STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

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November 13, 1995

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-68

CHANGES TO MEDI-CAL ELIGIBILITY DATA SYSTEMS (MEDS) TRANSACTIONS FOR REFUGEE TRACKING, MEDICARE BUY-IN, AND SEVERAL PLANNED FUTURE ENHANCEMENTS

The purpose of this letter is to transmit a revised and clear copy of the information contained in All County Welfare Directors Letter (ACWDL) No. 95-46. This letter has also been reorganized in order to address some questions and eliminate some confusion that occurred when county staff reviewed the original letter. Please discard ACWDL No. 95-46 immediately and follow the instructions in this letter. Please note especially that: (1) several of the Data Element Dictionary pages have been revised; (2) the Data Element Number for Eligibility Approval Date has been changed to 3040; (3) the EW50 screen has been omitted because it will become obsolete with the new Letter of Authorization form procedure; (4) the EW15 screen has been added; and (5) a list of the error messages with corresponding edits and MEDS accept/update/reject actions has been added.

Three new data elements are being added to MEDS transactions and the use of two existing data elements is being expanded. Counties are requested to implement these changes by **MARCH 1996.** These changes support:

- o One new MEDS function currently being developed
  - Conversion of Refugee Tracking from a separate reporting system to a process that uses MEDS.
- o Two existing MEDS functions
  - Determining the appropriate effective date for Medicare Buy-In.
  - Identifying aged aliens who are ineligible for Medicare.

- o Several planned future enhancements
  - Use of Alien Number for file clearance in MEDS and the Statewide Client Index.
  - Automatic generation of SAVE requests for annual redeterminations.
  - Automated generation of several Department of Social Services (DSS) statistical reports.

This letter describes the changes being made to MEDS and then describes the functions that are or will be changing. Samples of the revised screens, advance copies of updated Data Element Dictionary pages, and a list of new, revised, or related messages are enclosed. Final copies of all new or revised MEDS Network User Manual pages will be sent in a separate MEDS Manual Revision Letter. We plan to install the revised online screens and begin accepting the added data elements on batch input transactions beginning in **DECEMBER 1995**.

CHANGES TO MEDS TRANSACTIONS

The three new data elements being added to MEDS transactions are Alien Registration Number (ALIEN-NO), Country of Origin (COUNTRY-OF-ORIGIN), and Eligibility Approval Date (ELIG-APPROVAL-DATE). ELIG-APPROVAL-DATE replaces MN-APPROVAL-DATE, which currently appears on some screens but is not yet being used; it is being renamed to reflect an expansion in the planned usage of the field. The two existing data elements where the usage is being expanded are INS Entry Date (INS-ENTRY-DATE) and Refugee/Alien Indicator (REFUGEE/ALIEN).

- o INQO - Other Miscellaneous Information Inquiry Screen

  Add ALIEN-NO.
  Rename MN-APPROVAL-DATE to ELIG-APPROVAL-DATE.

- o INQR - Recipient Inquiry Request screen

  Add ALIEN-NO as an identification field that can be used to locate a recipient record; that field will not be usable until future changes are made to build a cross reference file of Alien Identification Numbers that have been reported to MEDS.

- o EW20 and EW30 Screens

  Add COUNTRY-OF-ORIGIN.
  Add ALIEN-NO.
  Allow entry of data in REFUGEE/ALIEN field.
  Allow entry of data in INS-ENTRY-DATE field.
  Rename MN-APPROVAL-DATE to ELIG-APPROVAL-DATE and allow entry of data in that field.

- o EW05 Screen

  Add COUNTRY-OF-ORIGIN.
  Add ALIEN-NO.
  Add REFUGEE/ALIEN.
  Add INS-ENTRY-DATE.
  Add ELIG-APPROVAL-DATE.

- o EW15 and EW55 Screens

  Add ALIEN-NO.

All of the fields being added or revised to allow entry of data on the EW05, EW20, and EW30 screens will also be accepted on the corresponding batch transactions. All of these fields are optional fields on the transactions. Refer to the Data Element Dictionary pages for the Data Element Numbers and requirements for batch reporting of these fields.

REFUGEE TRACKING SYSTEM

Counties are currently required to report refugees on Form MC 255 "Refugee Cross Reference Transaction". These forms are submitted monthly and are used to update the Refugee Tracking System. Some counties submit this information on tape, but most counties use the paper MC 255's. This information is used by the Department of Health Services (DHS) to claim 100 percent federal financial participation (FFP) for Medi-Cal services rendered to time-eligible refugees. In order to claim this FFP, specific information such as the refugee's status and date of entry into the United States is required by the federal government. By allowing counties to report this information directly to MEDS in conjunction with their normal eligibility reporting and taking advantage of the fact that MEDS maintains a single record irrespective of changes in the County ID, DHS expects more complete reporting of refugees and more accurate claiming of federal refugee funding. The two data elements required for refugee tracking are the INS Entry Date (INS-ENTRY-DATE) and Refugee/Alien Indicator (REFUGEE/ALIEN values 1, 7 and 8).

As part of the conversion process, information on all individuals who have been previously reported to the Refugee Tracking System will be posted to MEDS. That conversion process is expected to be completed by March 1996, at which time counties will be expected to start reporting information to MEDS for all individuals for whom refugee reporting is required. Once the conversion process has been completed, counties will start receiving Renewal alerts for any individuals eligible in Aid Codes 01, 02 or 08 for whom MEDS does not have a Refugee/Alien Indicator and INS Entry Date. Daily Alerts will also be issued when eligibility is reported in one of those aid codes and the two required fields are not present either on MEDS or on the transaction. Counties may begin using the new reporting process as soon as it is available within MEDS but are requested to continue their present MC 255 process until **MARCH 1996**. Use of MEDS to report the refugee tracking information is mandatory beginning in **MARCH 1996**.

