

DEPARTMENT OF HEALTH SERVICES

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June 30, 1993

TO: All County Welfare Directors
All County MEDS Coordinators
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-39

SUBJECT: CALIFORNIA ELIGIBILITY VERIFICATION AND CLAIMS
MANAGEMENT SYSTEM (CA-EV/CMS) COUNTY INPUT REQUIREMENTS FOR SHARE
OF COST (SOC) DATA BASE AND ONLINE ELIGIBILITY
VERIFICATION/PLASTIC CARD ISSUANCE.

Enclosed, in its final version, is the document entitled
"CA-EV/CMS & FAME County Input Requirements". This document
incorporates county comments provided as a result of reviewing
draft input requirements. Counties are required to implement
this portion of CA-EV/CMS prior to the printing and
distribution of plastic cards in the county.

This document was handed out at both the Northern and Southern
California MEDS Advisory Group (CMAG) meetings held on June 8 and
June 10, 1993, respectively. FOR THOSE COUNTIES WHO RECEIVED A
COPY AT THE NORTHERN CMAG MEETING ON JUNE 8, PLEASE NOTE THAT
THERE HAS BEEN A CHANGE IN THE DOCUMENT YOU RECEIVED. THE CHANGE
OCCURRED ON PAGE 4, SECTION IV, UPDATE PROCESSING, PARAGRAPH 1,
REGARDING DISCREPANCIES IN SOC AMOUNTS AND HOW THEY WILL BE
HANDLED. The change was made prior to the Southern CMAG meeting
of June 10, 1993, so if you received a copy at this meeting, your
document is correct.

Section V, Initial Load, describes the process to create SOC
cases on the SOC data base. In order to create the best SOC data
base possible, the Department of Health Services (DHS) will
produce a report/file for each county to reconcile with their
data base. This report/file can be used by the county to
identify records on the MEDS data base that need to be changed.

The counties have two options available for receiving this data.

- 1.) DHS can produce a listing or
- 2.) DHS can produce a file (tape).

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Each option is available on a county by county basis. Counties should provide their preference by contacting Mr. Mike McDaniel, Data Systems Branch, by telephone at (916) 653-8516 or by sending a request to the CAEVS, TAO conference. County preferences must be received by July 30, 1993. If no response is received from a county, it will be assumed the report/file is not necessary and will not be sent.

If you have any questions about the enclosed document or other areas of county input requirements, please contact Mr. McDaniel by either method provided above. If you have any questions regarding eligibility issues as they relate to SOC, please contact Ms. Patty Phipps of my staff at (916) 657-1528.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

CA-EV/CMS & FAME

County Input Requirements

I. INTRODUCTION

This package is intended to provide detailed information on the county requirements associated with implementing the California Eligibility Verification/Claims Management System (CA-EV/CMS) and the Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) system.

II. BACKGROUND

The Department of Health Services (DHS) and Electronic Data Systems (EDS) are currently enhancing the existing Automated Eligibility Verification Systems (AEVS) to expand access to on-line eligibility verification. This modification will eliminate the current paper Medi-cal cards and allow access using a plastic California Health Identification Card (CHIC) or by entering client identifiers. As part of the overall enhancement the State is automating the existing manual Share of Cost (SOC) process.

The State met with counties to help establish the approach for implementing the plastic card and SOC enhancement. Based upon information from those discussions, the State will revise the Medi-Cal Eligibility Data System (MEDS) as the primary method of implementing the enhancements and also to minimize the impact on counties.

III. OVERVIEW-GENERAL SYSTEM

The plastic California Health Identification Card (CHIC) will be issued by DHS to all Medi-Cal eligibles based on information found on MEDS. DHS will also issue CHIC cards for ineligibles who can use their medical expenses to meet the SOC obligation for Medi-Cal eligibles. The counties will have the capability of requesting replacement cards.

MEDS provides on-line capabilities, but does not meet the necessary processing criteria for an on-line real-time transaction processing system. DHS is developing a SOC data base that contains information on SOC cases, including the case make-up, SOC obligation and remaining SOC obligation. SOC case make-up and obligation data will be updated via MEDS transactions and applied to the SOC data base during the MEDS nightly update. The remaining SOC obligation can only be updated on an on-line real-time basis.

MEDS is a person oriented data base and currently carries only one SOC obligation for each person. Due to the increasingly complicated Medi-Cal environment it is imperative that MEDS be modified to meet the processing needs for people in multiple SOC cases. An enhancement to capture SOC obligation for special programs may be implemented at a later date.

MEDS is also being expanded to accept Ineligible (aid code IE) and Responsible Relative (aid code RR) records from the counties. The IEs and RRs are required to accurately reflect the case composition of SOC cases. All IEs and RRs will be reported by using MEDS EW transactions. IE and RR add transactions which do not contain an SSN will be issued a Pseudo Number. Any IEs and RRs submitted with a zero (0) SOC obligation will be added to MEDS, but not to the SOC data base.

Each month as part of the MEDS renewal, DHS will provide a SOC Case Composition Form to every IE and RR person linked to multiple SOC cases. If the SOC Case Composition changes during the month the county should generate appropriate MEDS transactions to reflect the new case composition. After the SOC data base is updated, counties may "screen print" the SOC case composition for use by a recipient. The SOC Case Composition Form is intended for an IE or RR recipient to carry and assist the provider when updating the remaining SOC obligation for one of the recipients multiple cases.

The new CA-EV/CMS will be implemented on a phased approach with 10% of the California Medi-Cal population, starting in January 1994. The remainder of the state will be phased in through June 1994. This schedule is dependent upon federal approval for enhanced funding. If enhanced funding is not approved, all plastic cards must be issued by April of 1994. All of CA-EV/CMS will be implemented in a county at one time. The capability to do on-line eligibility verification and on-line real time updates to the remaining SOC obligation will be turned on when the CHIC cards are mailed to the recipients in that county.

