborn, Healthy Families, MI)
- 7 Hold
- 8 QMB pending Medicare part A & B confirmation
- 9 Ineligible

2nd Digit = Normal/Exception Eligibility

0192

- 0 Normal eligible
- 1 Unconfirmed immediate Need eligible reported more than 1 month prior
- 2 Unconfirmed Immediate Need eligible reported 1 month prior
- 3 Unconfirmed Immediate Need eligible reported in current month
- 4 Forced eligible due to late termination
- 5 Partial Month Eligibility (Healthy Families, etc.)
- 7 Exception eligible
- 8 Forced eligible from MEDS hold
- 9 Full Month Eligibility (Healthy Families, etc.)

3rd Digit = Timeliness/Misc. Information

0193

- 1 Regular eligible reported timely
- 2 Regular eligible reported retroactively
- 3 3 month retroactive eligible
- 4 Continuing eligible reported timely
- 5 Continuing eligible reported retroactively
- 6 Ramos/Pickle/IHSS/Other Extended eligible
- 7 Aid Paid Pending Ramos/Myers
- 8 Hold from LTC/SOC status
- 9 Ineligible or Regular hold

ABAWD

1359

Able-Bodied Adults Without Dependents

- 0 Not ABAWD
- 1 ABAWD

ADDRESS FLAG

0305

new values planned for June 1999 MOE

Good Deliverable Address

- A Address certified via Finalist
- * C Failed Finalist; confirmed mailable by source
- D Presumed mailable; Finalist changes unreliable
- W BIC mailed - previously A
- X BIC mailed - previously C
- Y BIC mailed - previously D

Presumed Deliverable Address

- Blank Failed Finalist; presumed mailable
- 0 BIC mailed - previously Blank

Considered Undeliverable Due to Returned BIC

- 1 BIC returned - previously 0
- 5 BIC returned - previously W
- 6 BIC returned - previously X
- 7 BIC returned - previously Y

Considered Undeliverable For Other Reasons

- 2 Failed MEDS validation edits
- 3 Foster Care Assistance terminated
- * 4 Residence address but not a mailable address
- * 8 General residence area for a homeless client

* only valid input values (4 and 8 apply only to a residence address)

Finalist is address certification software used by MEDS

ALIAS/SSA-NAME-CODE

9035

- 0 Name and Birthdate validated via the SSA Referral Process
- 1 Name reported by a County as a Social Security name
- 2 Other alias name
- 3 Name did not match SSA records for SSN
- 8 Name and Birthdate validated via a prior Validation/Referral process
- 9 Name and Birthdate validated via the State/SSA Validation process

MEDS QUICK REFERENCE

Revised: 03/29/1999

PAGE 2

ALIEN-ELIG-CODE

2033

- * 1 Refugee admitted under section 207 of the INA
- * 2 Deportation withheld under section 243(h) or 241(b)(3) of the INA
- * 3 Lawful Permanent Residence (LPR) with 40 work quarters
- 4 LPR Alien on active duty in the military or an honorable discharged veteran
- 5 LPR spouse or unremarried surviving spouse of active duty military/veteran
- 6 LPR dependent child of active duty military/veteran
- 8 Amerasian admitted to the U.S. as a Lawful Permanent Resident
- 9 Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien

- * Federal (SDX) input only

ETHNIC

0115

- 1 White
- 2 Hispanic
- 3 Black
- 4 Asian or Pacific Islander
- 5 Alaskan Native or American Indian
- 7 Filipino
- 8 No Valid Data Reported
- A Amerasian
- C Chinese
- H Cambodian
- J Japanese
- K Korean
- M Samoan
- N Asian Indian
- P Hawaiian
- R Guamanian
- T Laotian
- V Vietnamese

DEATH-CD (Source of Death Information)

2019

- M Medi-Cal Eligibility Branch
- P County Pickle status update
- R Returned card
- S SSA SSI/SSP update
- V Vital Records System

GOVT-RESP

0125

- 1 County controlled
- 2 Federal or State controlled
- 3 State controlled/Terminated from Federal control
- 6 Truncated;
IE/RR only;
Food Stamp only;
Healthy Families only;
Healthy Families & Food Stamp
- 9 Frozen

ESAC

9109

0 (ZERO) County reported SSI/SSP eligible (EW15)

Ongoing Eligibility

- 1 New eligible
- 2 Inter/Intra Program Transfer (IPT)
- 3 Other County ID change
- 4 Exception eligibility beyond normal age limit

Closed Eligibility Period

- 6 Eligible
- 7 Inter/Intra Program Transfer (IPT)
- 8 Other County ID change
- 9 Exception eligibility beyond normal age limit

Other Status

- A Unborn
- B Hold, questionable eligibility
- C Hold, possibly deceased
- D Hold, pending Federal review
- QMB, pending part A confirmation (treated by MEDS like ESAC 1)
- P Pending application (PE)
- Q Drop pending change
- R Release hold

MEDS QUICK REFERENCE

Revised: 03/29/1999

PAGE 3

HCPn-REAS (HCP Reason) 1004
Reason for HCP hold status '59'

- A Aid code not covered
- C County not covered
- H OHC exclusion
- Z Zip code not covered

HCPn-STAT (HCP Status) 1019

- 00 Voluntary disenrollment - No capitation paid
- 01 Active enrollment - Capitation paid
- 05 HCP hold due to recipient Medi-Cal ineligibility - No capitation paid
- 09 Mandatory disenrollment - No capitation paid
- 10 Voluntary disenrollment - Capitation recovery required
- 19 Mandatory disenrollment - Capitation recovery required
- 40 Voluntary disenrollment occurred before enrollment became effective
- 49 Mandatory disenrollment occurred before enrollment became effective
- 51 Enrollment activated from HCP hold or unmet SOC - Supplemental capitation to be paid at end of month
- 55 Potential plan member - unmet SOC
- 59 HCP hold due to HCP coverage limits - No capitation paid (see HCP Reason)

- P4 Pending enrollment - Application accepted
- S0 Voluntary disenrollment - Capitation recovery processed
- S1 Active enrollment - Supplemental capitation paid
- S9 Mandatory disenrollment - Capitation recovery processed

SPECIAL CONSIDERATION FOR HCP STATUS:

'51' is updated to 'S1' when RENEWAL initiates payment of capitation.