EFFECTIVE DATE FOR MEDICARE BUY-IN

Reporting of the ELIG-APPROVAL-DATE is required when new eligibility is established for QMBs and QDWIs and also for Medically Needy individuals who are eligible for Medicare to allow the Buy-In process to comply with federal requirements in determining the appropriate effective date for Buy-In. The eligibility approval date may be reported for any aid category and for all new eligibility periods; MEDS will determine when the information is needed for Buy-In effective date determination.

The Buy-In effective date for Medically Needy (MN) individuals who were not eligible for a federally covered Medi-Cal program in the month prior to their MN eligibility is supposed to be the second month after the month in which the individuals eligibility for Medi-Cal is approved; for QMBs, it is the month after the month in which they are approved and meet the criteria of not being entitled to free Part A and having enrolled in Part A and met the Part A entitlement date; and for QDWIs, it is the month in which they are approved and meet the criteria of not being entitled to free Part A and having enrolled in Part A and met the Part A entitlement date.

The MEDS Buy-In process will use the Eligibility Approval Date along with other existing information from MEDS to determine the appropriate Buy-In effective date in accordance with federal requirements.

AGED ALIENS WHO ARE INELIGIBLE FOR MEDICARE

Addition of INS-ENTRY-DATE and REFUGEE/ALIEN to the EW20 and EW30 transactions allows counties to report that information as a part of their normal eligibility reporting to MEDS rather than having to do a separate online EW15 transaction when they have

an aged individual who is not yet eligible for Medicare, due to the five-year residency requirement, and is not covered by the refugee tracking process. Adding those fields to the EW05 also allows counties to add or correct that information as they are processing an inter-county transfer. MEDS uses this information to suppress presumed Medicare eligible coding and to bypass the Renewal Alert to refer an individual to apply for Medicare benefits until the five years have passed.

REFUGEE/ALIEN value 9 (nine) is used to identify these individuals and the edits are the same as those currently applied to the EW15 transaction. The value nine may be reported as soon as an individual reaches 64 years and 9 months of age. The REFUGEE/ALIEN values used for refugee tracking will work the same way as the value nine for MEDS Medicare processing. Reporting of the aged alien value via batch updates is optional; counties who have very few of these individuals may choose to continue using the online EW15 to report this information to MEDS.

In response to a county request, a REFUGEE/ALIEN value 0 (zero) was added to allow reporting of aliens who are neither aged aliens ineligible for Medicare nor subject to refugee reporting. Reporting of the zero value is optional; it is not used for anything within MEDS.

FIELDS ADDED FOR PLANNED FUTURE ENHANCEMENTS

ALIEN REGISTRATION NUMBER - Added so that counties can start collecting and reporting this number to MEDS for new eligibles and for existing eligibles at the annual redetermination. There are plans to build a cross reference file within MEDS and begin using the Alien Registration Number as an additional file clearance check to minimize building of duplicate records and also to be able to locate a MEDS record using that number. There are also plans to add that number to the Statewide Client Index for use in locating a client. Counties have also requested that MEDS automatically generate a Systematic Alien Verification for Entitlements request when the annual redetermination is due so that counties do not have to separately initiate that request.

COUNTRY OF ORIGIN - Added so that counties can start collecting and reporting this number to MEDS for new eligibles and for existing eligibles at the annual redetermination. There are plans to eventually eliminate the need for counties to submit paper forms of the DSS RS-237 and RS-238 reports.

If you have any comments or suggestions on the above procedures to be implemented, please contact Elena Lara of my staff at (916) 657-0712. With receipt of this letter, please discard ACWDL No. 95-46.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosures

EXISTING SCREEN

```
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1  |      INQO          ** OTHER MISCELLANEOUS INFORMATION **       opr - mm/dd/yy |
    |                                                                               |
    | MEDS-ID                NAME                ,              BIRTHDATE         |
    | CA-DL/ID-NO            CLIENT-INDEX-NO                                        |
 5  | PHONE                                  AUTH-REP-NAME                          |
    | ETHNIC       LANGUAGE                  AUTH-REP-ADDR                          |
    | SSN-VER-BIRTHDATE                                                             |
    | DEATH-POSTED                                                                  |
    | EXPECTED-DELIVERY-DATE                 MN-APPROVAL-DATE                       |
10  | COUNTRY-OF-ORIGIN      INS-ENTRY-MMYY              REFUGEE/ALIEN              |
    | PICKLE-TICKLER         LAST-PICKLE-CHG             SSI-LAST-RECEIVED          |
    |                                                                               |
    | LAST-MC/CP-CHG         LAST-FS-CHG                 LAST-OTHER-CHG             |
    | LAST-MC/CP-TRANS       LAST-FS-TRANS               LAST-OTHER-TRANS           |
15  | FILE-FIX-DATE          CARD-ISSUE-DATE             PAPER-CARD-DATE            |
    |                                                                               |
    | PGM-ELIG:  MC/CP C H   SP1                SP2              FS       AFDC C H  |
    |                   1992=============================================>        |
    |         01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC |
20  | ORIG-AID                                                                      |
    | NEG-ACTN                                                                      |
    | MULTI-SOC                                                                     |
    |                                                                               |
24  | OPTION __ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST |
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

NEW SCREEN