A. Share of Cost Case Identification:

MEDS is a person oriented data base and currently carries one SOC obligation for each eligible person. The determination of SOC obligation is based on the case composition. DHS will use the COUNTY-ID (minus the AID-CODE and PERS-NO) plus the SOC-FBU to determine the SOC-Case-ID. The SOC-Case-ID will only be carried on the SOC data base and consist of the following data elements:

CO	7 DIGIT		SOC-
NO.	SERIAL	FBU	FBU
XX	XXXXXXXX	X	XX

The counties will provide the SOC case composition records to DHS using MEDS transactions. These records will include all eligible persons and a new group of persons not known to MEDS. This new group of individuals is made up of Ineligibles (IEs) and Responsible Relatives (RRs). DHS will make the necessary modifications to MEDS to accommodate this new population. DHS will also modify MEDS to indicate that a person is linked to multiple SOC cases. If the county is able to uniquely identify the composition of a SOC case using the one digit FBU, the SOC-FBU will be blank.

The SOC data base is being developed by DHS. All transaction processing, except modifying the remaining SOC obligation and SOC inquiry will be via MEDS transactions generated by the counties. These MEDS transactions will be processed on a daily basis. Many of the MEDS transactions will be modified to accept the SOC-FBU for persons on SOC cases which cannot be identified using the one digit FBU. When a county or provider initiates a transaction that applies an amount towards the remaining SOC obligation it will be processed on an on-line real-time basis. When the remaining SOC obligation reaches zero (0), DHS will generate a MEDS SOC certification transaction for each individual in the case.

The following is a list of MEDS data elements that are changing with the implementation of SOC processing:

Increase SOC Amount (Obligation) to 5 digits

Add the SOC-FBU - 2 digits; *The Data Element number is - 9015*

B. Plastic Card Issuance:

1. Production of Cards:

DHS will have the CHIC cards in the hands of the recipients by the time CA-EV/CMS is implemented in their county. With the exception of minor consent, all Medi-Cal eligibles on MEDS, including SOC IEs and RRs will receive a card. The CHIC card will be mailed to the client's address contained on MEDS.

DHS will not be producing the CHIC card on a monthly basis as currently done with the paper Medi-Cal cards. The CHIC card will only be reissued when lost, stolen, damaged or when otherwise requested by a county. MEDS eligibility will be turned on and off internally based on input from the counties. CHIC cards will not be reissued for an inter-county transfer, nor will they be reissued for a 60 day break in aid.

2. County Requests for Replacement Cards:

After the initial CHIC card production run, DHS will only generate a replacement CHIC card when the counties request one through the appropriate MEDS transaction. A paper immediate need card will be available, but for counties that have been brought up on the plastic card system, the paper card will not contain MEDI or POE labels. EW15 transactions will not generate a CHIC card. The follow-up MEDS transaction must be submitted before a CHIC card will be issued.

IV. UPDATE PROCESSING

During the MEDS nightly update SOC case composition information will be updated on MEDS and the SOC File. All case composition information will be provided to DHS through the use of MEDS transactions. These MEDS transactions will retain their current functionality, with the added function of updating SOC case information to the SOC data base. If the update encounters a discrepancy in the SOC case obligation (differing dollar amounts among the case members) it will default the obligation on MEDS and the SOC data base to the higher amount and provide a county alert message. MEDS transactions will be modified to accept the new SOC-FBU, which will only be carried on the SOC data base. This field will be left blank when counties uniquely identify persons in multiple SOC cases using a one digit FBU.

County Update Information:

The counties will be able to update SOC Case information using the normal MEDS processing. The counties will also be able to inquire and display the SOC Case Composition using the new SOCR Share of Cost Case Make-up Inquiry Screen (see Exhibit I) and do an on-line real-time change (either + or -) to the remaining SOC obligation using the new SOCO Obligation Screen (see Exhibit II).

The following is a list of MEDS transactions that will be modified by DHS to accept the SOC-FBU for both on-line and batch processing.

EW05	EW20	EW31	EW50
EW15	EW30	EW40	

EXAMPLE - Shows the EW20 transactions to add SOC information to MEDS and the cases created on the SOC data base.

A stepparent household consists of a married couple and the wife's separate child. Both the wife and the child need medical assistance. The wife is not incapacitated and her spouse has no Medi-Cal linkage.

Case 1	Trans 1	31-37-1234567- <u>A</u> -01 (Wife)
Case 1	Trans 2	31- <u>IE</u> -1234567- <u>A</u> -02 (Husband-Ineligible)
Case 2	Trans 3	31-37-1234567- <u>B</u> -11 (Separate Child)
Case 2	Trans 4	31- <u>RR</u> -1234567- <u>B</u> -01 (Wife-Responsible Relative)

NOTE: Aid Code RR = Responsible Relative
Aid Code IE = Ineligible

Those counties who are unable to uniquely identify persons linked to multiple SOC cases using the one digit FBU must include the SOC-FBU with the above transactions.

V. INITIAL LOAD

DHS will provide each county a file (or hard-copy) containing SOC cases reported to MEDS. The cases will be extracted from the MEDS data base using county, serial and the 1 digit FBU to link a case. We anticipate the files will be available by mid-July. The MEDS case information is intended for counties to compare to their SOC cases and then provide MEDS up to date SOC case information. Counties should provide the SOC case information prior to the October 1993 MEDS renewal.

After the October 1993 renewal, DHS will extract from MEDS the current SOC cases and load the SOC data base. At this time DHS will implement all modifications associated with SOC and on-line eligibility processing. This permits counties to use MEDS transactions to report IEs and RRs, thus completing the SOC data base load.

This load process will allow counties to build, maintain, and view SOC information contained on the SOC data base. Until a county is activated on plastic cards, the SOC data base cannot be utilized for eligibility verification, and the SOCO transaction cannot be used to reduce the SOC obligation. Therefore, counties must continue the MC-177 process until activated.

The following exhibits are attached:

EXHIBIT I - SHARE OF COST CASE MAKEUP INQUIRY SCREEN
(SOCR)

EXHIBIT II - SHARE OF COST OBLIGATION SCREEN (SOCO)

EXHIBIT III - REVISED RC 20 TRANSACTION

EXHIBIT IV - REVISED MEDS SCREENS

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new transaction
1  +---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8
SOCO                ** SHARE OF COST OBLIGATION **                opr - mm/dd/yy
CASE-NAME ..... DISTRICT ... EW-CODE ....
5 COUNTY-ID-PER-MEDS _____ SOC-FBU ..
MEDS-ID _____ BIRTHDATE _____
10 SERVICE DATE _____
TOTAL-BILL-AMOUNT $ _____ . ____
15 AMOUNT-OBLIGATED $ _____ . ____ REVERSAL-IND .
PROVIDER MEDI-CAL NUMBER/LICENSE NUMBER _____
PROCEDURE/DRUG CODE .....
20
NEXT-TRANS ..... SAME-PERSON . SAME-CASE .
24 +---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8

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-----1-----2-----3-----4-----5-----6-----7-----8
SOCR ** SOC CASE MAKE-UP INQUIRY REQUEST ** opr - mm/dd/yy

SOC-CASE-ID: COUNTY _____ SERIAL _____ FBU (OPT) _____ SOC-FBU (OPT) _____
OR
MEDS-ID: _____

[illegible]

NOTE: Lines 12-23 will only be displayed if multiple SOC cases are found.
If a single SOC case is found, the SOCI screen will be displayed.

