STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES

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May 7, 1999

MMCD Policy Letter 99-05
Addendum to MMCD Policy Letter 98-03

TO: [X] Geographic Managed Care Plans
[X] Prepaid Health Plans
[X] Primary Care Case Management Plans
[X] Special Projects/PACE
[X] Two-Plan Model Plans

RECEIVED
MAY 14 1999

SUBJECT: ADDENDUM TO MMCD POLICY LETTER 98-03--CONVERSION TO NEW ELIGIBILITY REPORTING SYSTEM

GOAL

In the Department of Health Services' (DHS) efforts to move to a paperless reporting environment and to meet the requirements of the Federal Health Insurance Accountability and Portability Act of 1996, Medi-Cal eligibility system changes are being made that will allow for electronic transmission to Medi-Cal Health Care Plans (HCP) of eligibility files and reports. The purpose of this letter is to advise plans about these critical changes and the modifications that HCPs must make to their systems to accommodate this.

BACKGROUND, POLICY, and DISCUSSION

Please refer to MMCD Policy Letter 98-03 (Enclosure F).

PURPOSE

The purpose of this policy letter is to provide managed care plans (hereafter referred to as the Plans) with additional information regarding the conversion of the existing eligibility reporting system to the Medi-Cal HCP Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) eligibility reporting system. The requirement to convert to this new eligibility reporting system was provided to the Plans in MMCD Policy Letter 98-03 (Conversion to New Eligibility Reporting System) dated February 20, 1998. As stated in MMCD Policy Letter 98-03, all Plans will be required to convert to the new eligibility reporting system. This conversion will begin to be phased in starting July 1, 1999.

This policy letter is a follow-up to MMCD Policy Letter 98-03 and contains information regarding revisions to the Non-COHS FAME Extract file layout, procedures for requesting DHS FAME Test Files, the HCP FAME Capitation Report, and the electronic access to Plan membership eligibility files.

Non-COHS FAME Extract Layout Revisions

Effective October 6, 1998, the month-end and daily Non-COHS FAME Extract files were modified to reflect the following changes:

- Residence Address Indicator field was added.
- The data values for the Residence and Mailing Address Flags were redefined.
- The Residence Address field was redefined and reduced from 161 characters to 124 characters.

The length of the file did "not" change. Refer to Enclosure A for the revised file layout and data field definitions for the modified data fields. A copy of the revised Medi-Cal Eligibility Data System (MEDS) quick reference guide is also enclosed.

Currently, the beneficiary mailing address is the only address reported on MEDS. This information is reported in the Residence Address field. Implementation of the MEDS Address Enhancement Project, tentatively scheduled for June 1999 MOE, will provide the capability for both the beneficiary residence and mailing addresses to be recorded on MEDS and reported to the Plans. County welfare (CW) and social security (SS) offices must modify their computer systems in order to submit both addresses. Until CW and SS computer systems are modified, these agencies will continue to send only the beneficiary mailing address.

Another component of the MEDS Address Enhancement Project is the addition of the County of Residence data field. The County of Residence can be updated by CW and SS staff as of December 1998. If these agencies do not update the County of Residence field, MEDS will update it only if a true residence address is present. A true residence address is present on MEDS when the value "Y" is in the Residence of Address Indicator field.

Plans will continue to receive one address and many of the new data fields will contain spaces until such time as the MEDS Address Enhancement Project has been implemented. The enclosed Data Element Description will identify the data fields that will be affected by this project.

- The Case Name, Phone Number, Language Code, and Residence County data fields were shifted 37 characters to the left.
- The Mailing Address field was redefined. The field length was not changed.
- Capitated Aid Code fields for current and 12 prior months were added.

Medi-Cal eligibility for Medi-Cal beneficiaries can be reported with up to four aid codes for any given month. Consequently, four separate aid code segments are defined on the Non-COHS FAME Extract file. When a Plan member is eligible under multiple aid codes and more than one aid code is covered by the Plan, the Capitated Aid Code data fields can be used to determine which aid code was used for capitation.

The Capitated Aid Code fields are populated for active Plan members and Plan members whose membership is on "hold" for reasons other than Medi-Cal eligibility. However, capitation is only paid for the active plan members. To determine if the Capitated Aid Code field was used to pay capitation for any given month, the Plan must confirm active Plan membership. If the Plan's plan code is present for the month in question and the HCP STAT data field displays active Plan membership (i.e., HCP STAT = 01, 51, or S1), capitation would be paid. Otherwise, the beneficiary is not an active Plan member and capitation would not be paid.

- The Filler space at the end of the file increased by 11 characters.
- The HCP FAME Extract Trailer Record Layout (Enclosure A) will become the last record of the month-end and daily Non-COHS FAME Extract file.

DHS Test Files

DHS will provide Plans with two types of test files to assist in the conversion process; the month-end and daily Non-COHS FAME Extract test file and a Client Index Number (CIN) conversion file. These files will be created using actual Plan eligibles. The use of actual Plan eligibles will allow the Plans to run the new eligibility reporting process parallel to their existing eligibility process until the Plan's new FAME process is proven and accepted. Plans will basically run the production Non-COHS FAME Extract process in a test environment that will allow them to correct any transition problems without affecting their current business. Once the new eligibility process has been successfully tested, the old process can be discontinued.

All Plans must complete and fax the health care plan conversion to FAME form (Enclosure D) to Mr. Wayne Schloemer, Information Technology Services Division, at (916) 657-1322 and to Ms. Sandra Zajkowski, Chief of the Systems Support Unit, at

(916) 654-7248 **no later than May 10, 1999. The daily files can only be transmitted electronically via DHS's Extranet connection or existing Health and Welfare Data Center (HWDC) dedicated connection.** The first test file generated will be the month-end Non-COHS FAME Extract file applicable to the month of eligibility in which testing will begin. This file will be generated at MEDS renewal along with the PHP Address Masterfile and Prepaid Health Plan (PHP) IDCHANGE files.

- **Month-End And Daily Non-COHS FAME Extract Test Files**

Note: At this time, the testing of the daily files is being suspended. The downloading process for the daily files is the same as the month end file. However, plans may have to create their own test files to ensure their systems can correctly process the daily files.

The month-end and daily Non-COHS FAME Extract test files will be generated in the new file format. Each Plan will receive the monthly and daily Non-COHS FAME Extract test files and their month-end PHP Address Masterfile and PHP IDCHANGE files. Effective September 1999 MOE (9/1/99, the PHP Address Masterfile and PHP IDCHANGE files will no longer be created.

- **CIN Conversion File**

CIN is the most consistent beneficiary identification number recorded on MEDS; therefore, it will be used as the primary beneficiary identifier for the Non-COHS FAME Extract reporting system. Plans do not currently use CIN as the primary beneficiary identifier because it is not consistently provided by the existing eligibility reporting system. The purpose of the CIN conversion file is to assist Plans with the converting their existing primary beneficiary identifier to CIN. The process will be critical when attempting to link non-MEDS data (such as Primary Care Provider and medical history) to the appropriate HCP FAME eligibility record. The CIN conversion file is a one-time month-end file that provides the Plan with the CIN number for each of its members.

To initiate the creation of the CIN conversion file, Plans must provide DHS with a file of its existing and prior membership. At a minimum, this file must contain the member's MEDSID or CIN and Date of Birth. Additional data may be included at the end of the file to allow Plans to link the returning record back to their systems. The Plan's file will be matched against MEDS to obtain the current MEDSID and CIN number for each plan record received. This information will

be reported in the output MEDS-ID/SSN and output CIN data fields of the CIN conversion file returned to the Plan. (See Enclosure B for the file layout.)

HCP FAME Extract Capitation Report

The HCP FAME Capitation Report will replace the existing PHP Capitation Summary Report. The HCP FAME Capitation Report generates capitation totals by plan code and by aid code for the most recent thirteen months of eligibility. The aid code totals are grouped by aid code categories. Only beneficiaries with active Plan membership will be included in the capitation totals. The Capitation Aid Code data field on the beneficiary's record will determine which aid code was used for capitation. The detail lines for supplemental adds (supplemental eligibles) and deletes (retroactive disenrollments) will no longer exist. The difference between the two will be reported within the Net Change field on this report. (See Enclosure C for a copy of the HCP FAME Capitation Report and a description of its data fields.)