```
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1  |      INQO          ** OTHER MISCELLANEOUS INFORMATION **       opr - mm/dd/yy |
    |                                                                               |
    | MEDS-ID                NAME                ,              BIRTHDATE         |
    | CA-DL/ID-NO            CLIENT-INDEX-NO                  # [ALIEN-NO ........] |
 5  | PHONE                                  AUTH-REP-NAME                          |
    | ETHNIC       LANGUAGE                  AUTH-REP-ADDR                          |
    | SSN-VER-BIRTHDATE                                                             |
    | DEATH-POSTED                                                                  |
    | EXPECTED-DELIVERY-DATE              [ELIG-APPROVAL-DATE]                      |
10  | COUNTRY-OF-ORIGIN      [INS-ENTRY-MMYY]            [REFUGEE/ALIEN]            |
    | PICKLE-TICKLER         LAST-PICKLE-CHG             SSI-LAST-RECEIVED          |
    |                                                                               |
    | LAST-MC/CP-CHG         LAST-FS-CHG                 LAST-OTHER-CHG             |
    | LAST-MC/CP-TRANS       LAST-FS-TRANS               LAST-OTHER-TRANS           |
15  | FILE-FIX-DATE                                                                 |
    |                                                                               |
    | PGM-ELIG:  MC/CP C H   SP1                SP2              FS       AFDC C H  |
    |                   1992=============================================>        |
    |         01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC |
20  | ORIG-AID                                                                      |
    | NEG-ACTN                                                                      |
    | MULTI-SOC                                                                     |
    |                                                                               |
24  | OPTION __ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST |
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

09/20/93

EXISTING SCREEN

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
1 |      INQR              ** RECIPIENT INQUIRY REQUEST **          opr - mm/dd/yy |
  |                                                                                |
  | SELECT INQUIRY OPTION  ?       A = ADDRESS INFORMATION                         |
  |                                B = BUY-IN AND BENDEX                           |
5 |                                F = FOOD STAMP                                  |
  |                                H = HEALTH CARE PLANS AND OTHER HEALTH COVERAGE |
  |                                M = MEDI-CAL/CMSP -- PRIMARY                    |
  |                                O = OTHER MISCELLANEOUS                         |
  |                                P = PENDING/DENIED APPLICATIONS & APPEALS       |
10 |                                V = ABBREVIATED STATUS                          |
  |                                X = TITLE XVI -- SSI/SSP                        |
  |                                1 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 1          |
  |                                2 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 2          |
  |                                3 = MEDI-CAL/CMSP -- PENDING                    |
15 |                                4 = MEDI-CAL/CMSP -- FUTURE PENDING             |
  |                                5 = MEDI-CAL/CMSP -- 13-15 MONTHS PRIOR         |
  |                                                                                |
  | RECIPIENT IDENTIFICATION:      MEDS-ID: ___ __ ____                            |
  |   (ENTER ONE)                  COUNTY-ID: __ __ _______ _ __                   |
20 |                                HIC-NO: _________                               |
  |                                CLIENT-INDEX-NO: _________                      |
  |                                CA-DL/ID-NO: _________                          |
  |                                                                                |
24 |                                                                                |
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

09/20/93

NEW SCREEN

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
1 |      INQR              ** RECIPIENT INQUIRY REQUEST **          opr - mm/dd/yy |
  |                                                                                |
  | SELECT INQUIRY OPTION  ?       A = ADDRESS INFORMATION                         |
  |                                B = BUY-IN AND BENDEX                           |
5 |                                F = FOOD STAMP                                  |
  |                                H = HEALTH CARE PLANS AND OTHER HEALTH COVERAGE |
  |                                M = MEDI-CAL/CMSP -- PRIMARY                    |
  |                                O = OTHER MISCELLANEOUS                         |
  |                                P = PENDING/DENIED APPLICATIONS & APPEALS       |
10 |                                V = ABBREVIATED STATUS                          |
  |                                X = TITLE XVI -- SSI/SSP                        |
  |                                1 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 1          |
  |                                2 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 2          |
  |                                3 = MEDI-CAL/CMSP -- PENDING                    |
15 |                                4 = MEDI-CAL/CMSP -- FUTURE PENDING             |
  |                                5 = MEDI-CAL/CMSP -- 13-15 MONTHS PRIOR         |
  |                                                                                |
  | RECIPIENT IDENTIFICATION:      MEDS-ID: ___ __ ____                            |
  |   (ENTER ONE)                  COUNTY-ID: __ __ _______ _ __                   |
20 |                                HIC-NO: _________                               |
  |                                CLIENT-INDEX-NO: _________                      |
  |                                CA-DL/ID-NO: _________                          |
  |                              # ALIEN-NO .........                              |
24 |                                                                                |
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

