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November 12, 1999

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

Letter No.: 99-58

MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) TRANSACTION PROCESSING ENHANCEMENT - PHASE I

The purpose of this letter is to provide background information on the MEDS Transaction Processing Enhancement and to provide specific information on MEDS changes that counties will notice now that Phase I has been moved into production. Information on the MEDS Address Enhancement, which is a component of these enhancements, is contained in a separate letter. Phase 2 of the MEDS Address Enhancement was installed September 18, 1999.

BACKGROUND

Initially, MEDS carried a single set of eligibility information for a given month and updates to client information were controlled by either the Social Security Administration or by a single county depending upon which organization controlled current eligibility. Over the years, MEDS has expanded so that now it may show multiple sets of eligibility information for a single month and there may be several different organizations submitting updates to current client information. In the rush to add new programs and respond to legislation and court cases, the major MEDS processes (file clearance, eligibility status updates, client data updates, changing MEDS-IDs and generating alerts) had not been reassessed to most effectively accommodate the impact of multiple organizations updating client data and the existence of multiple sets of eligibility for a single month. In addition, many county requests for changes to improve the exchange of information between MEDS and the counties had been deferred.

Over the last several years, there has also been a major emphasis on expansion of managed care as a means of providing Medi-Cal coverage. One of the major concerns in the expansion of managed care has been discrepancies between county systems and MEDS and the lack of timely follow up on exception alerts. An example is a termination or change in aid category being rejected because a different worker, another county or an Supplemental Security Income/State Supplementary Payment (SSI/SSP) update had changed the birthdate on MEDS.

Without timely appropriate follow-up action, a client who is entitled to Medi-Cal coverage might not receive services or, conversely, inappropriate eligibility could continue on MEDS and the Department of Health Services (DHS) could incur months or years of erroneous capitation and/or Medicare premium payments.

Experience working with the counties during expansion of the Interim Statewide Automated Welfare System (ISAWS) from a single county system to a system serving 35 counties confirmed that even with use of the Client Index Number as a key identifier, changes to MEDS to more closely parallel the way counties do business could have a significant impact in reducing update discrepancies (e.g., accepting client identification updates on MEDS during the initial application process rather than having to hold such changes until after eligibility approval has been reported to MEDS).

When Los Angeles started work on development of the new (Los Angeles Eligibility Automated Determination Evaluation and Reporting [LEADER]) system for its welfare and Medi-Cal processes and with additional SAWS consortiums in the planning phases, DHS recognized that, in order to maximize the return on county development efforts, any major changes in MEDS processing and reporting requirements ought to be planned to coincide with the LEADER development effort. Since last year we have been working on changes to MEDS to improve the interface between MEDS and counties, minimize update discrepancy problems, reduce unnecessary alerts back to counties, provide enhanced processing to support county operations and capture additional information which will allow MEDS to better support delivery of health care services to Medi-Cal clients. These changes should also improve health care plan enrollments, reduce beneficiary problems with access to care, reduce the chance of additional lawsuits related to client eligibility issues and reduce instances of duplicate or inappropriate capitation payments.

Several minor pieces of these changes have already been implemented. Refer to TAO CCLETTER Bulletin Board - Address Enhancement Phase I dated November 9, 1998 and CC203 Installed dated March 30, 1999 (M605 - Improved County Transaction Processing Phase 0) for more information on implemented changes. Over the past eight months, we have implemented several major changes in MEDS processing. Some of these changes are tied to new transactions and new data elements. SAWS consortium systems will be expected to use the new transactions and report the new data elements. DHS is not requiring counties to modify their existing 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 once MEDS Transaction Processing Enhancement - Phase 2 is ready for testing. Many of the changes will benefit all counties whether they use the new MEDS transactions or continue to use existing MEDS transactions.

OVERVIEW OF CHANGES

Phase 1 of MEDS Transaction Processing Enhancement affects primarily updates to Special Program segments and updates to client data. Phase 2, implemented September 18, 1999, affects updates to the primary Medi-Cal and Food Stamp segments. Phase I changes 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 alerts reports and messages to provide more appropriate and consistent messages and to facilitate automated processing of messages by counties.

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

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) TRANSACTION PROCESSING ENHANCEMENT - PHASE 1

This document describes changes that counties may notice when Phase 1 of the MEDS Transaction Processing Enhancement was installed. Unless otherwise indicated below, Phase 1 changes will only affect updates to Special Program segments and to client data. Phase 2, installed September 18, 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 (holds and terminations) and minor birthdate discrepancies will not prevent MEDS updates if the County, serial and person number match MEDS or a Client Index Number (CIN) is reported on the transaction and it matches MEDS. Currently, if the transaction header County 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 an MEDS-ID on the transaction, birthdate edits will be done against the MEDS database record using a revised match criteria.

Benefit Identification Card (BIC) issuance requests Eligibility Worker (EW) 45s 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 will apply to special segment updates, EW55s, pending application updates and updates for Ineligible/Responsible Relative (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 9 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

Negative actions (holds and terminations) that fail the birthdate match criteria but match MEDS on County ID will update MEDS and generate a new 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 a new message, 1510 TRANSACTION FAILED MEDS BIRTHDATE/NAME MATCH CRITERIA *URGENT*. Updates that have a reasonable match score will generate a new warning message, 1512 BIRTHDATE DISCREPANCY IDENTIFIED - CHECK FOR DOB CHANGE *ACTION.