SOCI 1 2 3 4 5 6 7 8
** SHARE OF COST CASE MAKE-UP INQUIRY ** opr - mm/dd/yy |

----- SOC CASE MEMBERS -----

MEDS-ID	COUNTY-ID	BIRTHDATE	NAME
---------	-----------	-----------	------

[illegible]

---+---1---+---2---+---3---+---4---+---5---+---6---+---7---+---8---

EXHIBIT III

RC20 - Record Format

<u>DATA ELEMENTS</u>	<u>POSITION</u>	<u>LENGTH</u>	<u>COMMENTS</u>
MEDS-TRANS-CODE	01-04	4	Required - "RC20"
PASSWORD	05-08	4	Required.
CREATION-DATE	09-13	5	Required. Julian date format - YYDDD.
MEDS-ID	14-22	9	Required. If available.
COUNTY-ID	23-36	14	Required.
BIRTHDATE	37-43	7	Required. Date format of MMDDYYYY.
NAME:			
LAST	44-58	15	Required.
FIRST	59-68	10	Required.
INITIAL	69	1	Required.
SEX	70	1	Required.
ETHNIC	71	1	Required.
LANGUAGE	72	1	Required.
ADDRESS:			
C/O	73-98	26	Optional.
STREET	99-124	26	Required.
CITY/STATE	125-144	20	Required.
ZIP-CODE	145-149	5	Required.
FILLER AREA	150-153	4	Spaces.
ESAC	154	1	Required. Acceptable values include: 1 - Continuing eligibility 2 - Closed period - only current month eligibility
OTHER-COVERAGE	155	1	Required.
SOC-AMOUNT	156-160	5	Required if applicable. Default of spaces.
LTC-INDICATOR	161	1	Required if applicable. Default of spaces.
SEN-SERV-CD	162-164	3	Optional.
PRE/POST-CD	165	1	Optional.
DISTRICT	166-168	3	Optional.
EW-CODE	169-172	4	Optional.
CASE-NAME	173-190	18	Optional.
SOC-FBU	191-192	2	Optional. 2 digits for those counties that cannot uniquely identify persons belonging to more than one SOC Case with a one digit FBU.
FILLER AREA	193-200	8	Spaces.

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1  EW05          ** TRANSFER COUNTY OF RESPONSIBILITY **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....
5  COUNTY-ID: PER-MEDS _____ ALTERNATE .. .. .
MEDS-ID _____ BIRTHDATE _____ NEW-BIRTHDATE .....
NAME: LAST ..... FIRST ..... INITIAL
SEX _____ ETHNIC _____ LANGUAGE
SSN-VER . CA-DL/ID-NO ..... HIC-NO .....
10 ADDRESS: C/O .....
STREET .....
CITY ..... STATE _____ ZIP-CODE _____
PHONE ( ... ) ... - ....
15 EFFECTIVE-DATE _____ TERM-DATE ..... TERM-REAS ..
ESAC REDETERM-MONTH .. %-OBLIG ..
SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
NEW-OHC SEN-SERV-CD ... ORIG-AID ..
MEDS-OHC . CARD-REQUEST-REASON ..
20 ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
NEXT-TRANS .... SAME-PERSON . SAME-CASE .
24
-----1-----2-----3-----4-----5-----6-----7-----8

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1  EW10          ** MEDS-ID NUMBER CHANGE **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....
5  COUNTY-ID-PER-MEDS _____
MEDS-ID _____ BIRTHDATE _____
10 NEW-MEDS-ID _____ SSN-VER _____
ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
15
20
24
-----1-----2-----3-----4-----5-----6-----7-----8

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1  -----1-----2-----3-----4-----5-----6-----7-----8
EW11          ** MEDS-ID NUMBER CONSOLIDATION **          opr - mm/dd/yy

CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  *** MEDS-ID CURRENTLY USED:

COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE _ _ _ _ _
MEDS-ID  _ _ _ _ _

10

*** MEDS-ID TO BE USED: (CORRECT SSN OR PSEUDO WITH MOST RECENT ELIGIBILITY)

COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE _ _ _ _ _
MEDS-ID  _ _ _ _ _

15

20  *****
*** NO OTHER TRANSACTIONS SHOULD BE DONE ON THIS DAY FOR THESE RECORDS ***
*****

24  -----1-----2-----3-----4-----5-----6-----7-----8

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1  -----1-----2-----3-----4-----5-----6-----7-----8
EW15          ** REPORT IMMEDIATE NEED ELIGIBILITY **          opr - mm/dd/yy

CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE _ _ _ _ _          SOC-FBU ..
MEDS-ID  _ _ _ _ _          NEW-BIRTHDATE .....

NAME: LAST ..... FIRST .....          INITIAL .
SEX .          CA-DL/ID-NO .....          HIC-NO .....
10 NEW-COUNTY-ID: AID-CODE ..          SERIAL ..... FBU .          PERSON-NO ..

ESAC .          NEG-ACTION *          %-OBLIG ..
SOC-AMOUNT .....          LTC-IND .          CERT-DAY ..
NEW-OHC .          SEN-SERV-CD ...          ORIG-AID ..
15 MEDS-OHC .          REFUGEE/ALIEN .          INS-ENTRY-MMY . . . . .

VALID-MMY _ _ _ _ _          CARD-ISSUE-SITE _ _ _ _ _          CARD-ISSUE-REASON _ _ _ _ _

ADDRESS: C/O .....
20 STREET .....
CITY .....          STATE ..          ZIP-CODE .....

NEXT-TRANS .....          SAME-PERSON .          SAME-CASE .

