

**DEPARTMENT OF HEALTH SERVICES**

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(916) 657-2941

October 31, 1994

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 136

TO: All Holders of the Medi-Cal Eligibility Manual

**PROCEDURES SECTION 12H--BENEFICIARY IDENTIFICATION CARD (BIC) SHARE OF COST**

The purpose of this letter is to transmit a new procedures section to address changes in share of cost processing arising from the BIC system.

**PROCEDURES REVISION**

Article 12H

**Description**

Share of Cost clearance for individuals with BIC

**FILING INSTRUCTIONS****Remove Pages****Insert Pages**

Procedural Table of Contents  
 Article 12, page PTC-13

Procedural Table of Contents  
 Article 12, page PTC-13

Article 12--Table of Contents

Article 12--Table of Contents

NONE TO REMOVE

Article 12  
 12H-1 through 12H-15

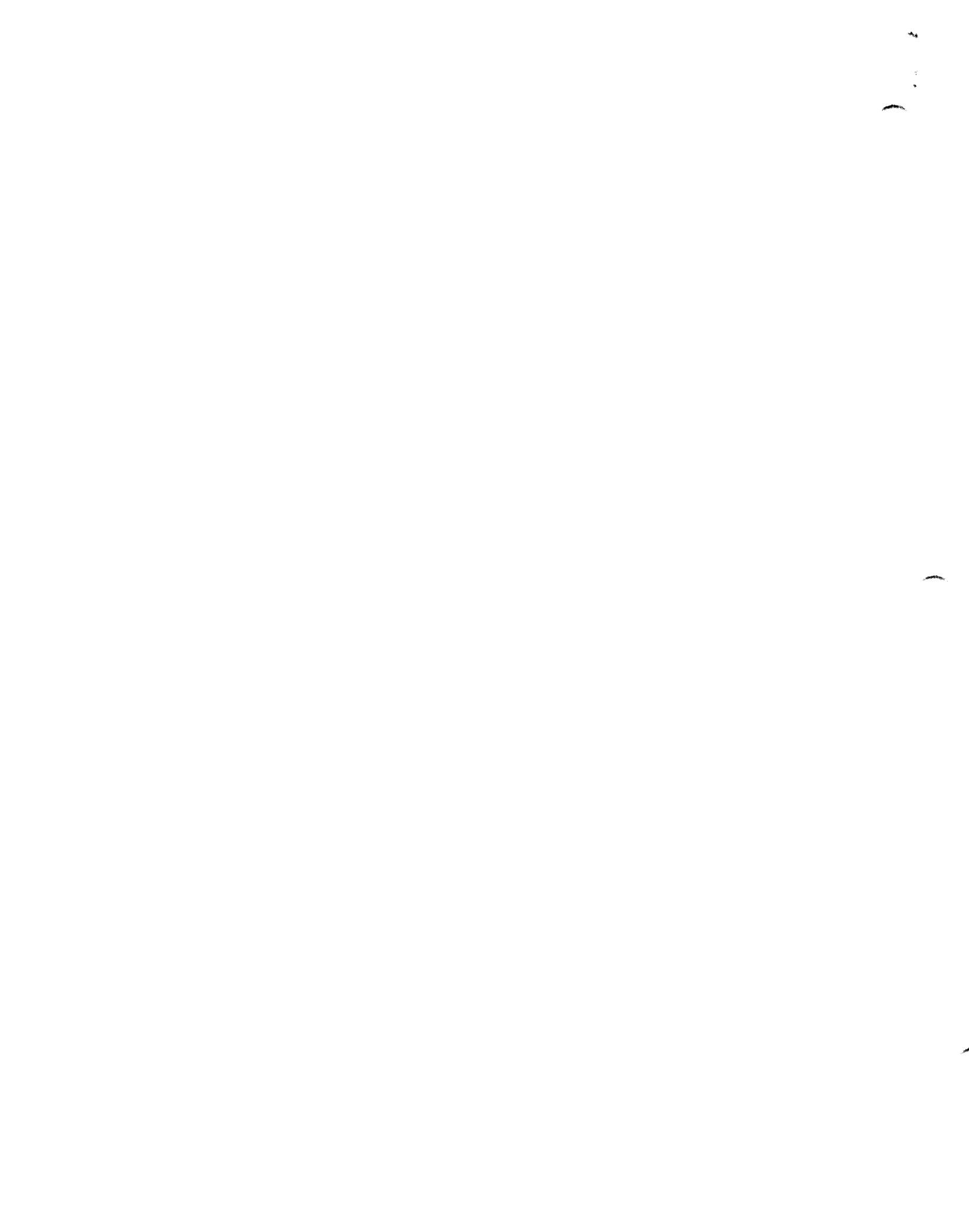
If you have any questions or suggestions, please contact Craig Yagi of my staff at (916) 657-1182.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
 Medi-Cal Eligibility Branch