Hold Logic Changes

MEDS edit process hold logic will be revised so that MEDS hold transactions are generated only when an update could affect current, or future Medi-Cal or County Medical Services Program eligibility. MEDS holds will be generated only when a fatal error occurs on an EW40 or an EW20 with an Inter/Intra Program Transfer (IPT) Eligibility Status Action Code (ESAC) or an EW30 that either includes a termination date, termination reason or current ESAC or had a fatal data validity error in termination date or current ESAC, share of cost or aid code. To eliminate unnecessary messages, holds will be generated only when the County ID, MEDS-ID or Client Index Number (CIN) is known to MEDS. This change will affect both primary and special program eligibility in Phase 1. MEDS update hold 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 will affect special program eligibility in Phase 1 but will not affect primary eligibility until Phase 2.

Client Data Update Changes

MEDS has changed over the years such that today several different entities may have control over a client's current eligibility status via coverage under multiple programs at the same time. Based on experience with these different programs, we have also learned that there are different confidence levels in the currency and accuracy of client identification information reported to MEDS depending on the source of an update. Phase 1 changes include a new module which will handle all updates to client data; it will determine whether a specific transaction should update

client identification information based on the source of the transaction, the time period covered by the transaction, and the client's active status and program involvement on MEDS. When a transaction is reporting ongoing or future eligibility or is reporting a birthdate change and key client data is not updated due to later or higher priority eligibility, a new warning message is issued, 2177 LIMITED CLIENT UPDATE DUE TO HIGHER PRIORITY/LATER ELIG ALERT. What this change means to counties is that client data changes (e.g., birthdate or Other Health Coverage) reported for Qualified Medicare Beneficiary (QMB) clients will update MEDS even when the client is active Supplemental Security Income/State Supplemental Program (SSI/SSP); counties will no longer have to do a separate EW55 for a client who is SSI/SSP and QMB eligible. It also means that birthdate changes on food stamp transactions will update MEDS when there is no ongoing primary or special segment eligibility on MEDS. As part of the client data update changes, MEDS will automatically issue a new BIC for an active client when the birthdate is updated on a client's record. If there is no paper card issue date on MEDS or if paper card issue date is prior to the BIC issue date, the BIC issue date will be moved to the paper card issue date so the existing BIC can be used until the client receives the newly issued BIC.

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.

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 will: (1) allow batch eligibility updates for deceased clients for months prior to and including the month of death to reduce the need for counties to do exception online updates; (2) 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; (3) allow for up to three special program segments; (4) allow county reporting of GR/GA eligibility to facilitate coordination of benefits when the client applies for SSI/SSP or moves to another county; (5) allow the new format AP20s to update pending application information on MEDS in addition to triggering Income Eligibility Verification System (IEVS) inquiries; (6) allow EW20s with effective dates more than eight months prior to MEDS current month as long as the transaction covers only one month and contains an ESAC indicating exception eligibility; and (7) allow food stamp eligibility updates when MEDS shows a Governmental Responsibility Code indicating 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: GR/GA eligibility will be posted in one of the special program segments (identifier GR/GA) and will be reported in Aid Code 9G. We are also making changes to post an R instead of a B in the source code associated with the LAST-MC/CP-TRANS and LAST-FS-TRANS when the update originated from a reconciliation.

The update changes for the special program segments include logic to process Inter County Transfer (EW05) transactions and to allow adds identified as Inter/Intra Program Transfers to update MEDS when there is no existing eligibility in the special program segment but there is existing eligibility in that county in the primary segment or in another special program segment. In implementing changes to handle case level update transactions from LEADER, the logic that creates individual updates from EW25 and EW35 transactions is being revised. EW25s and EW35s will generate one transaction per MEDS-ID found on the County ID Cross Reference File rather than generating one for each County-ID. The generated transactions will have spaces in the aid code, person number and birthdate fields; the EW35 will become an EW40 on the generated transaction. The update will be applied to every segment where there is a match on County, Serial and FBU Number. This change will apply to all segments in Phase 1.

Worker Alert Changes

Changes are being made to clarify misleading messages, to provide more consistent messages and to provide more field information with error messages. For example, message 1550 COUNTY-ID NOT ON FILE OR MISSING OR INVALID will be replaced with four messages that more specifically identify the problem: 0007 NOT AN ACCEPTABLE INPUT VALUE FOR THIS FIELD *URGENT* if County or Aid Code is invalid; 0003 INVALID CHARACTER WITHIN FIELD *URGENT* if there is an unacceptable character in serial, FBU or Person Number; 0504 INSUFFICIENT CLIENT IDENTIFICATION FIELDS REPORTED *URGENT* if the County ID is missing; or 1506 UPDATE TRANSACTION - CLIENT NOT KNOWN TO MEDS *URGENT* if we are unable to locate a MEDS record for a change transaction using County ID, MEDS-ID or Client Index Number.