EXISTING SCREEN

```
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1  |  EW20                    ** ADD NEW CLIENT RECORD **                opr - mm/dd/yy |
    |                                                                                   |
    |  CASE-NAME ..................  DISTRICT ...              EW-CODE ....           |
    |                                                                                   |
 5  |  COUNTY-ID:  PER-MEDS __ __ _______ _ __      ALTERNATE .. .. ..... . ..       |
    |  MEDS-ID _________           BIRTHDATE _______          NEW-BIRTHDATE .....    |
    |  NAME: LAST _............    FIRST _.......             INITIAL _              |
    |  SEX _                       ETHNIC _                   LANGUAGE _             |
    |  SSN-VER _                   CA-DL/ID-NO ........       HIC-NO ............    |
10  |  ADDRESS:    C/O ..........................                                       |
    |           STREET _..........................                                      |
    |             CITY _.....................  STATE __        ZIP-CODE _____         |
    |  PHONE ( ... ) ... - ....                                                         |
    |  EFFECTIVE-DATE _______      TERM-DATE ......           TERM-REAS ..           |
15  |  ESAC _                      REDETERM-MONTH ..          %-OBLIG  ..            |
    |  SOC-AMOUNT .....            LTC-IND .                  SOC-FBU ..             |
    |  MEDS-OHC .                  RESTRICTION ...            ORIG-AID ..            |
    |  NEW-OHC _                   REFUGEE/ALIEN .            INS-ENTRY-MMYY ....    |
    |  MN-APPROVAL-DATE ......     APPLICATION-DATE ......    RETRO .                |
20  |  CARD-REQUEST-REASON ..                                                           |
    |  ALIAS/SSA-NAME: LAST ..............  FIRST ..........  INITIAL .     CODE .    |
    |                                                                                   |
    |  NEXT-TRANS ....             SAME-PERSON .              SAME-CASE .            |
24  |                                                                                   |
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

NEW SCREEN

```
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1  |  EW20                    ** ADD NEW CLIENT RECORD **                opr - mm/dd/yy |
    |                                                                                   |
    |  CASE-NAME ..................  DISTRICT ...              EW-CODE ....           |
    |                                                                                   |
 5  |  COUNTY-ID:  PER-MEDS __ __ _______ _ __      ALTERNATE .. .. ..... . ..       |
    |  MEDS-ID _________           BIRTHDATE _______          NEW-BIRTHDATE .....    |
    |  NAME: LAST _............    FIRST _.......             INITIAL _              |
    |  SEX _                       ETHNIC _                   LANGUAGE _             |
    |  SSN-VER _                   CA-DL/ID-NO ........       HIC-NO ............    |
10  |  ADDRESS:    C/O ..........................                                       |
    |           STREET _..........................                                      |
    |             CITY _.....................  STATE           ZIP-CODE               |
    |  PHONE ( ... ) ... - ....  # COUNTRY-OF-ORIGIN ..  # ALIEN-NO .........        |
    |  EFFECTIVE-DATE _______      TERM-DATE ......           TERM-REAS ..           |
15  |  ESAC _                      REDETERM-MONTH ..          %-OBLIG  ..            |
    |  SOC-AMOUNT .....            LTC-IND .                  SOC-FBU ..             |
    |  MEDS-OHC .                  RESTRICTION ...            ORIG-AID ..            |
    |  NEW-OHC _                   REFUGEE/ALIEN .            INS-ENTRY-MMYY ....    |
    |  ELIG-APPROVAL-DATE ......   APPLICATION-DATE ......    RETRO .                |
20  |  CARD-REQUEST-REASON ..                                                           |
    |  ALIAS/SSA-NAME: LAST ..............  FIRST ..........  INITIAL .     CODE .    |
    |                                                                                   |
    |  NEXT-TRANS ....             SAME-PERSON .              SAME-CASE .            |
24  |                                                                                   |
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

EXISTING SCREEN

```
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1  | EW30                      ** MODIFY CURRENT/FUTURE **              opr - mm/dd/yy |
    |                                                                                  |
    | CASE-NAME .................  DISTRICT ...              EW-CODE ....              |
    |                                                                                  |
 5  | COUNTY-ID:  PER-MEDS __ __ _______ _ __                NEW ** .. ..... . ..      |
    | MEDS-ID _________           BIRTHDATE _______          NEW-BIRTHDATE .....       |
    | NAME: LAST ..............   FIRST .........           INITIAL .                 |
    | SEX .                       ETHNIC .                   LANGUAGE .                |
    | SSN-VER .                   CA-DL/ID-NO ........       HIC-NO ...........        |
10  | ADDRESS:    C/O ..........................                                       |
    |           STREET ..........................                                      |
    |             CITY ....................  STATE ..       ZIP-CODE .....            |
    | PHONE ( ... ) ... - ....                               ADDRESS-FLAG .            |
    | EFFECTIVE-DATE ......       TERM-DATE ......           TERM-REAS ..              |
15  | ESAC .                      REDETERM-MONTH ..          %-OBLIG  ..               |
    | SOC-AMOUNT .....            LTC-IND .                  SOC-FBU ..                |
    | MEDS-OHC .                  RESTRICTION ...            ORIG-AID ..               |
    | NEW-OHC .                   REFUGEE/ALIEN .            INS-ENTRY-MMYY ....       |
    | MN-APPROVAL-DATE ......     APPLICATION-DATE ......    RETRO .                   |
20  | CARD-REQUEST-REASON ..      RECOVERY .                                           |
    | ALIAS/SSA-NAME: LAST ..............  FIRST .........  INITIAL .     CODE .       |
    |                                                                                  |
    | NEXT-TRANS ....             SAME-PERSON .              SAME-CASE .               |
24  |                                                                                  |
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

NEW SCREEN

