June 21, 1994

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

HEALTH INSURANCE SYSTEM COUNTY ACCESS

The Health Insurance System (HIS) is a Medi-Cal Eligibility Data System (MEDS)-linked data base containing health insurance information for Medi-Cal beneficiaries. Effective February 1, 1994 counties have access to view the HIS file via MEDS. Change and update capabilities will not be available to county staff. The insurance information should be useful in responding to beneficiary inquiries and in identifying insurance carriers.

The enclosed descriptions of each transaction and data elements has been prepared by the Department's Health Insurance Section and will be added to the MEDS manual. Please direct any questions to Ms. Chari Hug of the Health Insurance Section at (916) 327-0492.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures
HEALTH INSURANCE SYSTEM (HIS)

I. Logging Onto The HIS

A. Logon to MEDS

1. Hit the Clear Key

2. Type "HIAR" and hit enter to access the Health Insurance Systems Action Request Menu.

3. From the Action Request Menu you are able to select: "F" = Carrier Master File (CMF) Menu, "V" = View Insurance Segment, and the "I" = Inquire OHC Code Calendar. (See example 1).

B. View Insurance Segment. (Option V)

1. From the Action Request Menu (see example #1) select option"V".

2. Enter the Beneficiary SSN. *

3. The View HIS Information screen allows you to view the beneficiary insurance segments.

   a. If there is more than one segment and you would like to view them, follow the instructions at the bottom of the screen.

   * If the MEDS record is not found, an error message reading "SSN Not Found On MEDS" will appear on the screen.

C. Data Elements Description of the view HIS Information Screen.

1. Line 1

   a. Beneficiary name

   b. Date of Birth

   c. Social Security Number
2. Line 2
   a. Sex
   b. County I.D.

3. Line 3
   a. Street Address
   b. Pending Month OHC
   c. Case Name

4. Line 4
   a. City, State, Zip Code
   b. Current Month OHC
   c. HIC No.: Health Insurance Claim Number.

   Note: These data elements (beneficiary name, address, date of birth, SSN/MEDS-ID, sex, Cnty-ID, HIC-No., current and pending OHC code) are pulled from the MEDS record.

5. Line 5
   a. Beneficiary phone number
   b. County Eligibility Worker phone number

   Note: Beneficiary and Eligibility Worker phone numbers are entered onto the HIS by DHS staff.

6. Line 6
   a. HIQ (6155a) - a "Y" code in this field will mail out a DHS 6155A at months end, a "P" code in this field will mail out a DHS 6155A in 90 days, a "R" code in this field indicates a response was received on the date indicated.
   b. HIQ date - Mailout response date for the DHS 6155a.
   c. OHC letter - Other health coverage letter mailing date, (not used).
7. Line 7
   a. Segment type - Indicates the status of a segment when using the View Insurance Segment options, "1" = Active Segment, "9" = Suspended Segment (suspended by DHS staff), "8" = Suspended Segment (this is a system generated suspense code.) Both suspense codes require DHS review.
   b. Insurance segment and additional segments - The element "seg of" indicates the number of segments in relation to the total number of segments this beneficiary has.
   c. Follow-up flag - a "Y" in this field indicates that there is follow-up information on fiche.

8. Line 8
   a. Last change date - Date is derived from the transaction header of last update transaction.
   c. OPR - Health Insurance Section operator ID of last operator to update this insurance segment.

9. Line 9
   b. Relationship to policy holder - "P" = self, "S" = spouse, "D" = dependent, "O" = other.
   c. Dependent CVG Available - "Y" = yes, "S" = no.

10. Line 10
    a. Carrier - Insurance carrier name from the HIS Carrier Master File.
    b. City - City in which insurance company is located. Derived from the HIS Carrier Master File.
c. Code - The four digit code that corresponds to the carrier listed under carrier name. This is the Carrier Master File record key and is assigned by DHS staff.

11. Line 11
   a. Policyholder name
   b. Policyholder SSN

12. Line 12
   a. Policyholder c/o address
   b. Policyholder street address

13. Line 13
   a. Policyholder city/state
   b. Policyholder zip code
   c. Policyholder phone

14. Line 14
   a. Insurance policy number
   b. Absent parent insurance - a "Y" in this field indicates that the source of insurance coverage is from an absent parent, a "G" in this field indicates that the absent parent segment was suspended for good cause.