Another example of a misleading message is 1004 INVALID AID CODE FOR RECIPIENT WITH SHARE OF COST, which implies that the aid code is incorrect when the problem may be that there should not have been a share of cost reported; messages such as this one will be replaced with new message 1094 DISPLAYED DATA ELEMENTS CONTAIN CONFLICTING INFORMATION *URGENT* or 1095 DISPLAYED DATA ELEMENTS CONTAIN CONFLICTING INFORMATION ACCEPT and the conflicting data elements will be displayed.

Some unnecessary messages will be eliminated; e.g., 2015 RECIPIENT ALREADY ACTIVE IN REQUESTING COUNTY will no longer be issued when the County ID exactly matches MEDS since no action is needed by the county. Refer to attached message list for new, renumbered and/or reworded messages.

Changes are also being made to the update and security modules to improve the alert information returned to counties and to eliminate unnecessary or inappropriate alerts. The revised logic will: (1) correct minor problems in the cash assistance overpayment recovery logic to improve the accuracy of alerts and use a single master aid code list rather than individual aid codes so that all county cash assistance aid codes are included in the overpayment recovery alert process (previously only 30 and 35 were included in this logic); (2) do all edits that may result in an update being rejected before generating any update alerts; and (3) check for an active client status before issuing update alerts.

The changes to provide more consistent error messages and to provide more field information with the error messages support a related Phase 1 change. That change will make alerts available in a record format for automated receipt by the county system so the system can either take action as needed or forward the alert to the appropriate worker or MEDS coordinator. This change will allow counties to have their system automatically handle some of the MEDS generated alerts rather than having to involve the worker (e.g., automatic QMB eligible termination and Notice of Action issuance when MEDS is notified by Buy-In that the client has moved to another state or automatic posting of Social Security number verification information).

Worker Alerts will show operator ID rather than terminal ID in the source field for online transactions. This change was requested by counties since the terminal ID no longer identifies the workstation where the update originated.

NOTE: When Phase 1 is implemented, Central Data Base County Worker Alert Reports will print before the Medi-Cal Eligibility Data System County Worker Alert Reports. Changes to identify the type of alert for the automated alert record caused the change in the order of the printed worker alerts.

Enclosure

MEDS TRANSACTION PROCESSING ENHANCEMENTS - PHASE 1 - MESSAGE CHANGES

A - Deleted Message Numbers

The following message numbers are being deleted as the messages have been assigned new numbers more appropriate to the type of message (Refer to section C below for new message numbers):

0623	TWO MEDS RECORDS HAVE SAME CIN; CHAINING REQUIRED,USE EW11	*ACTION
1011	ZIP CODE CHANGED BY USPS ADDRESS STANDARDIZATION LOGIC	ACCEPT
1608	CLIENT INDEX NUMBER/MEDS-ID CONFLICT	*URGENT*
1609	CLIENT INDEX NUMBER/MEDS-ID VS COUNTY-ID/MEDS-ID CONFLICT	*URGENT*
1610	HIC-NO BELONGS TO ANOTHER MEDS-ID	*URGENT*
1617	SCI CIN / MEDS-ID CONFLICT - MEDS-ID CHANGE REQUIRED	REJECT
2001	PSEUDO MEDS-ID NOT ON FILE	REJECT
2002	COUNTY ID/MEDS-ID CONFLICT	REJECT
2003	MEDS-ID/BIRTHDATE CONFLICT	REJECT
2076	COUNTY ID/BIRTHDATE CONFLICT	REJECT
2504	INVALID KEY WORD OR FIELD DELIMITER	REJECT
4311	NEGATIVE ACTION UPDATED MEDS - FAILED DOB/NAME EDITS	ALERT
9508	COUNTY TRANSFER COMPLETED -- FROM COUNTY - TO COUNTY	ALERT

The following messages have been deleted as they are either obsolete due to MEDS processing changes or have been replaced by other messages (some of these message numbers are being reused for new messages):

0015	INVALID ADDRESS FLAG	ACCEPT
0017	NOT AN ACCEPTABLE INPUT VALUE FOR HIC NUMBER	ACCEPT
1041	INCOMPLETE ALIAS NAME - REQUIRED FIELD MISSING	ACCEPT
1044	MAIL TO ADDRESS INCOMPLETE - NO ID CARD MAILED	REJECT
1050	ALIAS/SSA NAME CODE CONFLICT - CODE MISSING	ACCEPT
1045	EFFECTIVE DATE AND/OR ELIG STATUS ACTION CODE MISSING	REJECT
1051	ESAC/ELIG INFO EFF DATE CONFLICT - ESAC MISSING	REJECT
1070	MEDS-ID REQUIRED WHEN COUNTY-ID NOT KNOWN TO MEDS	REJECT
1500	NO DATA ELEMENTS ON TRANSACTION	REJECT
1501	TRANSACTION CODE MISSING OR INVALID	REJECT
1502	PASSWORD INVALID/MISSING FOR THE SUBMITTING COUNTY	REJECT
1503	CREATION DATE MISSING OR INVALID	REJECT
1504	BATCH SEQUENCE NUMBER MISSING OR INVALID	REJECT
1505	BATCH SEQUENCE NUMBER OUT OF SEQUENCE	REJECT
1506	CONTINUATION CHARACTER MISSING OR INVALID	REJECT
1507	CONTINUATION RECORD TRANS CODE NOT THE SAME	REJECT
1508	CONTINUATION RECORD PASSWORDS NOT THE SAME	REJECT
1509	CONTINUATION RECORD JULIAN DATES NOT THE SAME	REJECT
1510	CONTINUATION RECORD MEDS-IDS NOT THE SAME	REJECT
1511	CONTINUATION RECORD COUNTY IDS NOT THE SAME	REJECT
1512	CONTINUATION RECORD DATES OF BIRTH NOT THE SAME	REJECT
1513	THRESHOLD NUMBER PREPROCESSOR ERRORS GENERATED	ALERT
1514	INVALID BATCH END OF FILE DURING PREPROCESSOR	ALERT
1515	RECORD SEQUENCE NUMBER MISSING	REJECT
1516	RECORD SEQUENCE NUMBER INVALID	REJECT