24  -----1-----2-----3-----4-----5-----6-----7-----8

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1  EW20          ** ADD NEW RECIPIENT RECORD **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID: PER-MEDS  _ _ _ _ _  ALTERNATE .. .. .
MEDS-ID  _ _ _ _ _  BIRTHDATE  _ _ _ _ _  NEW-BIRTHDATE .....
NAME: LAST  _ _ _ _ _  FIRST  _ _ _ _ _  INITIAL  _ _ _ _ _
SEX  _ _ _ _ _  ETHNIC  _ _ _ _ _  LANGUAGE  _ _ _ _ _
SSN-VER  _ _ _ _ _  CA-DL/ID-NO  _ _ _ _ _  HIC-NO  _ _ _ _ _
10 ADDRESS:  C/O  _ _ _ _ _
STREET  _ _ _ _ _
CITY  _ _ _ _ _  STATE  _ _ _ _ _  ZIP-CODE  _ _ _ _ _
PHONE ( ... ) ... - ....
EFFECTIVE-DATE  _ _ _ _ _  TERM-DATE  _ _ _ _ _  TERM-REAS ..
15 ESAC  _ _ _ _ _  REDETERM-MONTH ..  % OBLIG ..
SOC-AMOUNT ..... LTC-IND .  SOC-FBU ..
NEW-OHC  _ _ _ _ _  SEN-SERV-CD ...  ORIG-AID ..
MEDS-OHC  _ _ _ _ _  REFUGEE/ALIEN .  INS-ENTRY-MMY  ....
20 CARD-REQUEST-REASON ..
MN-APPROVAL-DATE ..... APPLICATION-DATE ..... RETRO .
ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL .  CODE .

NEXT-TRANS ....  SAME-PERSON .  SAME-CASE .

24

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1  EW25          ** MODIFY - WHOLE CASE **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID-PER-MEDS  _ _ _ _ _  BIRTHDATE  _ _ _ _ _
MEDS-ID  _ _ _ _ _
NAME: LAST  _ _ _ _ _  ETHNIC .  LANGUAGE .

10 ADDRESS:  C/O  _ _ _ _ _
STREET  _ _ _ _ _
CITY  _ _ _ _ _  STATE ..  ZIP-CODE .....
PHONE ( ... ) ... - ....  ADDRESS-FLAG .

15 EFFECTIVE-DATE .....  REDETERM-MONTH ..

20

24 NEXT-TRANS ....  SAME-CASE .

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1  EW30          ** MODIFY CURRENT/FUTURE **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....
5  COUNTY-ID: PER-MEDS .....          NEW ** .....
MEDS-ID .....          BIRTHDATE .....          NEW-BIRTHDATE .....
NAME: LAST .....          FIRST .....          INITIAL .
SEX .          ETHNIC .          LANGUAGE .
SSN-VER .          CA-DL/ID-NO .....          HIC-NO .....
10 ADDRESS: C/O .....
STREET .....
CITY .....          STATE ..          ZIP-CODE .....
PHONE ( ... ) ... - .....          ADDRESS-FLAG .
15 EFFECTIVE-DATE .....          TERM-DATE .....          TERM-REAS ..
ESAC .          REDETERM-MONTH ..          % OBLIG ..
SOC-AMOUNT .....          LTC-IND .          SOC-FBU ..
NEW-OHC .          SEN-SERV-CD ...          ORIG-AID ..
MEDS-OHC .          REFUGEE/ALIEN .          INS-ENTRY-MMY .....
20 CARD-REQUEST-REASON ..          RECOVERY .
MN-APPROVAL-DATE .....          APPLICATION-DATE .....          RETRO .
ALIAS/SSA-NAME: LAST .....          FIRST .....          INITIAL .          CODE .
NEXT-TRANS ....          SAME-PERSON .          SAME-CASE .
24

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1  EW31          ** MODIFY HISTORY/MISCELLANEOUS **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....
5  COUNTY-ID: PER-MEDS .....          HISTORY ** .....
MEDS-ID .....          BIRTHDATE .....          SOC-FBU ..
AUTH-REP-NAME: LAST .....          FIRST .....          INITIAL .
AUTH-REP-ADDRESS: C/O .....
10 STREET .....
CITY .....          STATE ..          ZIP-CODE .....
***** PRIOR TWELVE MONTHS OF ELIGIBILITY *****
15 AID-CODE ..          JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
ESAC .          .          .          .          .          .          .          .          .          .          .
SOC .....          .          .          .          .          .          .          .          .          .          .
LTC-IND .          .          .          .          .          .          .          .          .          .          .
NEW-OHC .          .          .          .          .          .          .          .          .          .          .
20 MEDS-OHC .          .          .          .          .          .          .          .          .          .          .
RETRO .          .          .          .          .          .          .          .          .          .          .
ORIG-AID ..          .          .          .          .          .          .          .          .          .          .
24 NEXT-TRANS ....          SAME-PERSON .          SAME-CASE .

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1  EW35  ** TERMINATION/HOLD STATUS CHANGE (WHOLE CASE) **  opr - mm/dd/yy
CASE-NAME ..... DISTRICT ... EW-CODE ....
5  COUNTY-ID-PER-MEDS  _ _ _ _ _
MEDS-ID  _ _ _ _ _ BIRTHDATE  _ _ _ _ _
10 FOR-HOLD-STATUS-CHANGE:
EFFECTIVE-DATE ..... ESAC .
FOR-TERMINATION:
15 TERM-DATE ..... TERM-REAS .. RECOVERY .
20
24 NEXT-TRANS .... SAME-CASE .

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1  EW40  ** TERMINATION/HOLD STATUS CHANGE (INDIVIDUAL) **  opr - mm/dd/yy
CASE-NAME ..... DISTRICT ... EW-CODE ....
5  COUNTY-ID-PER-MEDS  _ _ _ _ _ SOC-FBU ..
MEDS-ID  _ _ _ _ _ BIRTHDATE  _ _ _ _ _
10 FOR-HOLD-STATUS-CHANGE:
EFFECTIVE-DATE ..... ESAC .
FOR-TERMINATION:
15 TERM-DATE ..... TERM-REAS .. RECOVERY .
20
24 NEXT-TRANS .... SAME-PERSON . SAME-CASE .