```
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1  | EW30                      ** MODIFY CURRENT/FUTURE **              opr - mm/dd/yy |
    |                                                                                  |
    | CASE-NAME .................  DISTRICT ...              EW-CODE ....              |
    |                                                                                  |
 5  | COUNTY-ID:  PER-MEDS __ __ _______ _ __                NEW ** .. ..... . ..      |
    | MEDS-ID _________           BIRTHDATE _______          NEW-BIRTHDATE .....       |
    | NAME: LAST ..............   FIRST .........           INITIAL .                 |
    | SEX .                       ETHNIC .                   LANGUAGE .                |
    | SSN-VER .                   CA-DL/ID-NO ........       HIC-NO ...........        |
10  | ADDRESS:    C/O ..........................                                       |
    |           STREET ..........................                                      |
    |             CITY ....................  STATE ..       ZIP-CODE .....            |
    | ADDRESS-FLAG                #COUNTRY-OF-ORIGIN .       #ALIEN-NO .........       |
    | PHONE ( ... ) ... - ....                                                         |
15  | EFFECTIVE-DATE              TERM-DATE ......           TERM-REAS ..              |
    | ESAC .                      REDETERM-MONTH ..          %-OBLIG  ..               |
    | SOC-AMOUNT .....            LTC-IND .                  SOC-FBU ..                |
    | MEDS-OHC .                  RESTRICTION ...            ORIG-AID ..               |
    | NEW-OHC .                   REFUGEE/ALIEN .            INS-ENTRY-MMYY ....       |
20  | ELIG-APPROVAL-DATE ......   APPLICATION-DATE ......    RETRO .                   |
    | CARD-REQUEST-REASON ..      RECOVERY .                                           |
    | ALIAS/SSA-NAME: LAST ..............  FIRST .........  INITIAL .     CODE .       |
    | NEXT-TRANS ....             SAME-PERSON .              SAME-CASE .               |
24  |                                                                                  |
    ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

EXISTING SCREEN

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1 | EW15              ** REPORT IMMEDIATE NEED ELIGIBILITY **      opr - mm/dd/yy |
   |                                                                             |
   | CASE-NAME ..................  DISTRICT ...              EW-CODE ....        |
   |                                                                             |
 5 | COUNTY-ID-PER-MEDS __ __ _______ _ __                                       |
   | MEDS-ID _________             BIRTHDATE _______         NEW-BIRTHDATE .......|
   |                                                                             |
   | NAME:  LAST ...............   FIRST ..........          INITIAL .           |
   | SEX .                         CA-DL/ID-NO ........      HIC-NO ............ |
10 | NEW-COUNTY-ID:  AID-CODE ..   SERIAL .......   FBU .    PERSON-NO  ..       |
   |                                                                             |
   | ESAC .                        NEG-ACTION *              %-OBLIG ..          |
   | SOC-AMOUNT .....              LTC-IND .                 SOC-FBU ..          |
   | MEDS-OHC .                    RESTRICTION ...           ORIG-AID ..         |
15 | NEW-OHC .                     REFUGEE/ALIEN .           INS-ENTRY-MMYY ....|
   |                                                         CERT-DAY ..         |
   | VALID-MMYY ____               CARD-ISSUE-SITE ____      CARD-ISSUE-REASON __|
   |                                                                             |
   | ADDRESS:    C/O ........................                                    |
20 |          STREET ........................                                    |
   |            CITY ...................   STATE ..          ZIP-CODE .....      |
   |                                                                             |
   | NEXT-TRANS ....               SAME-PERSON .             SAME-CASE .         |
24 |                                                                             |
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

NEW SCREEN

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1 | EW15              ** REPORT IMMEDIATE NEED ELIGIBILITY **      opr - mm/dd/yy |
   |                                                                             |
   | CASE-NAME ..................  DISTRICT ...              EW-CODE ....        |
   |                                                                             |
 5 | COUNTY-ID-PER-MEDS __ __ _______ _ __                                       |
   | MEDS-ID _________             BIRTHDATE _______         NEW-BIRTHDATE .......|
   |                                                                             |
   | NAME:  LAST ...............   FIRST ..........          INITIAL .           |
   | SEX .                         CA-DL/ID-NO ........      HIC-NO ............ |
10 | NEW-COUNTY-ID:  AID-CODE ..   SERIAL .......   FBU .    PERSON-NO  ..       |
   |                                                                             |
   | ESAC .                        NEG-ACTION *              %-OBLIG ..          |
   | SOC-AMOUNT .....              LTC-IND .                 SOC-FBU ..          |
   | MEDS-OHC .                    RESTRICTION ...           ORIG-AID ..         |
15 | NEW-OHC .                     REFUGEE/ALIEN .           INS-ENTRY-MMYY ....|
 # | ALIEN-NO .........                                      CERT-DAY ..         |
   | VALID-MMYY ____               CARD-ISSUE-SITE ____      CARD-ISSUE-REASON __|
   |                                                                             |
   | ADDRESS:    C/O ........................                                    |
20 |          STREET ........................                                    |
   |            CITY ...................   STATE ..          ZIP-CODE .....      |
   |                                                                             |
   | NEXT-TRANS ....               SAME-PERSON .             SAME-CASE .         |
24 |                                                                             |
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