'10' and '19' are updated to 'S0' and 'S9' after RENEWAL initiates recovery of capitation.

MEDS RENEWAL terminates an HCP enrollment effective current month after two consecutive months of HCP hold.

HCPn-TYPE

- C COHS (County Organized Health System)
- D Dental
- H HMO (Health Maintenance Organization)
- M Medical (future use)
- O Other

HEALTH INSURANCE SYSTEM:

Scope of Coverage

<u>COVERAGE CODE</u>	<u>SERVICE</u>
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
V	Vision Care

If coverage unknown, OHC is regarded as comprehensive. Provider must bill OHC carrier for all services.

LANGUAGE

0120

- 0 American Sign Language (ASL)
- 1 Spanish
- 2 Cantonese
- 3 Japanese
- 4 Korean
- 5 Tagalog
- 6 Other Non-English
- 7 English
- 8 No Valid Data Reported
- A Other Sign Language
- B Mandarin
- C Other Chinese Languages
- D Cambodian
- E Armenian
- F Ilacano
- G Mien
- H Hmong
- I Lao
- J Turkish
- K Hebrew
- L French
- M Polish
- N Russian
- P Portuguese
- Q Italian
- R Arabic
- S Samoan
- T Thai
- U Farsi
- V Vietnamese

MEDS QUICK REFERENCE

Revised: 03/29/1999

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MEDICAID ELIGIBILITY CODE

0698

- C Confers 1619B eligibility - free Medicaid
- G Goldberg-Kelly eligibility - timely appeal with SSA confers both SSI/SSP payment and free Medicaid
- R Referred to county

MEDICARE

0849

1st Digit = Part A (Hospital)
2nd Digit = Part B (Medical)

- 0 or Blank No coverage
- 1 Paid for by beneficiary
- 2 Paid for by State Buy-In
- 3 Free (Part A only)
- 4 Paid by other entity (Part B only)
- 5 Buy-In reject, eligible per Bendex
- 6 Buy-In reject, presumed eligible
- 7 Presumed eligible
- 8 Buy-In reject, not presumed eligible
- 9 Aged alien ineligible for Medicare

OHC

1109

Pay and Chase OHC / Post Payment Recovery

- A Any carrier (includes multiple coverage)

Cost Avoidance OHC

- C Champus Prime HMO
- F Medicare HMO
- K Kaiser
- L Dental only policies
- P PHP/HMO's & EPO (Exclusive Provider Option) not otherwise specified
- V Any carrier (other than the above, includes multiple coverage)
- 9 Healthy Families

Other OHC Related Codes

- N None
- O Override - Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) -- changes OHC to A

Note: Previously used OHC values listed separately

OHC-SOURCE

1129

- C or Blank County Welfare Department
- F Healthy Families Administrative Vendor
- H Update from Other Health Coverage Recovery
- M MEDS assigned from the OHC update logic
- R Batch update from the Other Health Coverage Master file
- S Update from SSI/MEB
- T Insurance information exchange with carrier

OHC - Previously used values

Pay and Chase OHC

- M Two or more carriers
- X Blue Shield
- Z Blue Cross

Cost Avoidance OHC

- B Blue Cross
- D Prudential
- E Aetna
- G General American
- H Mutual of Omaha
- I Metropolitan Life
- J John Hancock
- S Blue Shield
- T Travelers
- U Connecticut General/Equicor/Cigna
- W Great West Life
- 2 Provident Life and Accident
- 3 Principal Financial Group
- 4 Pacific Mutual Life
- 5 Alta Health Strategies
- 6 AARP
- 8 New York Life

MEDS QUICK REFERENCE

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PAGE 5

PAYMENT STATUS CODE

0625

*Common SSI/SSP Payment Status Codes
See QX screen under Payment Status*

- C01** Current pay
- E01** Eligible but no payment due (many times these are in LTC)
- N01** Nonpay recipient's countable income exceeds Title XVI payment amount and his/her state's payment standard
- N02** Nonpay recipient is inmate of public institution
- N03** Nonpay recipient is outside USA
- N04** Nonpay recipient's non-excludable resources exceed Title XVI limitations
- N07** No longer disabled
- N10** Failure to comply with approved drug or alcohol treatment plan
- N11** Benefit sanction month because of failure to comply with approved treatment plan
- N13** Not a citizen or is an ineligible alien
- N22** Inmate of a penal institution
- N23** Not a resident of the USA
- N24** Claimant has been convicted of a felony of fraudulently misrepresenting residence
- N25** Claimant is a fugitive felon or parole/probation violator
- S06** Suspended - Recipient's address unknown
- S08** Suspended - Representative payee development pending
- T01** Terminated - Death of recipient
- T30** Terminated (manual termination) sort of an "other" category
- T31** Terminated (system generated termination) sort of an "other" category

PICKLE

Potential Pickle eligibles

1st byte - see Pickle Type

2nd byte - see Pickle Status

PICKLE TYPE

2031

First digit on QM screen Pickle

Potential Pickle Eligibles

- A** Potential Pickle based on aid code
- C** COLA terminated SSI/SSP eligible
- M** Potential Pickle moved into state
- P** Potential Pickle identified by county
- T** Terminated SSI/SSP recipient also receiving Title II benefits

SSP Reduction Eligibles

- S0** 5.8% beneficiaries 1992
- R0** 2.7% beneficiaries 1993
- Q0** 2.3% beneficiaries 1994
- V0** 4.9% beneficiaries 1995

Notes: M and P are county reported, all other types are MEDS generated. A, M and P are removable (can be changed by the county).