Enclosures

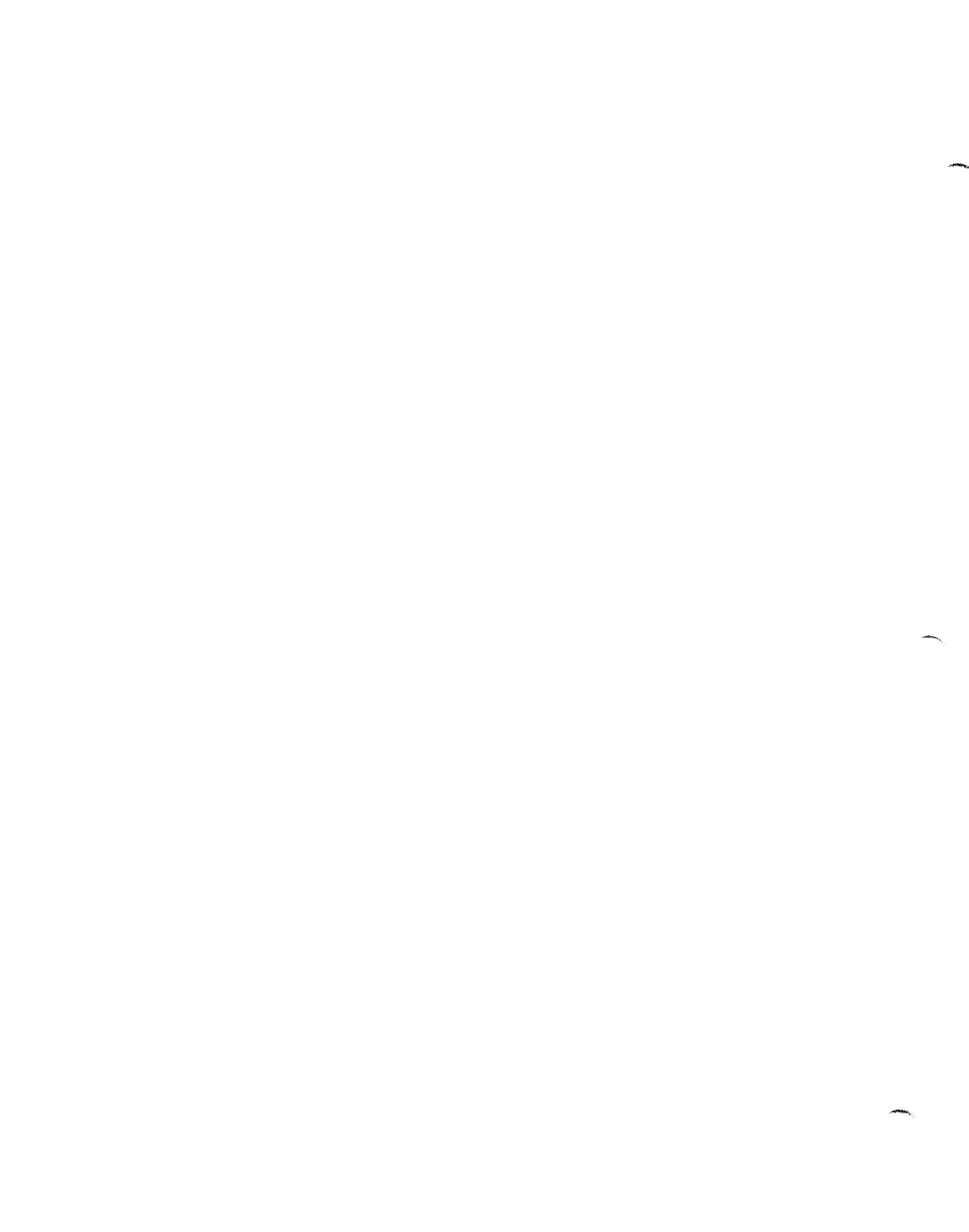


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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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- Article 12 -- SHARE OF COST
- 12A -- RECORD OF HEALTH CARE COSTS--SHARE OF COST FORM MC 177S  
PROCESSING
- 12B -- COUNTY CERTIFICATION AND MEDI-CAL CARD ISSUANCE FOR ELIGIBLES WITH  
A SHARE OF COST
- 12C -- PROCESSING CASES WHEN A SHARE OF COST HAS BEEN REDUCED  
RETROACTIVELY
- 12D -- PROCESSING CASES WHEN AN INCREASE IN SHARE OF COST IS DETERMINED  
BECAUSE OF INCOME OR FAMILY COMPOSITION CHANGES
- 12E -- PROCESSING CASES WHEN A DECREASE IN SHARE OF COST IS DETERMINED  
BECAUSE OF INCOME OR FAMILY COMPOSITION CHANGES
- 12F -- INCREASED SHARE OF COST DUE TO VOLUNTARY INCLUSION OF ADDITIONAL  
FAMILY MEMBER(S)
- 12G -- PROVIDER'S RESPONSIBILITY WITH RESPECT TO SHARE-OF-COST  
COLLECTION
- 12H -- SHARE-OF-COST CLEARANCE FOR INDIVIDUALS WITH A BENEFICIARY  
IDENTIFICATION CARD



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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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- Article 12    --    **SHARE OF COST**
- 12A    --    **RECORD OF HEALTH CARE COSTS--SHARE OF COST (FORM MC 177S) PROCESSING**
1.    **Background**
  2.    **County Review of MC 177 Forms**
  3.    **County Submission of Forms**
  4.    **Certification Processing**
  5.    **Computerized Verification Procedures**
  6.    **Card Issuance**
- 12B    --    **COUNTY CERTIFICATION AND MEDI-CAL CARD ISSUANCE FOR ELIGIBLES WITH A SHARE OF COST**
1.    **Client's Certification of Medical Need**
  2.    **Certification Processing by the County**
  3.    **Date of Certification**
  4.    **Medi-Cal Card Issuance**
  5.    **Temporary Medi-Cal ID Card (MC 301) Issuance and Reporting**
  6.    **Submission of Form MC 177S to the State**
  7.    **Delayed Requests for MC 301 Cards**
  8.    **Resubmission of MC 177S Forms**
- 12C    --    **PROCESSING CASES WHEN A SHARE OF COST HAS BEEN REDUCED RETROACTIVELY**
- A.    **Background**
  - B.    **Case Situations**
  - C.    **Submitting Revised MC 176-M and MC 177-S Forms to Department of Health Services**
- Adjustments of Share of Cost and Provider Reimbursement (Chart)**

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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- 12D -- PROCESSING CASES WHEN AN INCREASE IN SHARE OF COST IS DETERMINED BECAUSE OF INCOME OR FAMILY COMPOSITION CHANGES
- A. Background
  - B. Increase in Share of Cost Due to Change in Income
  - C. Increase in Share of Cost Due to Change in Family Composition
- 12E -- PROCESSING CASES WHEN A DECREASE IN SHARE OF COST INDETERMINED BECAUSE OF INCOME OR FAMILY COMPOSITION CHANGES
- A. Background
  - B. Decrease in Share of Cost Due to Change in Income
  - C. Decrease in Share of Cost Due to Change in Family Composition
- 12F -- INCREASED SHARE OF COST (SOC) DUE TO VOLUNTARY INCLUSION OF ADDITIONAL FAMILY MEMBER(s)
- 1. Background
  - 2. Case Situations
- 12G -- PROVIDER'S RESPONSIBILITY WITH RESPECT TO SHARE-OF-COST COLLECTION
- 12H -- SHARE-OF-COST CLEARANCE FOR INDIVIDUALS WITH A BENEFICIARY IDENTIFICATION CARD
- 1. Background
  - 2. Provider SOC Clearance Process
  - 3. County SOC Clearance Process

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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### 12H--SHARE-OF-COST CLEARANCE FOR INDIVIDUALS WITH A BENEFICIARY IDENTIFICATION CARD

1. Background

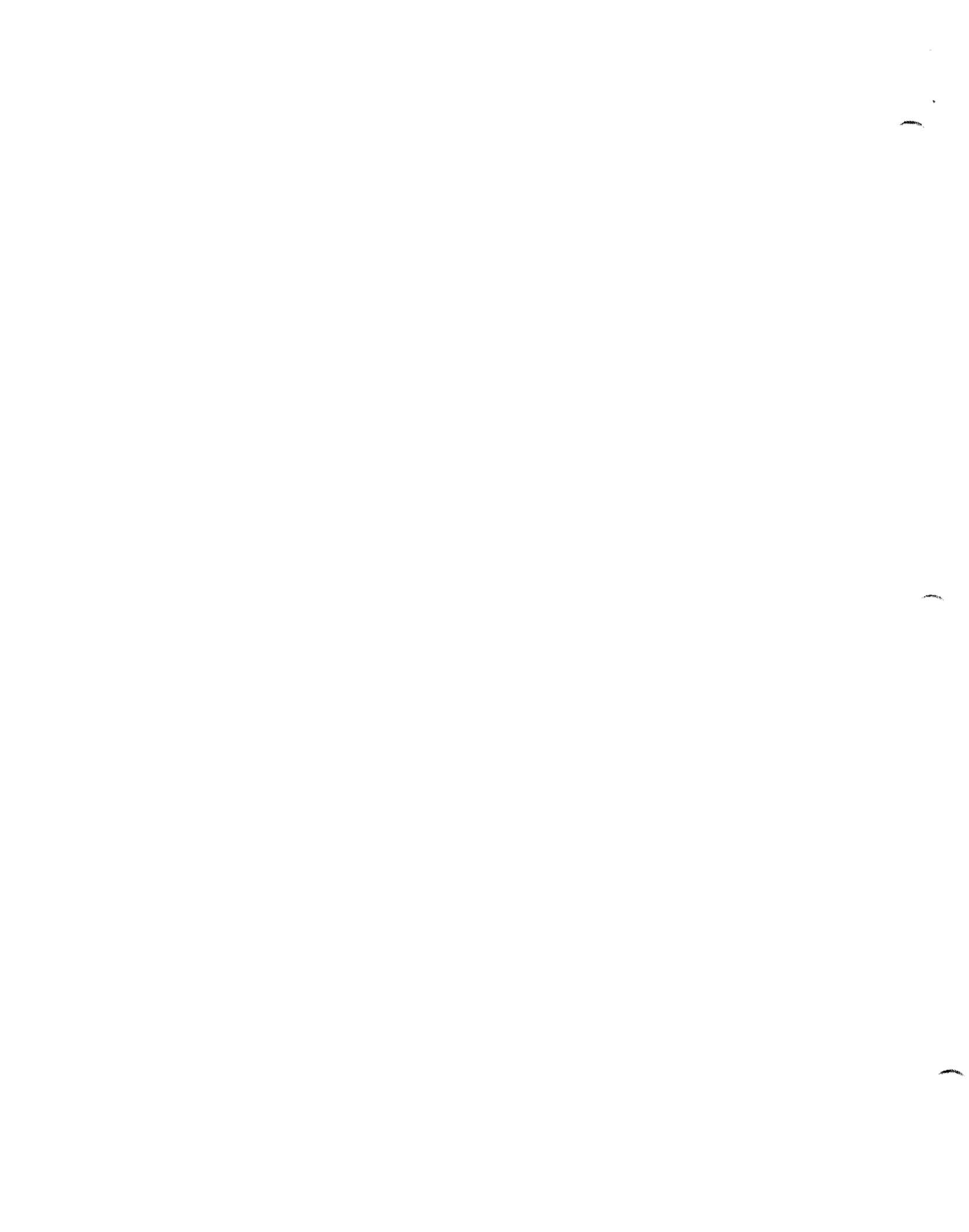
Effective September 1, 1994 counties with the exception of San Mateo, Santa Barbara, and Solano will have implemented the beneficiary identification card (BIC) system. The BIC system substitutes the on-line clearance of share of cost (SOC) for the manual MC 177 process described in Article 12A. Please note: the on-line system allows for SOC clearance by providers or counties through Medi-Cal Eligibility Data Systems (MEDS).