15. Line 15
   a. Policy start date - this is the date that insurance policy became effective if known, otherwise the system generates date of onset of Medi-Cal eligibility or three years prior to the segment add date, whichever is most recent.
   b. Policy stop date if known. The system will generate a future date if one is not entered. Currently the system is using December 31, 1999.
c. Termination reason - a "H" indicates segment terminated by DHS/HIS, a "O" indicates termination by any other source.

16. Line 16
   a. Union name
   b. Local number

17. Line 17
   a. Employer group
   b. Employer group number

18. Line 18
   a. Employer c/o address
   b. Employer street address

19. Line 19
   a. Employer city/state
   b. Employer zip code
   c. Employer phone number

20. Line 20
   a. Source of Information - The information contained in this field identifies from whom DHS received the other coverage information.

   a-1 Possible selections include:

   HIQ       - DHS 6155 (county)
   HIQA      - DHS 6155A (state)
   IEX       - Insurance Data Match
   MEDS      - Medi-Cal Eligibility Data System
   SSA       - Social Security Administration
   MIF/DA    - District Attorney
   Bene      - Beneficiary
   CWD       - County Welfare Department
Carrier - Insurance Company  
Provider - Physician, pharmacy, etc.  
HIPD - Health Insurance Payment Demand  
HIU - Health Insurance Unit  

b. Scope of Coverage identifies what type(s) of service is available under the policy.

b-1 Possible values are:

"O" - Hospital Outpatient  
"M" - Medical Services  
"P" - Prescription Drugs  
"V" - Vision Care  
"I" - Hospital Inpatient  
"L" - Long Term Care  
"D" - Dental Care  

21. Line 21

Action - Enter: "N" for Next Segment  
"P" for Prior Segment  
"H" for Action Request Menu

D. Inquire OHC Code Calendar

1. From the Action Request Menu (see example #1) select option "I", hit enter.

2. Enter the beneficiary SSN to find a matching MEDS records. If no MEDS record is found, an error message will appear at the bottom of the Action Request Menu screen. If a record is found, the program will read the MEDS record and then search the HIS Master File. If a matching record is found the Inquiry screen will appear. (see example #3).

3. Once the Inquiry screen is displayed, the operator can change the SSN and bring up the Inquiry screen for additional beneficiary information.

E. Inquire OHC Code Calendar data elements.
Card Coded Calendar - The purpose of this screen is to provide a view of up to 36 months of history for other coverage, Medicare status and Scope of Coverage for Medi-Cal beneficiaries.
"A" = Carrier unspecified
"B" = Blue Cross
"C" = Champus
"D" = Prudential
"E" = Aetna
"G" = American General
"H" = Mutual of Omaha
"I" = Metropolitan Life
"J" = John Hancock Mutual Life
"K" = Kaiser
"L" = Dental Coverage only
"M" = Multiple Coverage
"N" = No Other Coverage
"O" = Medicare
"P" = Any Other PHP/HMO
"Q" = Equicor/Equitable
"S" = Blue Shield
"T" = Travelers
"U" = Connecticut General (CIGNA)
"V" = Coverage other than those specified
"W" = Great West Life Assurance
"X" = Blue Shield Assurance
"Z" = Blue Cross

"2" = Provident Life & Accident
"3" = Principal Financial Group
"4" = Pacific Mutual Life Insurance
"5" = Alta Health Strategies, Inc.
"6" = American Association of Retired Persons (AARP)
"8" = New York Life Insurance

c. MCS = Medicare status-Part A only, Part B only, Part A&B

d. CMBND-SCOPE = Combined scope of coverage from all applicable insurance companies.