PICKLE STATUS

2032

Second digit on QM screen Pickle

- 0** No update received (MEDS generated)
(Only records coded with 'C0' are included on 503 Leads tape. When a county reports LTC aid codes or term reasons 01 (death) or 98 (whereabouts unknown), the 'C0' stays on MEDS but the record goes off the 503 Leads tape.)
- 1** Potential Pickle eligible (also posted by MEDS if Pickle aid code reported)
(Used with EW60 to remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can change C2's and C3's back to C1.)
- 2** Recipient requested not to be contacted
(Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
- 3** Loss of contact/whereabouts unknown
(Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
- 7** Remove erroneously reported Potential Pickle (Pickle Type A, M or P)
- 8** Immediate Need SSI/SSP card issued pending SSA eligibility confirmation (MEDS generated)
- 9** Deceased
(Places Death Source of P and Death Date which is filled in with the date the death was posted, doesn't change Pickle Status)
- ❖ 503 Leads - Includes persons who are terminated from SSI/SSP during January because of a COLA
- ❖ Pickle Tickler - Persons who must be tracked for future Pickle eligibility

MEDS QUICK REFERENCE

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REF/ALIEN IND

2009

- A Proven U.S. citizen **
- B Alleged U.S. citizen **
- C Conditional entrant admitted under INA section 203(a)(7)
- D Deportation withheld admitted under INA section 243(h) or 241(b)(3)
- E Amerasian refugee admitted under INA sec 207
- * F Refugee admitted under INA sec 207 or 203(a)(7)
- * G Parolee admitted under INA section 212(d)(5)
- * H Silva vs. Levi alien
- K Lawful permanent resident (LPR)
- L Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
- * M Residents of the Northern Mariana Islands
- * N Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
- * P Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
- * Q Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
- R Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
- S Other aliens (not a temporary visa holder)
- U Undocumented alien
- V Visitor / Student / VISA and other aliens with temporary documentation
- W Parolee admitted under INA section 212(d)(5) with a period of parole over one year
- X Indochinese refugee admitted under INA sec 207
- Y Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
- Z Kurdish or Iraqi asylee admitted under INA section 208
- *** 0 Other alien (not 1, 5, 7, 8, or 9)
- *** 1 Indochinese refugee admitted under INA sec 207
- 5 Citizen child born to refugee parent(s)
- *** 7 Other refugee
- 8 Cuban/Haitian entrant
- *** 9 Aged alien (Medicare ineligible alien and not 1, 7, or 8)
- * Federal (SDX) input only
- ** future county use
- *** Values will become obsolete 12/98

REASON-FOR-ISSUANCE

9055

- 01 Initial card for new eligible or Immediate Need eligible
- 02 BIC not received
- BIC Replacement
- 21 Lost, Stolen, Mutilated, or Incorrect Card

RECOVERY

2020

(a.k.a. Overpayment Recovery Indicator)

- Blank No overpayment
- 1 CalWORKs overpayment
- 2 Food Stamp overpayment
- 3 CalWORKs and Food Stamp overpayment (system generated)

RESIDENCE ADDRESS FLAG

0303

- Y Reported as a residence address
- N Mailing address, may or may not be a residence address

RESIDENCE COUNTY

0176

- ❖ Identifies the county in which the client resides.
- ❖ Set when a residence address is reported and Finalist identifies a residence county OR when a county reports the residence county because it is different from the responsible county.
- ❖ Used for HCP enrollment decisions.
- ❖ See county code list for values (01 - 58); out of state residences will show '99' for the residence county.

MEDS QUICK REFERENCE

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RESTRICT

1229/9129

*1st and 2nd digits = Restricted Service Status
3rd digit of '1' = County Limited Inquiry Access
1st and 2nd digits of '0' with 3rd digit greater than '1' = Minor Consent*

- 000** Restriction or Limited Inquiry access removed
- 001** County confidential case - Limited inquiry access

Minor Consent Services related to:

- 004** Sexually Transmitted Disease (STDs), Mental Health, Sexual Assault, Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
- 005** Mental Health, Sexual Assault, Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
- 006** Sexual Assault, Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
- 007** Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
- 008** Pregnancy or Family Planning and Veneral Disease

Service Restrictions

- 010/011** Prior authorization required for drugs
- 050/051** Prior authorization required for scheduled drugs
- 110/111** Prior authorization required for M.D. visits
- 120/121** Prior authorization required for M.D. visits and drugs
- 140/141** Restricted to primary M.D.
- 150/151** Restricted to primary M.D. and prior authorization required for drugs
- 200/201** Prior authorization required for Dental visits
- 210/211** Prior authorization required for Dental visits and drugs
- 220/221** Prior authorization required for Physician visits and Dental visits
- 230/231** Prior authorization required for Physician visits, Dental visits, and drugs
- 240/241** Recipient is restricted to primary Physician with prior authorization required for drugs and Dental visits
- 900/901** Hospice services only
- 910/911** Hospice services overlaid previous S/URS restriction
- 920/921** Hospice services posted retroactively
- 930/931** Hospice services retroactively overlaid previous S/URS restriction
- 950/951** Long Term Care (LTC) restriction due to transfer of assets
- 960/961** Long Term Care restriction overlaid previous S/URS restriction

RETRO (was PRE/POST CD)

9169

Three Month Retroactive Eligibility

- 0** Retroactive month(s)
- 1** 1st month prior
- 2** 2nd month prior
- 3** 3rd month prior
- 4** 1st and 2nd months prior
- 5** 1st and 3rd months prior
- 6** 2nd and 3rd months prior
- 7** 1st, 2nd and 3rd months prior

Numbers 1 through 7 identify which month(s) prior to the application date have the same eligibility as the effective month.

SEX

0110

- F** Female
- M** Male
- U** Unborn

WELFARE-PGM *

0195

(a.k.a. Global Program Indicator)

MEDS current or history Welfare program(s) recipient eligible for:

- 001** Health Program without CalWORKs cash grant
- 003** Health Program and CalWORKs cash grant
- 004** Food Stamps only
- 005** Health Program and Food Stamps
- 007** Health Program, CalWORKs cash grant and Food Stamps

NOTE: Health Program may include **Medi-Cal, CMSP, Healthy Families, etc.**

MEDS QUICK REFERENCE

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SSN-VER

0106

- 0 SSN-Ver previously submitted to MEDS
- 2 SSN application filed at SSA district office, confirmation received by county
- 3 SSN sight verified by county welfare
- 5 SSN not sight verified, SSA referral initiated
- 6 No SSN, SSA referral initiated
- 7 No valid input on county or MEDS
- 8 SSN unattainable - undocumented person
- 9 SSN not reported - pre-adoptive person
- A SSN validated via SSA referral
- B SSN validated via SSA referral - birthdate discrepancy identified
- C SSN validated via SSA referral - sex discrepancy identified
- D SSN validated via SSA referral - sex and birthdate discrepancy identified
- J SSN validated via state validation
- K SSN validated via state validation - birthdate discrepancy identified
- L SSN validated via state validation - sex discrepancy identified
- M SSN validated via state validation - sex and birthdate discrepancy identified
- P Previously validated - SSN changed by SSI/SSP update or by MEB
- Q Previously validated - birthdate changed outside acceptable range
- R Previously validated - SSN-Ver code changed by MB30
- T Unvalidated - SSN validated, not applied to MEDS due to a subsequent birthdate change
- U SSA referral matched MEDS, reported new SSN, MEDS-ID change notice sent to county
- V Unvalidated - SSA referral update failed, insufficient matching fields on MEDS
- W Unvalidated per SSA - name matched, birthdate did not match
- X Unvalidated per SSA - name matched, birthdate and sex did not match

MEDS Input Values

- Y Unvalidated per SSA - name did not match, birthdate and sex not checked
- Z Unvalidated per SSA - SSN not known to SSA's Numident file

Note: 7 and all alphas are MEDS generated

MEDS QUICK REFERENCE

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TERM REAS

0185

*Note: * Reason applies only to Medi-Cal/CMSP
Indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards)*

NOTE: The only Term Reasons consistently used by all counties are those preceded by a #.

- # 01 Discontinuance due to death
- # 03 Discontinuance at recipient request (MC only, CalWORKs/MC)
- # 04 * Failure to cooperate (MC only)
- 05 Increased earnings of father
- 06 Increased earnings of mother
- 07 Increased earnings of child
- 08 Increased earnings of stepfather
- 09 Other increased earnings in home
- 17 Increased support - absent parent return
- 18 Increased support - remarriage of parent
- 19 Increased support - absent father
- # 20 Term Medi-Cal (allegation of disability)
- 21 Increased support - other outside source
- 22 Increased income from OASDI
- 23 Increased income from other Federal program
- 24 Increased income from Veterans benefits
- 27 Increased income - Unemployment/Disability Insurance
- 28 Increased income - other state/local program
- 29 Increased income - non-government program
- 32 Increased income from any other source
- 33 * Increase in real property
- 34 * Increase in personal property
- # 35 CalWORKs Term, MEDS eligibility reported under another MEDS-ID by county agency (i.e. Foster Care)
- 36 "Need" change: law or policy determination
- 37 Decrease in "need"
- # 38 Determined ineligible for Medi-Cal only
- 39 Financial reason not codes 36 or 37
- 40 Parent no longer incapacitated
- # 44 * Resident of a public institution
- 45 Parent returned home or remarried
- 46 Change in law or agency policy
- 47 No longer eligible child in home
- # 48 * Loss of legal residence
- 50 * Refused to comply - property utilities requirement
- 52 Refused to participate in GAIN program
- 53 Refused to seek work in program other than GAIN

- 54 Refused to accept work - EDD referral
 - 55 Refused to accept work - other referral
 - 56 Refused training/education (not GAIN)
 - # 57 CalWORKs recipient has been transferred into the SSI program
 - 59 * Other than 50-70
 - 60 * Refused to provide CA7 or Medi-Cal status report
 - 61 * Refused to provide essential information (non-CA7)
 - 70 Refused to register with EDD
 - 93 CalWORKs - transferred to FG from U
 - 94 CalWORKs - transferred to U from FG
 - 95 CalWORKs - transferred to FC from FG or U
 - 96 * Transferred to another county
 - 97 Discontinued at recipient request
 - # 98 * Whereabouts unknown
 - 99 * Other than 01-98 above
- System Generated Hold Reasons**
- B Hold, questionable eligibility
 - D Hold, pending Federal review
 - J Hold, rejected eligibility status change
 - K Hold, questionable eligibility, reconcile birthdate discrepancy
 - L Hold, questionable eligibility, reconcile County ID discrepancy
 - M Hold, possible termination, no record on reconcile file
- System Generated Term Reasons**
- AA Out of State Foster Care (per zip code)
 - CC CMSP companion without corresponding primary eligibility
 - D1 Death reported via returned card
 - D2 Death reported by MEB
 - D3 Death reported by Vital Statistics
 - D4 Death reported by SDX
 - EE Exception eligibles
 - FF Terminated by state via a File Fix
 - H1 60 day retro HF disenrollment
 - H2 Program generated HF disenrollment
 - H3 Client requested HF disenrollment
 - M1 Terminated by MEB
 - M2 Death removed by MEB, no eligibility
 - PP Pregnancy/FPL/Percentage program expired
 - SS/S Renewal terminated after 2 months hold
 - TT CMSP aid code/non-CMSP county
 - VV Pickle presumptive termination
 - WW Renewal terminated current aid code invalid
 - X1 Cessation of Disability - NOA type 23
 - X2 Cessation of Disability - NOA type 20
 - YY Terminated by MEDS after 4 months continuing eligibility
 - ZZ Terminated by MEDS after 6 months continuing eligibility

MEDS QUICK REFERENCE

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MEDS TRANSACTION CODES

☐ Indicates a Function key is available for the transaction code

State and Federal Transactions

- BINQ** Buy-In Update Request
- BI30** Buy-In Update Part B
- BI35** Buy-In Update Part A
- BI60** Buy-In Exception Deletion Part B
- BI65** Part A Accretion/Deletion
- ☐ **BR30** BRU SOC Certification for Individual [F11]
- DP30** Returned Card/Deceased
- ☐ **MB30** MEB Update (also used by county for death reversal/removal) [F10]
- OC30** Modify OHC/ID Card Request (Health Insurance Section)
- PE15** Report Pregnancy Presumptive Eligibility
- PH30** Modify HCP Enrollment Record
- PH40** HCP Disenrollment
- RB30** Returned BIC
- RB31** Returned BIC/Deceased
- SD10** SDX Recipient MEDS-ID Number Change
- SD20** SDX Recipient Add/Update
- SS10** SSN Referral Update
- SS30** SSN Validation Update
- SU30** S/URS Status Change (Service Restrictions, i.e. hospice, restricted doctor visits, etc.)

