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TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County MEDS Coordinators
All County Public Health Directors
All County Mental Health Directors

Letter No.: 99-57

MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) TRANSACTION PROCESSING ENHANCEMENTS - PHASE 2

The purpose of this letter is to provide information on MEDS changes that counties will notice as Phase 2 of MEDS Transaction Processing Enhancements is moved into production. For background information on this enhancement and for information on Phase 1 changes and the related Address Enhancement changes, refer to previously issued documents. Information on the prior changes may be found on the TAO CCLETTER Bulletin Board - Address Enhancement Phase 1 dated November 9, 1998, CC203 Installed dated March 30, 1999 (item M605), CC206 Installed dated July 2, 1999 (items M605A and M605B) and the three related documents dated June 11, 1999.

Implementation of the remainder of the MEDS Transaction Processing Enhancements project will occur over the next eight to ten months, with changes after Phase 2 focusing on Reconciliation and alert message improvements. Some of these changes are tied to new county transactions and new data elements. Statewide Automated Welfare System (SAWS) consortium systems will be expected to use the new transactions and report the new data elements. The Department of Health Services is not requiring counties to modify their existing legacy systems to use the new transactions and data elements since work is underway on procurements to develop the new consortium systems. However, depending on the expected implementation date for their SAWS consortium system, counties may wish to make some changes to their current systems to take advantage of new features. A comprehensive document describing the revised MEDS transaction format and processing features will be published in September, once the Phase 2 changes have been tested. Many of these changes will benefit all counties whether they use the new MEDS transactions or continue to use the existing MEDS transactions.

Overview of Changes

Phase 1 of the MEDS Transaction Processing Enhancements affected primarily updates to Special Program segments and updates to client data. Phase 2, which is scheduled for

implementation in September 1999, will affect updates to the primary Medi-Cal and Food Stamp segments. It also includes changes in the logic that determines whether eligibility information is stored in a Special Program segment or in the Primary Medi-Cal segment and some changes in the way information is stored in MEDS. These changes will be noticeable on MEDS inquiry screens. Refer to the CCLETTER Bulletin Board in Totally Automated Office (TAO) for more specific information on planned installation dates for the Phase 2 changes.

Adoption assistance aid codes (03 and 04) and In-House Supportive Services (IHSS) aid codes (18, 28, and 68) will be moved from the Primary Medi-Cal segment (inquiry screen QM) to a Special Program segment (inquiry screen Q1, Q2 or Q3) since they can overlap other eligibility. Several full-scope aid codes in the special children's programs (47, 72, and 7A) will be moved from Special Program to Primary since they do not have any overlapping eligibility. Out-of-state foster care will also move to Primary since it now has a unique eligibility status which shows that there is no Medi-Cal eligibility for that child.

The special program segment type for the children's programs will be renamed from PREGNT to CHILD in recognition of the fact that the programs have expanded from pregnancy coverage of the unborn child to include coverage of children after they are born. The adoption assistance aid codes will be included in this special program segment. The special program segment type established for county general relief/general assistance will be renamed from GR/GA to GR/CAP; this segment will be used to store CAPI information when the changes are made to accept those aid codes on MEDS. A new special segment will be assigned for the IHSS aid codes. It will also be used for Personal Services Care Program (PCSP) aid codes as that component of the IHSS program is implemented later this year. The segment type for this new special segment will be IHSS/PCSP

Several changes are being made to provide more consistent information on the various MEDS inquiry screens. Primary segment history fields currently have

zeroes in County and Aid Code and 999 in eligibility status when there has never been any eligibility information reported for a given month. Once Phase 2 changes are installed, these fields will be blank like they are for the Special Program segments. Food Stamp segment history fields currently have a 9 in eligibility status when there has never been any eligibility information reported for a given month. Once Phase 2 changes are installed, the eligibility status will be blank like it is for the Special Program segments. Currently, when eligibility has been reported for a history month, the Food Stamp segment County Identification (ID) information is blank unless there has been a change in County ID. Once Phase 2 changes are installed, the County ID fields will be present whenever there is or has been an active status for a history month like they are for the Primary and Special Program segments. Also Food Stamp terminations will post a termination date immediately instead of showing a pending ineligible status until MEDS Renewal.

Other Phase 2 changes that affect Food Stamp and Primary segment updates include:

- Edit changes that should allow more updates to post to MEDS instead of generating error messages.

- Changes in file clearance logic so that minor birthdate differences will not reject certain MEDS updates.

- Changes in client data update and eligibility update logic to better accommodate multiple organizations dealing with a single client and to support improved county processing.

- Changes in MEDS hold logic to eliminate unnecessary MEDS holds.

- Changes in worker alert reports and messages to provide more appropriate and consistent messages and to facilitate automated processing of messages by counties.

Changes are also being made to accept MEDS-ID change transactions (EW10s and FX10s) when the county ID matches any segment with current or future eligibility rather than requiring the update to be submitted by the primary county. As a part of this change, the online FX10 screen will be revised to be identical to the EW10 screen and the alias/SSA Name Code will be activated.

More detailed information on the Phase 2 changes is enclosed. If you have any further questions on these changes, please contact Ms. Sharon Perry of Information Technology Services Division at (916) 657-3078.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosure

ATTACHMENT 1

Medi-Cal Eligibility Data System Transaction Processing Enhancements - Phase 2

This document describes changes that counties may notice when Phase 2 of the Medi-Cal Eligibility Data System (MEDS) Transaction Processing Enhancement is installed. Phase 2, which is scheduled for implementation in September 1999, will affect updates to the primary Medi-Cal and Food Stamp segments.

Birthdate File Clearance Changes

MEDS edits are being revised so that birthdate discrepancies will not prevent MEDS updates for negative actions (terminations and holds) and minor birthdate discrepancies will not prevent MEDS updates if either the county, serial and person number match MEDS or a CIN is reported on the transaction and it matches MEDS. Currently, if the transaction header County Identification (ID) is known to MEDS, the transaction header birthdate is matched against the County ID Cross Reference File birthdate; if the birthdates do not match, the transaction rejects with message 2076 COUNTY-ID/BIRTHDATE CONFLICT. The new logic will issue this message only when there is no MEDS-ID on the transaction. When there is a MEDS-ID on the transaction, birthdate edits will be done against the MEDS database record using the revised match criteria described below.

Beneficiary Identification Card (BIC) issuance requests (EW45s) will still require an exact match on birthdate since the birthdate is a key identification element on the BIC. MEDS-ID change transactions will also still require an exact match on birthdate since the birthdate is a key identification element. Eligibility update transactions will use the revised birthdate match criteria. This new match criteria was applied to special program segment updates, EW55s, pending application updates and updates for IE/RR aid codes in phase 1 and will extend to primary segment updates and food stamp segment updates in phase 2.

The transaction header birthdate, and new birthdate if present, will be matched against the MEDS database. If neither of those birthdates match MEDS, a match score will be determined based on partial matches of birthdate and name. A match score of 9 or more is considered to provide a reasonable assurance that the transaction is for the client known to MEDS. Scoring is as follows:

Exact match on birth year	5 points
One year difference in birth years	3 points
Two year difference in birth years	2 points
Three year difference in birth years	1 point
More than three year difference in birth years	-5 points
Exact match on birth month	4 points
Exact match on birth day	4 points
Exact match on birth month and day reversed	5 points

If the birthdate match does not produce nine or more points and the MEDS record is not currently active, additional matches are done on name with scoring as follows:

Exact match on first 6 characters of first name	5 points
Exact match on first 4 characters of first name	4 points
No exact match on first 4 characters of first name	-1 point
Exact match on first 6 characters of last name	3 points
Exact match on first 4 characters of last name	2 points
No exact match on first 4 characters of last name	-1 point