2. Provider SOC Clearance Process

Medi-Cal providers may clear SOC with a point of sale device, state-supplied personal computer software, vendor-supplied software or the Automated Eligibility Verification System. The process is described in the Inpatient/Outpatient Electronic Data Systems Corporation Bulletin No. 236 table of contents and pages 1, 2, and 3 which we have reproduced and are included for your information as pages 12H3, 12H4, 12H5, and 12H6.

3. County SOC Clearance Process

The county has been given the ability to clear SOC through MEDS. This function is needed to clear SOC for those beneficiaries that utilize non-Medi-Cal providers. This is a high level activity which most counties will restrict to few individuals and/or terminals. The instructions for this process have been developed and will be part of a future MEDS handbook revision. They are included for your information as pages 12H7 to 12H15.



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# MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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ELECTRONIC DATA SYSTEMS CORP.



# MEDI-CAL UPDATE

P.O. BOX 13029, SACRAMENTO, CA 95813-4029

Inpatient/Outpatient Bulletin 236

June 1994

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### Instructions for manual replacement pages:

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Remove and replace: 100-20-1/2, -5 thru -7  
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Remove and replace: 100-47-5 thru -8  
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#### Section 200

Remove and replace: 200-70-1/2\*  
200-80-17/18

#### Section 300

Remove and replace: 300-35-17/18  
300-38-9/10

#### Section 400

Remove: 400-40-1 thru -6  
Insert: 400-40-1 thru -18 (new)  
Remove and replace: 400-44-5/6  
400-46-5/6 \*

#### Section 1000

Remove: 1000-15-1 thru -8  
Insert: 1000-15-1 thru -10

\* Pages updated/corrected due to ongoing provider manual revisions.

Please turn page over for Medi-Cal Hotlines and Change of Address form

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SECTION NO.:

MANUAL LETTER NO.: 136

DATE: OCT 3 1 1994 12H-2

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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Inpatient/Outpatient Bulletin 236

June 1994

### Verifying Recipient Eligibility: Multiple Messages

When verifying Medi-Cal eligibility, providers should be aware that more than one eligibility message will be returned for some recipients. The April 1994 bulletin announced that an Eligibility Verification Confirmation (EVC) number would not be returned from the Medi-Cal Host computer if the recipient had a Share of Cost (SOC) and also had eligibility under a special aid code for specific services with no SOC.

Effective June 1, 1994, system changes have been made to the POS network that will cause the Medi-Cal Host computer to return an EVC number to confirm eligibility for the specific services that do not have a Share of Cost.

The recipient in the example below (POS device printout) has a Share of Cost but is also eligible for pregnancy- and postpartum-related medical services without paying SOC.

Note: Claims and Eligibility Real-Time System (CERTS) software, telephone Automated Eligibility Verification System (AEVS) and Digital AEVS will return eligibility messages with wording similar to that of the POS device.

