GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

ERRATA NOTICE

November 1, 1985

To: All County Welfare Directors
      County Administrative Officers

CHANGING COUNTY ID NUMBERS - - ADDITIONAL INSTRUCTIONS

RE: All County Welfare Directors Letter No. 85-45

All County Welfare Directors (ACWD) Letter No. 85-45, dated June 19, 1985, contained procedures for counties to follow when requesting a change to the 14-digit county ID number as a result of county computer system changes. Due to the recent implementation of aid codes 54, 55 and 59, the Department has modified those procedures.

Enclosed is a copy of the revised guidelines which must be utilized by each county when requesting changes to the 14-digit county ID number. The enclosed guidelines will be included in the Medi-Cal Eligibility Manual, Procedures Section within the next three months.

If you have questions regarding the enclosed material, please contact your Medi-Cal Eligibility Branch MEDS liaison.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosure

Expiration Date: January 1986

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.

o   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.

o   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.

o   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 label (no other internal labels necessary)

4. EBCDIC coding

5. Blocking factor of 100 is recommended

o   The Cross-Reference file tape submitted to DSB for testing must only contain information on active recipients. (Active recipients consist 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).

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

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

III. If the Cross-Reference file <u>test</u> 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 <u>production</u> <u>Cross-Reference</u>
      file is needed.

o   A <u>production</u> Cross-Reference file tape will be
        submitted to DSB using the address indicated above, one
        month prior to the implementation date.

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

o   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 normal eligible for the upcoming month, ESAC must be a 1

c.   If the recipient is a 4 or 9 month continuing eligible for the upcoming month, the ESAC must be 1 or 6 and additional data elements are required depending on the following:

   (1)   4-month continuing (aid code 39 or 54)

      ESAC 6

      Term Date and Term Reason

   (2)   9-month continuing (aid code 55 or 59)

      ESAC 1

      No Term Date or Term Reason

         Note: Any existing TERM DATE

            and

         TERM REASON on MEDS will be erased

      OR,

      ESAC 6

      Term Date and Term Reason

   (3)   LTC-Indicator (if upcoming month is LTC/SOC)

   (4)   SOC amount (if upcoming month has SOC)

   (5)   District and EW code (if used by county) for distribution of eligibility worker alert reports.

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

o   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 Medi-Cal ID number.

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

o   The county must submit a corrected Batch EW30 <u>test</u> tape
        until the file is accepted and approved by the
        Department.

V.   A <u>production</u> 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

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: BENEFICIARY ID CROSS-REFERENCE RECORD

DATE: 5-15-85

DIVISION:

SYSTEM/PROJECT:

ORIGINATOR: KELLEY KLEHIN

REVIEWER:

SOURCE PROGRAM:

OLD BENEFICIARY ID
- COUNTY CODE / AID CODE
- FBU NUMBER PERSON
- CASE NUMBER

NEW BENEFICIARY ID
- COUNTY CODE / AID CODE
- FBU NUMBER PERSON
- CASE NUMBER

BENEFICIARY ID
- MEDS ID

BENEFICIARY
- SURNAME
- FIRST NAME

NAME
- SOURCE CODE
- M.I. CODE
- DATE OF BIRTH: MM DD YY
- FIRST NAME (CONT.)

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.)

CODE: BINARY - B   LABELS: STANDARD [X]   RECORD FORMAT: FIXED - F [X]   PROGRAM: N/A
PACKED - P   NON-STANDARD [ ]   VARIABLE -V [ ]   USE: INPUT [ ]
SOURCE: HQKKLEM:CDSXREF RECORD)   OUTPUT [ ]

RECORD LENGTH:
RECORDS PER BLOCK: 86
BLOCK SIZE: