

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

March 18, 1986

All County Welfare Directors
County Administrative Officers

Letter No. 86-15

SDX REPORTS

This is to provide information on the changes the Department will be making in the SDX/MEDS process effective with March, 1986, month of eligibility Medi-Cal card production.

Currently, Medi-Cal cards for SSI/SSP recipients are generated from an SDX Master File which contains eligibility information received from the Social Security Administration. Based upon this file, Medi-Cal cards are produced and SDX reports (magnetic tape, microfiche, and hardcopy) are sent to the counties on a monthly basis.

Effective March, 1986, month of eligibility, the SSI/SSP process will be converted onto MEDS and the SDX Master File processing will be deleted. Medi-Cal cards for SSI/SSP recipients and SDX reports will be generated from the MEDS Database, which will carry only those fields which are required for determination of Medi-Cal card issuance and for other systems which interface with SSI/SSP records. Those fields not used by MEDS will be space-filled on the SDX reports sent to counties.

The format for the microfiche and hardcopy reports is attached as Exhibit 1. The fields to be space-filled are as follows:

| <u>Field</u> | <u>Location of Field</u> |
|------------------|--------------------------|
| STLIVCDE | second row, fourth entry |
| DRUG-CDE | third row, third entry |
| MIL-AMT | third row, fifth entry |
| REP-PAYEE-DTE | third row, seventh entry |
| STATE-WELFARE-ID | fourth row, first entry |
| MIL-IND | fourth row, third entry |
| TOTAL-UINC | fourth row, fourth entry |
| RES-BEGAN-DTE | fourth row, fifth entry |
| EINC-PERIOD | fifth row, second entry |
| RSCC | fifth row, third entry |
| ELIG-DTE | sixth row, second entry |
| HOME | sixth row, third entry |
| *PAYEE-NAME | sixth row, seventh entry |

*Only one address field will be shown on the report. If the residence address is on MEDS, the address will be shown in rows 1 - 4, in the 6th column, and the payee name will be blank. If the payee address is on MEDS, the payee name will be shown in row 6, in the seventh entry, and the payee address will be shown in row 1 - 4 in the 7th column.

The record layout for the magnetic tape report format is attached as Exhibit 2. The fields being space-filled are as follows:

| <u>Field</u> | <u>Definition of Field</u> |
|--------------|--|
| 0066 - 0066 | First line of Payee's Address Indicator |
| 0134 - 0199 | Last three lines in Payee's Name and Address |
| 0205 - 0216 | First line of Name |
| | Eligibility Date |
| 0223 - 0255 | Conditional Payment |
| | Advance Payment |
| | Federal Eligibility Code (FEC) |
| | State Eligibility Code (SEC) |
| | Mandatory Eligibility Code (MEC) |
| | Budget Month Flag (BMF) |
| | Budget Month Federal Living Arrangement |
| | blank |
| | State Benefit Amount |
| | Special Needs (Other than Essential Person) |
| | Concurrent Category |
| | Food Stamp Input |
| | Food Stamp Recipient |
| | Food Stamp Request |
| | Denial Code |
| | State Code at Conversion |
| 0265 - 0265 | Disability Payment Code |
| 0272 - 0278 | Drug Addiction or Alcoholic Identification Code |
| | Date of Application |
| 0287 - 0287 | First line of Residence Address Indicator |
| 0354 - 0397 | Last three lines in Residence Address |
| 0403 - 0407 | blank |
| 0409 - 0415 | Retroactive Medicaid Indicator |
| | Retrospective Net Countable Earned Income Amount |
| 0417 - 0438 | Appeals Flag |
| | Record Source Code |
| | Welfare Identification Number |
| | Record Processing Date |
| 0443 - 0444 | Country of Origin |
| 0447 - 0447 | blank |
| 0458 - 0494 | Welfare ID Number of Eligible Spouse |
| | SSN of Parent No. 2 |
| 0498 - 0498 | Competency Code |
| 0514 - 0514 | SSN Correction Indicator |
| 0521 - 0549 | Individual's Multiple SSN |
| | Residence Begin Date |
| | Head of Household Indicator |
| | State and County Code |
| | Retrospective Net Countable Unearned Income Amt. |
| | Type of Last Transaction |
| 0556 - 0561 | December 1973 Federal Countable Income |

| | |
|-------------|---|
| 0567 - 0845 | Originating Office Code Resource Code - House Resource Code - Vehicle Resource Code - Life Insurance Resource Code - Income Producing Property Resource Code - Other Number of Entries for Unearned Income Unearned Income Type Code Unearned Income Start Date Unearned Income Stop Date Unearned Income Amount Unearned Income Frequency Claim/Identification Number Unearned Income Validation Code State and County Code of Reimbursement |
| 0847 - 0870 | Current Work Expenses Current Earned Income Exclusion (Approved Plan) Record Establishment Date |
| 0872 - 0882 | blank Systems Retrospective Deemed Income Amount |
| 0884 - 0884 | Student Indicator |
| 0886 - 0886 | Rollback Code |
| 0893 - 0898 | Denial Date |

If you no longer need the SDX reports since the same information will be displayed on the MEDS terminals or if you have any questions regarding this letter, please contact your Medi-Cal Eligibility Branch MEDS liaison.