County Transactions

- ☐ **EW05** Transfer County of Responsibility [F1]
- ☐ **EW10** MEDS-ID Number Change [F2]
- ☐ **EW11** MEDS-ID Number Consolidation [F14]
- ☐ **EW15** Report Immediate Need Eligibility [F3]
- ☐ **EW20** Add New Client Record [F4]
- ☐ **EW25** Modify - Whole Case [F5]
- ☐ **EW30** Modify Current/Future (Individual) [F6]
- ☐ **EW31** Modify History/Miscellaneous (Individual) [Shift F6/F18]
- EW34** Modify Applicant/Appeal Information
- ☐ **EW35** Termination or Hold - Whole Case [F7]
- ☐ **EW40** Termination/Hold Status Change (Individual) [F8]
- ☐ **EW45** Request Replacement ID Card [F9]
- ☐ **EW55** SSI/SSP Modify/ID Card Request [Shift F3/F15]
- EW60** Modify Pickle Status Information
- FX10** MEDS-ID Number Change (Food Stamp Only Recipient)
- ☐ **FX20** Add New Food Stamp Recipient Record [Shift F4/F16]
- ☐ **FX30** Modify Food Stamp Record (Individual) [Shift F5/F17]
- FX31** Modify Food Stamp Record (allows for ABAWD indicator removal)
- FX60** ABAWD Food Stamp 36-Month Calendar

Inquiry and Other Transactions

F13 is a 'HELP' key in many of these applications

- ACEM** Assistance to Children in Emergency (ACE)
- B3IN** SAWS Information System Inquiry
- HIAR** Health Insurance Action Request Menu
- HOLD** Request for Hold Worker Alert Inquiry
- HOME** Homeless Program Main Menu
- ☐ **IEVS** Income and Eligibility Verification System [Shift F7/F19]
- INCI** Client Index Inquiry Request
- ☐ **INQN** Name Inquiry Request [Shift F10/F21]
- ☐ **INQR** Recipient Inquiry Request [F12]
Screens available within INQR:
 - A** Address Information
 - B** Buy-In and Bendex
 - C** Other Health Coverage
 - F** Food Stamp
 - G** Food Stamp ABAWD Calendar
 - H** Health Care Plans 1 through 3
 - I** Health Care Plans 4 and 5
 - J** Health Care Plans -- 13-15 months prior
 - K** Health Care Plans Capitation Information
 - M** Medi-Cal/CMSP - Primary
 - O** Other Miscellaneous
 - P** Pending/Denied Applications & Appeals
 - T** Welfare Tracking
 - X** Title XVI - SSI/SSP
 - 1** Medi-Cal/CMSP - Special Program 1
 - 2** Medi-Cal/CMSP - Special Program 2
 - 3** Medi-Cal/CMSP - Pending
 - 4** Medi-Cal/CMSP - Future Pending
 - 5** Medi-Cal/CMSP - 13-15 Months Prior
- ☐ **INQW** Whole Case Inquiry Request [F23]
- ☐ **INWA** Request for Online Worker Alert Inquiry [F20]
- ☐ **INXR** Cross Reference File Inquiry Request [F21]
- ☐ **MENU** Inquiry Request Menu [F24]
Menu Inquiry Options Include
 - R** INQR Recipient Record [F12]
 - N** INQN Name List [F22]
 - C** INCI Client Index Inquiry List
 - B** B3IN SAWS Information System
 - W** INQW Whole Case List [F23]
 - X** INXR Cross Reference File [F21]
 - S** SOCR SOC Case Makeup
 - T** INXT Immediate Need County-ID Xref
 - A** INWA Online Worker Alerts [F20]
 - H** HOLD Worker Alerts for 'HOLD' records
 - I** IEVS Income/Eligibility Menu [F19]
 - O** HOME Homeless Assistance Pgm Menu
 - V** HIAR Health Insurance System Menu
 - M** MOPI Provider Elig Ver Response-POS
- MOPI** MEDS Online POS Inquiry
- SOCO** Share of Cost Obligation
- SOCR** Share of Cost Case Make-up Inquiry Request

MEDS QUICK REFERENCE

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IMPORTANT PHONE NUMBERS



***** NOT TO BE GIVEN OUT TO THE PUBLIC *****

MEDS CONTROL DESK (DATA GUIDANCE)

☎ (916) 657-3075

Use this number if there is a problem or question concerning the printing of reports such as Worker Alerts, SAVE, IEVS, TAO messages or MEDS broadcast messages.

MEDS/IEVS/PROFS/Internet HOTLINE

☎ (916) 657-1010

Use this number if there is a problem or question concerning MEDS processing, missing cards or when instructed by a MEDS error message. HOTMEDS form monitored by MEDS Hotline.

☎ (916) 657-1010 - Use HOTMEDS form on TAO if a non-emergency.

HWDC TP HELP DESK

☎ (916) 739-7640

Use this number if there is a problem or question concerning MEDS or CDB equipment, i.e. terminal won't work, printer won't print, etc.

MEDS SECURITY COORDINATOR

(or TECH SUPPORT NUMBERS)

☎ (916) 657-0611

☎ (916) 657-1010

Use these numbers for MEDS or TAO security or for problems with passwords, unable to signon, MEDS 41 questions, MEDS print alignment, etc.

Note: These numbers are only to be used by the County Security Coordinator.

HOSPICE REMOVAL

☎ (916) 654-9162 ask for HOSPICE CLERK

SIS Help Desk

☎ (877) 365-7378

Fax (916) 229-3385

Use this number if there is a problem or question concerning the SAWS Information System (SIS) Inquiry application.

FOR ALL NEWEST PHONE NUMBERS SEE TAO BULLETIN BOARD...