EXISTING SCREEN

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1 | EW55                ** SSI/SSP MODIFY/ID CARD REQUEST **        opr - mm/dd/yy |
   |                                                                             |
   | CASE-NAME ..................  DISTRICT ...              EW-CODE ....        |
   |                                                                             |
 5 | COUNTY-ID-PER-MEDS __ __ _______ _ __                                       |
   | MEDS-ID _________             BIRTHDATE _______         NEW-BIRTHDATE .......|
   |                                                                             |
   | NAME:  LAST ...............   FIRST ..........          INITIAL .           |
   | SEX .                         CA-DL/ID-NO ........                        |
10 |                                                                             |
   | ADDRESS:    C/O ........................                                    |
   |          STREET ...................... ...                                  |
   |            CITY ...................   STATE ..          ZIP-CODE .....      |
   | PHONE ( ... ) ... - ....                                                    |
15 |                                                                             |
   | MEDS-OHC .                                                                  |
   | NEW-OHC .                     REFUGEE/ALIEN .           INS-ENTRY-MMYY ....|
   |                                                                             |
   | VALID-MMYY ....               CARD-ISSUE-SITE ....      CARD-ISSUE-REASON ..|
20 |                                                                             |
   |                                                                             |
   |                                                                             |
   | NEXT-TRANS ....               SAME-PERSON .             SAME-CASE .         |
24 |                                                                             |
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

NEW SCREEN

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
 1 | EW55                ** SSI/SSP MODIFY/ID CARD REQUEST **        opr - mm/dd/yy |
   |                                                                             |
   | CASE-NAME ..................  DISTRICT ...              EW-CODE ....        |
   |                                                                             |
 5 | COUNTY-ID-PER-MEDS __ __ _______ _ __                                       |
   | MEDS-ID _________             BIRTHDATE _______         NEW-BIRTHDATE .......|
   |                                                                             |
   | NAME:  LAST ...............   FIRST ..........          INITIAL .           |
   | SEX .                         CA-DL/ID-NO ........                        |
10 |                                                                             |
   | ADDRESS:    C/O ........................                                    |
   |          STREET ........................                                    |
   |            CITY ...................   STATE ..          ZIP-CODE .....      |
   | PHONE ( ... ) ... - ....                                                    |
15 |                                                                             |
   | MEDS-OHC .                                                                  |
   | NEW-OHC .                     REFUGEE/ALIEN .           INS-ENTRY-MMYY ....|
 # | ALIEN-NO .........                                                          |
   | VALID-MMYY ....               CARD-ISSUE-SITE ....      CARD-ISSUE-REASON ..|
20 |                                                                             |
   |                                                                             |
   |                                                                             |
   | NEXT-TRANS ....               SAME-PERSON .             SAME-CASE .         |
24 |                                                                             |
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

MEDS NETWORK NAME: ALIEN-NO

NARRATIVE NAME: Alien Number

AKA NAMES: Alien Registration Number

SOURCE: County LENGTH: 9

DEFINITION: The Alien Number is the number issued to aliens by the Immigration and Naturalization Service

VALUES: The format of the Alien Number issued by INS is an alpha prefix followed by 7, 8, or 9 digits. The prefix will always be an A, which will not be entered into MEDS. The numeric portion of the number should be entered with leading zeros appended to the 7 and 8 digit numbers. A total of 9 digits should be entered into MEDS. ..

SPECIAL CONSIDERATIONS:

Alien Numbers with 7 and 8 digit are no longer being issued.

As of July 95, INS is currently assigning 9 digit numbers in the following categories.

070 - 79 million range - Other assignments except Border Crossing and Amnesty

080 - 89 million range - Border Crossing

090 - 94 million range - Amnesty

100 - 140 million range - Employment Allowance Document

APPENDIX II - DATA ELEMENT DICTIONARY

DED No. 2035

MEDS NETWORK NAME: COUNTRY-OF-ORIGIN

NARRATIVE NAME: Country of Origin

AKA NAMES:

SOURCE: County, SDX LENGTH: 2

DEFINITION: Country of Origin is the country of citizenship if known, otherwise, country of birth.

VALUES:

AF	AFGHANISTAN	CU	CUBA	IT	ITALY
AL	ALBANIA	CY	CYPRUS	IV	IVORY COAST
AO	ANGOLA	CZ	CZECHOSLOVAKIA	JM	JAMAICA
AR	ARGENTINA	DJ	DJIBOUTI	JA	JAPAN
AM	ARMENIA	DR	DOMINICAN REPUBLIC	JO	JORDAN
AS	AUSTRALIA	EC	ECUADOR	CB	KAMPUCHEA
AU	AUSTRIA	EG	EGYPT	KZ	KAZAKHSTAN
AJ	AZERBAIJAN	ES	EL SALVADOR	KE	KENYA
BG	BANGLADESH	ER	ERITREA	KN	KOREA (NORTH)
BO	BELARUS	EN	ESTONIA	KS	KOREA (SOUTH)
BE	BELGIUM	ET	ETHIOPIA	KU	KUWAIT
BN	BENIN	FI	FINLAND	KG	KYRGYZSTAN
BL	BOLIVIA	FR	FRANCE	LA	LAOS
BK	BOSNIA and HERCEGOVINA	GG	GEORGIA	LG	LATVIA
		GM	GERMANY	LE	LEBANON
BC	BOTSWANA	GH	GHANA	LT	LESOTHO
BR	BRAZIL	GR	GREECE	LI	LIBERIA
BU	BULGARIA	GT	GUATEMALA	LY	LIBYA
BM	BURMA	HA	HAITI	LH	LITHUANIA
BY	BURUNDI	HO	HONDURAS	MC	MACAU
CM	CAMEROON	HK	HONG KONG	MK	MACEDONIA
CA	CANADA	HU	HUNGARY	MI	MALAWI
CD	CHAD	IN	INDIA	MY	MALAYSIA
CI	CHILE	ID	INDONESIA	MX	MEXICO
CH	CHINA	IR	IRAN	MD	MOLDOVA
CO	COLOMBIA	IZ	IRAQ		
CS	COSTA RICA	EI	IRELAND	VALUES (CONT.)	
HR	CROATIA	IS	ISRAEL		