1517	RECORD SEQUENCE NUMBER OUT OF SEQUENCE	REJECT
1550	COUNTY ID NOT ON FILE OR MISSING OR INVALID	REJECT
1551	MEDS-ID MISSING OR INVALID	REJECT
2503	THRESHOLD NUMBER OF ERRORS EXCEEDED	REJECT
2505	INVALID TRANSACTION CODE SUBMITTED	REJECT
9507	COUNTY TRANSFER PENDING -- FROM COUNTY - TO COUNTY	ALERT

B - Message Text/Status Changes

The text and/or status has changed on the following messages but the previous message description should still be appropriate:

0001	FAILED LENGTH CHECK - INCORRECT NUMBER OF CHARACTERS	*URGENT*
0002	FAILED LENGTH CHECK - INCORRECT NUMBER OF CHARACTERS	ACCEPT
0003	INVALID CHARACTER WITHIN FIELD	*URGENT*
0005	DATE FIELD DOES NOT CONTAIN A VALID DATE	*URGENT*
0007	NOT AN ACCEPTABLE INPUT VALUE FOR THIS FIELD	*URGENT*
0501	REQUIRED FIELD MISSING FOR THIS TRANSACTION	*URGENT*
0535	THE VALUE ENTERED IS NOT VALID FOR THIS TRANSACTION	*URGENT*
1066	NEW MEDS-ID MUST BE AN SSN WHEN CURRENT IS NOT AN SSN	REJECT
1073	DISPLAYED AID-CODES ARE IN DIFFERENT SEGMENTS ON MEDS	*URGENT*
1087	TRANSACTION HAS CLIENT-INDEX-NUMBER BUT NO CHECK-DIGIT	*URGENT*
1088	CLIENT-INDEX-NUMBER / CIN-CHECK-DIGIT CONFLICT	*URGENT*
2022	ICT - RECIPIENT NOT ACTIVE IN ANOTHER COUNTY	*URGENT*
2015	RECIPIENT ALREADY ACTIVE IN REQUESTING COUNTY	*URGENT*
2017	IPT OR OTHER ACTIVE CLIENT CHANGE - RECIPIENT NOT ACTIVE	*URGENT*
2078	RECIPIENT ALREADY ACTIVE IN ANOTHER COUNTY	*URGENT*
2130	DECEASED PER MEDS - CONTACT YOUR MEDS LIAISON	*URGENT*
2144	SPECIAL PROGRAM ELIG INAPPROPRIATE - FULL SCOPE MEDI-CAL	*URGENT*

C - Message Number Changes

The number is changing on the following messages so that the messages fall into the appropriate message group. The text and status may also be changing but the previous message description is still appropriate:

0014	INVALID DATA ELEMENT NUMBER OR FIELD DELIMITER Refer to old message number 2504.	REJECT
1501	COUNTY-ID/MEDS-ID CONFLICT Refer to old message number 2002.	*URGENT*
1502	COUNTY-ID/BIRTHDATE CONFLICT Refer to old message number 2076.	*URGENT*
1503	CLIENT-INDEX-NUMBER/MEDS-ID CONFLICT Refer to old message number 1608.	*URGENT*
1504	CLIENT-INDEX-NUMBER/MEDS-ID VS COUNTY-ID/MEDS-ID CONFLICT Refer to old message number 1609.	*URGENT*
1505	PSEUDO MEDS-ID MUST BE KNOWN TO MEDS Refer to old message number 2001.	*URGENT*

1508 SCI CIN / MEDS-ID CONFLICT - MEDS-ID CHANGE REQUIRED *URGENT*
Refer to old message number 1617.

1509 TWO MEDS RECORDS HAVE SAME CIN; CHAINING REQUIRED,USE EW11 *URGENT*
Refer to old message number 0623.

1513 HIC-NO BELONGS TO ANOTHER MEDS-ID *URGENT*
Refer to old message number 1610.

9022 COUNTY TRANSFER COMPLETED -- FROM COUNTY - TO COUNTY ALERT
Refer to old message number 9508.

X002 MESSAGES EXCEEDED MAXIMUM NUMBER ALLOWED FOR ONE UPDATE *URGENT*
Refer to old message number 2503.