MEDS QUICK REFERENCE

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COUNTY MEDS PROGRAM STATUS

	<u>COUNTY</u>	<u>PROGRAM</u>	<u>CMSP</u>
01	ALAMEDA	C	
02	ALPINE	ISAWS 09/96	X
03	AMADOR	ISAWS 06/97	X
04	BUTTE	ISAWS 04/95	X
05	CALAVERAS	ISAWS 01/97	X
06	COLUSA	ISAWS	X
07	CONTRA COSTA	C	
08	DEL NORTE	ISAWS 01/97	X
09	EL DORADO	ISAWS 06/97	X
10	FRESNO	C	
11	GLENN	ISAWS	X
12	HUMBOLDT	ISAWS 01/97	X
13	IMPERIAL	ISAWS 06/97	X
14	INYO	ISAWS 09/96	X
15	KERN	ISAWS 12/94	
16	KINGS	ISAWS 01/95	X
17	LAKE	ISAWS 11/97	X
18	LASSEN	ISAWS 12/94	X
19	LOS ANGELES	X	
20	MADERA	ISAWS 01/95	X
21	MARIN	ISAWS 07/95	X
22	MARIPOSA	ISAWS 01/97	X
23	MENDOCINO	ISAWS	X
24	MERCED	X	
25	MODOC	ISAWS 01/98	X
26	MONO	ISAWS 09/96	X
27	MONTEREY	ISAWS 06/97	
28	NAPA	ISAWS	X
29	NEVADA	ISAWS 11/97	X
30	ORANGE	C	
31	PLACER	C	
32	PLUMAS	ISAWS 12/94	X
33	RIVERSIDE	X	
34	SACRAMENTO	C	
35	SAN BENITO	ISAWS 06/97	X
36	SAN BERNARDINO	X	
37	SAN DIEGO	C	
38	SAN FRANCISCO	C	
39	SAN JOAQUIN	ISAWS	
40	SAN LUIS OBISPO	C	
41	SAN MATEO	C	
42	SANTA BARBARA	C	
43	SANTA CLARA	C	
44	SANTA CRUZ	C	
45	SHASTA	ISAWS 04/95	X
46	SIERRA	ISAWS 11/97	X
47	SISKIYOU	ISAWS 01/98	X
48	SOLANO	C	X
49	SONOMA	C	X
50	STANISLAUS	C	
51	SUTTER	ISAWS 01/98	X
52	TEHAMA	ISAWS 02/95	X
53	TRINITY	ISAWS 01/98	X
54	TULARE	C	
55	TUOLUMNE	ISAWS 01/97	X
56	VENTURA	X	
57	YOLO	C	
58	YUBA	ISAWS 04/95	X

PROGRAM:

C = CASE DATA

S = SAWS/ISAWS Counties

X = OTHER BATCH

CMSP Counties are counties that have contracted with the state to process County Medical Programs thru MEDS.

ENCLOSURE "C"

HCP FAME CAPITATION REPORT

&

DATA FIELD DESCRIPTIONS

REPORT NO: RS-HCP076-R002
 RUN DATE: 07/25/98
 PLAN NAME: ABC MEDICAL PLAN
 PLAN CODE: 255

DEPARTMENT OF HEALTH SERVICES
 FAME HEALTH CARE PLAN (HCP) CAPITATION REPORT
 MONTH OF ELIGIBILITY: AUGUST 1998

GROUP/ AID CODES	CURR MONTH AUG 98	1ST PRIOR JUL 98	2ND PRIOR JUN 98	3RD PRIOR MAY 98	4TH PRIOR APR 98	5TH PRIOR MAR 98	6TH PRIOR FEB 98	7TH PRIOR JAN 98	8TH PRIOR DEC 97	9TH PRIOR NOV 97	10TH PRIOR OCT 97	11TH PRIOR SEP 97	12TH PRIOR AUG 97
GROUP 01 (PUBLIC ASSISTANCE FAMILY)	5,151	5,268	5,446	5,581	5,655	0	0	0	0	0	0	0	0
30	3	4	5	4	4	0	0	0	0	0	0	0	0
32	1	1	1	1	1	0	0	0	0	0	0	0	0
33	1,109	1,131	1,169	1,198	1,195	0	0	0	0	0	0	0	0
35	1,414	1,332	1,150	1,026	958	0	0	0	0	0	0	0	0
38	61	66	61	62	68	0	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0	0	0	0	0	0	0
42	2	2	4	3	1	0	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0	0	0	0	0	0	0
59	79	75	75	71	64	0	0	0	0	0	0	0	0
3A	0	0	0	0	0	0	0	0	0	0	0	0	0
3C	0	0	0	0	0	0	0	0	0	0	0	0	0
3G	0	0	0	0	0	0	0	0	0	0	0	0	0
3H	0	0	0	0	0	0	0	0	0	0	0	0	0
3P	0	0	0	0	0	0	0	0	0	0	0	0	0
3R	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 01 SUBTOTALS:	7,820	7,879	7,913	7,946	7,946	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	5	-45	-50	-52	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	-142	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 02 (MEDICALLY NEEDY FAMILY)	431	479	481	479	481	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 02 SUBTOTALS:	431	479	481	479	481	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	23	-19	-16	-16	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	-28	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 03 (PUBLIC ASSISTANCE AGED)	22	22	21	21	21	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 03 SUBTOTALS:	22	22	21	21	21	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 04 (MEDICALLY NEEDY AGED)	2	2	3	3	3	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 04 SUBTOTALS:	2	2	3	3	3	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 07 (PUBLIC ASSISTANCE BLIND)	2	2	1	1	1	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0

HCP FAME CAPITATION REPORT DATA FIELD DESCRIPTIONS

RUN DATE – Report creation date.

MONTH OF ELIGIBILITY – The MEDS month of eligibility used to create the report.

PLAN NAME – Business name of the Plan.

PLAN CODE – 3-digit number used to identify the Plan and its county of operation.

GROUP/AID CODES –

GROUP - Represents the aid category of payment. These aid code groups are identified by group number and group name. A special group number 22 will be used to report Plan enrollment in aid codes that are not covered by the Plan. This group category will not be displayed otherwise. The appearance of group number 22, represents a potential DHS system problem and should be immediately reported to the Department.

AID CODE – The aid codes are displayed within their respective aid categories. All aid codes covered by the plan will be displayed on this report, including those aid codes with no active members. The aid codes with no active members will display the number zero (0).

