STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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

June 19, 1985

To: All County Welfare Directors
County Administrative Officers

Letter No. 85- 45

CHANGING COUNTY ID NUMBERS

The Department has developed the attached guidelines that counties must follow when changing the 14-digit county ID numbers associated with county computer system changes (e.g., Case Data System).

Counties should make special note of the time frames indicated in the guidelines to ensure that the conversion to the new county ID numbers coincide with county internal data processing.

If you have questions regarding the attached, please contact your MEDS Liaison.

Sincerely,

Original signed by

Gary Pettigrew for
Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
County MEDS Liaisons
County EDP Coordinators

Expiration Date: November 1985

County Procedures

I. The county must submit written notification requesting a change to the 14-digit Medi-Cal identification number to the State Department of Health Services, Medi-Cal Eligibility Branch, 714 P Street, Room 1692, Sacramento, CA 95814, Attention: MEDS Liaison.

- The notification letter must be received four months prior to the implementation date. This time frame is based upon the processing due dates indicated in these guidelines.

II. The county must submit a cross-reference file tape for testing purposes to the State Department of Health Services, Data Systems Branch (DSB), 744 P Street, Room 1100, Sacramento, CA 95814. The tape must contain an external tape label and/or transmittal which clearly identifies it as a test file and indicates the contents of the tape, the number of records, and the address to which the tape is to be returned. The name and telephone number of the technical contact person should also be included in the event that a problem with the tape should arise.

- The Cross-Reference file test tape must be received by DSB two months prior to the implementation date in order to evaluate the test tape and prepare a test file tape for California Dental Services (CDS) and Computer Sciences Corporation (CSC). However, it is recommended that receipt of the test tape be as early as possible.

- The Cross-Reference file test tape submitted to DSB must be in the format specified in Attachment I and must contain the following characteristics in order for it to be processed.

  1. IBM compatible

  2. 9 track tape with 6250 or 1600 BPI

  3. Standard labels (no other internal labels necessary)

  4. EBCDIC coding

  5. Blocking factor of 100 is recommended

- The Cross-Reference file tape submitted to DSB for testing must only contain information on active recipients. (Active recipients consists of continuing eligible recipients, recipients in "Hold" status and recipients eligible with a share of cost (SOC) whether or not the SOC has been met).

- If the Cross-Reference file test tape submitted to DSB is not acceptable, the CWD will be contacted via a telephone call by DSB describing the invalid data.

- The county will submit a corrected Cross-Reference file test tape to DSB until the tape is accepted and approved by the Department.

III. If the Cross-Reference file test tape submitted to DSB is acceptable, the CWD will be contacted via telephone by their MEDS liaison approving the change to the 14-digit identifier and indicating the exact date the production Cross-Reference file is needed.

- A production Cross-Reference file tape will be submitted to DSB one month prior to the implementation date.

IV. The county must submit a batch EW30 tape for testing purposes to the State Department of Health Services, Data Guidance, 744 P Street, Room 1050, Sacramento, CA 95814. The tape must be submitted two months prior to the implementation date in order to evaluate the contents and format.

- The Batch EW30 transactions must contain the following data elements in order for them to be processed by MEDS Support:

  1. New County ID

     a. aid code

     b. serial number

     c. FBU

     d. person number

  2. Eligibility-Info-Effective Date (must be upcoming month)

  3. Eligibility Status Action Code (ESAC)

     a. If recipient will be in HOLD status for upcoming month, the ESAC must be B

     b. If the recipient is a continuing eligible recipient, the ESAC must be 1

4. LTC-Indicator (if upcoming month is LTC/SOC)

5. SOC amount (if upcoming month has SOC)

6. District and EW code (if used by county) for distribution of error reports.

- The Batch EW30 test tape submitted to MEDS Support must only contain information on active recipients. (Active recipients consists of continuing eligible recipients, recipients in "HOLD" status and recipients eligible with a SOC whether or not the SOC has been met).

- If the Batch EW30 test tape submitted to DSB is acceptable and eligibility information is valid, the CWD will be contacted via telephone by their MEDS liaison approving the change to the 14-digit identifier.

- If the Batch EW30 test tape is not acceptable and eligibility information is invalid, the CWD will be contacted via telephone by the DSB staff describing the invalid data.

- The county must submit a corrected Batch EW30 test tape until the file is accepted and approved by the Department.

V. A production Batch EW30 must be submitted to the Department of Health Services, Data Guidance, 744 P Street, Room 1050, Sacramento, CA 95814. Please coordinate with your MEDS Liaison for the exact date to submit the Production Batch EW30.

ATTACHMENT I

ATE: 5-15-85
EVISION:
YSTEM/PROJECT:

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: BENEFICIARY ID CROSS-REFERENCE RECORD

ORIGINATOR: KELLEY KLEMIN
REVIEWER:
SOURCE PROGRAM:

001–050	051–100
OLD BENEFICIARY ID: COUNTY, AID CODE, CASE NUMBER, FBU, PERSON NUMBER	NAME: FIRST NAME (CONT.), M.I.
NEW BENEFICIARY ID: COUNTY, AID CODE, CASE NUMBER, FBU, PERSON NUMBER	SOURCE CODE
MEDS ID	DATE OF BIRTH: MM, DD, YY
BENEFICIARY: SURNAME, FIRSTNAME	FILLER

SOURCE CODE (BYTE 061): MUST CONTAIN AN 'X' TO INDICATE AN XREF RECORD.

(THIS RECORD FORMAT IS VALID ONLY FOR CROSS-REFERENCE FILES RECEIVED FROM THE COUNTIES AND SENT TO CALIFORNIA DENTAL SERVICE. IT IS NOT COMPATIBLE WITH THE XREF RECORD SENT TO COMPUTER SCIENCES CORPORATION.)

E: BINARY - B
PACKED - P
URCE: HDKKLEM:CDSXREF RECORD)

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE -V [ ]

RECORD LENGTH: 86
RECORDS PER BLOCK:
BLOCK SIZE:

PROGRAM: N/A
USE: INPUT [ ]
OUTPUT [ ]