STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

May 27, 1980

To: All County Welfare Directors

Letter No. 80-21

BENEFICIARY DATA EXCHANGE (BENDEX) REPORTS

As indicated in All County Welfare Directors Letter No. 80-7, the Department has been in the process of modifying the BENDEX report. The purpose of the modifications is to simplify the coding remarks for easier interpretation and to eliminate unnecessary data elements.

The BENDEX modifications have now been completed. A copy of the paper and tape formats are enclosed. The microfiche format is the same as the paper format.

Also enclosed is a questionnaire to be completed by each county to indicate which mode is preferred and the number of copies needed. The questionnaire should be completed and returned to the Department by June 6, 1980. During the interim until all questionnaires are returned and appropriate production procedures are determined, county welfare departments will receive the new formated BENDEX on paper beginning with the June 1980 report.

If you have any questions please contact Karla Gurley of my staff at (916) 445-1797.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: County Medi-Cal Liaisons
Medi-Cal Field Representatives

BENDEX MAD + [illegible] +BUY-IN
MON[illegible]
[illegible] SSA [illegible]
RECONCILIATION [illegible]

80

_____ County

BENDEX Reports

Please complete the questions below and return to:

Karla Gurley
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814
(916) 445-1797

1. In which mode would you like to receive the BENDEX reports?

/___/ Paper /___/ Microfiche (42X or 48X) /___/ Tape

2. How many copies of the report would you like to receive?

Paper _____ (maximum of 5) Microfiche _____

3. Would you like to receive a BENDEX reconciliation file?

/___/ Yes How Often -- Quarterly/Semiannually/Yearly

/___/ No

If you have any questions, please contact Karla Gurley at the telephone number indicated above.

Individual completing questionnaire:

Name _____

Telephone Number ( ) _____

RECORD LAYOUT

FILE NAME: BENDEX REPORT - TAPE
SOURCE PROGRAM: BIN410
PROGRAM TITLE: BENDEX REPORT GENERATOR
SYSTEM TITLE: BUY-IN
DATE: 3-25-80
ORIGINATOR: K. KLEMIN
REVIEWER:

COUNTY DATA		BENEFICIARY ID					NAME				DATE OF BIRTH				
DISTRICT	USE FIELD	COUNTY	AID CODE	CASE	FBU	PER NO.	SURNAME	FIRST	M.I.	SEX	MM	DD	YY	LAF	CLD

MONTHLY BENEFIT PAYABLE ($$$.¢¢)	NEW MONTHLY BENEFIT PAYABLE ($$$.¢¢)	TITLE II CLAIM ACCOUNT NUMBER	COMMUNICATION CODE	BENEFICIARY OWN ACCOUNT NUMBER (BOAN)	FILLER	BENDEX REPORT DATE	
						MM	YY

LAF - Ledger Account File - Payment Status Code

MODE:
BINARY–B
PACKED–P

LABELS:
☒ STANDARD
☐ NON-STANDARD

RECORD FORMAT:
☒ FIXED–F
☐ VARIABLE–V

RECORD LENGTH: 100
RECORDS PER BLOCK:
BLOCK SIZE:

☐ INPUT
☐ OUTPUT

COUNTY: 59 ANY COUNTY

DISTRICT: 00 0000

DEPARTMENT OF HEALTH SERVICES

BENEFICIARY DATA EXCHANGE
MARCH, 1980

PROGRAM: BIN410
RUN DATE: 04/04/80

BENEFICIARY IDENTIFICATION	LAST NAME	FIRST	M I	SEX	DATE OF BIRTH	PAYMENT STATUS CODE	OLD MO. BENEFIT PAYABLE	NEW MO. BENEFIT PAYABLE	TITLE II CLAIM ACCOUNT NUMBER		COMM CODE	BENEFICIARY OWN ACCOUNT NUMBER
591134567123	YEL	LENA		F	08/15/93	T1	$337.60	$337.60	023456789	D	04	111111111
591234567123	LIB	ADA	M	F	08/01/89	T1	$192.30	$192.30	123456789	D	04	222222222
591345678123	JAR	HELEN	V	F	05/30/97	T1	$250.60	$250.60	234567811	A	04	
592345678123	HAM	HELEN	M	F	02/17/96	T1	$328.50	$328.50	456789012	D	04	444444444
594567890123	SHA	MAY		F	08/28/88	T1	$276.80	$276.80	567890123	A	04	
599876543123	GIA	GAETANO		M	04/22/90	T1	$305.70	$305.70	677890244	A	04	
59 876543223	HAM	ALICE	H	F	09/16/28	CP	$291.20	$291.20	779843211	A	02	