GROUP SUBTOTALS – Represent the subtotal of all aid code counts within a group. Separate subtotals within each group are displayed for each month of eligibility.

NET CHANGES FROM PRIOR MOE – Represents the difference between the group subtotals from the prior month's report and the group subtotals from the current month report. These totals provide the net change in Plan capitation amounts that result from retroactive changes in Plan enrollment statuses (i.e. supplemental eligibility and retroactive disenrollments).

NET CHANGE SUBTOTAL - Represents the total net change for the full thirteen months of eligibility displayed on the report. This data field will be used to calculate retroactive capitation payment adjustments.

GRAND TOTALS – Grand total of all aid code totals for each month of eligibility.

HEALTH CARE PLAN CONVERSION TO FAME

DEMOGRAPHIC

Plan Name		Plan Number		
Contact Name	Title	Phone Number	Fax Number	E-mail address
Contact Name	Title	Phone Number	Fax Number	E-mail address
Contact Name	Title	Phone Number	Fax Number	E-mail address

MEDIA TYPE

Are you currently on MESH? YES _____ NO _____

Do you use Reel? YES _____ NO _____ If so, what type of input format? EBCDIC _____ ASCII _____

Do you use Cartridge? YES _____ NO _____ If so, what type of input format? 3490 _____ 3480 _____

Can you accept compressed data? YES _____ NO _____

What format label do you use? Standard _____ Non-Standard _____

Tape Mailing Address _____

Please fax completed form to
Wayne Schloemer at 916 657- 1322 ASAP

ADDITIONAL INFORMATION

Enclosure "D"

Medi-Cal Extranet for State Healthcare (MESH) Sign-up Process

1. The Plan sends a written request to sign up for MESH access to the *Medi-Cal Managed Care Division/System Support Unit (MMCD/SSU)* through the Contract Manager. This letter must contain the following:
 - A. Plan Name
 - B. Plan Address (both mailing and billing)
 - C. Primary Contract (name, phone/fax number and e-mail address)
 - D. Technical/Back-up Contact (name, phone/fax number and e-mail address)
 - E. Name and title of person who will be signing the MESH contract (e.g. CEO, Executive Director, CIO, etc.)
2. The Contract Manager forwards the letter to the MMCD/SSU MESH contact person (Donna Tanaka).
3. The SSU contact forwards the request to the Payment Systems Division (PSD) MESH contact person
4. The PSD contact forwards the request to the Electronic Data Systems (EDS) MESH liaison.
 - *The mailing of the contract can be expedited if the Plan faxes MMCD/SSU with the required information in Step '1'. However, the Plan must still complete Step 1- Steps 'A' through 'E'.*
5. The EDS liaison prepares/mailes two EDS signed MESH contracts the Plan. If the Plan agrees to the terms in the contract, they will sign both of the contracts; keeping one for their records and mailing the other back to EDS.
6. After the EDS liaison receives the signed contract, with the requested information completely filled out, he forwards it to the EDS System Engineer (SE) [who is responsible for creating the MESH 'dial-up' IDs and Passwords].
 - The MESH liaison has 7 days from the receipt of the signed contract to provide the Plan with their IDs and Passwords.
7. Once the EDS liaison receives the IDs and Passwords, he faxes the first set of IDs and Passwords (for Sprint access) to the Plan. The Plan then calls back for the second set of IDs and Passwords (for MESH access).
8. EDS will work with the ITSD to have a 'test' file of Plan members for the Plan to download via *dial-up*.
9. When the Plan is ready to download via *dial-up*, EDS will assist (if necessary).

Medi-Cal Extranet for State Healthcare (MESH) Sign-up Process

Cont.

10. If the Plan already knows the size (e.g., speed) of *dedicated line* that they want, they can note this in the area provided on the MESH contract. The EDS SE will then create the Design Proposal Summary (DPS) with the design and cost of the dedicated line. Once this document is completed, the EDS liaison mails it to the Plan. If the Plan indicated on the contract that they wanted a dedicated line, this process must be done within 10 days after receiving the MESH contract.

However, if the Plan did not indicate on their contract that they would like to have a *dedicated line* and are not sure of the type that they should get, the EDS SE will work with the Plan to determine the type of line that they require (e.g., speed). Once this matter has been worked out, a new contract will be sent to the Plan so that they can indicate which type of dedicated connection they want. After the EDS liaison receives the completed/signed contract, he will forward the information to the SE so he can get started on the Design Proposal Summary.

11. If the Plan agrees to the terms listed in the Design Proposal Summary, they must sign and return it to EDS. The EDS SE will then work with the Plan and Sprint to order and coordinate installation of the dedicated line. The installation process takes between 45-60 days from the date the completed/signed contract requesting a dedicated connection was received by EDS.
12. MMCD requests Plans to discontinue tapes of Month End file after 3 months of successful downloads of PHP250 and ID Change file (or FAME if Plan is converted).

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
O. Box 942732
CRAMENTO, CA 94234-7320
(916) 654-8076



February 20, 1998

MMCD Policy Letter 98-03

- TO: Geographic Managed Care Plans
- Prepaid Health Plans
- Primary Care Case Management Plans
- Two-Plan Model Plans

SUBJECT: CONVERSION TO NEW ELIGIBILITY REPORTING SYSTEM

GOAL

In the Department of Health Service's efforts to move to a paperless reporting environment and to meet the requirements of the federal Health Insurance Accountability and Portability Act of 1996, Medi-Cal eligibility system changes are being made that will allow for electronic transmission to Medi-Cal Health Care Plans (HCP) of eligibility files and reports. The purpose of this letter is to advise plans about these changes and the modifications that HCPs must make to their systems to accommodate this.

BACKGROUND

Currently, Medi-Cal eligibility and HCP enrollment information for Medi-Cal recipients is recorded and tracked on the statewide Medi-Cal Eligibility Data System (MEDS). MEDS is also the source from which all existing HCP eligibility files and reports are generated. HCP enrollment is recorded on MEDS in a single HCP segment. This HCP segment contains a three digit HCP code and other HCP eligibility information to identify the HCP of enrollment and the enrollment status for the current and past 15 months. The existing HCP eligibility reporting system only recognizes HCP eligibility data posted in this HCP segment. Because of these limitations, special combined HCP plan codes were created so a Medi-Cal recipient could be simultaneously enrolled in separate medical and dental health plans. Use of these combined HCP codes created system limitations that restrict the expansion of dental managed care enrollment.

