

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



April 6, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 87- 15

SUBJECT: NAME/BIRTHDATE MATCH PROCESS

This is to notify county welfare departments that a revised name/birthdate match will be implemented after MEDS renewal in April 1987 with reports to the county in May 1987. Thereafter, the reports will be sent in April of each year.

The name/birthdate match was jointly developed with Department of Social Services (DSS) to identify possible duplicate program participation and assist counties in detecting potential program abuse. It also serves to identify duplicate records which were added to MEDS erroneously so that counties can link the records via an EWI transaction.

Name/Birthdate System Design

Following describes the match criteria which will be used when comparing all MEDS records with the same name/birthdate:

- o Only active records will be compared.
- o All sensitive service records will be eliminated from the match.
- o Name, first and last, must match exactly.
- o Birthdate must match exactly on month and day, birthyear plus or minus two years.

The Department will use a two step match process to identify duplicate records:

Step 1

When a match occurs and both records are Medi-Cal Only (MCO) or one record is MCO and one is Food Stamp (FS), the system logic will look at the remaining family members in each case. If one or more family members match or there are no other records in the case, the original match will be sent to the Medi-Cal Only program for review. All family members in the matched cases will be listed on the reports when one or more match.

If both records are MCO and none of the remaining family members match, the original matched records will be bypassed. In the situation where one record is MCO and one record is FS and no match occurs with remaining family members, the original matched records will be sent to the Food Stamp program for resolution.

Step 2

When any match includes an AFDC cash record or two FS records, the system logic will not check other family members in the cases. All such matches will be forwarded to the appropriate program for resolution.

When determining which county program (AFDC-Cash, Food Stamp or Medi-Cal Only) will be responsible for reviewing the match, the following criteria (category/program) will be used:

<u>Category</u>	<u>Program</u>
AFDC to AFDC	AFDC
AFDC to MCO	AFDC
MCO to MCO	MCO
AFDC to FS	AFDC
FS to FS	FS
MCO to FS	MCO if there is a match on other family records or there are no other family records in the case, otherwise to FS program.
MCO to SSI	State Alert
AFDC to SSI	State Alert
FS to SSI	State Alert
SSI to SSI	State Alert

Upon completion of the match process, reports will be generated. All matched record reports which include an SSI beneficiary will be sent to the Department's Medi-Cal Eligibility Branch, Systems Unit, for research and resolution of the records. All remaining records will be sent to the appropriate counties. Attachment 1 is a sample copy of the report format. The reports will be

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produced in county, district and worker number order. Only one report will be sent to the appropriate program (see above chart) when matches contain records within the same county. If a match contains records for two different counties, a report will be sent to both counties regardless of category/program.

Should you have any questions regarding the name/birthdate match please contact the Department of Health Services Medi-Cal Eligibility MEDS liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: April 6, 1988

COUNTY: ANY County
DISTRICT: XXX
ORDER: XXXX

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
NAME/BRN/DATE MATCH REPORT
ACTIVE TO ACTIVE RECORDS

Report Number: MR-SAM508-R002
Report Date: MM/DD/YY

PAGE:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	COUNTY ID	MEDS ID	PROG IND	VER CODE	<-----FOOD STAMPS----->	<-----MEDI-CAL----->
									WORKER DIST	WORKER DIST
									CASE NAME	CASE NAME

DAY	HAP	P	02/03/947	F	59 99 9999999 99 9	999999999 001	004	7	DE99 099	DAY, HAPPY	MA99 099	DAY, HAPPY
DAY	HAP	P	02/03/947	F	59 99 9999999 99 9	888888888	004	7	DE99 099	DAY, HAPPY	MA99 099	DAY, HAPPY
BODY	ANY	E	01/07/950	M	59 99 9999999 99 9	777777777	005	7	DE99 099	BODY, ANY	MA99 099	BODY, ANY
BODY	ANY	E	01/07/950	M	59 99 9999999 99 9	666666666	005	7	DE99 099	BODY, ANY	MA99 099	BODY, ANY