Electronic Access to HCP Membership Eligibility Information

A feature of the HCP FAME Extract reporting system is the automation of the daily update process and electronic transmission of the daily and month-end membership eligibility files. As stated earlier, daily updates files will only be accessible electronically. To support the electronic transmission of this data, DHS has developed a private infrastructure through which Plans can electronically obtain access to their membership eligibility files. This infrastructure is called the Medi-Cal Extranet for State Healthcare (MESH). MESH is a private extranet owned and operated by SPRINT. The confidential nature of the membership eligibility information provided to the Plan precludes DHS from transmitting this information via the public Internet. MESH enables DHS to use Internet protocols in a secure environment in which access is limited to a restricted group of users. Plans can choose from a 28.8 kbps dial-up connection (soon to be upgraded to 56 kbps) and/or a high speed dedicated connection operating up to 1.544 mbps and can access their files using web browser or file transfer protocol (FTP) commands.

Electronic Data Systems (EDS), DHS's fiscal intermediary, will coordinate the enrollment and installation of the MESH connections. Initially, MESH will only support electronic access to the daily and month-end Non-COHS FAME as well as the PHP Address Masterfile and PHP IDCHANGE file. Plans are required to sign-up for MESH prior to converting to the Non-COHS FAME Extract reporting system. Future MESH enhancements will support the electronic access to encounter data and other Medi-Cal managed care related data files. The files available through MESH will be created using

data compression. Plans must purchase the necessary software to convert these files into a usable format.

To obtain access to MESH, Plans must submit a fax written request to Mr. Lionel St. Pierre, Payment Systems Division, at (916) 464-2105 and to Ms. Zajkowski at (916) 654-7248 **no later than May 10, 1999**. Plans must follow the instructions entitled MESH SIGN-UP PROCESS (See Enclosure E). Once the enrollment process is complete, EDS will coordinate the transmission of the Plan's files with DHS.

Plans who have a dedicated line connection with HWDC may retrieve their PHP Address Masterfile, PHP IDCHANGE file, and the month-end and daily NON-COHS FAME Extract files through this connection. The Plan must send a written request to Sandra Zajkowski, Systems Support Unit, and to include the name, address, telephone, and fax numbers of the Plan's primary contact person responsible for coordinating connectivity; the initial files to be transmitted (i.e., PHP Address Masterfile and IDCHANGE files or the Non-COHS FAME Extract files); and the Plan's connection site. Access to the Plan membership eligibility files will be coordinated by DHS instead of EDS. If the HWDC connection is through the County Department of Social Services (the County), the Plan must ensure that use of the County link for Medi-Cal managed care purposes will 'not' interfere with County business. A signed agreement and processing schedule between the County and the Plan must be submitted along with the written request to Ms. Zajkowski to access the Plan's files through this connection.

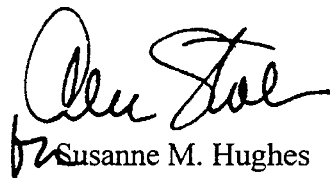
DHS 9-Inch Magnetic Tape Reels To Be Phased Out

Due to the many read errors experienced with DHS's 9-inch magnetic tape reels, these tapes will be phased out. The phase out process will occur on a Plan to Plan basis, as Plans are setup to receive their membership eligibility information electronically. ITSD has scheduled that 9-inch magnetic tape reels are scheduled to be phased out beginning July 1, 1999. Plans currently receiving 9-inch magnetic tapes must receive their month-end membership eligibility files electronically (via the MESH or existing HWDC connection) or convert to a 3490 tape cartridge(s) (3480 tape cartridges will only be available to Plans who currently receive them from DHS). To eliminate the need for month-end tapes, Plans are strongly encouraged to select a MESH connection that will support the transmission of all daily and month-end files. The creation of duplicate tapes will also be phased out.

MMCD Policy Letter 98-03

A copy of MMCD Policy Letter 98-03 dated February 20, 1998 is enclosed for your reference. However, the letter's enclosures are not being sent, as they have been revised and enclosed with this letter.

If you have any questions regarding this letter, please contact Ms. Zajkowski at (916) 653-2973 or for technical questions related to the Non-COHS FAME conversion, please contact Mr. Schloemer at (916) 657-1482.



Susanne M. Hughes
Acting Chief
Medi-Cal Managed Care Division

Enclosures

ENCLOSURE "A"

REVISED NON-COHS FAME EXTRACT FILE LAYOUT (10/06/98)

&

REVISED HCP FAME DATA ELEMENT DESCRIPTIONS (4/28/99)

&

HCP FAME TRAILER RECORD LAYOUT (6/18/97)

&

MEDS QUICK REFERENCE GUIDE (3/29/99)

DATE: 10/06/98

REVISION: 8

REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING

SYSTEM/PROJECT: MED1024

SOURCE PROGRAM: FAM265

Positions	Group	Field
001–002		SEG 01 ID
003–011		MEDS ID
012		CK DIGIT
013–014	CURRENT COUNTY ID	COUNTY
015–016	CURRENT COUNTY ID	AID CD
017–023	CURRENT COUNTY ID	SERIAL
024	CURRENT COUNTY ID	FBU
025–026	CURRENT COUNTY ID	PERSON
027–035		CLIENT INDEX NUMBER
036		CIN CK DIG
037–044		CA DL/ID NUMBER
045–050	RECIPIENT NAME	LAST NAME
051–064	RECIPIENT NAME	LAST NAME
065–079	RECIPIENT NAME	FIRST NAME
080	RECIPIENT NAME	INITIAL
081–088		BIRTHDATE YYYYMMDD
089		SEX
090–097		CARD ISSUE DATE YYYYMMDD
098–100		FILLER
101–106		FILLER
107–115		PRIOR MEDS ID
116		ALIEN CD
117		ETHNIC CD
118–129		HIC NUMBER
130–137		DEATH DATE YYYYMMDD
138–145		DEATH DATE POSTED YYYYMMDD
146–150		MEDS RENEWAL YYYYMM
151		MEDS RENEW
152–159		LAST MODIFIED DATE YYYYMMDD
160–167		PAPER CARD ISSUE DATE YYYYMMDD
168–169	CURRENT MONTH DATA	SEG 10
170–171	CURRENT MONTH DATA	PRIM CNTY
172–173	CURRENT MONTH DATA	PRIM AID
174–176	CURRENT MONTH DATA	PRIM ESC
177–178	CURRENT MONTH DATA	SPEC1 AID
179–181	CURRENT MONTH DATA	SPEC1 ESC
182–183	CURRENT MONTH DATA	SPEC2 AID
184–186	CURRENT MONTH DATA	SPEC2 ESC
187–188	CURRENT MONTH DATA	SPEC3 AID
189–191	CURRENT MONTH DATA	SPEC3 ESC
192–196	CURRENT MONTH DATA	SOC AMT
197–198	CURRENT MONTH DATA	CERT DAY
199–200	CURRENT MONTH DATA	FILLER

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555

RECORDS PER BLOCK: D= , T=

BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:

INPUT

OUTPUT FAM265

PAGE: 2 OF 8
DATE: 10/06/98
REVISION: 8
REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

R E C O R D   L A Y O U T

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM: FAM265

Positions 201–250

CURRENT MONTH DATA / FIRST

OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RSETLAPTGM1	REL PGM2 AID	RSETLAPTGM2	REL PGM3 AID	RSETLAPTGM3	REL PGM4 AID	RSETLAPTGM4	S/F IND	FILLER	SEG 11

Positions 251–300

FIRST PRIOR MONTH DATA

PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CD

Positions 301–350

FIRST PRIOR MONTH DATA / SECOND PRIOR MONTH DATA

HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RSETLAPTGM1	REL PGM2 AID	RSETLAPTGM2	REL PGM3 AID	RSETLAPTGM3	REL PGM4 AID	RSETLAPTGM4	S/F IND	FILLER	SEG 12	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID

Positions 351–400

SECOND PRIOR MONTH DATA

SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RSETLAPTGM1	REL PGM2 AID

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

PAGE: 3 OF 8
DATE: 10/06/98
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DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM: FAM265