	<p>MEDI-CAL PROVIDER 94-06-01</p> <p>PROVIDER NUMBER: XXX456780</p> <p>TRANSACTION TYPE: ELIGIBILITY INQUIRY</p> <p>RECIPIENT ID: 123456789</p> <p>YEAR &amp; MONTH OF BIRTH: 1966-12</p> <p>DATE OF ISSUE: 94-03-01</p> <p>DATE OF SERVICE: 94-06-01</p> <p>LAST NAME: JONES. EVC# A123456789 CNTY CODE 19. 1ST SPECIAL AID CODE: 44. MEDI-CAL RECIP HAS A \$00102.50 SHARE OF COST. RECIPIENT IS MEDI-CAL ELIGIBLE FOR PREGNANCY AND POSTPARTUM RELATED MEDICAL SVCS WITH NO SHARE OF COST.</p>	
<p>First eligibility message—recipient has a Share of Cost that is only collected for non-pregnancy- or non-postpartum-related services.</p>		<p>Eligibility Confirmation Number can be used when billing for covered services—in this case, pregnancy and postpartum services.</p>
		<p>Second eligibility message—recipient is eligible for pregnancy and postpartum services with no Share of Cost. Bill Medi-Cal for these services.</p>

POS Device Printout

In the example above, if the service is related to pregnancy or postpartum, the provider would bill Medi-Cal and must not bill the recipient or collect (or obligate) an SOC payment. Only if the service is not related to pregnancy or postpartum would the provider collect (or obligate) an SOC payment.

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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Inpatient/Outpatient Bulletin 236

June 1994

### POS Device and/or CERTS Software

Providers who have not already done so should act now to order a POS device and/or CERTS software by completing the *POS Network Enrollment Package* and mailing it to the EDS POS Help Desk. If you do not have an enrollment package, please call the EDS POS Help Desk at 1-800-427-1295 immediately.

### BIC Implementation

Medi-Cal recipients in Colusa, Glenn and San Joaquin counties will begin using plastic Benefits Identification Cards (BICs) on July 1, 1994. Paper Medi-Cal ID cards will no longer be issued for these recipients, except for immediate need and minor consent recipients. Providers must verify eligibility of recipients with a BIC for every month of service. Eligibility verification, Share of Cost clearance and Medi-Service reservation can be performed by using a State-supplied POS device, State-supplied personal computer software (CERTS), vendor-supplied software or the Automated Eligibility Verification System (AEVS). Providers will need to know their Medi-Cal Provider Identification Number (PIN) to verify eligibility.

### POS Device and Responses

The Point of Service (POS) device is easy to use, allows immediate access to eligibility information and is free to providers who have a volume of 300 claim lines adjudicated per year (for primary care providers) or 1,000 claim lines adjudicated per year (for other, non-pharmacy providers). If a Medi-Cal or CMSP recipient presents a plastic Benefits Identification Card (BIC) or one of the new paper cards, all providers statewide can perform the following transactions through the POS network:

- Eligibility verification
- Share of Cost
- Medi-Service

Providers are encouraged to apply for a free POS device or CERTS software by calling the EDS POS Help Desk at 1-800-427-1295. The telephone Automated Eligibility Verification System (AEVS) is designed for providers who see a small number of Medi-Cal or CMSP recipients.

#### Response Discrepancies

Some providers have reported receiving different results when manually inputting information rather than swiping the Benefits Identification Card (BIC) through the POS device. This may occur when there is an error in keying the recipient's number or when any information on the face of the BIC (including the ID number) has changed, but the recipient has not received a new BIC. When the BIC is swiped through the POS device, the recipient information returned from the Host is the most current and correct.

If you notice a discrepancy between the information on the face of the card and the information received, please verify that the identification number was entered correctly. Ask the recipient if any information on the face of the card has changed and whether the recipient has a more recent BIC. If a more recent card has not been received and the information on the face of the card has changed or is incorrect, the recipient should contact the local County Welfare Department.

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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Inpatient/Outpatient Bulletin 236

June 1994

### VERIFYING RECIPIENT ELIGIBILITY: MULTIPLE MESSAGES (continued)

This policy applies to all recipients who have multiple eligibility messages, where one message indicates that the recipient has a Share of Cost and the other message(s) indicate the recipient is eligible for certain specific services.

If the recipient has an SOC, the message returned from the Host will contain language in the same sentence indicating that the recipient has an SOC and the dollar amount. For example:

"Medi-Cal eligible limited to emergency and pregnancy related services with a Share of Cost of \_\_\_\_\_ dollars."

If you provide a service for which the eligibility message states the recipient is eligible for certain specific services and does not state that the recipient has an SOC in the same sentence, do not bill the recipient or collect (or obligate) the Share of Cost for that service. Bill Medi-Cal instead.

If you are unsure of the meaning of any responses you receive from the POS network, call the EDS POS Help Desk at 1-800-427-1295.

### AEVS Improvements

Effective June 1, 1994, the Automated Eligibility Verification System (AEVS) will repeat the information that was entered (recipient ID number, date of birth and date of service) if the Medi-Cal Host computer returns a "No recorded eligibility for (month) (year)" message when verifying recipient eligibility. This improvement to AEVS will allow providers to verify that the correct information was entered.

For example, if the date of birth was incorrectly entered as 12/1936 instead of 12/1963, the Host would return the following message:

"No recorded eligibility for June 1994 for recipient 123456789 with a date of birth of December 1936. To hear this information again, press 1. Otherwise, press 2."

An additional change to AEVS is that the Eligibility Verification Confirmation (EVC) number will now be returned at the end of the eligibility message. For example, you might hear the following message:

"The first six letters of the recipient's last name are J O H N S O.  
The recipient's first initial is M.  
The county code is 19.  
The first special aid code is 76.

