

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



September 25, 1989

Letter No.: 89-78

TO: All County Welfare Directors  
All County Administrative Officers  
All County MEDS Coordinators

SUBJECT: COMPUTER EQUIPMENT FOR MCCA

The Medicare Catastrophic Coverage Act of 1988 (MCCA) has expanded Medicare benefits and mandated changes in Medi-Cal. Due to the mandated changes in Medi-Cal the State Department of Health Services (SDHS) has estimated that approximately 198,000 potential Qualified Medicare Beneficiaries (QMBs) will be eligible for Medi-Cal under this new legislation. In support of MCCA, county welfare departments may need additional computer equipment. The purpose of this All County Welfare Directors' Letter is to provide guidelines and due dates to ensure that equipment requests, if needed, are submitted.

SDHS, Medi-Cal Eligibility Branch (MEB) will be reviewing all requests for additional Medi-Cal Eligibility Data System (MEDS) network equipment and county computer equipment (for CPU link counties) in support of MCCA.

If your county has a need for additional equipment to support MCCA, complete and submit a request (Enclosure 1) to the address on the form. The form should be used for MEDS and/or county computer equipment. Normally, county computer equipment requests are sent to the State Department of Social Services (SDSS), County Approvals. We have made special provisions for these requests to be forwarded to SDSS, County Approvals after our review.

Enclosure 2, an estimate for the MCCA equipment planning is provided as a tool that counties may use in estimating additional equipment that may be required. The procedures followed when reviewing the counties's requests for computer equipment are based on a combination of the items as shown:

Estimating County Equipment Requirements:

1. Is this a new site or additional equipment for an established site?
2. County MEDS configuration - online, batch.
3. Present workload:
  - a. Number of recipients served.
  - b. Number of "Immediate Need Cards" issued.
  - c. Number of inquiries submitted.
  - d. Number of online transactions submitted.
  - e. Number and location of county workers requiring access to the equipment.

All County Welfare Directors  
All County Administrative Officers  
All County MEDS Coordinators  
Page 2

4. Estimated increase in workload:
  - a. Number of recipients to be served.
  - b. Number of "Immediate Need Cards" to be issued.
  - c. Number of inquiries to be submitted.
  - d. Number of online transactions to be submitted.
  - e. Number and location of new county workers requiring access to the equipment.
5. Number of hours the present equipment is actually in use.

The Federal government has mandated that California implement MGCA by January 1, 1990; therefore, it is requested that counties requiring additional computer equipment return the request forms by October 10, 1989. Forms will be accepted after that date, but due to the time necessary to review, approve and process your requests, requests submitted after October 10, 1989 may not be completed by January 1, 1990.

Enclosure 3, Timeframe for Requesting New and/or Relocating MEDS Network Equipment, indicates the standard timeframes for requesting and receiving additional MEDS equipment, however, SDHS, MEB will submit expedited requests for all counties meeting the October 10 suspense date.

If you have any questions, please feel free to contact Al Brinsfield of my staff at (916) 324-7977.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

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

Expiration Date: July 31, 1990

Medicare Catastrophic Coverage Act (MCCA)

Computer Equipment Request Form

Mail Equipment Requests To:

From:

Department of Health Services  
Medi-Cal Eligibility Branch  
Operations Section  
Systems Unit  
Attn: Al Brinsfield  
714 P Street, Room 1692  
Sacramento, CA 95814

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
County: \_\_\_\_\_  
Department: \_\_\_\_\_  
Person/Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

Request for MEDS equipment? ☐

Request for County equipment? ☐

Cost of County equipment? \_\_\_\_\_

Established ☐ or new site ☐?

Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Section/Unit: \_\_\_\_\_ Room Number: \_\_\_\_\_

If this is a request for additional MEDS equipment:

1. MEDS Communication Line ID: \_\_\_\_\_

2. MEDS Controller serial Number: \_\_\_\_\_

Section/Unit: \_\_\_\_\_ Room Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If this is a request for additional County equipment:

1. Will an additional controller be required? \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Section/Unit: \_\_\_\_\_ Room Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Estimates for increased Monthly workload volume/online system usage at this site:

1. Number of individual recipients served . . . . . \_\_\_\_\_  
\*or\* cases handled at this office . . . . . \_\_\_\_\_
2. Number of "IMMEDIATE NEED CARDS" issued . . . . . \_\_\_\_\_
3. Number of inquiries . . . . . \_\_\_\_\_
4. Number of online transactions . . . . . \_\_\_\_\_

Need for equipment:

1. Number of terminals/printers currently at this site . . . \_\_\_\_\_  
a. Location (room number) and ID of present terminals/printers  
at this site: \_\_\_\_\_
2. Number of personnel using terminals/printers at this site \_\_\_\_\_
3. Number of hours/minutes terminals/printers are in actual use \_\_\_\_\_
4. Total number of terminals requested for this site . . . \_\_\_\_\_
5. Total number of printers requested for this site . . . \_\_\_\_\_

NOTE: For additional sites please provide the information requested above. For county equipment, include costs.

## Qualified Medicare Beneficiary Estimates for Equipment Planning

County	08/89 Buy-In Eligibles	Estimated New Eligibles	Estimated SSI/SSP Eligibles	Estimated County Eligibles
01 Alameda	26,253	8,705	1,892	2,290
02 Alpine	19	6	1	2
03 Amador	513	170	37	45
04 Butte	5,789	1,920	417	505
05 Calaveras	651	216	47	57
06 Colusa	433	144	31	38
07 Contra Costa	11,804	3,914	851	1,030
08 Del Norte	789	262	57	69
09 El Dorado	1,764	585	127	154
10 Fresno	19,795	6,564	1,427	1,727
11 Glenn	671	223	48	59
12 Humboldt	3,444	1,142	248	300
13 Imperial	4,984	1,653	359	435
14 Inyo	628	208	45	55
15 Kern	14,736	4,886	1,062	1,286
16 Kings	2,716	901	196	237
17 Lake	2,258	749	163	197
18 Lassen	658	218	47	57
19 Los Angeles	193,343	64,108	13,933	16,868
20 Madera	3,167	1,050	228	276
21 Marin	2,396	795	173	209
22 Mariposa	302	100	22	26
23 Mendocino	2,413	800	174	210
24 Merced	4,884	1,619	352	426
25 Modoc	317	105	23	28
26 Mono	73	24	5	6
27 Monterey	5,356	1,776	386	467
28 Napa	2,111	700	152	184
29 Nevada	1,397	463	101	122
30 Orange	26,585	8,815	1,916	2,319
31 Placer	2,981	988	215	260
32 Plumas	538	178	39	47
33 Riverside	20,777	6,889	1,497	1,813
34 Sacramento	21,935	7,273	1,581	1,914
35 San Benito	681	226	49	59
36 San Bernardino	25,441	8,436	1,833	2,220
37 San Diego	40,540	13,442	2,921	3,537
38 San Francisco	26,019	8,627	1,875	2,270
39 San Joaquin	13,078	4,336	942	1,141
40 San Luis Obispo	3,813	1,264	275	333
41 San Mateo	8,964	2,972	646	782
42 Santa Barbara	5,494	1,822	396	479
43 Santa Clara	21,531	7,139	1,552	1,878
44 Santa Cruz	4,140	1,373	298	361
45 Shasta	4,510	1,495	325	395
46 Sierra	127	42	9	11
47 Siskiyou	1,511	501	109	132
48 Solano	4,736	1,570	341	413
49 Sonoma	7,149	2,370	515	624
50 Stanislaus	10,613	3,519	765	926
51 Sutter	1,907	632	137	166
52 Tehama	1,600	531	115	140
53 Trinity	337	112	24	29
54 Tulare	12,372	4,102	892	1,079
55 Tuolumne	949	315	68	83
56 Ventura	9,560	3,170	689	834
57 Yolo	2,958	981	213	258
58 Yuba	2,201	730	159	192
STATEWIDE TOTAL	596,711	197,856	43,000	52,060

Notes Regarding Use of the QMB Estimates for Equipment Planning  
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In order to assist counties in estimating the online transaction impact, we used the figures on Medicare Buy-In eligibles for August 1989 to develop a county ratio which we then applied to the estimated QMB ongoing eligible figures to develop the figures shown in this table.

For New Eligibles, the ongoing eligible estimate represents 90% of the estimated applicants. For SSI/SSP Eligibles, the ongoing eligible estimate represents 100% of the estimated applicants. For County Eligibles, the ongoing eligible estimate represents 50% of the estimated applicants.

IEVS transactions would be needed for the SSI/SSP and New Eligible applicants. For online counties, MEDS add transactions and updates for changes would apply to all three groups of eligibles. For all counties, MEDS updates to correct problems would apply to all three groups of eligibles. Immediate Need ID Card Issuance would not affect SSI/SSP eligibles, since they would already be receiving Medi-Cal ID Cards.

TIMEFRAME FOR REQUESTING NEW AND/OR RELOCATING MEDS-NETWORK EQUIPMENTRequest Flow

<u>Type of Request</u>		
<u>New</u>	<u>Relocate</u>	<u>Add</u>
X	X	X

- |   |   |   |   |
|---|---|---|---|
| 1. <u>Medi-Cal Eligibility Branch (MEB)</u><br>Timeframe: 10 to 15 working days<br>Letter received from county - approved/disapproved<br>Letter/memo to county/Data Systems Branch (DSB)  |   |   |   |
| 2. <u>Data Systems Branch (DSB)</u><br>Timeframe: 5 to 7 working days<br>Memo received from MEB<br>Service Request prepared<br>Service Request to Health & Welfare Data Center (HWDC)   | X | X | X |
| 3. <u>Health &amp; Welfare Data Center (HWDC)</u><br>Timeframe: 5 to 10 working days<br>Service Request received from DSB<br>Impact analysis performed<br>Orders prepared - sent to appropriate vendors, except<br>equipment requests which go to Dept. of General Services<br>(DGS) Procurement.<br>HWDC System updated on specified date. | X | X | X |
| 4. <u>Dept. of General Services (DGS) - Procurement</u><br>Timeframe: 3 to 15 working days<br>Equipment order received from HWDC<br>Impact analysis performed<br>Reviewed, orders sent to vendors if approved.  | X |   | X |
| 5a. <u>Telephone Company (*)</u><br>Timeframe: 41 working days<br>Service order received from HWDC<br>Notification to each company effected (Pac Bell, GTE, etc.)<br>Circuit and channel interface installed, tested.   | X | X |   |
| 5b. <u>IBM (*)</u><br>Timeframe: 60 working days<br>Service order received from HWDC<br>Internal orders prepared and sent<br>Equipment shipped from warehouse<br>Equipment received by county   | X |   | X |
| 5c. <u>Paradyne (*)</u><br>Timeframe: 45 working days<br>Service order received from HWDC<br>Internal orders prepared and sent<br>Modems shipped from warehouse<br>Modems received by county  | X |   | X |
| 6. <u>Modem Installed</u><br>Timeframe: 5 working days<br>Once circuit is installed and modem is received by<br>the county, HWDC calls Paradyne to install the modem.<br>A field engineer (FE) installs the modem.  | X |   | X |

Request Flow

Type of Request  
New Relocate Add

7. Equipment Installed

X

X

Timeframe: 5 working days

Once modem is installed and equipment has been received by the county, HWDC calls IBM to install the equipment.

If this is a new site someone from DSB will be onsite to when equipment is installed to do training.

Worst Case Time Required:

Work Days =  $\frac{93-}{117}$   $\frac{61-}{93}$   $\frac{93-}{117}$

(\*)Note: 5a, 5b and 5c are being done simultaneously. When determining the completion date of your request count the action requiring the most time.