8. Line 8-19

a. Month and year of coverage - four digits

b. OHC code (see above)
c. MCS

d. CMBND Scope = Combined scope of coverage codes

9. Line 20

Action - Enter SSN to view new record, or "H" = Return to Menu;
Clear = Exit

F. Carrier Master File Menu (option F)

1. From the Action Request Menu (see example #1) select option "F",
hit enter.

2. From the Carrier Master File Menu (see example #4) select option "V" for
"View Carrier Record".

a. Carrier code - This is a 4 digit code assigned by DHS to identify
specific carriers by billing address. The carrier code is found in
each recipient's HIS insurance segment,
or
b. Carrier name - Minimum of first three letters of name,
or
c. Carrier city - Minimum of first three letters of city,
or
d. The only other options "H", which will return you to the HIS
menu.

3. Using Carrier Name option will provide you with an alphabetical listing of
all carriers identified. (see example #5)

a. Header information -

1. Carrier name

2. Carrier code

3. Carrier address

4. Carrier city

5. Carrier state

Note: Enter "V" next to the carrier name to view a specific
record from the list.
4. Using City option - This option will provide you with an alphabetical listing by city for all carriers. (see example #6)
   a. Header information - *
      1. Carrier name
      2. Carrier code
      3. Carrier address
      4. Carrier city
      5. Carrier state
      * Enter "V" next to the carrier name to view a specific record from the list.

G. View Carrier Record data elements description. (see example #7)
   1. Line 1
      a. Carrier code
      b. Carrier name
   2. Line 2
      Address (In Care Of)
   3. Line 3
      Street
   4. Line 4
      P.O. Box
   5. Line 5
      a. City
      b. State
      c. Zip Code
6. Line 6
   a. Attention
   b. Carrier phone number

7. Line 7
   a. Last change date
   b. Status code - "H" = HMO; "A" = Active, "P" = Suspended

8. Line 8
   a. Tape Billing Flag - not currently being used by DHS
   b. Tape Response Flag - not currently being used by DHS

9. Line 9
   a. Footnote indicating information for DHS use only.
   b. Trans type - shows that you are on "V" for view.

10. Line 10
    Additional information on carrier used by DHS staff only.

11. Line 11
    Action - "C" = Return to carrier menu to view a different carrier,
        "H" = Return to HIS menu, "U" = N/A.
WELCOME TO THE HEALTH INSURANCE SYSTEM (HIS)

ENTER OPTION:  
A = ADD BENEFICIARY/INSURANCE INFORMATION  
C = CHANGE BENEFICIARY/INSURANCE INFORMATION  
F = CARRIER MASTER FILE MENU  
I = INQUIRE OHC CODE CALENDAR  
L = GENERATE 6155A LETTER  
O = OC30 TRANSACTION  
Q = AUTO-OC30 TRANSACTION GENERATOR  
V = VIEW INSURANCE SEGMENT

MEDS-ID: (REQUIRED FOR OPTIONS A, C, I, L, Q, V)

CARRIER CODE: (REQUIRED FOR OPTION A)

PF12 = MEDS INQUIRY  
CLEAR = EXIT
*** VIEW HIS INFORMATION ***

HARTMAN, MARY

DOB: 05-22-1915
SSN: 287 09 7127
SEX: F
CQTY-ID:
PND-OHC:
CASENAME:
CUR-OHC:
HIC-NO:

BENE-PHONE: ( )
HIQ6155A? M
HIQDATE:
SEGMENT TYPE: INSURANCE 1
SEG 01 OF 01
LAST-CHANGE-DATE: 06-25-1992
TRANS-TYPE: V
OPR: RH
BENE-STATUS:
RELATIONSHIP TO P.H.:
DEPENDENT-CVG-AVAIL?:
CARRIER: NATIONAL LIBERTY GROUP
CITY: VALLEY FORG
CCODE: N172
POLICY-HOLDER NAME: LAST HARTMAN
FIRST MARY
PH-SSN: 287 09 71
C/O ADDR:
CITY/STATE: ZIP:
POLICY-NO: 4V88504
POLICY START DATE: 04 01 1988
STOP DATE: 05 31 1991
TERM-REAS:
UNION NAME:
EMPLR/GRP:
C/O ADDR:
CITY/STATE:
SOURCE OF INFO: SCOP
SCOPE OF COVERAGE: OIMLP V
ACTION: (N=NEXT SEG, P=PREV SEG, H=MENU, I=INQUIRY *** PRESS CLEAR TO EXIT

