

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



July 28, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-60

SUBJECT: HAND-TYPED MEDI-CAL ID CARDS

This is to notify counties that due to changes made in the MEDS Network Database, new procedures must be implemented in the way hand-typed Medi-Cal ID cards are reported to the State.

In the past when a county hand-typed a Medi-Cal ID card, the county used one of two methods to notify the State of issuance. One method was to submit a MEDS transaction (EW15 or EW55), after issuance, with a MEDS Issue Location of "LOGS". This "LOGS" transaction updated the MEDS database which in turn updated the Eligibility History File (EHF). The EHF was sent to the Fiscal Intermediary (FI) which used the EHF to update their Recipient Eligibility History File (REHF). The REHF was used to verify eligibility for claims processing.

The other method used to notify the State of a hand-typed card was the completion of a "Control Log for MC-301" (HAS-2007). These forms were sent to the Data Systems Branch to be key entered into our computer. This process updated the EHF and REHF only. The MEDS Database was not updated.

As of March 1, 1989, the Department of Health Services (DHS) and the FI no longer use the EHF or the REHF. The Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) file replaced those files. The FAME file information is created directly from the MEDS database. This file provides the FI with more current and correct information than the REHF did in the past.

Currently, when a county issues a hand-typed card and updates MEDS with a "LOGS" transaction, the FAME file is automatically updated. Please note, when MEDS is updated with a "LOGS" transaction it is not necessary to submit the same information on a HAS 2007 form. When a county issues a hand-typed card that cannot be logged via MEDS (e.g., eligibility conflict, etc.) a HAS 2007 should be completed. However, there is currently not a process to get the HAS-2007 information on the MEDS database or the FAME file.

Until you are notified that an automated process has been implemented, please limit the issuance of hand-typed cards. If MEDS is down, and no eligibility conflict exists, the information should be logged on MEDS when the MEDS system is up. Because eligibility information submitted on the HAS 2007 form cannot be entered on MEDS or FAME, no eligibility history can be sent to the FI for claims processing. When a hand-typed card, that cannot be logged via MEDS, must be issued please instruct the beneficiary that his/her provider(s) must attach a label to each claim, otherwise the provider's bill will be denied because eligibility information will not be present on the FAME file.

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We are requesting your assistance in completing the enclosed questionnaire which we will use to determine if changes to the MEDS database are necessary. We may develop a new transaction which would allow counties to report negative actions to MEDS, and eliminate the use of the HAS 2007.

The enclosed survey should be filled out by the person(s) in your county that issues hand-typed Medi-Cal ID cards. Please fill out the survey completely, and return to the address listed on the enclosed survey by September 15, 1989.

Your continued assistance and cooperation is appreciated. Should you have any questions, please contact Frances Schurer at (916) 322-3463 or ATSS 492-3463.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

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

Expiration Date: December 30, 1989

HAND-TYPED MEDI-CAL ID CARD SURVEY

1. Approximately how many hand-typed Medi-Cal ID cards do you issue each month? _____
 - a. Of that number how many are logged via MEDS? _____
 - b. How many are reported on the HAS 2007 form? _____
2. Please indicate the number of hand-typed cards issued per month for the following reasons:

| <u>Reason</u> | <u># Logged via MEDS</u> | <u># Reported on HAS 2007</u> |
|---|------------------------------|-----------------------------------|
| a. County/MEDS System down | _____ | _____ |
| b. No terminal and/or printer available in office | _____ | _____ |
| c. Cannot get card using current MEDS transactions | _____ | _____ |

Please explain problems:

| | | |
|----------|-------|-------|
| d. Other | _____ | _____ |
|----------|-------|-------|

Please explain:

County _____

Contact Person _____

Telephone Number _____

PLEASE RETURN COMPLETED FORMS TO:

State Department of Health Services
Medi-Cal Eligibility Branch
Attn: Frances Schurer
714 P Street, Room 1692
Sacramento, CA 95814