D - Combined Messages

Several old messages have been combined into a single message and the message text on the remaining message has changed (also status on 1047):

1042 INCOMPLETE INFORMATION FOR ALIAS/SSA NAME REPORTING *ACTION
Refer to old message numbers 1041, 1042 and 1050.

1047 EFF-DATE AND ESAC REQUIRED WITH DISPLAYED DATA ELEMENT *URGENT*
Refer to old message numbers 1045, 1047 and 1051.

E - New Messages

The following new messages typically indicate a problem with the way the source system is generating MEDS or CDB transactions (these messages should never occur on transactions entered via MEDS online screens; if so, contact the MEDS Hotline):

0009 CONTINUATION-CHARACTER MISSING OR INVALID REJECT
A fixed length batch input transaction contained a continuation character indicating an additional record to follow but the next record had different information in the transaction header. This message will be accompanied by message 0010.

Response: Contact your data processing staff so that they can determine whether the problem was with the continuation character or whether there are additional records which should have been sent for this transaction. Submit updates as needed to correct MEDS for the rejected transaction.

0010 CONTINUATION RECORD - HEADER FIELDS NOT THE SAME REJECT
A fixed length batch input transaction contained a continuation character indicating an additional record to follow but the next record had different information in the transaction header. This message will always accompany message 0009. It will display the transaction header fields that were different.

Response: Refer to message 0009.

0011 CONTINUATION-SEQUENCE-NUMBER OUT OF SEQUENCE REJECT
A fixed length batch input transaction contained a continuation character indicating an additional record to follow but the next record had a continuation sequence number that was not equal to the prior record's continuation sequence number plus 1. This indicates that there is a missing continuation record for the original transaction. If there were multiple transactions with identical information in the transaction header submitted in a single batch input file, sorting of the input transactions will sometimes cause this message to be generated.

Response: Contact your data processing staff so that they can determine whether the problem was due to missing additional records which should have been sent for this transaction or due to multiple transactions with identical information in the transaction header. Submit updates as needed to correct MEDS.

0012 NUMBER OF CONTINUATION RECORDS EXCEEDS MAXIMUM ALLOWED REJECT
A fixed length batch input transaction contained more than nine continuation records (more than would be expected for the largest possible transaction).

Response: Contact your data processing staff so that they can determine what caused the excessive number of continuation records. Submit updates as needed to correct MEDS.

0013 TRANSACTION CODE IS NOT A VALID MEDS TRANSACTION CODE REJECT
A batch input transaction contained a transaction code that was not recognized as a valid MEDS, CDB or IEVS transaction code.

Response: Contact your data processing staff so that they can determine what caused the incorrect transaction code to be sent to MEDS. If the transaction should have updated MEDS information, submit updates as needed to correct MEDS.

The following new messages are generated when transaction data elements are edited against the transaction code:

0503 DISPLAYED DATA ELEMENT NOT VALID ON THIS TRANSACTION *URGENT*
A batch input transaction contained a data element number that was not recognized as a valid data element for this transaction code.

Response: Contact your data processing staff so that they can determine whether the problem is an incorrect data element number or an incorrect transaction code. If the transaction should have updated MEDS information, submit updates as needed to correct MEDS.

0504 INSUFFICIENT CLIENT IDENTIFICATION FIELDS REPORTED *URGENT*
Either 1) a transaction that requires a full County ID or birthdate did not have complete information in the required field or 2) a whole case transaction did not have at least County and Case Number in the County ID field or 3) a transaction that requires either County ID, MEDS-ID or CIN did not have complete information in at least one of those fields.

Response: If this was a batch input transaction, you should contact your data processing staff so that they can determine why the transaction did not contain the required information. Submit updates as needed to correct MEDS for the rejected transaction.

0536 THE VALUE ENTERED IS NOT VALID FOR THIS TRANSACTION *ACTION
The value displayed is not valid on this transaction for the field displayed with this message. If there are no fatal messages for this transaction, some or all of the transaction information will have updated MEDS since this field was not critical to the update.

Response: Determine whether an inappropriate value was entered in the displayed field or whether a different transaction should have been used and then submit updates as needed to correct MEDS. Refer to the transaction description and Data Element Dictionary for more information on reporting requirements for this data element.

0537 MEDS RESERVED CASE NUMBER INAPPROPRIATE FOR CASE UPDATE *URGENT*
A transaction that does not require a full County ID had a County ID case number that is not allowed on a case update transaction. The case number started with a character that is reserved for use in County IDs that are based on one individual rather than on a group of individuals within a County case. Refer to the Data Element Dictionary for more information on allowable values in the County ID case number.

Response: Determine whether an inappropriate value was entered in the case number field. Submit updates as needed to correct MEDS. If the County ID case number begins with a reserved character, then a whole case update transaction may not be used to update MEDS; individual transactions must be submitted instead.

The following new messages are generated when transaction data elements are edited against other transaction data elements or MEDS dates:

1011 ZIP CODE CHANGED BY USPS ADDRESS STANDARDIZATION LOGIC ALERT
As part of the data edits, MEDS runs addresses through United States Postal Service address standardization logic using the Finalist software package. Since ZIP Code can affect delivery of the Beneficiary Identification Card and appropriateness of health care plan enrollments, this alert is issued if the address software determines that the ZIP Code on the incoming transaction was incorrect based on the other address fields on the transaction.

Response: Review the address posted to MEDS to verify that the address number, street and city are correct since that information is used to determine the ZIP Code. If any of those fields are incorrect, submit updates as needed to correct MEDS. If those fields are correct on MEDS and this update originated from batch input, you may want to correct the ZIP Code on your system.

1041 INCOMPLETE NAME - REQUIRED FIELD MISSING ACCEPT

One or more name fields were reported but one or more of the minimum required name fields were not reported. When a name is reported, last name, first name and middle initial are required; appellation is optional. If a name field submitted on the input transaction contained an invalid character, that field will have been removed from the transaction which could then generate this message. If that happened, there will be another message which will display the field as entered on the original transaction.

Response: Determine whether this message resulted from an invalid character in a name field or from a missing name field. Refer to the Data Element Dictionary for more information on reporting requirements for the displayed data elements. Submit updates as needed to correct MEDS.

1094 DISPLAYED DATA ELEMENTS CONTAIN CONFLICTING INFORMATION *URGENT*

One or more of the data elements displayed with this message contain conflicting information; e.g., the aid code requires a share of cost and no share of cost was reported or the ESAC indicates a closed period of eligibility and no termination date was reported. Since the conflicting fields were critical to the update, this transaction did not update MEDS.

Response: Determine which of the displayed data elements contain incorrect information and then submit appropriate updates to correct MEDS. Refer to the Data Element Dictionary for information on reporting requirements for displayed data elements.

1095 DISPLAYED DATA ELEMENTS CONTAIN CONFLICTING INFORMATION *ACTION

One or more of the data elements displayed with this message contain conflicting information; e.g., a MEDS-ID change transaction reported a Social Security Number as the new MEDS-ID but the SSN verification code indicates that the client has no SSN. If there are no fatal messages for this transaction, some or all of the transaction information will have updated MEDS since the conflicting fields were not critical to the update. Some of the fields displayed with the alert may also have updated MEDS.

Response: Determine which of the displayed data elements contain incorrect information and which fields have been updated on MEDS and then submit appropriate updates to correct MEDS. Refer to the Data Element Dictionary for information on reporting requirements for displayed data elements.

1096 DATE FIELD CONTAINS AN UNREASONABLE DATE *URGENT*

If more than one date from the transaction is displayed, then the dates are considered unreasonable based on comparison of the two dates (e.g., a termination date prior to an effective date). If only one date is displayed from the transaction, it is considered an unreasonable date based on the other fields displayed (e.g., an effective date greater than MEDS future month or an INS entry date greater than the current system date). Since the unreasonable date was critical to the update, this transaction did not update MEDS.

Response: Determine which of the displayed data elements contain incorrect information. Submit updates as needed to correct MEDS. Refer to the Data Element Dictionary for more information on reporting requirements for displayed data elements.

1097 DATE FIELD CONTAINS AN UNREASONABLE DATE *ACTION
If more than one date from the transaction is displayed, then the dates are considered unreasonable based on comparison of the two dates. If only one date is displayed from the transaction, it is considered an unreasonable date based on the other fields displayed (e.g., an INS entry date greater than the current system date). If there are no fatal messages for this transaction, some or all of the transaction information will have updated MEDS since the unreasonable date was not critical to the update. Some of the fields displayed with the alert may also have updated MEDS.

Response: Determine which of the displayed data elements contain incorrect information and which fields have been updated on MEDS and then submit appropriate updates to correct MEDS. Refer to the Data Element Dictionary for information on reporting requirements for displayed data elements.

1098 COUNTY-ID IS NOT STANDARD SSI/SSP FORMAT *URGENT*
The transaction requires an SSI/SSP County ID and the County ID on the County ID on the transaction does not follow the format of an SSI/SSP County ID.

Response: Determine which of the displayed data elements contain incorrect information. Submit updates as needed to correct MEDS. Refer to the MEDS transaction description and the Data Element Dictionary for information on reporting requirements for County ID.

The following new messages are generated when file clearance edits are performed against the MEDS database or MEDS cross reference files:

1506 UPDATE TRANSACTION - CLIENT NOT KNOWN TO MEDS *URGENT*
The transaction indicates a change to an existing MEDS record and no MEDS record was found using the CIN, MEDS-ID and/or County ID reported on the transaction.

Response: Determine whether there is missing information or an error in the CIN, MEDS-ID and/or County ID reported on the transaction or whether there is no MEDS record due to a fatal error on a previous transaction that would have built the MEDS record. Submit updates as needed to correct MEDS.

1507 NO MATCHING COUNTY-IDS FOUND FOR CASE UPDATE TRANSACTION REJECT
No matching County IDs were found for a case update transaction.

Response: Determine whether there is missing information or an error in the County ID fields reported on the transaction or whether there is no MEDS record due to a fatal error on a previous transaction that would have built the MEDS record. Submit updates as needed to correct MEDS.

1510 TRANSACTION FAILED MEDS NAME/BIRTHDATE MATCH CRITERIA *URGENT*
The transaction header birthdate did not match MEDS and, if a new birthdate was reported, it also did not match MEDS. An attempt to process the transaction based on MEDS reasonable birthdate/name match edits failed (see File Clearance Edits for details on MEDS birthdate match criteria). Since there is some question as to whether the person identified on the transaction is the same person known to MEDS, this transaction did not update MEDS.

Response: Review county records to determine whether the client identification information reported on the transaction is correct. Review MEDS information to determine whether the CIN, MEDS-ID and/or County ID reported on the transaction is associated with a different person on MEDS. If the records are for two different persons, determine whether a MEDS-ID change is needed, whether a new County ID will need to be assigned and/or whether there is a CIN conflict that will need to be resolved.

1511 NEGATIVE ACTION UPDATED MEDS - FAILED DOB/NAME EDITS *ACTION
The transaction header birthdate did not match MEDS and, if a new birthdate was reported, it also did not match MEDS. An attempt to process the transaction based on MEDS reasonable birthdate/name match edits failed (see File Clearance Edits for details on MEDS birthdate match criteria). Since the transaction was a negative action and the County ID matched MEDS, this transaction updated MEDS.

Response: Review county records to determine whether the client identification information reported on the transaction is correct. Determine whether a name or birthdate change is needed and submit updates as needed to correct MEDS.

1512 BIRTHDATE DISCREPANCY IDENTIFIED - CHECK DOB CHANGE *ACTION
The transaction header birthdate did not match MEDS and, if a new birthdate was reported, it also did not match MEDS. An attempt to process the transaction based on MEDS reasonable birthdate/name match edits resulted in a reasonable match (see File Clearance Edits for details on MEDS birthdate match criteria). Since there is reason to believe that the person identified on the transaction is the person known to MEDS, this transaction will have updated MEDS unless there is fatal message for this transaction. However, the birthdate on MEDS will not have been changed.

Response: Review county records to determine whether the birthdate reported on the transaction is correct and submit updates as needed to correct MEDS.

The following new messages are generated when transaction information is edited against information on the MEDS database:

2176 NO CLIENT DATA UPDATED DUE TO HIGHER PRIORITY/LATER ELIG ALERT
This message is generated on an EW55 transaction when MEDS has a governmental responsibility code other than 2 and has current or ongoing eligibility other than SSI/SSP.

Response: Determine whether the update requested is still needed and, if so, coordinate with the worker responsible for the active case to make the correction to MEDS.

2177 LIMITED CLIENT UPDATE DUE TO HIGHER PRIORITY/LATER ELIG ALERT
The transaction reported changes to client information; however, due to later or higher priority eligibility on MEDS,only limited fields from the transaction updated MEDS (see Update Edits for details on MEDS limited update criteria). This message is issued only when the transaction was associated with a current or ongoing active status or issuance of a BIC was requested in conjunction with the update of client information.

Response: Review MEDS information to determine what information was updated and, if other information still needs to be updated, coordinate with the worker responsible for the higher priority or later active case to make the correction to MEDS.

2178 NO BIRTHDATE UPDATE DUE TO HIGHER PRIORITY/LATER ELIG *ACTION
The transaction reported a birthdate change; however, due to later or higher priority eligibility on MEDS, the birthdate change did not update MEDS (see Update Edits for details on MEDS limited update criteria).

Response: Review MEDS information to determine whether another later transaction already updated the birthdate and, if not, coordinate with the worker responsible for the higher priority or later active case to make the correction to MEDS.

2182 INSUFFICIENT RECIPIENT DATA TO BUILD NEW MEDS RECORD *URGENT*
The transaction did not contain name and/or sex and no existing MEDS record was found for this client.

Response: Review county records to determine whether the client identification information reported on the transaction is correct. Check MEDS to determine whether there has been a MEDS-ID change which resulted in MEDS not finding an existing record. Submit updates as needed to correct MEDS.

2183 INCOMPLETE ADDRESS ON TRANSACTION - NO ID CARD MAILED *ACTION
A transaction requesting issuance of a Beneficiary Identification Card had an incomplete address. If an address field submitted on the input transaction contained an invalid character, that field will have been removed from the transaction which could then generate this message. If that happened, there will be another message which will display the field as entered on the original transaction. Since the address on MEDS was not updated, no ID Card was requested.

Response: Determine whether this message resulted from an invalid character in an address field or from a missing address field. Refer to the Data Element Dictionary for more information on reporting requirements for the displayed data elements. Submit updates as needed to correct MEDS.

2184 EFFECTIVE DATE ADJUSTED DUE TO ELIGIBILITY CONFLICT ALERT
This alert is issued to advise county staff that MEDS changed the effective date on their transaction. The client's MEDS record showed conflicting eligibility for the time period covered by the transaction so the effective date was adjusted forward one month past the conflicting month in order to try to post the requested change. In most cases, this adjustment should allow MEDS to post the update. Sometimes this message will be accompanied by another message indicating that MEDS was unable to post the update due to no matching County ID or qualifying eligibility found on MEDS after the effective date was adjusted.