Medi-Cal recipient has a Share of Cost of one-hundred-two dollars and fifty cents.  
Recipient is Medi-Cal eligible for pregnancy- and postpartum-related medical services with no Share of Cost.

The Eligibility Verification Confirmation number is A123456789."

*These changes are illustrated on manual replacement pages 100-54-3, -10, -11 and -14, included with this bulletin.*

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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Inpatient/Outpatient Bulletin 236

June 1994

### CMC Technical Manual Revised

To prepare vendors, suppliers and billers for the *UB-92 Claim Form* conversion, EDS will be mailing the revised *CMC Technical Manual* in June. This manual will include the three electronic billing options available to bill Medi-Cal following the conversion. This information is being released in June to allow sufficient time to update billing programs.

The revised *CMC Technical Manual* includes:

- Medi-Cal 15-1 (Outpatient) and 16-1 (Inpatient) Formats—The current CMC formats will continue to be accepted after the conversion. Print program software must be modified to print the UB-92 format. (see Section 100, *CMC Data Specifications*.)
- American National Standards Institute (ANSI) 837 Format—The CMC ANSI X12 837 transaction record format described in Section 120, *CMC ANSI ASC X12 837—Data Specifications*, meets Medi-Cal claims processing requirements. Data elements included in the specifications are required for either ANSI standard transactions or Medi-Cal claims processing.
- Version 4 Flat File Format—The electronic Version 4 Flat File format used to bill Medicare also can be used to submit Medi-Cal inpatient and outpatient claims. (See new Section 140, *Electronic Version 4 Flat File—Data Specifications*.)

#### Ordering Technical Specifications

ANSI and Version 4 Flat File format specifications are available by using the Medi-Cal Bulletin Board System (BBS) or ordering a printed copy of the *CMC Technical Manual*.

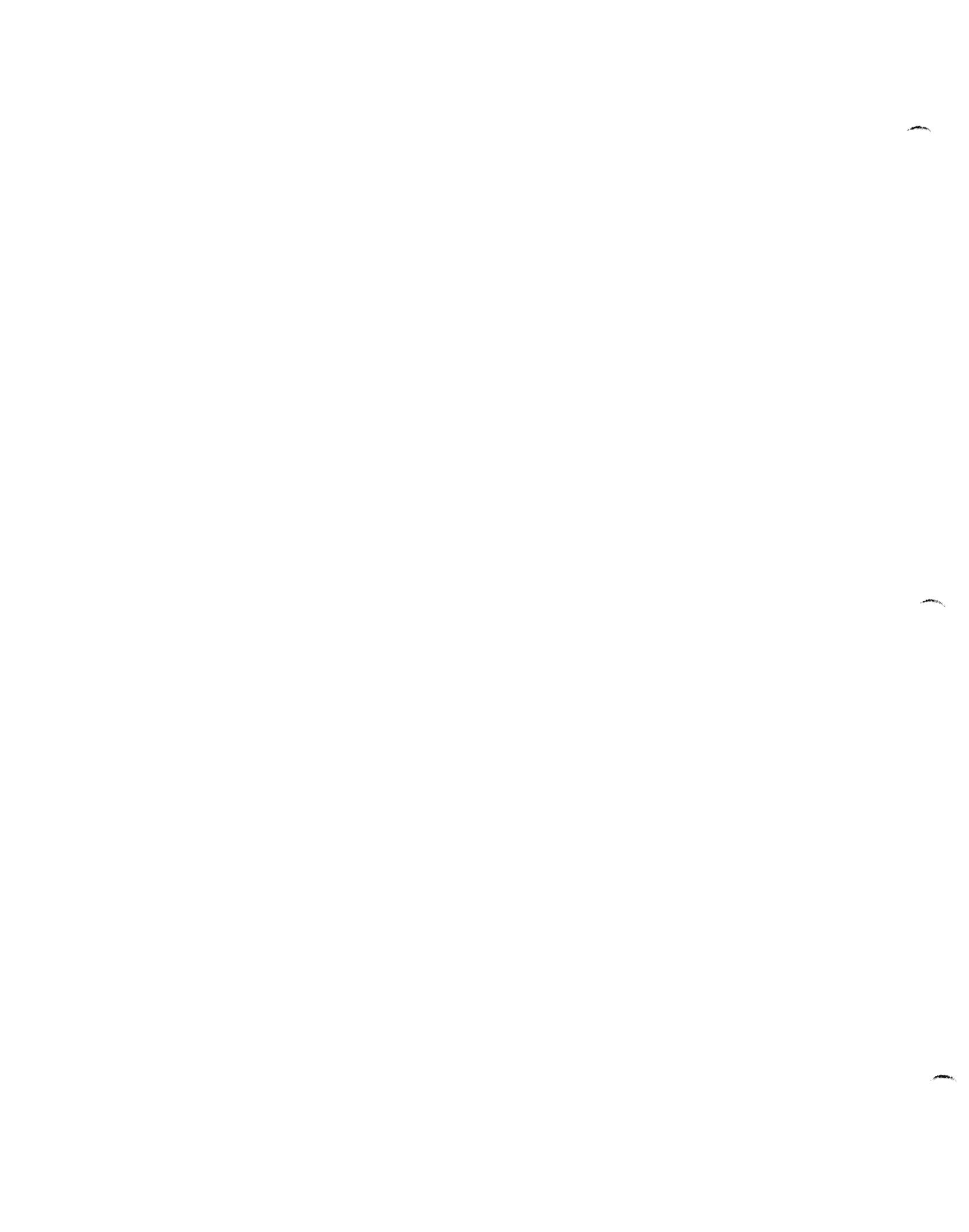
- Medi-Cal Bulletin Board System (BBS)—Technical specifications for the ANSI and Version 4 Flat File formats can be downloaded from the Medi-Cal Bulletin Board System (BBS). Refer to "Medi-Cal Bulletin Board System Instructions" on a following page for further information on accessing these formats.
- CMC Technical Manual—Providers interested in ordering a printed copy of the *CMC Technical Manual* should call the CMC Help Desk at (916) 636-1100.