Positions	Section	Field
401	SECOND PRIOR MONTH DATA	RSETLAPTGM2
402-403	SECOND PRIOR MONTH DATA	REL PGM3 AID
404	SECOND PRIOR MONTH DATA	RSETLAPTGM3
405-406	SECOND PRIOR MONTH DATA	REL PGM4 AID
407	SECOND PRIOR MONTH DATA	RSETLAPTGM4
408	SECOND PRIOR MONTH DATA	S/F IND
409-410	SECOND PRIOR MONTH DATA	FILLER
411-412	THIRD PRIOR MONTH DATA	SEG 13
413-414	THIRD PRIOR MONTH DATA	PRIM CNTY
415-416	THIRD PRIOR MONTH DATA	PRIM AID
417-419	THIRD PRIOR MONTH DATA	PRIM ESC
420-421	THIRD PRIOR MONTH DATA	SPEC1 AID
422-424	THIRD PRIOR MONTH DATA	SPEC1 ESC
425-426	THIRD PRIOR MONTH DATA	SPEC2 AID
427-429	THIRD PRIOR MONTH DATA	SPEC2 ESC
430-431	THIRD PRIOR MONTH DATA	SPEC3 AID
432-434	THIRD PRIOR MONTH DATA	SPEC3 ESC
435-439	THIRD PRIOR MONTH DATA	SOC AMT
440-441	THIRD PRIOR MONTH DATA	CERT DAY
442-443	THIRD PRIOR MONTH DATA	FILLER
444	THIRD PRIOR MONTH DATA	OHC
445-446	THIRD PRIOR MONTH DATA	MEDICAR
447-449	THIRD PRIOR MONTH DATA	RESTRCTD
450	THIRD PRIOR MONTH DATA	FILLER

Positions	Section	Field
451	THIRD PRIOR MONTH DATA	FILLER
452-454	THIRD PRIOR MONTH DATA	HCP1 CODE
455-456	THIRD PRIOR MONTH DATA	HCP1 STAT
457-459	THIRD PRIOR MONTH DATA	HCP2 CODE
460-461	THIRD PRIOR MONTH DATA	HCP2 STAT
462-464	THIRD PRIOR MONTH DATA	HCP3 CODE
465-466	THIRD PRIOR MONTH DATA	HCP3 STAT
467-469	THIRD PRIOR MONTH DATA	HCP4 CODE
470-471	THIRD PRIOR MONTH DATA	HCP4 STAT
472-474	THIRD PRIOR MONTH DATA	HCP5 CODE
475-476	THIRD PRIOR MONTH DATA	HCP5 STAT
477-478	THIRD PRIOR MONTH DATA	REL PGM1 AID
479	THIRD PRIOR MONTH DATA	RSETLAPTGM1
480-481	THIRD PRIOR MONTH DATA	REL PGM2 AID
482	THIRD PRIOR MONTH DATA	RSETLAPTGM2
483-484	THIRD PRIOR MONTH DATA	REL PGM3 AID
485	THIRD PRIOR MONTH DATA	RSETLAPTGM3
486-487	THIRD PRIOR MONTH DATA	REL PGM4 AID
488	THIRD PRIOR MONTH DATA	RSETLAPTGM4
489	THIRD PRIOR MONTH DATA	S/F IND
490-491	THIRD PRIOR MONTH DATA	FILLER
492-493	FOURTH PRIOR MONTH DATA	SEG 14
494-495	FOURTH PRIOR MONTH DATA	PRIM CNTY
496-497	FOURTH PRIOR MONTH DATA	PRIM AID
498-500	FOURTH PRIOR MONTH DATA	PRIM ESC

Positions	Section	Field
501-502	FOURTH PRIOR MONTH DATA	SPEC1 AID
503-505	FOURTH PRIOR MONTH DATA	SPEC1 ESC
506-507	FOURTH PRIOR MONTH DATA	SPEC2 AID
508-510	FOURTH PRIOR MONTH DATA	SPEC2 ESC
511-512	FOURTH PRIOR MONTH DATA	SPEC3 AID
513-515	FOURTH PRIOR MONTH DATA	SPEC3 ESC
516-520	FOURTH PRIOR MONTH DATA	SOC AMT
521-522	FOURTH PRIOR MONTH DATA	CERT DAY
523-524	FOURTH PRIOR MONTH DATA	FILLER
525	FOURTH PRIOR MONTH DATA	OHC
526-527	FOURTH PRIOR MONTH DATA	MEDICAR
528-530	FOURTH PRIOR MONTH DATA	RESTRCTD
531-532	FOURTH PRIOR MONTH DATA	FILLER
533-535	FOURTH PRIOR MONTH DATA	HCP1 CODE
536-537	FOURTH PRIOR MONTH DATA	HCP1 STAT
538-540	FOURTH PRIOR MONTH DATA	HCP2 CODE
541-542	FOURTH PRIOR MONTH DATA	HCP2 STAT
543-545	FOURTH PRIOR MONTH DATA	HCP3 CODE
546-547	FOURTH PRIOR MONTH DATA	HCP3 STAT
548-550	FOURTH PRIOR MONTH DATA	HCP4 CODE

Positions	Section	Field
551-552	FOURTH PRIOR MONTH DATA	HCP4 STAT
553-555	FOURTH PRIOR MONTH DATA	HCP5 CODE
556-557	FOURTH PRIOR MONTH DATA	HCP5 STAT
558-559	FOURTH PRIOR MONTH DATA	REL PGM1 AID
560	FOURTH PRIOR MONTH DATA	RSETLAPTGM1
561-562	FOURTH PRIOR MONTH DATA	REL PGM2 AID
563	FOURTH PRIOR MONTH DATA	RSETLAPTGM2
564-565	FOURTH PRIOR MONTH DATA	REL PGM3 AID
566	FOURTH PRIOR MONTH DATA	RSETLAPTGM3
567-568	FOURTH PRIOR MONTH DATA	REL PGM4 AID
569	FOURTH PRIOR MONTH DATA	RSETLAPTGM4
570	FOURTH PRIOR MONTH DATA	S/F IND
571-572	FOURTH PRIOR MONTH DATA	FILLER
573-574	FIFTH PRIOR MONTH DATA	SEG 15
575-576	FIFTH PRIOR MONTH DATA	PRIM CNTY
577-578	FIFTH PRIOR MONTH DATA	PRIM AID
579-581	FIFTH PRIOR MONTH DATA	PRIM ESC
582-583	FIFTH PRIOR MONTH DATA	SPEC1 AID
584-586	FIFTH PRIOR MONTH DATA	SPEC1 ESC
587-588	FIFTH PRIOR MONTH DATA	SPEC2 AID
589-591	FIFTH PRIOR MONTH DATA	SPEC2 ESC
592-593	FIFTH PRIOR MONTH DATA	SPEC3 AID
594-596	FIFTH PRIOR MONTH DATA	SPEC3 ESC
597-600	FIFTH PRIOR MONTH DATA	SOC AMT

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

DATE: 10/06/98
REVISION: 8
REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM; FAM265

Positions 601–650

Positions	Group	Field
601	FIFTH PRIOR MONTH DATA	SOC AMT
602–603	FIFTH PRIOR MONTH DATA	CERT DAY
604–605	FIFTH PRIOR MONTH DATA	FILLER
606	FIFTH PRIOR MONTH DATA	OHC
607–608	FIFTH PRIOR MONTH DATA	MEDICAR
609–611	FIFTH PRIOR MONTH DATA	RESTRCTD
612–613	FIFTH PRIOR MONTH DATA	FILLER
614–616	FIFTH PRIOR MONTH DATA	HCP1 CODE
617–618	FIFTH PRIOR MONTH DATA	HCP1 STAT
619–621	FIFTH PRIOR MONTH DATA	HCP2 CODE
622–623	FIFTH PRIOR MONTH DATA	HCP2 STAT
624–626	FIFTH PRIOR MONTH DATA	HCP3 CODE
627–628	FIFTH PRIOR MONTH DATA	HCP3 STAT
629–631	FIFTH PRIOR MONTH DATA	HCP4 CODE
632–633	FIFTH PRIOR MONTH DATA	HCP4 STAT
634–636	FIFTH PRIOR MONTH DATA	HCP5 CODE
637–638	FIFTH PRIOR MONTH DATA	HCP5 STAT
639–640	FIFTH PRIOR MONTH DATA	REL PGM1 AID
641	FIFTH PRIOR MONTH DATA	RSETLAPTGM1
642–643	FIFTH PRIOR MONTH DATA	REL PGM2 AID
644	FIFTH PRIOR MONTH DATA	RSETLAPTGM2
645–646	FIFTH PRIOR MONTH DATA	REL PGM3 AID
647	FIFTH PRIOR MONTH DATA	RSETLAPTGM3
648–649	FIFTH PRIOR MONTH DATA	REL PGM4 AID
650	FIFTH PRIOR MONTH DATA	RSETLAPTGM4