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	1	2	3	4	5	6	7	8
1	EW45	** REQUEST REPLACEMENT ID CARD **				opr - mm/dd/yy		
	CASE-NAME				DISTRICT ...		EW-CODE	
5	COUNTY-ID-PER-MEDS		BIRTHDATE					
	MEDS-ID							
10	VALID-MMY		CARD-ISSUE-SITE		CARD-ISSUE-REASON			
	MAIL-TO-ADDRESS:		C/O					
			STREET					
15			CITY		STATE ..		ZIP-CODE	
20								
24	NEXT-TRANS		SAME-PERSON .		SAME-CASE .			

	1	2	3	4	5	6	7	8
1	EW50	** ELIGIBILITY OVER 12 MONTHS PRIOR **				opr - mm/dd/yy		
	CASE-NAME				DISTRICT ...		EW-CODE	
5	COUNTY-ID-PER-MEDS		BIRTHDATE		SOC-FBU ..			
	MEDS-ID				NEW-BIRTHDATE			
10	NAME: LAST		FIRST		INITIAL .			
	SEX .		CA-DL/ID-NO		HIC-NO			
15	ESAC		LTC-IND .		%OBLIG ..			
	SOC-AMOUNT		SEN-SERV-CD ...		CERT-DAY ..			
	NEW-OHC		REFUGEE/ALIEN :		ORIG-AID ..			
	MEDS-OHC				INS-ENTRY-MMY			
20	VALID-MMY		CARD-ISSUE-SITE		CARD-ISSUE-REASON			
24	NEXT-TRANS		SAME-PERSON .		SAME-CASE .			

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1  -----1-----2-----3-----4-----5-----6-----7-----8
EW55          ** SSI/SSP MODIFY/ID CARD REQUEST **          opr - mm/dd/yy

CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID-PER-MEDS _____ BIRTHDATE _____ NEW-BIRTHDATE .....

MIDS-ID _____ BIRTHDATE _____

NAME: LAST ..... FIRST ..... INITIAL .
SEX .          CA-DL/ID-NO .....

10 ADDRESS:  C/O .....
        STREET .....
        CITY ..... STATE ..          ZIP-CODE .....
        PHONE ( ... ) ... - ....

15 NEW-OHC .
MIDS-OHC .          REFUGEE/ALIEN .          INS-ENTRY-MMY .....

20 VALID-MMY .....          CARD-ISSUE-SITE ....          CARD-ISSUE-REASON ..

24 NEXT-TRANS ....          SAME-PERSON .          SAME-CASE .

-----1-----2-----3-----4-----5-----6-----7-----8

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```

1  -----1-----2-----3-----4-----5-----6-----7-----8
EW60          ** MODIFY PICKLE STATUS INFORMATION **          opr - mm/dd/yy

CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID-PER-MEDS _____

MIDS-ID _____ BIRTHDATE _____

10 PICKLE-STATUS _          SSI-LAST-RECEIVED ....          PICKLE-TYPE .

NEW-COUNTY-ID: COUNTY ..

15 ADDRESS:  C/O .....
        STREET .....
        CITY ..... STATE ..          ZIP-CODE .....
        PHONE ( ... ) ... - ....

20 NEXT-TRANS ....          SAME-PERSON .          SAME-CASE .

24 -----1-----2-----3-----4-----5-----6-----7-----8

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1  -----1-----2-----3-----4-----5-----6-----7-----8
1  FX10      ** MEDS-ID NUMBER CHANGE (FOOD STAMP ONLY CASE) **  opr - mm/dd/yy
   CASE-NAME ..... DISTRICT ...           EW-CODE ....
5  COUNTY-ID-PER-MEDS  _ _ _ _ _
   MEDS-ID  _ _ _ _ _      BIRTHDATE  _ _ _ _ _
10 NEW-MEDS-ID  _ _ _ _ _      SSN-VER  _
   ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL .   CODE .
15
20
24 -----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
1  FX20      ** ADD NEW FOOD STAMP RECIPIENT RECORD **      opr - mm/dd/yy
   CASE-NAME ..... DISTRICT ...           EW-CODE ....
5  COUNTY-ID-PER-MEDS  _ _ _ _ _
   MEDS-ID  _ _ _ _ _      BIRTHDATE  _ _ _ _ _      NEW-BIRTHDATE .....
   NAME:  LAST  _ ..... FIRST  _ .....      INITIAL  _
10 SEX  _      ETHNIC  _      LANGUAGE  .
   SSN-VER  _ .....      CA-DL/ID-NO  .....
   EFFECTIVE-DATE  _ _ _ _ _
   ESAC  _
15 ADDRESS:  C/O .....
   STREET .....
   CITY .....      STATE ..      ZIP-CODE .....
   PHONE ( ... ) ... - ....
20 ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL .   CODE .
   NEXT-TRANS .....      SAME-PERSON .      SAME-CASE .
24 -----1-----2-----3-----4-----5-----6-----7-----8

```

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	1	2	3	4	5	6	7	8
1	FX30	** MODIFY FOOD STAMP RECORD (INDIVIDUAL) **				opr - mm/dd/yy		
	CASE-NAME			DISTRICT ...		EW-CODE		
5	COUNTY-ID: PER-MEDS					NEW		
	MEDS-ID			BIRTHDATE		NEW-BIRTHDATE		
	NAME: LAST			FIRST		INITIAL		
	SEX .			ETHNIC .		LANGUAGE .		
	SSN-VER .			CA-DL/ID-NO				
10	EFFECTIVE-DATE			RECOVERY .				
	ESAC .							
	ALIAS/SSA-NAME: LAST			FIRST		INITIAL .		CODE .
15	COUNTY-ID			ESAC		COUNTY-ID		
	** ** *			*		** ** *		
	JAN	..	..	..	..	FEB	..	..
	MAR	..	..	..	..	APR	..	..
	MAY	..	..	..	..	JUN	..	..
20	JUL	..	..	..	..	AUG	..	..
	SEP	..	..	..	..	OCT	..	..
	NOV	..	..	..	..	DEC	..	..
24	NEXT-TRANS			SAME-PERSON ..		SAME-CASE .		