**Note:** Providers who were mailed the draft specifications in November do not have to call the CMC Help Desk to order a printed copy. EDS will directly mail the revised *CMC Technical Manual* in June.

#### Medi-Cal Bulletin Board System (BBS) Instructions

To access the Medi-Cal Bulletin Board System (BBS) and download the *CMC Technical Manual* files, please follow these instructions:

1. Call the CMC Help Desk at (916) 636-1100 and establish your BBS ID. (Identify yourself as either a Medi-Cal provider or a non-provider. If you are a Medi-Cal provider, your BBS ID will be your Medi-Cal Provider Number.)
2. After your BBS ID has been established, you may access the BBS by dialing (916) 636-1991. The BBS requires your communication program to be set for -No Parity, 8 data bits, 1 stop bit, ANSI Terminal Emulation. The BBS supports the X, Y and Z modem file transfer protocols.
3. To log on to the BBS you will need to respond to the initial "login" and "password" prompts. Type the login id "casixbbe" after the login: prompt and press <ENTER>. Type "cammis" after the password prompt and press <ENTER>.
4. The first BBS screen is the BBS Introduction Screen. Respond to the prompt asking about extended graphics character support by pressing the letter "Y" or "N" as appropriate for your computer.



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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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SOCO

### SOCO - Share of Cost Obligation

#### PURPOSE

The SOCO screen allows the county the option of sending a transaction to DHS to obligate the Share of Cost for a recipient. This screen allows the county to perform similar online real-time SOC obligation transaction functions available to providers.

#### USAGE CONSIDERATIONS

- o A Share of Cost record must exist on the Share of Cost Database.
- o If the SOCO transaction results in the full obligation of the SOC, DHS will generate a SOC certification transaction.

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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SOCO

SCREEN FORMAT

SOCO	** SHARE OF COST OBLIGATION **	opr - mm/dd/yy
		hh:mm:ss
CASE-NAME .....	DISTRICT ...	EW-CODE ....
COUNTY-ID-PER-MEDS _____		SOC-FBU ..
MEDS-ID _____	BIRTHDATE _____	
SERVICE DATE _____		
TOTAL-BILL-AMOUNT \$ _____ . ____		
AMOUNT-OBLIGATED \$ _____ . ____		REVERSAL-IND .
PROVIDER MEDI-CAL NUMBER/LICENSE NUMBER _____		
PROCEDURE/DRUG CODE .....		
NEXT-TRANS ....	SAME-PERSON .	SAME-CASE .

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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<u>DATA ELEMENTS</u>	<u>REQUIRED/ OPTIONAL</u>	<u>ENTRY ACTIONS</u>	SOCO								
1. CASE-NAME	Optional	Enter the case name using up to 18 alphanumeric characters.									
2. DISTRICT	Optional	Enter the district codes using up to 3 alphanumeric characters.									
3. EW-CODE	Optional	Enter the eligibility worker code using up to 4 alphanumeric characters.									
4. COUNTY-ID-PER-MEDS	Required	Enter the 14 digit county identification number for the recipient for which the SOC is being obligated.									
5. SOC-FBU	Optional	Enter the 2 digit code your county uses to designate SNEEDE mini budget units.									
		EXAMPLE: If your county assigns a numeric 1 as the FBU for all of its cases use the SOC-FBU as follows:									
		<table style="margin-left: auto; margin-right: auto; border: none;"> <thead> <tr> <th style="text-align: left;">FBU</th> <th style="text-align: left;">SOC-FBU</th> </tr> </thead> <tbody> <tr> <td>Mini 1 1</td> <td>1A</td> </tr> <tr> <td>Mini 2 1</td> <td>1B</td> </tr> <tr> <td>Mini 3 1</td> <td>1C</td> </tr> </tbody> </table>	FBU	SOC-FBU	Mini 1 1	1A	Mini 2 1	1B	Mini 3 1	1C	
FBU	SOC-FBU										
Mini 1 1	1A										
Mini 2 1	1B										
Mini 3 1	1C										
		NOTE: This field is only used if the SOC case can not be uniquely identified with the County Code + Serial + FBU.									
6. MEDS-ID	Required	Enter the recipient's Social Security Number or the MEDS pseudo number.									
7. BIRTHDATE	Required	Enter the recipient's birthdate per MEDS using 7 digits in the format MMDDYY.									
8. SERVICE-DATE	Required	Enter the date the Medical Service was provided.									
9. TOTAL-BILL-AMOUNT	Required	Enter the total dollar amount of the Medical Service provided in dollars and cents.									
10. AMOUNT-OBLIGATED	Required	Enter the total dollar amount that the recipient has obligated toward the SOC amount in dollars and cents.									
11. REVERSAL-IND	Optional	Enter an X if this is a SOC Obligation reversal.									