Positions 651–700

Positions	Group	Field
651	FIFTH PR	S/F IND
652–653	FIFTH PR	FILLER
654–655	SIXTH PRIOR MONTH DATA	SEG 16
656–657	SIXTH PRIOR MONTH DATA	PRIM CNTY
658–659	SIXTH PRIOR MONTH DATA	PRIM AID
660–662	SIXTH PRIOR MONTH DATA	PRIM ESC
663–664	SIXTH PRIOR MONTH DATA	SPEC1 AID
665–667	SIXTH PRIOR MONTH DATA	SPEC1 ESC
668–669	SIXTH PRIOR MONTH DATA	SPEC2 AID
670–672	SIXTH PRIOR MONTH DATA	SPEC2 ESC
673–674	SIXTH PRIOR MONTH DATA	SPEC3 AID
675–677	SIXTH PRIOR MONTH DATA	SPEC3 ESC
678–682	SIXTH PRIOR MONTH DATA	SOC AMT
683–684	SIXTH PRIOR MONTH DATA	CERT DAY
685–686	SIXTH PRIOR MONTH DATA	FILLER
687	SIXTH PRIOR MONTH DATA	OHC
688–689	SIXTH PRIOR MONTH DATA	MEDICAR
690–692	SIXTH PRIOR MONTH DATA	RESTRCTD
693–694	SIXTH PRIOR MONTH DATA	FILLER
695–697	SIXTH PRIOR MONTH DATA	HCP1 CODE
698–699	SIXTH PRIOR MONTH DATA	HCP1 STAT
700	SIXTH PRIOR MONTH DATA	HCP2 CD

Positions 701–750

Positions	Group	Field
701–702	SIXTH PRIOR MONTH DATA	HCP2 CODE
703–704	SIXTH PRIOR MONTH DATA	HCP2 STAT
705–707	SIXTH PRIOR MONTH DATA	HCP3 CODE
708–709	SIXTH PRIOR MONTH DATA	HCP3 STAT
710–712	SIXTH PRIOR MONTH DATA	HCP4 CODE
713–714	SIXTH PRIOR MONTH DATA	HCP4 STAT
715–717	SIXTH PRIOR MONTH DATA	HCP5 CODE
718–719	SIXTH PRIOR MONTH DATA	HCP5 STAT
720–721	SIXTH PRIOR MONTH DATA	REL PGM1 AID
722	SIXTH PRIOR MONTH DATA	RSETLAPTGM1
723–724	SIXTH PRIOR MONTH DATA	REL PGM2 AID
725	SIXTH PRIOR MONTH DATA	RSETLAPTGM2
726–727	SIXTH PRIOR MONTH DATA	REL PGM3 AID
728	SIXTH PRIOR MONTH DATA	RSETLAPTGM3
729–730	SIXTH PRIOR MONTH DATA	REL PGM4 AID
731	SIXTH PRIOR MONTH DATA	RSETLAPTGM4
732	SIXTH PRIOR MONTH DATA	S/F IND
733–734	SIXTH PRIOR MONTH DATA	FILLER
735–736	SEVENTH PRIOR MONTH DATA	SEG 17
737–738	SEVENTH PRIOR MONTH DATA	PRIM CNTY
739–740	SEVENTH PRIOR MONTH DATA	PRIM AID
741–743	SEVENTH PRIOR MONTH DATA	PRIM ESC
744–745	SEVENTH PRIOR MONTH DATA	SPEC1 AID
746–748	SEVENTH PRIOR MONTH DATA	SPEC1 ESC
749–750	SEVENTH PRIOR MONTH DATA	SPEC2 AID

Positions 751–800

Positions	Group	Field
751–753	SEVENTH PRIOR MONTH DATA	SPEC2 ESC
754–755	SEVENTH PRIOR MONTH DATA	SPEC3 AID
756–758	SEVENTH PRIOR MONTH DATA	SPEC3 ESC
759–763	SEVENTH PRIOR MONTH DATA	SOC AMT
764–765	SEVENTH PRIOR MONTH DATA	CERT DAY
766–767	SEVENTH PRIOR MONTH DATA	FILLER
768	SEVENTH PRIOR MONTH DATA	OHC
769–770	SEVENTH PRIOR MONTH DATA	MEDICAR
771–773	SEVENTH PRIOR MONTH DATA	RESTRCTD
774–775	SEVENTH PRIOR MONTH DATA	FILLER
776–778	SEVENTH PRIOR MONTH DATA	HCP1 CODE
779–780	SEVENTH PRIOR MONTH DATA	HCP1 STAT
781–783	SEVENTH PRIOR MONTH DATA	HCP2 CODE
784–785	SEVENTH PRIOR MONTH DATA	HCP2 STAT
786–788	SEVENTH PRIOR MONTH DATA	HCP3 CODE
789–790	SEVENTH PRIOR MONTH DATA	HCP3 STAT
791–793	SEVENTH PRIOR MONTH DATA	HCP4 CODE
794–795	SEVENTH PRIOR MONTH DATA	HCP4 STAT
796–798	SEVENTH PRIOR MONTH DATA	HCP5 CODE
799–800	SEVENTH PRIOR MONTH DATA	HCP5 STAT

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

DATE: 10/06/98
REVISION: 8
REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM: FAM265