```

1  +---+1---+2---+3---+4---+5---+6---+7---+8
    MENU                ** INQUIRY REQUEST MENU **                opr - mm/dd/yy

10 SELECT INQUIRY OPTION      R = INQR - RECIPIENT RECORD          (PF12)
                                N = INQN - NAME LIST              (PF22)
5                                W = INQW - WHOLE CASE LIST        (PF23)
                                X = INXR - CROSS REFERENCE FILE   (PF21)
                                A = INWA - ONLINE WORKER ALERTS
                                I = IEVS - INCOME/ELIGIBILITY VERIFICATION

10 SELECT 'R' TO REQUEST INFORMATION ON THE DATABASE ABOUT A RECIPIENT
                USING THE MEDS-ID, COUNTY-ID, HIC-NUMBER, DMV-NUMBER, OR
                CLIENT-INDEX NUMBER.
                SELECT 'N' TO REQUEST A LIST OF RECIPIENTS ON THE DATABASE USING THE
                NAME, OR NAME AND BIRTHDATE.
15 SELECT 'W' TO REQUEST A LIST OF ALL MEDS-IDS WITHIN A CASE USING THE
                COUNTY CASE SERIAL NUMBER, OR SERIAL NUMBER AND FBU NUMBER.
                SELECT 'X' TO REQUEST A LIST OF ALL COUNTY-IDS, NAMES, HIC-NUMBERS,
                DMV-NUMBERS, OR CLIENT-INDEX NUMBERS ASSOCIATED WITH A
                PARTICULAR MEDS-ID, OR TO CHECK FOR PRIOR USAGE OF A MEDS-ID.
20 SELECT 'A' TO REQUEST A LIST OF WORKER ALERT MESSAGES USING MEDS-ID,
                COUNTY-ID, OR COUNTY AND WORKER.
                SELECT 'I' TO REQUEST ASSET INFORMATION (TITLE II, UI/DI, INTEREST)
                FROM IEVS, THE INCOME AND ELIGIBILITY VERIFICATION SYSTEM.
24
    +---+1---+2---+3---+4---+5---+6---+7---+8

```

```

1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INQR                ** RECIPIENT INQUIRY REQUEST **                opr - mm/dd/yy

5  SELECT INQUIRY OPTION ?    A = ABBREVIATED STATUS
                                B = BUY-IN AND BENDEX
                                F = FOOD STAMP
                                H = HEALTH CARE PLANS AND OTHER HEALTH COVERAGE
                                M = MEDI-CAL/CMSP -- PRIMARY
10                                O = OTHER MISCELLANEOUS
                                P = MEDI-CAL/CMSP -- PENDING
                                X = TITLE XVI -- SSI/SSP
                                1 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 1
                                2 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 2
15                                3 = MEDI-CAL/CMSP -- 13-15 MONTHS PRIOR

    RECIPIENT IDENTIFICATION:  MEDS-ID: _____
    (ENTER ONE)              COUNTY-ID: _____
                                HIC-NO: _____
20                                CLIENT-INDEX-NO: _____
                                CA-DL/ID-NO: _____
24
    +---+1---+2---+3---+4---+5---+6---+7---+8

```

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```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1  |      INQA      ** ABBREVIATED STATUS INFORMATION **      opr - mm/dd/yy
   | MEDS-ID 154-32-4001      SSN-VER 5      SEX M      RENEWAL      , TEST
   | BIRTHDATE 09-09-1962      PICKLE-TICKLER
5  | PHONE      RECOVERY      FIRST ST
   | DEATH-DT      DEATH-CD      ALAMEDA CA      99901
   | CA-DL/ID-NO      CLIENT-INDEX-NO      ADDRESS-FLAG
   | MEDS-CUR-MMY 01-93      GOVT-RESP 1      WELFARE-PGM 003
10 | PGM-ELIG: MC/CP C H      SP1      SP2      FS      AFDC C H
   | LAST-MC/CP-CHG 04-19-93      LAST-FS-CHG      LAST-OTHER-CHG
   | LAST-MC/CP-TRANS      LAST-FS-TRANS      LAST-OTHER-TRANS
   | ===== MEDI-CAL/CMSP INFORMATION =====
15 | CASE-NAME REDET 1 ADVANCE      DISTRICT      REDETERM-MO 10      ELIG-STAT 001
   | COUNTY-ID 01-30-1544111-0-01      EW-CODE KENG      SOC-AMT      CERT-DAY
   | HIC-NO      MEDICARE      OTHER-COV N      RESTRICT
   | TERM-DT      TERM-REAS      ADHC-NO      HCP-NO      HCP-STAT
20 | ===== FOOD STAMP INFORMATION =====
   | CASE-NAME      DISTRICT      ELIG
   | COUNTY-ID      EW-CODE      TERM-DT
24 | OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   | -----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

```

```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1  |      INQB      ** BUY-IN AND BENDEX INFORMATION **      opr - mm/dd/yy
   | MEDS-ID 154-32-4001      NAME RENEWAL      , TEST      MEDS-CUR-MMY 01-93
5  | ===== MEDICARE PART "B" BUY-IN INFORMATION =====
   | HIC-NO      HIC-SOURCE      BUY-IN-ELIG-CD
   | CUR-BUY-IN-STATUS      BUY-IN-EFF-DT      LAST-PART-B-CHG
   | DOME-DT
10 | ===== MEDICARE PART "A" BUY-IN INFORMATION =====
   | CUR-BUY-IN-STATUS      BUY-IN-EFF-DT      LAST-PART-A-CHG
   | DOME-DT
   | ===== BENDEX TITLE II INFORMATION =====
15 | CLAIM-NO      OLD-BENEFIT-AMT $      CUR-BENEFIT-AMT $
   | INITIAL-ENTL-DATE      BENDEX-PAY-STATUS      COMMUNICATION-CODE
   | HI-ENTL-DATE      HI-TERM-DATE      HI-code
   | SMI-ENTL-DATE      SMI-TERM-DATE      SMI-CODE
   | HI-PREMIUM-PAYOR      SMI-PREMIUM-PAYOR      LAST-BENDEX-CHG
20 | CLAIM-NO      OLD-BENEFIT-AMT $      CUR-BENEFIT-AMT $
   | INITIAL-ENTL-DATE      BENDEX-PAY-STATUS      COMMUNICATION-CODE
24 | OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   | -----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

```

1	2	3	4	5	6	7	8
1	INQF	** FOOD STAMP INFORMATION **				opr - mm/dd/yy	
	CASE-NAME	DISTRICT	RENEWAL	, TEST			
	COUNTY-ID	EW-CODE					
5	MEDS-ID 154-32-4001	SSN-VER 5	FIRST ST				
	BIRTHDATE 09-09-1962	SEX M	GOVT-RESP 1	ALAMEDA CA	99901		
	CHAINED-ID	EFF-DT	ADDRESS-FLAG	RECOVERY			
	PRIOR-MEDS-ID	TERM-DT	DEATH-DT	DEATH-CD			
	WELFARE-PGM 003	LAST-FS-CHG	LAST-FS-TRANS				
10	CA-DL/ID-NO	CLIENT-INDEX-NO					
	PGM-ELIG: MC/CP C H	SP1	SP2	FS	AFDC C H		
	1992=====						
	01-93 PEND	JAN	FEB	MAR	APR	MAY	JUN
15	COUNTY	JUL	AUG	SEP	OCT	NOV	DEC
	AID						
	ELIG						
20	===== PENDING FOOD STAMP INFORMATION =====						
	CASE-NAME	DISTRICT	EFF-DT				
	COUNTY-ID	EW-CODE	ELIG				
24	OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST						

changes to be made by managed care ...