Updates that have a reasonable match score (9 or more points) will generate a warning message, 1512 BIRTHDATE DISCREPANCY IDENTIFIED - CHECK FOR DOB CHANGE *ACTION. Negative actions (terminations and holds) that fail the birthdate match criteria but match MEDS on County ID will update MEDS and generate a warning message, 1511 NEGATIVE ACTION UPDATED MEDS - FAILED DOB/NAME EDITS *ACTION. Other eligibility updates that fail the birthdate match criteria will be rejected with message 1510 TRANSACTION FAILED MEDS BIRTHDATE/NAME MATCH CRITERIA *URGENT*.

Hold Logic Changes

MEDS hold update logic will be revised to apply holds only when the transaction is reporting an ongoing or future eligibility change and there is ongoing or future eligibility on MEDS. Changes are also being made to require that MEDS holds for IPT add transactions match MEDS on county and serial number and that all other holds match MEDS on the full County ID. This change affected special program eligibility in Phase 1 and will extend to primary eligibility in Phase 2.

Eligibility Data Update Changes

Changes are being made to the MEDS modules to reduce the instances when eligibility updates are rejected. Since EW20s and EW05s frequently update existing MEDS records, it does not make sense that problems in the name, sex or OHC should always cause one of these transactions to reject. Instead the accept message will be issued when one of these required fields is missing or has been eliminated from the transaction due to invalid characters in the field. If there is no existing MEDS record to be updated, the add transaction will be rejected with message 2182 INSUFFICIENT RECIPIENT DATA TO BUILD NEW MEDS RECORD *URGENT*. We are also changing to use a master aid code list for all aid code edits which will resolve problems counties have reported with certain aid codes not working on some transactions.

Several update changes will be noticeable on MEDS inquiry screens. The food stamp and primary segments will no longer show an ineligible status in history when there has never been any active status reported for a history month. They will still show an ineligible status in history when a retroactive termination changes a client from an active status to an ineligible status for a history month. This change will make these segments consistent with special program segments.

The food stamp logic will also be revised so that County ID fields are stored for history months whenever there is an eligibility status present for a history month. Currently, these fields are present only if there has been a County ID change reported for current month. The food stamp segment will also be revised to show the termination date instead of showing a pending ineligible status when the client's eligibility is terminating at the end of the current month. These changes will make the food stamp segment information more consistent with the primary and special program segments.

The logic that determines whether eligibility information is stored in a Special Program segment or in the Primary Medi-Cal segment is being revised to better reflect existing eligibility and to accommodate additional special program segments. Adoption assistance aid codes (03 and 04) and IHSS aid codes (18, 28, and 68) will be moved from the Primary Medi-Cal segment (inquiry screen QM) to a Special Program segment (inquiry screen Q1, Q2, or Q3) since they can overlap other eligibility. Several full-scope aid codes in the special children's programs (47, 72, and 7A) will be moved from Special Program to Primary since they do not have any overlapping eligibility. Since MEDS now has an eligibility status which indicates eligibility for a program other than Medi-Cal or CMSP, Out-of-State Foster Care eligibility will also be moved from Special Program to Primary.

The special program segment type for the children's programs will be renamed from PREGNT to CHILD in recognition of the fact that the programs have expanded from pregnancy coverage of the unborn child to include coverage of children after they are born. The adoption assistance aid codes will be included in this special program segment. A new special segment will be assigned for the IHSS aid codes. It will also be used for Personal Services Care Program (PCSP) aid codes as that component of the In-House Supportive Services (IHSS) program is implemented. The segment type for this new special segment will be IH/PCS.