The information contained in this letter will be included in the MEDS User Manual within the next three to four months.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
MEDS Liaisons

Expiration Date: June 30, 1986

SDX Tape Layout

EXHIBIT 2

| FIELD | RECORD POSITION | COMMENTS |
|---|-----------------|---|
| 9-FILLER | 0001 - 0001 | value '9' |
| Social Security Number | 0002 - 0010 | |
| Claim Number | 0011 - 0022 | |
| Master File Type Code | 0023 - 0024 | formerly named 'AID' |
| Record ID Code | 0025 - 0025 | |
| County | 0026 - 0027 | |
| Last Name | 0028 - 0046 | up to 15 positions |
| First Name | 0047 - 0056 | |
| Initial | 0057 - 0057 | |
| Sex Code | 0058 - 0058 | 'M', 'F', or 'N' (unknown) |
| Race | 0059 - 0059 | |
| Date of Birth | 0060 - 0065 | format is MMDDYY |
| Filler | 0066 - 0066 | |
| Number of Address Lines | 0067 - 0067 | |
| Payee Name and Address first occurrence | 0068 - 0089 | present if residence address is not present |
| Payee Name and Address second occurrence | 0090 - 0111 | present if residence address is not present |
| Payee City/State | 0112 - 0133 | present if residence address is not present |
| Filler | 0134 - 0199 | Payee Name and Address is reduced to 3 lines |
| Payee Zip Code | 0200 - 0204 | present if residence zip code is not present |
| Filler | 0205 - 0216 | |
| SSI Paid Amount | 0217 - 0222 | |
| Filler | 0223 - 0255 | |
| Medicaid Effective Date | 0256 - 0261 | format is MMDDYY |

| | | |
|----------------------------|-------------|---|
| Payment Status Code | 0262 - 0264 | |
| Filler | 0265 - 0265 | |
| Date of Disability Onset | 0266 - 0271 | format is MMDDYY |
| Filler | 0272 - 0278 | |
| Living Arrangement Code | 0279 - 0279 | |
| Date of Death | 0280 - 0285 | format is MMDDYY |
| Marital Status | 0286 - 0286 | |
| Filler | 0287 - 0287 | |
| Residence Address Line 1 | 0288 - 0309 | present if payee address is not present |
| Residence Address Line 2 | 0310 - 0331 | present if payee address is not present |
| Residence City/State | 0332 - 0353 | present if payee address is not present |
| Filler | 0354 - 0397 | |
| Residence Zip Code | 0398 - 0402 | present if payee zip code is not present |
| Filler | 0403 - 0407 | |
| Third Party Liability | 0408 - 0408 | other insurance coverage |
| Filler | 0409 - 0415 | |
| Medicaid Eligibility Code | 0416 - 0416 | |
| Filler | 0417 - 0438 | |
| Alien Date of Residence | 0439 - 0442 | format is MMDDYY |
| Filler | 0443 - 0444 | |
| Transaction Code | 0445 - 0446 | |
| Filler | 0447 - 0447 | |
| Optional Pay Code e | 0448 - 0448 | |
| Eligible Spouse/Parent SSN | 0449 - 0457 | |
| Filler | 0458 - 0494 | |
| Custody Code | 0495 - 0497 | |
| Filler | 0498 - 0498 | |
| Type of Payee Code | 0499 - 0501 | |

| | | |
|---|-------------|------------------|
| Earned Income Amount | 0502 - 0507 | |
| Unearned Income Amount | 0508 - 0513 | |
| Filler | 0514 - 0514 | |
| Deemed Income Amount | 0515 - 0520 | |
| Filler | 0521 - 0549 | |
| Date of Last Transaction | 0550 - 0555 | format is MMDDYY |
| Filler | 0556 - 0561 | |
| SSI Eligibility Amount | 0562 - 0566 | |
| Filler | 0567 - 0845 | |
| Assistance Reimbursement Status Code | 0846 - 0846 | |
| Filler | 0847 - 0870 | |
| Alien Indicator | 0871 - 0871 | |
| Filler | 0872 - 0882 | |
| Medicaid Test Indicator | 0883 - 0883 | |
| Filler | 0884 - 0884 | |
| Optional Living Code | 0885 - 0885 | |
| Filler | 0886 - 0886 | |
| SSP Paid Amount | 0887 - 0892 | |
| Filler | 0893 - 0898 | |
| Eligibility Character 1 | 0899 - 0899 | |
| Eligibility Character 2 | 0900 - 0900 | |