To allow for the creation of various Medi-Cal managed care plan service types (i.e., medical, dental, etc.), MEDS/FAME (Fiscal Intermediary Access to Medi-Cal Eligibility) now contains five HCP segments. The presence of these HCP segments sets the framework for a Medi-Cal recipient to be enrolled in up to five different Medi-Cal managed care plan service types, simultaneously. The basic rule of thumb for populating these HCP segments is that medical plan enrollment, when present, will ALWAYS be posted in the first HCP segment and the nonmedical plan enrollment (i.e., dental) will be posted in the next available (second through fifth) HCP segment.

Because the existing HCP eligibility reporting system only captures data in a single HCP segment, a new HCP reporting system, called the HCP FAME reporting system, is being designed to capture data reported in all five HCP segments. FAME is a subset of MEDS and is recreated when MEDS is updated via the nightly and month-end MEDS update processes. FAME was originally designed to provide Medi-Cal eligibility data to the Medi-Cal Fiscal Intermediary for purposes of Medi-Cal claims adjudication. FAME will be the primary input source for the HCP files and reports generated from the new HCP FAME reporting system.

The HCP eligibility files and reports generated from the HCP FAME reporting system will capture HCP enrollment data posted in the additional MEDS HCP segments (when present), will contain additional MEDS data fields and eligibility information not available within the existing reporting system, and will be designed to provide HCPs electronic access to the data. The files and reports generated from the HCP FAME reporting system will eventually replace the files and reports currently provided to Medi-Cal managed care plans.

POLICY

All Medi-Cal HCPs must convert to the HCP FAME reporting system by July, 1999. HCPs will have the option to convert to FAME anytime prior to July, 1999, but all plans must be converted no later than July, 1999. Medical managed care plans will continue to receive the existing HCP eligibility files and reports until such time that the plan has completed necessary system changes to convert to the new FAME reporting system.

DISCUSSION

All Medi-Cal HCPs are requested to review the enclosed information for impact on their existing managed care systems. HCPs are reminded that all of their systems that support their Medi-Cal managed care contract must be modified as necessary to accommodate Year 2000 requirements. Within 30 days of this letter, HCPs must advise their contract manager, in writing, with an estimated date as to when their managed care systems will be able to convert to the new FAME reporting system and meet Year 2000 compliance. Your written

description must also identify the system changes required and the HCP's schedule for completing these changes. This will allow the Department to schedule the departmental staff necessary to assist with your testing needs.

The HCP FAME reporting system will be implemented in two phases. Phase I will consist of the generation of a month-end HCP FAME Extract File, daily FAME update records, and a FAME capitation report. Phase I is currently under development and is expected to be implemented during the early part of 1998 at which time it will only be available to dental managed care plans unless a medical HCP system has been modified to receive this new FAME data. Phase II will consist of month-end files and reports that provide beneficiary specific retroactive enrollment (supplemental eligibility) and disenrollment information. Phase II development is expected to begin soon after Phase I is implemented and file layouts will be provided when available.

Enclosed are copies of the Phase I file layouts. A summary description of each file is provided below.

A. Month-End HCP FAME Extract File

This file is a monthly "replacement" file that reports Medi-Cal eligibility and HCP enrollment activity for the current and 12 prior months of eligibility. Depending on the volume of records, this file can be transmitted electronically or possibly via tape. Special features of this file include:

1. Electronic Transmission of Daily Updates

Daily update records are generated when any of the data fields on the HCP FAME Extract file are changed. These records are designed as "replacement records" and should replace the respective data fields on the HCP's Management Information System (MIS). The modified data fields are not flagged on the update record; therefore, the HCP must flag the modified data fields during their MIS update process. HCP FAME update records will only be made available on a daily basis via electronic transmission.

2. A More Consistent Beneficiary Identification Key

The Client Index Number (CIN) is a permanent identification number assigned to each MEDS record and is the most consistent and reliable beneficiary identifier on MEDS. The CIN will be reported on the HCP FAME Extract file in a separate data field. This CIN number will only change when two MEDS

records for the same Medi-Cal recipient are merged together. The CIN reported on the HCP FAME Extract file will be the CIN associated with the most recently issued Benefits Identification Card (BIC). While CIN number changes are minimal, HCP's must use secondary match keys (i.e., MEDSID, prior MEDSID, Medi-Cal case number, etc.) to link the HCP FAME, month-end or update records, to the HCP's MIS records.

3. Complete Medi-Cal History Data for Plan Members.

Managed Care Plans will receive the most recent 13 months of HCP enrollment and Medi-Cal eligibility data for each enrolled member. Enrollment in other Medi-Cal managed care plans and Medi-Cal fee-for-service eligibility under primary and secondary aid codes will be reported for each plan enrollee. However, the beneficiary's record will only appear on the HCP FAME Extract file, if the beneficiary is a plan member in the current or first prior month on MEDS.

4. "Date" Data Fields Are Year 2000 Compatible

The "date" data fields have been expanded to include the four digit year.

5. New Data Fields

Several new data fields will appear on the HCP FAME Extract file, such as beneficiary telephone number, residence address, prior MEDSID, share-of-cost amount, etc. These fields will only contain data when the data is available on MEDS.

6. HCP Fame Trailer Record

The HCP FAME Trailer Record summarizes the total number of capitated enrollments, holds, and disenrollments that appear on the month-end HCP FAME Extract file. These totals are based upon current month data and do not reflect retroactive changes.

B. HCP FAME Capitation Summary Report

HCP enrollment totals will be reported on the FAME capitation summary report by aid codes and aid code groupings. Enrollment totals for supplemental adds (supplemental

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eligibility) and deletes (retroactive disenrollments) will no longer exist. The difference between the two totals will be reported within the "net change" field on this report.

If you have any questions or comments regarding this policy letter, please contact your contract manager.

Walter Benf. for AK
Ann-Louise Kuhns, Chief
Medi-Cal Managed Care Division

Enclosures