Positions	Group	Field
801-802	SEVENTH PRIOR MONTH DATA	REL PGM1 AID
803	SEVENTH PRIOR MONTH DATA	RSETLAPTGM1
804-805	SEVENTH PRIOR MONTH DATA	REL PGM2 AID
806	SEVENTH PRIOR MONTH DATA	RSETLAPTGM2
807-808	SEVENTH PRIOR MONTH DATA	REL PGM3 AID
809	SEVENTH PRIOR MONTH DATA	RSETLAPTGM3
810-811	SEVENTH PRIOR MONTH DATA	REL PGM4 AID
812	SEVENTH PRIOR MONTH DATA	RSETLAPTGM4
813	SEVENTH PRIOR MONTH DATA	S/F IND
814-815	SEVENTH PRIOR MONTH DATA	FILLER
816-817	EIGHTH PRIOR MONTH DATA	SEG 18
818-819	EIGHTH PRIOR MONTH DATA	PRIM CNTY
820-821	EIGHTH PRIOR MONTH DATA	PRIM AID
822-824	EIGHTH PRIOR MONTH DATA	PRIM ESC
825-826	EIGHTH PRIOR MONTH DATA	SPEC1 AID
827-829	EIGHTH PRIOR MONTH DATA	SPEC1 ESC
830-831	EIGHTH PRIOR MONTH DATA	SPEC2 AID
832-834	EIGHTH PRIOR MONTH DATA	SPEC2 ESC
835-836	EIGHTH PRIOR MONTH DATA	SPEC3 AID
837-839	EIGHTH PRIOR MONTH DATA	SPEC3 ESC
840-844	EIGHTH PRIOR MONTH DATA	SOC AMT
845-846	EIGHTH PRIOR MONTH DATA	CERT DAY
847-848	EIGHTH PRIOR MONTH DATA	FILLER
849	EIGHTH PRIOR MONTH DATA	OHC
850-851	EIGHTH PRIOR MONTH DATA	MEDICAR
852-854	EIGHTH PRIOR MONTH DATA	RESTRCTD
855-856	EIGHTH PRIOR MONTH DATA	FILLER
857-859	EIGHTH PRIOR MONTH DATA	HCP1 CODE
860-861	EIGHTH PRIOR MONTH DATA	HCP1 STAT
862-864	EIGHTH PRIOR MONTH DATA	HCP2 CODE
865-866	EIGHTH PRIOR MONTH DATA	HCP2 STAT
867-869	EIGHTH PRIOR MONTH DATA	HCP3 CODE
870-871	EIGHTH PRIOR MONTH DATA	HCP3 STAT
872-874	EIGHTH PRIOR MONTH DATA	HCP4 CODE
875-876	EIGHTH PRIOR MONTH DATA	HCP4 STAT
877-879	EIGHTH PRIOR MONTH DATA	HCP5 CODE
880-881	EIGHTH PRIOR MONTH DATA	HCP5 STAT
882-883	EIGHTH PRIOR MONTH DATA	REL PGM1 AID
884	EIGHTH PRIOR MONTH DATA	RSETLAPTGM1
885-886	EIGHTH PRIOR MONTH DATA	REL PGM2 AID
887	EIGHTH PRIOR MONTH DATA	RSETLAPTGM2
888-889	EIGHTH PRIOR MONTH DATA	REL PGM3 AID
890	EIGHTH PRIOR MONTH DATA	RSETLAPTGM3
891-892	EIGHTH PRIOR MONTH DATA	REL PGM4 AID
893	EIGHTH PRIOR MONTH DATA	RSETLAPTGM4
894	EIGHTH PRIOR MONTH DATA	S/F IND
895-896	EIGHTH PRIOR MONTH DATA	FILLER
897-898	NINTH PRIOR MONTH DATA	SEG 19
899-900	NINTH PRIOR MONTH DATA	PRIM CNTY
901-902	NINTH PRIOR MONTH DATA	PRIM AID
903-905	NINTH PRIOR MONTH DATA	PRIM ESC
906-907	NINTH PRIOR MONTH DATA	SPEC1 AID
908-910	NINTH PRIOR MONTH DATA	SPEC1 ESC
911-912	NINTH PRIOR MONTH DATA	SPEC2 AID
913-915	NINTH PRIOR MONTH DATA	SPEC2 ESC
916-917	NINTH PRIOR MONTH DATA	SPEC3 AID
918-920	NINTH PRIOR MONTH DATA	SPEC3 ESC
921-925	NINTH PRIOR MONTH DATA	SOC AMT
926-927	NINTH PRIOR MONTH DATA	CERT DAY
928-929	NINTH PRIOR MONTH DATA	FILLER
930	NINTH PRIOR MONTH DATA	OHC
931-932	NINTH PRIOR MONTH DATA	MEDICAR
933-935	NINTH PRIOR MONTH DATA	RESTRCTD
936-937	NINTH PRIOR MONTH DATA	FILLER
938-940	NINTH PRIOR MONTH DATA	HCP1 CODE
941-942	NINTH PRIOR MONTH DATA	HCP1 STAT
943-945	NINTH PRIOR MONTH DATA	HCP2 CODE
946-947	NINTH PRIOR MONTH DATA	HCP2 STAT
948-952	NINTH PRIOR MONTH DATA	HCP3 CODE (948-950), HCP3 STAT (951-952)
953-955	NINTH PRIOR MONTH DATA	HCP4 CODE
956-957	NINTH PRIOR MONTH DATA	HCP4 STAT
958-960	NINTH PRIOR MONTH DATA	HCP5 CODE
961-962	NINTH PRIOR MONTH DATA	HCP5 STAT
963-964	NINTH PRIOR MONTH DATA	REL PGM1 AID
965	NINTH PRIOR MONTH DATA	RSETLAPTGM1
966-967	NINTH PRIOR MONTH DATA	REL PGM2 AID
968	NINTH PRIOR MONTH DATA	RSETLAPTGM2
969-970	NINTH PRIOR MONTH DATA	REL PGM3 AID
971	NINTH PRIOR MONTH DATA	RSETLAPTGM3
972-973	NINTH PRIOR MONTH DATA	REL PGM4 AID
974	NINTH PRIOR MONTH DATA	RSETLAPTGM4
975	NINTH PRIOR MONTH DATA	S/F IND
976-977	NINTH PRIOR MONTH DATA	FILLER
978-979	TENTH PRIOR MONTH DATA	SEG 20
980-981	TENTH PRIOR MONTH DATA	PRIM CNTY
982-983	TENTH PRIOR MONTH DATA	PRIM AID
984-986	TENTH PRIOR MONTH DATA	PRIM ESC
987-988	TENTH PRIOR MONTH DATA	SPEC1 AID
989-991	TENTH PRIOR MONTH DATA	SPEC1 ESC
992-993	TENTH PRIOR MONTH DATA	SPEC2 AID
994-996	TENTH PRIOR MONTH DATA	SPEC2 ESC
997-998	TENTH PRIOR MONTH DATA	SPEC3 AID
999-000	TENTH PRIOR MONTH DATA	SPEC3 ESC

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

DATE: 10/06/98
REVISION: 8
REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM: FAM265

Positions 001–050

TENTH PRIOR MONTH DATA

SP3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RSETLAPTGM1	REL PGM2 AID	RSETLAPTGM2	RAELDPGM3

Positions 051–100

TENTH PRIOR MONTH DATA						ELEVENTH PRIOR MONTH DATA															
RAEILDPGM3	RSETLAPTGM3	REL PGM4 AID	RSETLAPTGM4	S/F IND	FILLER	SEG 21	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID	SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CD

Positions 101–150

ELEVENTH PRIOR MONTH DATA																				TWELVETH PRIOR MONTH DATA				
HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT	HCP5 CODE	HCP5 STAT	REL PGM1 AID	RSETLAPTGM1	REL PGM2 AID	RSETLAPTGM2	REL PGM3 AID	RSETLAPTGM3	REL PGM4 AID	RSETLAPTGM4	S/F IND	FILLER	SEG 22	PRIM CNTY	PRIM AID	PRIM ESC	SPEC1 AID

Positions 151–200

TWELVETH PRIOR MONTH DATA

SPEC1 ESC	SPEC2 AID	SPEC2 ESC	SPEC3 AID	SPEC3 ESC	SOC AMT	CERT DAY	FILLER	OHC	MEDICAR	RESTRCTD	FILLER	HCP1 CODE	HCP1 STAT	HCP2 CODE	HCP2 STAT	HCP3 CODE	HCP3 STAT	HCP4 CODE	HCP4 STAT

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

DATE: 10/06/98
REVISION: 8
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DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM: FAM265

Positions 201–250

TWELVETH PRIOR MONTH DATA												RESIDENCE ADDRESS		
HCP5 CODE	HCP5 STAT	REL PGM1 AID	RS ET LA PT GM 1	REL PGM2 AID	RS ET LA PT GM 2	REL PGM3 AID	RS ET LA PT GM 3	REL PGM4 AID	RS ET LA PT GM 4	S/F IND	FILLER	FLAG	IND	FIRST LINE OF ADDRESS

Positions 251–300

RESIDENCE ADDRESS	
FIRST LINE OF ADDRESS	STREET ADDRESS

Positions 301–350

RESIDENCE ADDRESS							
STREET ADDRESS	CITY/STATE	STATE	ZIP CODE	ZIP PLUS 4	DLVRY P	ZIP CK	CASE NAME

Positions 351–400

				MAIL ADDRESS	
CASE NAME	PHONE NUMBER	LANG CD	RES CNTY	FLAG	FIRST LINE OF ADDRESS

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

PAGE: 8 OF 8
DATE: 10/06/98
REVISION: 8
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DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: NON-COHS FAME EXTRACT

ORIGINATOR: NANCY KING
SYSTEM/PROJECT: MED1024
SOURCE PROGRAM: FAM265

Positions	Group	Field
401–414	MAIL ADDRESS	FIRST LINE OF ADDRESS
415–450	MAIL ADDRESS	STREET ADDRESS
451–464	MAIL ADDRESS	STREET ADDRESS
465–484	MAIL ADDRESS	CITY/STATE
485–486	MAIL ADDRESS	STATE
487–491	MAIL ADDRESS	ZIP CODE
492–495	MAIL ADDRESS	ZIP PLUS 4
496–497	MAIL ADDRESS	DLVRY P
498	MAIL ADDRESS	ZIP CK
499–500	CAPIT	CUR
501–502	CAPITATED AID CODES	PRIOR 1
503–504	CAPITATED AID CODES	PRIOR 2
505–506	CAPITATED AID CODES	PRIOR 3
507–508	CAPITATED AID CODES	PRIOR 4
509–510	CAPITATED AID CODES	PRIOR 5
511–512	CAPITATED AID CODES	PRIOR 6
513–514	CAPITATED AID CODES	PRIOR 7
515–516	CAPITATED AID CODES	PRIOR 8
517–518	CAPITATED AID CODES	PRIOR 9
519–520	CAPITATED AID CODES	PRIOR 10
521–522	CAPITATED AID CODES	PRIOR 11
523–524	CAPITATED AID CODES	PRIOR 12
525–550		FILLER
551–555		FILLER