Example 2
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<th>OHC</th>
<th>MCS</th>
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<td>1092</td>
<td>A</td>
<td>32</td>
<td>OIMLP V</td>
</tr>
</tbody>
</table>

**Action:** (Enter SSN to view new record; H = Menu; V = View; Clear = Exit)
SELECT ACTION:  V

V = VIEW CARRIER RECORD
A = ADD CARRIER RECORD
C = CHANGE CARRIER RECORD
H = RETURN TO HIS MENU

ENTER ONE OF THE FOLLOWING FOR VIEW OR ENTER CARRIER CODE FOR ADD OR CHANGE

CARRIER CODE k998

OR

CARRIER NAME

OR

CITY

H207 CARRIER CODE, CARRIER NAME, OR CITY MUST BE ENTERED
<table>
<thead>
<tr>
<th>CARRIER NAME</th>
<th>CODE</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STA</th>
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<tbody>
<tr>
<td>BLUE CROSS</td>
<td>B042</td>
<td>2101 WEBSTER ST</td>
<td>OAKLAND</td>
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<tr>
<td>BLUE CROSS</td>
<td>B061</td>
<td>PO BOX 697</td>
<td>PITTSBURGH</td>
<td>PA</td>
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<td>70 NORTH MAIN ST</td>
<td>WILKES BARRE</td>
<td>PA</td>
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<tr>
<td>BLUE CROSS</td>
<td>B206</td>
<td>1221 HAMILTON STREET</td>
<td>ALLENTOWN</td>
<td>PA</td>
</tr>
<tr>
<td>BLUE CROSS</td>
<td>Z151</td>
<td>SEVERAL - ALL ADDRESS</td>
<td>SEVERAL - ALL C</td>
<td>CA</td>
</tr>
<tr>
<td>BLUE CROSS &amp; BLUE SHIELD</td>
<td>B044</td>
<td>636 GRAND AV</td>
<td>DES MOINES</td>
<td>IA</td>
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<td>100 HANCOCK ST</td>
<td>N QUINCY</td>
<td>MA</td>
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<td>NEWARK</td>
<td>NJ</td>
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</table>

ENTER V IN THE LEFT COLUMN TO VIEW A RECORD FROM THE LIST
ACTION: _ ( C = CARRIER MENU  H = HIS MENU  N = NEXT  T = TOP OF LIST )
H209 PRESS ENTER TO VIEW MORE CARRIERS.

Example 5
<table>
<thead>
<tr>
<th>CARRIER NAME</th>
<th>CODE</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STA</th>
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<td>ASSOCIATED AMERICAN</td>
<td>A411</td>
<td>PO BOX 5300</td>
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<td>ALTA HEALTH/FIRST HEALTH</td>
<td>A478</td>
<td>PO BOX 211000</td>
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<td>PO BOX 45530</td>
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<td>EQUITABLE LIFE &amp; CASUALTY</td>
<td>E047</td>
<td>PO BOX 2460</td>
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</table>

ENTER V IN THE LEFT COLUMN TO VIEW A RECORD FROM THE LIST

ACTION: _ ( C = CARRIER MENU  H = HIS MENU  N = NEXT - T = TOP OF LIST )

H209 PRESS ENTER TO VIEW MORE CARRIERS
VIEW CARRIER RECORD

CARRIER CODE: K998
CARRIER NAME: KAISER PERMANENTE HEALTH PLAN HMO

ADDRESS: (IN CARE OF) NORTHERN & SOUTHERN CAL REGION
(STREET) 815 COLORADO BLVD 4TH FL
(PO BOX)

CITY: LOS ANGELES
STATE: CA
ZIP CODE: 90041

ATTENTION:

PH: (408) 972 - 3020

LAST CHANGE DATE: 03/24/1993
STATUS CODE: H

TAPE BILLING FLAG:
TAPE RESPONSE FLAG:

FOOTNOTE: IOMPV - LTC ONLY IF IN PLAN
SOUTHERN CAL-213-857-2602

TRANS TYPE V

ACTION: (C = RETURN TO CARRIER MENU, H = RETURN TO HIS MENU)
(U = CALL CHANGE SCREEN) ENTER RETURNS TO LIST OR MENU

Example 7