2185 SPECIAL PROGRAM ELIG INCOMPATIBLE WITH PRIMARY ELIG *ACTION
The transaction reported pending or future eligibility which is incompatible with existing eligibility on MEDS. This message is issued when there is CHILD program eligibility and full scope no share of cost federal program eligibility for the same month.

Response: Check MEDS to determine if a later transaction updated MEDS to discontinue the conflicting eligibility. If not, review county records to determine which eligibility is the correct ongoing eligibility and submit updates as needed to terminate the inappropriate eligibility on MEDS.

The following new eligibility alert messages have been added:

9007 BUY-IN ACCRETION CONFIRMED FOR COUNTY CLIENT *ACTION
This alert is issued when MEDS receives confirmation of a new Buy-In accretion and there is an active county-controlled case.

Response: Adjust case budget as necessary to reflect that the client is no longer paying Medicare premiums.

9011 IAR INTERCEPT REQUEST INITIATED TO SSA ALERT
This alert is issued for a General Relief/General Assistance client when MEDS shows a pending SSI/SSP application and has initiated an IAR intercept request on behalf of the GR/GA county.

9012 IAR STATUS UPDATE RECEIVED FROM SSA ALERT
This alert is issued for an active General Relief/General Assistance client when MEDS receives an IAR status update from SSA.

9013 GR CLIENT SHOWS IAR INTERCEPT WITH ANOTHER ENTITY *ACTION
This alert is issued when MEDS receives an update showing General Relief/General Assistance eligibility and MEDS shows a different county already identified to receive the initial check from SSA.

Response: Coordinate with the other county to arrange to receive reimbursement for GR/GA grants when the initial SSA check is sent to the other county.

9014 HISTORY SSI/SSP ELIGIBILITY ESTABLISHED *ACTION
This alert is issued when history SSI/SSP eligibility is established for an active county client.

Response: Determine whether receipt of the retroactive payment affects current eligibility. Determine whether there are county medical expenses for that client which can now be billed to Medi-Cal.

9015 CURRENT SSI/SSP PAYMENT OR ELIG-STATUS CHANGE REPORTED *ACTION
This alert is issued when an SSI/SSP update changes current payment amount or eligibility status for an active county client.

Response: Determine whether the SSI/SSP payment amount or status change impacts the client's county-determined eligibility.

9016 CURRENT INCOME CHANGE REPORTED ON SSI/SSP CLIENT *ACTION
This alert is issued when an SSI/SSP update changes current income amounts for an active county client.

Response: Determine whether the SSI/SSP payment amount or status change impacts the client's county-determined eligibility.

9017 SSI/SSP DENIAL/APPEAL STATUS CHANGE REPORTED ALERT
This alert is issued when an SSI/SSP denial or appeal status change is reported for an active county client. This alert is provided for counties who assist clients with their SSI/SSP applications.

9018 SSI/SSP APPLICATION REPORTED FOR COUNTY CLIENT ALERT
This alert is issued when an SSI/SSP application is reported for an active county client. This alert is provided for counties who assist clients with their SSI/SSP applications.

9019 MEDS SHOWS FOOD STAMP CLIENT CURRENTLY RECEIVING SSI/SSP *ACTION
This alert is generated when MEDS receives an update indicating that a client is receiving SSI/SSP cash assistance and the client shows ongoing food stamp eligibility on MEDS.

Response: Determine whether the client's food stamp eligibility should be discontinued.

9020 MEDS-ID CHANGED ON MEDS RECORD FOR YOUR CLIENT ALERT
This alert is generated when a MEDS-ID change is reported for an active county client.

Response: Update the MEDS-ID (SSN) on county records as appropriate.

9021 INTER-COUNTY TRANSFER REPORTED IN OTHER MEDS SEGMENT *ACTION
Since the programs that a client is eligible for may change when a client moves to a new county, this message is issued when an inter-county transfer updates MEDS and there is ongoing or future eligibility in another segment. This message is intended as an alert that a termination action may be needed to discontinue the MEDS eligibility in your county.

Response: If you get alert message 9022 with the same County ID as on this message, it indicates that a subsequent transaction from the new county took over the eligibility that generated this alert. If you do not get a matching 9022 alert, then you need to determine

whether the MEDS eligibility for your client should be discontinued and submit updates as needed to correct MEDS.

The following new Hotline message has been added:

X003 MESSAGES EXCEEDED MAXIMUM NUMBER ALLOWED FOR ONE UPDATE HOTLINE*
This transaction generated more than 30 messages in a single MEDS edit or alert process. Since the message that exceeded the maximum was not a fatal error, this message provides a warning that there is additional information for this update which MEDS is unable to return to the user. If there are no fatal messages for this transaction, some or all of the transaction information will have updated MEDS.

Response: Coordinate with the MEDS Hotline to determine what action might be needed to deal with the missing messages. Determine what transaction information has updated MEDS and then submit updates as needed to correct MEDS.