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT FAM265

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **MEDS ID**

AKA: MEDS Identification Number

SOURCE: MEDS LENGTH: 9

DEFINITION:

A nine-digit number that is the primary and unique recipient identifier used by MEDS. The recipient's SSN is used when known to MEDS. If the SSN is unavailable, MEDS assigns a pseudo number beginning with the number 8 or 9 and ending with the letter 'P'.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **MEDS ID CHECK DIGIT**

SOURCE: MEDS LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data entry of the MEDSID.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **COUNTY-ID**

AKA: County Identification Number

SOURCE: COUNTY LENGTH: 14

DEFINITION:

A fourteen position unique recipient identifier which includes:

FIELD NAME	LENGTH
County Code	2
Aid Code	2
Serial Number	7
FBU	1
Person Number	2

VALUES:

Refer to individual data elements.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **COUNTY**

AKA: County of Responsibility

SOURCE: COUNTY LENGTH: 2

DEFINITION:

The numeric code of the county which has responsibility for the recipient's Medi-Cal eligibility.

VALUES:

The universal set of county codes used by the State and Counties to identify the California county codes. Valid values 01 through 58. See attached "COUNTY CODE NUMBERS" list for definition of values.

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COUNTY CODE NUMBERS

Code	County	Code	County
1	Alameda	30	Orange
2	Alpine	31	Placer
3	Amador	32	Plumas
4	Butte	33	Riverside
5	Calaveras	34	Sacramento
6	Colusa	35	San Benito
7	Contra Costa	36	San Bernardino
8	Del Norte	37	San Diego
9	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **AID CODE**

SOURCE: COUNTY, SDX LENGTH: 2

DEFINITION:

The two-digit number that indicates the primary aid category a Medi-Cal recipient is eligible under.

VALUES:

This is an alpha numeric field.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **SERIAL**

SOURCE: COUNTY LENGTH: 7

DEFINITION:

This number is assigned to the case by the county for a range of numbers supplied to the county by the state. Along with COUNTY code, this number provides a unique identifier for the whole case.

VALUES:

This is an alpha numeric field.

SPECIAL CONSIDERATIONS:

SERIAL of SSI/SSP recipients consist of a `9' in the first position and the first 6 positions of the recipients SSN following.

For example: A SSN of 956-01-3241 looks like:

SERIAL	FBU	PERSON-NO
9956013	2	41

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**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **FAMILY BUDGET UNIT (FBU)**

SOURCE: COUNTY LENGTH: 1

DEFINITION:

This number is assigned to each recipient as part of a unique recipient identifier.

VALUES:

This is an alpha numeric field.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **PERSON NUMBER**

SOURCE: COUNTY LENGTH: 2

DEFINITION:

This number is assigned to each recipient within a case as part of a unique recipient identifier (County-ID), to distinguish an individual.

VALUES:

This is an alpha numeric field.

********HCP FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **CLIENT INDEX NUMBER (CIN)**

SOURCE: Daily MEDS Update Program LENGTH: 9

DEFINITION:

A permanent and unique CIN is assigned to every Health Services recipient via the daily MEDS batch update process. The one exception being for those cases represented by skeleton records. Once assigned, the CIN never changes. Even when a later change is made to the MEDS-ID (from Pseudo to SSN).

In addition to updating the MEDS data base, the new CIN and their corresponding MEDS-IDs must be written to a transaction file for updating the CIN Master file. The Client Index Master file is an IBM VSAM file with a primary index on Client Index Number and an alternate index on MEDS-ID number. The primary purpose of the Client Index Master file is for cross-referencing these two fields.

VALUES:

The Client Index Number is a nine character number. The first character is a predefined digit. The next seven characters are sequentially assigned numbers. The last character is a letter taken from a selected group of valid letters. Currently, the proposed list of legal letters for the terminal characters are:

ABCDEFGHMNSTUVWX.

SPECIAL CONSIDERATIONS:

When MEDS records are combined, the Master Index file always points to the MEDS-ID associated with the most current CIN. The older CIN entry becomes frozen.

NAME: **CIN CHECK DIGIT**

SOURCE: MEDS LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data entry of the Client Index Number (CIN).

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**********FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **CA DL/ID NUMBER**

AKA: CA DRIVER'S LICENSE OR IDENTIFICATION NUMBER

SOURCE: N/A LENGTH: 8

DEFINITION:

CURRENTLY NOT IN USE.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **RECIPIENT NAME**

SOURCE: COUNTY, SDX LENGTH: See below

DEFINITION:

The recipient name consists of three separate fields:

FIELD NAME	LENGTH
Last Name	20
First Name	15
Middle Initial	1

SPECIAL CONSIDERATIONS:

When RECIPIENT NAME is a required transaction field or when any part of the name is entered on a transaction, the following rules apply:

> LAST name may not be all spaces. If the recipient uses only one name, it must be entered in this field.
>
> FIRST name may not be all spaces. If the recipient uses only one name, a point sign (#) must be entered in this field to indicate the absence of a first name.

MIDDLE INITIAL can be a space.

NAME: **BIRTHDATE**

SOURCE: STATE LENGTH: 8

DEFINITION:

BIRTHDATE represents the recipient's date of birth or for unborn recipients (SEX=U) the expected delivery date.

VALUES:

YYYY	-	YEAR
MM	-	MONTH
DD	-	DAY

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **SEX**

SOURCE: COUNTY, SDX, MEDS LENGTH: 1

DEFINITION:

This code identifies the sex of the recipient.

VALUES:

F Female
M Male
U Unborn
N Sex Unknown

SPECIAL CONSIDERATIONS:

The only valid values for input by counties are `F', `M' and `U'. The value `N' is set by MEDS when an SDX update has no valid sex code.

When SEX is unborn (U), the BIRTHDATE is the expected delivery date. Medi-Cal ID cards cannot be issued for unborn recipients.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **CARD ISSUE DATE**

SOURCE: MEDS LENGTH: 8

DEFINITION:

Represents the date of the recipient's most recently issued beneficiary identification card (BIC).

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **PRIOR MEDS-ID**

SOURCE: County LENGTH: 9

DEFINITION:

After the current MEDS-ID, prior MEDS-ID is the most recent MEDS-ID used to identify the recipient on MEDS.

VALUES:

Refer to MEDS-ID.

SPECIAL CONSIDERATIONS:

If the MEDS-ID was not originally reported, a pseudo MEDS-ID is assigned. If the recipient's valid SSN is submitted later as the new MEDS-ID, the pseudo MEDS-ID is maintained as the prior MEDS-ID.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **ALIEN CODE**

SOURCE: SDX LENGTH: 1

DEFINITION:

This code indicates whether the individual is in a special alien status category. This field is present on MEDS only when the SDX file identifies a recipient as an alien and there is either an alien date of residence or a date of application present on the SDX file. The information is used for the Refugee tracking system.

VALUES:

See 'REFUGEE/ALIEN' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

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**********HCP FAME DATA ELE MENT DESCRIPTIONS*********

NAME: **ETHNIC CODE**

SOURCE: COUNTY, SDX LENGTH: 1

DEFINITION:

This code indicates the ethnic group the applicant represents in the opinion of the eligibility interviewer.

VALUES:

See 'ETHNIC' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **HEALTH INSURANCE CLAIM NUMBER (HIC NO.)**

SOURCE: COUNTY, BENDEX, BUY-IN LENGTH: 12

DEFINITION:

This is the claims number the recipient is using for claiming Medicare, Buy-In or railroad retirement benefits.