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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SOCO

<u>DATA ELEMENTS</u>	<u>REQUIRED/ OPTIONAL</u>	<u>ENTRY ACTIONS</u>
12. PROVIDER-MEDI-CAL-NUMBER/ LICENSE-NUMBER	Required	Enter the PROVIDER-MEDI-CAL-NUMBER/ LICENSE-NUMBER if available. If the number is not available leave blank.
13. PROCEDURE/DRUG-CODE	Optional	Enter the PROCEDURE/DRUG-CODE if available. If the procedure code is not available leave blank.
14. NEXT-TRANS	Future Use	
15. SAME-PERSON	Future Use	
16. SAME-CASE	Future Use	

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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SOCR

### SOCR - SOC CASE MAKE-UP INQUIRY REQUEST

#### PURPOSE

The SOCR screen is the inquiry screen that provides access to the online real-time Share of Cost Database. The SOC database contains up to the minute information on all cases reported to MEDS with a SOC.

#### USAGE CONSIDERATIONS

- o The VALID-MMY is the month of eligibility for which the inquiry is made.
- o When the SOC-CASE-ID is entered, the case make-up (members of the specified case) is displayed on the SOCI screen.
- o When the MEDS-ID is entered a list of all SOC cases that the recipient is a member, will be displayed. Select the specific case to perform a case make-up inquiry. When the specific case is chosen, the SOCI screen is displayed providing detailed information about the members of that case.

NOTE: Lines 12-23 will only be displayed if multiple SOC cases are found.  
If a single SOC case is found, the SOCI screen will be displayed.

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**MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION**

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SOCR

**SCREEN FORMAT**

SOCR	** SOC CASE MAKE-UP INQUIRY REQUEST **	opr - mm/dd/yy hh:mm:ss
VALID-MMY <u>    </u>		
SOC-CASE-ID: COUNTY <u>  </u> SERIAL <u>        </u> FBU (OPT) <u>  </u> SOC-FBU (OPT) <u>  </u>		
OR		
MEDS-ID: <u>  </u> <u>  </u> <u>  </u>		
MULTIPLE SOC CASES WERE FOUND, SELECT ONE SOC-CASE-ID FROM THE LIST BELOW:		
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)
- cc-sssssss-f (sf)	- cc-sssssss-f (sf)	- cc-sssssss-f (sf)

NOTE: Lines 12-23 will only be displayed if multiple SOC cases are found.  
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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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SOCR

<u>DATA ELEMENTS</u>	<u>REQUIRED/ OPTIONAL</u>	<u>ENTRY ACTIONS</u>
1. VALID-MMY	Required	The date should be in the format MMY, for the month of inquiry.
2. SOC-CASE-ID:	Optional	Enter the 9 digit county identification number in the following format:
COUNTY		COUNTY NN
SERIAL		SERIAL NNNNNNN
FBU	Optional	When the complete SOC-CASE-ID (COUNTY + SERIAL + FBU or SOC-FBU) is entered, you will go directly to the SOCI screen.
or		When a partial SOC-CASE-ID (minimum is COUNTY and SERIAL) is entered, you will get a list of all cases that match that partial ID. If there is only 1 case, associated with that partial ID, you will go directly to the SOCI screen.
SOC-FBU	Optional	
5. MEDS-ID	Optional	Enter the recipients' Social Security number or the MEDS pseudo number. When MEDS-ID is entered, all of the SOC cases associated with that MEDS-ID will be displayed. Select the specific case and bring up the SOCI and the case members. If you enter a MEDS-ID which is associated with 1 SOC case you will go directly to the SOCI screen.

**NOTE:** The SOC-FBU is only used if the SOC case cannot be uniquely identified with the COUNTY + SERIAL + FBU.

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## MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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SOCI

### SOCI - Share of Cost Case Make-up Inquiry

#### PURPOSE

The SOCI displays detailed information for all members of the Share of Cost case requested on the SOCR. The information displayed on the SOCI screen is located on the SOC Database. Because the SOC Database uses a unique SOC-CASE-ID, inquiries must be made on the SOCR screen.

#### USAGE CONSIDERATIONS

- o The data displayed on the SOCI screen is based on up to the minute information from the SOC Database.
- o The SOCI screen shows the SOC case amount and the SOC Balance (the amount of SOC obligation remaining for the inquiry month).
- o The SOC Database will contain the current month and 15 prior months of SOC information.