1	2	3	4	5	6	7	8
1	INQH	** HEALTH CARE PLANS AND OTHER HEALTH COVERAGE **				opr - mm/dd/yy	
	COUNTY-ID 01-30-1544111-0-01	GOVT-RESP 1	RENEWAL	, TEST			
	MEDS-ID 154-32-4001	LAST-ADHC-CHG					
5	BIRTHDATE 09-09-1962	HCP-WORKER	FIRST ST				
	HIC-NO	LAST-HCP-CHG	ALAMEDA CA	99901			
	LAST-OHC-CHG	DEATH-DT	DEATH-CD	ADDRESS-FLAG			
	PGM-ELIG: MC/CP C H	SP1	SP2	FS	AFDC C H		
10	1992=====						
	01-93 PEND	JAN	FEB	MAR	APR	MAY	JUN
	COUNTY	JUL	AUG	SEP	OCT	NOV	DEC
	AID-CODE	01	00	00	00	00	00
	ELIG-STAT	00	00	00	00	00	00
15	OHC	001	999	999	999	999	999
	OHC-SOURCE	002	002	002	002	002	001
	MEDICARE	N	N	N	N	N	N
	HCP-NO						
20	HCP-STAT						
	HCP-REAS						
24	OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST						

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```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1  |      INQM      ** PRIMARY MEDI-CAL/CMSP INFORMATION **      opr - mm/dd/yy
   |
   | CASE-NAME REDET 1 ADVANCE      DISTRICT      RENEWAL      , TEST
   | COUNTY-ID 01-30-1544111-0-01  EW-CODE KENG
5  | MEDS-ID 154-32-4001  SSN-VER 5  REDETERM-MO 10  FIRST ST
   | BIRTHDATE 09-09-1962  SEX M      GOVT-RESP 1  ALAMEDA CA      99901
   | CHAINED-ID      LAST-MC/CP-CHG 04-19-93  ADDRESS-FLAG  RECOVERY
   | PRIOR-MEDS-ID      LAST-OTH-CHG      APDP-IND      PICKLE
10 | WELFARE-PGM 003  DEATH-DT      DEATH-CD      TERM-DT      TERM-REAS
   | CA-DL/ID-NO      CLIENT-INDEX-NO      HIC-NO
   | PGM-ELIG: MC/CP C H  SP1      SP2      FS      AFDC C H
   |      1992----->
   |      01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
15 | COUNTY      01      00  00  00  00  00  00  00  00  01  01  01  01
   | AID-CODE      30      00  00  00  00  00  00  00  00  30  30  30  30
   | ELIG-STAT 001      999  999  999  999  999  999  999  999  022  002  002  001
   | SOC-AMT
   | CERT-DAY
   | OHC      N
20 | RESTRICT
   | MEDICARE
   | HCP-NO
   | HCP-STAT
24 | OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   | -----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

```

```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1  |      INQO      ** OTHER MISCELLANEOUS INFORMATION **      opr - mm/dd/yy
   |
   | MEDS-ID 154-32-4001  NAME RENEWAL      , TEST      BIRTHDATE 09-09-1962
   | CA-DL/ID-NO      CLIENT-INDEX-NO      CARD-ISSUE-DATE
5  | PHONE
   | ETHNIC 1      LANGUAGE 7      AUTH-REP-NAME
   | SSN-VER-BIRTHDATE      AUTH-REP-ADDR
   | DEATH-POSTED
   |
10 | COUNTRY-OF-ORIGIN      INS-ENTRY-MMYJ      REFUGEE/ALIEN
   | PICKLE-TICKLER      LAST-PICKLE-CHG      SSI-LAST-RECEIVED
   |
   | LAST-MC/CP-CHG 04-19-93  LAST-FS-CHG      LAST-OTHER-CHG
   | LAST-MC/CP-TRANS      LAST-FS-TRANS      LAST-OTHER-TRANS
15 | FILE-FIX-DATE
   |
   | PGM-ELIG: MC/CP C H  SP1      SP2      FS      AFDC C H
   |      1992----->
   |      01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
20 | ORIG-AID
   | NEG-ACTN
   | MULTI-SOC
24 | OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   | -----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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```

1  +---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8
    INQP          ** PENDING MEDI-CAL/CMSP INFORMATION **          opr - mm/dd/yy

MEDS-ID 154-32-4001  NAME RENEWAL          , TEST          MEDS-CUR-MMY 01-93

5  PGM-ELIG:  MC/CP C H   SP1          SP2          FS          AFDC C H

===== MEDI-CAL/CMSP INFORMATION =====
CASE-NAME          DISTRICT          REDETERM-MO          ELIG-STAT
COUNTY-ID          EW-CODE          TERM-DT          TERM-REAS

10 ===== SPECIAL PROGRAM 1 INFORMATION =====
CASE-NAME          DISTRICT          REDETERM-MO          ELIG-STAT
COUNTY-ID          EW-CODE          TERM-DT          TERM-REAS

15 ===== SPECIAL PROGRAM 2 INFORMATION =====
CASE-NAME          DISTRICT          REDETERM-MO          ELIG-STAT
COUNTY-ID          EW-CODE          TERM-DT          TERM-REAS

===== GENERAL INFORMATION =====
20 ADDRESS-FLAG

24 OPTION   * ENTER KEY RETURNS TO LIST
+---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8

```

```

1  +---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8
    INQX          ** TITLE XVI -- SSI/SSP INFORMATION **          opr - mm/dd/yy