VALUES:

The HIC contains a nine-digit number plus a suffix of one to three characters. If the letter 'H' appears in the first position of a HIC suffix (i.e., HA, HB, HC1), it indicates the claimant is being paid through the SSA disability program. However, the `H' is not recorded on the tape from Baltimore.

Some RR numbers consist of a prefix of one to three characters and a six-digit number issued by the RRB. Other RR numbers consist of a prefix of one to three characters and the annuitant's SSN. RR numbers should be reported as follows:

CA 123456
A 123456789

SPECIAL CONSIDERATIONS:

A county may not update this element after the state has bought into the Medicare for the recipient benefits (MEDICARE = 02 or 03).

********HCP FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **DEATH DATE**

SOURCE: MEDS, DHS LENGTH: 8

DEFINITION:

This field is represents the date a recipient became deceased. This information currently comes from one of three sources: 1) a Medi-Cal ID Cared for an SSI/SSP recipient marked deceased and returned to DHS by the Post Office; 2) an SDX update with a payment status code indicating that the recipient is deceased; or 3) a Pickle status update indicating that the recipient is deceased. When death information comes from an SDX update, the date of death from SDX will be in the death date field. When death information comes from a returned ID card, the death date field will contain the date on which the returned card information updated MEDS and the termination date (TERM-DT) is changed to the end of the month prior to the valid month and year of the ID Card that was changed. When death information comes from a Pickle update, the death date field will contain the date on which the Pickle transaction updated MEDS.

VALUES:

YYYY - YEAR
DD - DAY
MM - MONTH

SPECIAL CONSIDERATIONS:

MEDS uses the death information to verify that an individual has not been reported as deceased before accepting a request to issue and ID card.

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**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **DEATH DATE POSTED TO MEDS**

SOURCE: MEDS, DHS LENGTH: 8

DEFINITION:

This field is present when MEDS has received information indicating that the recipient is deceased.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **MEDS RENEWAL DATE**

SOURCE: MEDS LENGTH: 6

DEFINITION:

This date indicates which calendar month that MEDS current month information is associated.

VALUES:

MM - MONTH
YYYY - YEAR

SPECIAL CONSIDERATIONS:

The monthly MEDS renewal cycle turns the MEDS calendar to the next month. The MEDS renewal is processed before the end of a month so that the MEDS RENEWAL DATE is a future month date for the last days of a calendar month. For example, on March 29, 1996 the MEDS RENEWAL DATE could be 041996 (April would be the current MEDS month) and March 1996 would be the prior March.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **LAST MODIFIED DATE**

SOURCE: MEDS LENGTH: 8

DEFINITION:

Indicates the last date a change was applied to the MEDS record of a Medi-Cal recipient.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **PAPER CARD ISSUE DATE**

SOURCE: MEDS LENGTH: 8

DEFINITION:

Represents the date of the recipient's most recent issued paper beneficiary identification card (BIC). Paper cards are generally printed for immediate need purposes only.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **CURRENT MONTH DATA**

SOURCE: MEDS LENGTH: 81 (POSITIONS 168-248)

DEFINITION:

Recipient eligibility information that pertains to the current MEDS month reflected in the MEDS RENEWAL DATE FIELD. The following data elements appear within this field:

FILE NAME	LENGTH	POSITION
SEG 10	2	168-169
COUNTY CODE	2	170-171
PRIMARY AID CODE	2	172-173
PRIMARY ESC	3	174-176
1ST SPECIAL AID CODE	2	177-178
1ST SPECIAL ESC	3	179-181
2ND SPECIAL AID CODE	2	182-183
2ND SPECIAL ESC	3	184-186
3RD SPECIAL AID CODE	2	187-188
3RD SPECIAL ESC	3	189-191
SOC AMOUNT	5	192-196
SOC CERT DAY	2	197-198
FILLER	2	199-200
OTHER HEALTH CODE	1	201-201
MEDICARE STATUS CODE	2	202-203
RESTRICT SERVICE CODE	3	204-206
FILLER	2	207-208
1ST HCP CODE	3	209-211
1ST HCP STATUS	2	212-213
2ND HCP CODE	3	214-216
2ND HCP STATUS	2	217-218

DATA FIELDS IN POSITIONS 219-248 WILL NOT BE USED AT THIS TIME. THESE FIELDS WILL BE BLANK IN CURRENT AND ALL HISTORY SEGMENTS.

SPECIAL CONSIDERATIONS:

The data fields in positions 189 - 270 repeat for the TWELVE history months prior to the current MEDS RENEWAL DATE. The data in these fields is applicable to the history month under which it is reported. The history months are defined by their relationship to the MEDS RENEWAL DATE. The first prior segment represents the history month prior to the MEDS RENEWAL MONTH. For example, if MEDS current month is March 1998, the first prior month is February 1998; second prior month is January 1998, third prior month is December 1997, etc.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **PRIMARY AID CODE**

SOURCE: COUNTY LENGTH: 2

DEFINITION:

Same as position #15 and 16.

********HCP FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **PRIMARY ELIGIBILITY STATUS CODE (ESC)**

SOURCE: MEDS LENGTH: 3

DEFINITION:

A three position code which reflects Medi-Cal eligibility status information in the first digit, ID card issuance status information in the second digit, and information regarding the type of timeliness of reporting of the eligibility status in the third digit. This ESC field represents eligibility for the Primary Aid Code.

VALUES:

1st DIGIT -- Medi-Cal/CMSP/Other Eligible Status

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

2nd DIGIT -- Normal/Exception Eligibility

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

3rd DIGIT -- Timeliness/Misc. Information

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **SPECIAL AID CODE (1-3)**

AKA: Special Program Aid Code

SOURCE: COUNTY LENGTH: 2

DEFINITION:

A two digit number that identifies under which aid category a Medi-Cal recipient is eligible. This code is usually, but not always, associated with a limited scope of service or Share of Cost aid code.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **SPECIAL ESC (1-3)**

AKA: SPECIAL PROGRAM ELIGIBILITY STATUS CODE

SOURCE: MEDS LENGTH: 3

DEFINITION:

A three position code which reflects Medi-Cal/CMSP/Other Eligibility status in the first digit, Normal/Exceptional Eligibility status in the second digit, and Timeliness/Miscellaneous Information in the third digit. A separate Special ESC will be displayed for each Special Aid Code.

VALUES:

See Definition for PRIMARY ELIGIBILITY STATUS CODE.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **SOC AMOUNT**

AKA: Share of Cost Amount

SOURCE: COUNTY, DHS LENGTH: 4

DEFINITION:

Before certain recipients become certified Medi-Cal eligibles, they are obligated to meet a share of their medical costs. This field represents the share of cost amount the recipient is obligation to meet.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **CERT-DAY**

AKA: Share of Cost Certification Day

SOURCE: COUNTY, POS NETWORK LENGTH: 2

DEFINITION:

This is the day of the month that recipient's share of cost amount was met. This is also the day of the month the recipient becomes a certified Medi-Cal eligible.

VALUES:

DD - Valid day in the month.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **OTHER-COVERAGE**

AKA: Other Health Coverage

SOURCE: COUNTY, SDX, DHS LENGTH: 1

DEFINITION:

This code identifies a recipient's **private** health care coverage by a health care insurance company, a Prepaid Health Plan (PHP), or a Health Maintenance Organization (HMO). It indicates that health care services should, in most cases be covered by the private health care coverage instead of by Medi-Cal.

VALUES:

See 'OHC-OTH-COV' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **MEDICARE CODE**

AKA: Medicare Status

SOURCE: BUY-IN LENGTH: 2

DEFINITION:

This two digit code reflects a recipient's Medicare Part A (Inpatient) and Part B (Medical) entitlement status.

VALUES:

See 'MEDICARE' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **RESTRICTION**

AKA: Restricted Services Code

SOURCE: COUNTY, DHS LENGTH: 3

DEFINITION:

A three position code that reflects restrictions placed upon the Medi-Cal services to which a recipient is entitled.