APPENDIX II - DATA ELEMENT DICTIONARY

DED No. 2035

MG	MONGOLIA
MW	MONTENEGRO
MO	MOROCCO
MZ	MOZAMBIQUE
WA	NAMIBIA
NL	NETHERLANDS
NC	NEW CALEDONIA
NZ	NEW ZEALAND
NU	NICARAGUA
NI	NIGERIA
PK	PAKISTAN
PM	PANAMA
PA	PARAGUAY
PE	PERU
RP	PHILIPPINES
PL	POLAND
PO	PORTUGAL
RO	ROMANIA
RS	RUSSIA
RW	RWANDA
SA	SAUDI ARABIA
SG	SENEGAL
SR	SERBIA
SN	SINGAPORE
SI	SLOVENIA
SO	SOMALIA
SF	SOUTH AFRICA
SP	SPAIN
CE	SRI LANKA
SU	SUDAN
SZ	SWITZERLAND
SY	SYRIA
TW	TAIWAN
TI	TAJIKISTAN
TZ	TANZANIA
TH	THAILAND
TS	TUNISIA
TU	TURKEY
TX	TURKMENISTAN
UG	UGANDA
UP	UKRAINE
TC	UNITED ARAB EMIRATES
UK	UNITED KINGDOM (ENGLAND)
UY	URUGUAY
UR	USSR (FORMER)
UZ	UZBEKISTAN
VE	VENEZUELA
VM	VIETNAM
YE	YEMEN
YS	YEMEN ADEN
YO	YUGOSLAVIA
CG	ZAIRE
ZA	ZAMBIA
ZI	ZIMBABWE
OB	BORN ON BOARD/SEA
ZN	STATELESS
ZZ	UNKNOWN

SPECIAL CONSIDERATION:
The Country-of-Origin values are the same as the Federal Information Processing Standards.

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 3040

MEDS NETWORK NAME: ELIG-APPROVAL-DATE

NARRATIVE NAME: ELIGIBILITY APPROVAL DATE

AKA NAMES:

SOURCE: County LENGTH: 6

DEFINITION:

This is the date on which approval action was taken on a case by the welfare department. This date is used in the Medicare Buy-In process to determine the appropriate effective date of Buy-In for Medically Needy, QMB, and QDWI recipients.

VALUES:

Date in the format MMDDYY where MM is month DD is day and YY is year.

SPECIAL CONSIDERATIONS:

This date must be reported when a newly eligible QMB, QDWI or Medically Needy recipient is reported to MEDS. It is optional for all other eligibility reporting.

MEDS NETWORK NAME: INS-ENTRY-MMYY

NARRATIVE NAME: INS Entry-Date

AKA NAMES: Alien Date of Entry, Alien Date of Residence

SOURCE: County, SDX, Buy-In Unit LENGTH: 4

DEFINITION:
This field identifies the reported date of entry into the United States or the month and year of residence in the United States. This field may be provided by counties, the Buy-In Unit, or by the SDX file when the SDX file identifies a recipient as an alien and there is either an alien date of residence or a date of application present on the SDX file. This information is used for the Refugee Tracking System and for Buy-In.

VALUES:
Date in the format MMYY where MM is month and YY is year.

SPECIAL CONSIDERATIONS:

This field must be reported when the county reports a Refugee/Alien Indicator of 1,7, 8, or 9 or an Aid Code of 01, 02 or 08 and the INS Entry Date is not already present on MEDS.

If the SDX file identifies a recipient as an alien (see REFUGEE/ALIEN) and there is an alien date of residence present on the SDX file, this field will contain that date. Note: if the SDX alien date of residence was input prior to 10-80, the SDX month would have defaulted to January. If the SDX alien date of residence is prior to April 1975, MEDS posts a 04-75 date in this field. If the SDX file identifies a recipient as an alien and there is no alien date of residence present on the SDX file, MEDS will post the SDX date of application (which is the most recent SDX application date) in this field.

If the Refugee/Alien information is reported erroneously for a recipient, the INS Entry Date is removed by MEDS when the County requests deletion of the Refugee/Alien Indicator.

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

MEDS NETWORK NAME: REFUGEE/ALIEN

NARRATIVE NAME: Refugee/Alien Indicator

AKA NAMES: SDX Alien Status, Alien Indicator, INDOCD, Alien Status Code

SOURCE: County, SDX, Buy-In Unit LENGTH: 1

DEFINITION:
This code indicates whether the individual is a refugee or in a special alien status category. The information is used for the Refugee Tracking System and Buy-In.

