



State of California—Health and Human Services Agency
Department of Health Care Services



DATE: October 7, 2019

PPL No. 19-020R
Revised

TO: Local Governmental Agency (LGA),
Local Educational Consortia (LEC), and
Local Educational Agency (LEA) Coordinators for the
LEA Medi-Cal Billing Option Program (LEA BOP), and the
School-Based Medi-Cal Administrative Activities (SMAA) Program

SUBJECT: Medi-Cal Eligibility Data Match

The purpose of this Policy and Procedure Letter (PPL) is to notify the LECs, LGAs, and LEA Coordinators participating in the LEA BOP and SMAA programs that the Department of Health Care Services (DHCS) is now requiring that a county code be provided when submitting eligibility data match files through the MOVEit software. DHCS is also requesting a Social Security Number (SSN) or Beneficiary Identification Card (BIC) number to be provided, if available. Providing a county code and an SSN or BIC Number will allow for a more accurate eligibility data match.

MOVEit is a secure File Transfer Protocol (FTP) system that allows users to control all file transfer activities through a single system with secure delivery. The FTP is Health Insurance Portability and Accountability Act (HIPAA) compliant and protects Personal Health Information (PHI). Existing Data Use Agreements (DUAs) do not need to be updated. Participants who utilize a third-party vendor for the data match process do not need to update existing DUAs.

Please see the information below, updated from PPL 16-021, for instructions on how to format the SSN and county number when uploading tape match data files to MOVEit.

Update on Creating the Data Match Input File:

To submit Data Match information to DHCS through the MOVEit software, please create a "Text File" (.txt) format document using the following required fields:

- a) SSN, if available: Input to start at position 1 of the line.
- b) Last Name: Input to start at position 10 of the line.
- c) First Name: Input to start at position 30 of the line.
- d) Middle Initial: Input to start at position 45 of the line.
- e) Date of Birth: Input to start at position 46 of the line.
 - o Proper format for Date of Birth: YYYYMMDD, e.g. 20090221
- f) Gender: Input to start at position 54 of the line.
- g) School Name (Optional): Input to start at position 64 of the line.
- h) County Code (Mandatory): Input to start at position 104 of the line.
- i) BIC number, if available:
 - o If possible, use the full BIC number. If the full BIC number is not available, use the last 9 digits; this portion is called the Matched Meds ID.
 - o Full BIC number: Input to start at position 106 of the line.
 - o Matched Meds ID: Input to start at position 120 of the line.



Figure 1: Example of an acceptable text format document.

For questions regarding this PPL, please contact:

LEA BOP at LEA@dhcs.ca.gov

SMAA at SMAA@dhcs.ca.gov

Sincerely,

ORIGINAL SIGNED BY JILLIAN MONGETTA

Jillian Mongetta, Chief
Medi-Cal Claims and Services Branch