Significant changes are being made to the update and security modules to reduce the need for county exception processing and to support other processing improvements. The revised logic which will apply to primary and food stamp segments in Phase 2 will: (1) allow updates to MEDS future pending segments so that when a county rolls their calendar ahead of MEDS, updates for the upcoming county month will not be rejected; (2) check other segments for existing eligibility for intercounty transfers and add transactions that contain an IPT ESAC when there is no existing eligibility in the update segnment; (3) allow EW20s and FX20s with effective dates more than eight months prior to MEDS curent month as long as the transaction covers only one month and contains an ESAC indicating exception eligibility; (4) allow FX20s with effective dates more than two months prior to MEDS current month; and (5) allow food stamp eligibility updates when MEDS shows a Governmental Responsibility Code indicting Active SSI/SSP (GRC 2) since Food Stamps likely have already been issued and tracking is critical with the new time limits on aid. If a food stamp update is applied to a GRC 2 record and MEDS shows a No Longer Disabled SSI client who is treated as SSI/SSP for Medi-Cal purposes only, no alert will be issued; for any other food stamp update to a GRC 2 record, MEDS will issue a new warning message, 9018 MEDS SHOWS FOOD STAMP CLIENT CURRENTLY RECEIVING SSI/SSP *ACTION.

Changes are also being made to allow non-CMSP counties to report their medically indigent (MI) clients to MEDS. These clients will show the same eligibility status as the out-of-state foster care

clients (eligible for a program other than Medi-Cal or CMSP. This change will support possible future changes to provide health care plan status to providers for counties that cover both their Medi-Cal and their MI clients under their county-based health plans. This change will also allow counties to obtain eligibility alerts for their MI clients, e.g., when SSI eligibility is established for a county MI client.

Changes are also being made to remove the Minor Consent code once a client has reached age 21 so that counties can continue to use the client's existing Client Index Number and County Case Number when the client changes from Minor Consent to regular Medi-Cal eligibility. This change should eliminate the need for most of the file fixes that are currently being done to allow county updates to work for these clients.

MEDS-ID Correction Transaction Changes

Changes are being made to MEDS-ID correction transaction processing to facilitate posting of MEDS-ID changes and to provide more consistency in the online MEDS-ID change transactions. File clearance logic for MEDS-ID change transactions will be revised so that the change can be requested by any count that has current, pending or future pending responsibility in the primary Medi-Cal segment, any one of the special program segments, the pending application segment or the food stamp segment. Currently, EW10 edits limit updates to the county in the current primary Medi-Cal segment.

Since these changes affect online EW10 and FX10 edits, the online FX10 will be revised to use the same edit logic and data elements as the EW10. The FX10 screen will be revised so that the contents of the screen are identical to the EW10 screen except for the transaction code that displays when the screen is accessed. The FX10 screen is being retained so that county staff will not have to make changes to security for workers who are authorized to submit FX10 transactions. An FX10 submitted online will be processed through the batch process as an EW10 and will appear on the MEDS Worker Alert Report if there are any errors encountered during the batch edit/update process. The online EW10 and FX10 screens are also being revised to accept the Alias/SSA Name Code, which will be required when the Alias/SSA Name is reported. Currently, MEDS logic presumes that an Alias Reported on an EW10 or FX10 is the SSA Name.

Worker Alert Message Changes

Changes are also being made to the security module to improve the alert information returned to counties and to eliminate unnecessary or inappropriate alerts. The revised logic will issue the new Supplemental Security Income/State Supplementary Payment (SSI/SSP) alerts listed below and will check for an active county client status before issuing the alerts. The new alerts are intended to provide information which might indicate a need to redetermine eligibility and to allow counties to assist clients with pending SSI applications. The eight new alert messages are:

9011 IAR Intercept Request Initiated to SSA

9012 IAR Status Update Received From SSA

9013 GR Client Shows IAR Intercept With Another Entity

9014 History SSI/SSP Eligibility Established

9015 Current SSI/SSP Payment or Elig-Status Change Reported

9016 Current Income Change Reported On SSI/SSP Client

9017 SSI/SSP Denial/Appeal Status Change Reported

9018 SSI/SSP Application Reported For County Client