COUNTY INPUT VALUES:

0 Other Alien
1 Indochinese Refugee
7 Other Refugee
8 Cuban/Haitian Refugee
9 Aged Alien - Ineligible for Medicare and not a Refugee

SDX INPUT VALUES:

F Refugee status - Section 207 or 203(A)(7) of the I.N.A.
G Parole status - Section 212(d) of the I.N.A.
H Silva vs. Levi alien
I Indochinese refugee (This is an obsolete code)
J Deferred action status alien
K Alien lawfully admitted to the U. S. for permanent residence
L Asylum status - Section 208 of the I.N.A.
M Residents of the Northern Mariana Islands
P Pre-January 01, 1972 alien (presumed lawfully admitted for permanent residence)
R Lawful temporary resident - status granted as a result of the Immigration Reform and Control Act of 1986
S Lawful permanent resident - status granted as a result of the Immigration Reform and Control Act of 1986
T Alien granted voluntary departure
W Alien granted stay of deportation
X Cuban/Haitian entrant
Y Legalized agriculture worker pursuant to the Immigration Reform and Control Act of 1986
Z Alien on whose behalf an immediate relative petition has been approved

SPECIAL CONSIDERATIONS:

The values 1, 7, and 8 are used by counties to identify time-eligible refugees so that DHS can obtain 100% federal reimbursement for their expenses under the Medi-Cal program. These values may come either from MEDS transactions submitted by counties or from Refugee Tracking System updates submitted by counties via tape or paper MC255s.

The value 9 is used to identify aliens who are not time-eligible refugees and are over 65 but not yet eligible for Medicare because they have not met the five year residency requirement. This value may be reported when the recipient reaches age 64 years and 9 months to suppress the potential Medicare Buy-In alert message issued by MEDS renewal. The 9 may be reported either by counties or by the Buy-In Unit. The 9 will not overlay a 1, 7, or 8 or an SDX value since time-eligible refugee information is the more critical information.

The value 0 (zero) was added at county request to identify aliens who do not fall into any of the other categories. The 0 will not overlay any other value on MEDS. Reporting of this value is optional; it is not used for anything within MEDS.

The SDX values are those reported for SSI/SSP recipients via the SDX update files. SDX values will not overlay a 1, 7, or 8. Some of these values also identify time-eligible refugees for whom DHS can obtain 100% federal reimbursement for expenses under the Medi-Cal program (values F, G, I, J and L).

If Refugee/Alien information is reported erroneously for a recipient, it is removed by following the standard MEDS convention for deleting incorrect data; i.e., entry of an * (asterisk) for online and the data element followed by an equal sign and a comma (2009=.) For batch. Deletion of the Refugee/Alien Indicator will also delete the INS Entry Date from MEDS.

When a Refugee/Alien indicator of 1, 7, 8, or 9 is reported, the INS Entry Date must also be reported if it is not already present on MEDS.

EDITS:	ERROR MESSAGE:	ACTION
	ONLINE	
REFUGEE/ALIEN IND = '9', AGE < 64 YEARS 8 MONTH	385 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YEARS 9 MONTHS	REJECT TRANS
INS-ENTRY-DATE < BIRTHDATE	386 INS-ENTRY-MMYY CANNOT BE PRIOR TO BIRTHDATE	REJECT TRANS
INS-ENTRY-DATE > CURRENT DATE	315 INS-ENTRY-MMYY MAY NOT BE A FUTURE DATE	REJECT TRANS
REFUGEE/ALIEN IND ='1', '7', '8', '9' NO INS-ENTRY-DATE ON MEDS OR TRANS	314 INS-ENTRY-MMYY DATE REQUIRED WHEN REFUGEE/ALIEN ENTERED	REJECT TRANS
INS-ENTRY DATE > SPACES NO REFUGEE/ALIEN IND ON MEDS OR TRANS	317 REFUGEE/ALIEN REQUIRED WHEN INS-ENTRY-MMYY ENTERED	REJECT TRANS
ELIG-APPROVAL -DATE > CURRENT DATE	401 ELIG-APPROVAL-DATE CANNOT BE GREATER THAN CURRENT DATE	REJECT TRANS

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
DATA SYSTEMS BRANCH

PROGRAM REFUGEE TRACKING
REVISION 1.0
DATE October 19, 1995

EDITS:	ERROR MESSAGE:	ACTION
BATCH TRANS		
INS-ENTRY-DATE GREATER THAN CURRENT DATE	1616 INS-ENTRY-MMYY MAY NOT BE A FUTURE DATE	ACTION — MEDS INS ENTRY-DATE IS NOT CHANGED
INS-ENTRY-DATE LESS THAN BIRTHDATE	1091 INS-ENTRY-MMYY CANNOT BE PRIOR TO BIRTHDATE	ACTION — MEDS INS ENTRY-DATE IS NOT CHANGED
REFUGEE/ALIEN IND IS ALPHA	0004 INVALID CHARACTER WITHIN FIELD	ACCEPT — MEDS REFUGEE ALIEN IND IS NOT CHANGED
REFUGEE/ALIEN IND = '9' AGE < 64 YEARS AND 9 MONTHS	1090 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR 64 YEARS 9 MO	UNDER URGENT — MEDS REFUGEE ALIEN IND IS NOT CHANGED
MEDS AID CODE = '01','02', OR '08' TRANS REFUGEE/ALIEN IND = '0'	2155 REFUGEE/ALIEN INFORMATION INCOMPLETE OR INCONSISTENT	ACTION — MEDS REFUGEE ALIEN IND IS NOT CHANGED

EDITS:	ERROR MESSAGE:	ACTION
RENEWAL		
CHECK IF THERE IS A 01, 02 OR ,08 AID CODE IN THE CURRENT OR HISTORY SEGMENTS WITHOUT A REFUGEE/ALIEN IND	8503 REFUGEE/ALIEN INFORMATION MISSING OR INCOMPLETE	ACTION