MEDS-ID 154-32-4001  NAME RENEWAL          TEST          MEDS-CUR-MMY 01-93
CA-DL/ID-NO          CLIENT-INDEX-NO

5  ===== ELIGIBILITY STATUS INFORMATION =====
SDX-TRANS-CD          MEDICAID-ELIG-CD          LAST-SDX-CHG
PAYMENT-STATUS          MED-EFF-DATE          MASTER-FILE-TYPE
DENIAL-REASON          DENIAL-DATE          MULTICATEGORY

10 ===== INCOME AND PAYMENT INFORMATION =====
SSI-ELIG-AMT          SSI-PAID-AMT          NET-UNEARN-INC
SSP-ELIG-AMT          SSP-PAID-AMT          NET-EARNED-INC
DEEMED-INCOME

15 ===== OTHER INFORMATION =====
SSI-LVG-ARR-CD          RECORD-ID          PAYEE
OPTL-LVG-ARR-CD          MARITAL-STATUS          CUSTODY
STATE-OPTL-PAY-CD          ASSOC-SSN          ADDRESS-SOURCE
20 ASST-REIMBUR-STAT          DISABL-BLD-ONSET          SSA-DIST-OFF
MEDICAID-TEST-IND          ID-CARD-ISSUE-IND

24 OPTION   * ENTER KEY RETURNS TO LIST
+---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8

```


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```

1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INQ1          ** SPECIAL PROGRAM 1 INFORMATION **          opr - mm/dd/yy

CASE-NAME          DISTRICT          RENEWAL          , TEST
COUNTY-ID          EW-CODE
5  MEDS-ID 154-32-4001  SSN-VER 5  REDETERM-MO  FIRST ST
BIRTHDATE 09-09-1962  SEX M  GOVT-RESP 1  ALAMEDA CA          99901
CHAINED-ID          LAST-MC/CP-CHG 04-19-93  ADDRESS-FLAG  RECOVERY
PRIOR-MEDS-ID          LAST-OTH-CHG  HIC-NO  PICKLE
10  WELFARE-PGM 003  DEATH-DT  DEATH-CD  TERM-DT  TERM-REAS
CA-DL/ID-NO  CLIENT-INDEX-NO
PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
          1992=====
          01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY
15  AID-CODE
ELIG-STAT
SOC-AMT
CERT-DAY
OHC          N          N          N          N
20  RESTRICT
MEDICARE
HCP-NO
HCP-STAT
24  OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    +---+1---+2---+3---+4---+5---+6---+7---+8

```

```

1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INQ2          ** SPECIAL PROGRAM 2 INFORMATION **          opr - mm/dd/yy

CASE-NAME          DISTRICT          RENEWAL          , TEST
COUNTY-ID          EW-CODE
5  MEDS-ID 154-32-4001  SSN-VER 5  REDETERM-MO  FIRST ST
BIRTHDATE 09-09-1962  SEX M  GOVT-RESP 1  ALAMEDA CA          99901
CHAINED-ID          LAST-MC/CP-CHG 04-19-93  ADDRESS-FLAG  RECOVERY
PRIOR-MEDS-ID          LAST-OTH-CHG  HIC-NO  PICKLE
10  WELFARE-PGM 003  DEATH-DT  DEATH-CD  TERM-DT  TERM-REAS
CA-DL/ID-NO  CLIENT-INDEX-NO
PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
          1992=====
          01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY
15  AID-CODE
ELIG-STAT
SOC-AMT
CERT-DAY
OHC          N          N          N          N
20  RESTRICT
MEDICARE
HCP-NO
HCP-STAT
24  OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    +---+1---+2---+3---+4---+5---+6---+7---+8

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```

1  INQ3          ** MEDI-CAL/CMSP -- 13 - 15 MONTHS PRIOR **      opr - mm/dd/yy
5  MEDS-ID 154-32-4001  SSN-VER 5  GOVT-RESP 1      RENEWAL      , TEST
   BIRTHDATE 09-09-1962  SEX M      WELFARE-PGM 003
   CHAINED-ID          LAST-MC/CP-CHG 04-19-93  FIRST ST
   PRIOR-MEDS-ID      LAST-OTH-CHG          ALAMEDA CA      99901
   HIC-NO              DEATH-DT          DEATH-CD          ADDRESS-FLAG
   CA-DL/ID-NO        CLIENT-INDEX-NO
   PGM-ELIG: MC/CP C H  SP1              SP2              FS      AFDC C H
10
   PRIMARY PROGRAM      SPECIAL PROGRAM 1      SPECIAL PROGRAM 2
   12-91  11-91  10-91  12-91  11-91  10-91  12-91  11-91  10-91
   COUNTY
   AID-CODE
15  ELIG-STAT
   SOC / %-OBL
   CERT-DAY
   ===== OTHER INFORMATION =====
   OHC                      OHC-SOURCE
20  RESTRICT                ORIG-AID
   MEDICARE                NEG-ACTN
   HCP-NO
   HCP-STAT
24  OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   =====
1  INQ3          ** MEDI-CAL/CMSP -- 13 - 15 MONTHS PRIOR **      opr - mm/dd/yy

```

```

new screen
1  INXR          ** CROSS REFERENCE FILE INQUIRY REQUEST **      opr - mm/dd/yy
5  SELECT INQUIRY OPTION ?      C = COUNTY-ID
                                D = CA-DL/ID-NO
                                H = HIC-NO
                                M = MEDS-ID PREVIOUSLY USED
10                             N = NAME
                                X = CLIENT-INDEX-NO
   MEDS-ID:  _ _ _ _ _
15
20
24
1  INXR          ** CROSS REFERENCE FILE INQUIRY REQUEST **      opr - mm/dd/yy

```

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new screen

```
1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INXD      ** DMV NUMBER CROSS REFERENCE REPORT **      opr - mm/dd/yy
                                MEDS-ID = 154-32-4001
5
    CA-DL/ID-NO
    A9999999
    B1111111
10
15
20
24 OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    +---+1---+2---+3---+4---+5---+6---+7---+8
```

new screen

```
1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INXX      * CLIENT INDEX NUMBER CROSS REFERENCE REPORT *      opr - mm/dd/yy
                                MEDS-ID = 154-32-4001
5
    CLIENT INDEX NUMBER
    1111-A-1111
10
15
20
24 OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    +---+1---+2---+3---+4---+5---+6---+7---+8
```