VALUES:

See 'RESTRICT' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

********FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **Health Care Plan (HCP) CODE**

SOURCE: MEDS LENGTH: 3

DEFINITION:

The HCP code (also known as Plan Code, Project Code, or MCP code) is a three digit code that identifies the Medi-Cal managed care plan(s) in which a recipient has been enrolled or disenrolled. MEDS has the capability to enroll a recipient in up to five separate plan codes at one time.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **Health Care Plan (HCP) STATUS**

SOURCE: MEDS LENGTH: 2

DEFINITION:

This code identifies the status of a recipient's enrollment in an associated HCP code.

VALUES:

blank	Disenrollment occurred in prior month - no capitation paid
00	Voluntary disenrollment - no capitation paid (May also result from the retroactive disenrollment of a recipient in hold status - no capitation recovery)
01	Active enrollment - capitation paid
05	Enrollment held due to recipient's Medi-Cal eligibility status - no capitation paid
09	Mandatory disenrollment - no capitation paid. (May also result from the retroactive disenrollment of a recipient in hold status - no capitation recovery)
10	Voluntary disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active MCP status)
19	Mandatory disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active MCP status)
40	Voluntary disenrollment occurred before enrollment became effective - no capitation paid (very rare, but possible)

**********HCP FAME DATA ELEMENT DESCRIPTIONS***********

NAME: **Health Care Plan (HCP) STATUS (Continued)**

VALUES:

49	Mandatory disenrollment occurred before enrollment became effective - no capitation paid (very rare, but possible)
51	Enrollment activated from hold status - supplemental capitation to be paid at the end of the current month
55	Enrollment held - Potential HCP enrollee with Uncertified SOC - no capitation paid
59	Enrollment held due to change of recipient's status other than hold on Medi-Cal eligibility (e.g. zip code, county code, aid code or ohc code not covered by plan) - no capitation paid
P4	Enrollment application accepted - no capitation paid
S0	Voluntary disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active MCP status)
S1	Active enrollment - supplemental capitation paid for individual release from hold status
S9	Mandatory disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active MCP status)

SPECIAL CONSIDERATIONS:

A 'blank' HCP status occurs after the month in which a disenrollment has become effective. A 'blank' HCP status code should ALWAYS be preceded by a HCP status code of '00', '09', 'S9', 'S0', '40', '49'. (COHS plans excluded).

HCP-STATUS codes '05' and '55' are updated to '51' when Medi-Cal eligibility is reinstated or SOC has been certified.

HCP-STATUS '51' is updated to 'S1' when the MEDS monthly renewal process initiates payment of the capitation. HCP-STATUS '19' is updated to 'S9' and HCP-STATUS '10' is updated to 'S0' after the MEDS monthly renewal process initiates the recovery process.

After two consecutive months of a HCP hold status of '05', '55' or '59', MEDS renewal terminates the MCP enrollment effective the following month resulting in HCP-STATUS '09'.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **ADDRESS FLAG (RESIDENCE AND MAILING)**

SOURCE: MEDS, COUNTY, SDX LENGTH: 1

DEFINITION:

Specifies whether the address recorded on MEDS is a deliverable address to which the BIC and/or other Medi-Cal related materials can be mailed. The address flag is an alphanumeric field. The numeric characters (excluding `00') represent an undeliverable addresses. All other values represent deliverable addresses.

VALUES:

See `ADDRESS FLAG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

**********HCP FAME DATA ELEMENT DESCRIPTIONS**********

NAME: **RESIDENCE ADDRESS INDICATOR**

SOURCE: MEDS LENGTH: 1

DEFINITION:

Identifies whether or not the address in the Residence Address field is known to be the recipient's residence address.

VALUES:

Y = This is the recipient's residence address.
N = This is the recipient's mailing address. It is unknown whether this is also the recipient's residence address.

********HCP FAME DATA ELEMENT DESCRIPTIONS*******

NAME: **RECIPIENT RESIDENCE ADDRESS**

SOURCE: COUNTY, SDX LENGTH: See below

DEFINITION:

Currently, this data field is populated with the recipient's mailing address. When a recipient enrolls in a managed care plan, this zip code may be used to verify that the recipient lives within the managed care plan's service area.

VALUES:

NAME	MEDS NAME	LENGTH
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	50
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	Zip Code	5
Zip Code suffix	Zip + 4	4
Delivery Point Code	Delivery Point	2
Zip Check Digit	Zip Ck	1

SPECIAL CONSIDERATIONS:

This data field will contain either the recipient's mailing address or actual residence address. The Residence Address Indicator should be used to determine if the information in this field is truly the recipient's residence address. This address field may also be used by MEDS to populate the COUNTY OF RESIDENCE data field.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **CASE NAME**

SOURCE: COUNTY LENGTH: 18

DEFINITION:

Name used by the county welfare office to identify the case of which the recipient is a member.

VALUES:

Alphanumeric characters (A-Z and 1-9), dashes, slashes, and apostrophes.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

**********HCP FAME DATA ELEMENT DESCRIPTIONS********

NAME: **PHONE NUMBER**

SOURCE: COUNTY, SDX LENGTH: 10

DEFINITION:

The recipient's telephone number.

VALUES:

AAAPPPSSSS

FORMAT:
AAA = Area Code
PPP = Phone number prefix
SSSS = Phone number suffix

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **LANGUAGE CODE**

SOURCE: COUNTY LENGTH: 1

DEFINITION:

The recipient's primary language.

VALUES:

See 'LANGUAGE' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **COUNTY OF RESIDENCE**

SOURCE: COUNTY, MEDS LENGTH: 2

DEFINITION:

The county where the recipient resides.

VALUES:

The universal set of county codes used by the state and counties to identify the California counties. Valid values are 01 through 58. (See numeric county code values listed under the data element description for County of Responsibility) The value of '99' will be used for recipients residing out of state.

SPECIAL CONSIDERATIONS:

Data will appear in this field when supplied by the counties. If the county does not supply the residence county, this field will be populated by MEDS ONLY when the TRUE residence address is available. If neither the residence county or the TRUE residence address is available to MEDS, this field will be blank.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **RECIPIENT MAILING ADDRESS**

SOURCE: COUNTY, SDX LENGTH: See below

DEFINITION:

This is the recipient's mailing address used to mail the BIC card and all other Medi-Cal related materials. This data field, and its address flag, will not be populated at this time. (See "Special Considerations" below)

VALUES:

NAME	MEDS NAME	LENGTH
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	50
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	ZIP CODE	5
Zip Code suffix	ZIP + 4	4
Delivery Code	DLVR CD	2
Check Digit	CK DIGI	1

SPECIAL CONSIDERATIONS:

This data filed will be populated as par of the MEDS Address Enhancement Project. At that time, data will only appear in this field when the mailing address is different than the residence address.

**********HCP FAME DATA ELEMENT DESCRIPTIONS*********

NAME: **CAPITATED AID CODE**

SOURCE: MEDS LENGTH: 2

DEFINITION:

This field contains the aid code used to determine specific managed care plan enrollment statuses. These data fields are only populated when the recipient's enrollment status reflects active Plan membership (HCP STATUS CODES '01', '51', 'S1') or when Plan membership is placed on hold for reasons other than Medi-Cal eligibility (HCP STATUS CODE '59'). "Holds" are not placed on COHS enrollment.

Positions 499-524, represent the capitated aid code segments for the most current 13 months of eligibility.

VALUES:

Medi-Cal aid codes.

PAGE: 1 OF 1
DATE: 06/18/97
REVISION: 1
REVIEWER: WAYNE SCHLOEMER

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

RECORD LAYOUT

FILE NAME: HCP FAME TRAILER RECORD

ORIGINATOR: WENDY LOUIE
SYSTEM/PROJECT: FAM1001
SOURCE PROGRAM: FAM265

Positions	Field	Picture
001–002	SEG 01 ID	X(2)
003–011	RECORD KEY (HIGH VALUES)	X(9)
012–020	TOTAL FAME RECORDS	9(09)
021–029	TOTAL CAPITATED BENES	9(09)
030–038	TOTAL HOLD BENES	9(09)
039–047	TOTAL DISENROLLED BENES	9(09)
048–056	TOTAL OTHER BENES	9(09)
057–1,555	FILLER - SPACES (THRU 1,555)	X(1499)
101–150	FILLER - SPACES (THRU 1,555)	

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 1,555
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT HCPs/Dental Plans
OUTPUT FAM265

MEDS QUICK REFERENCE

Revised: 03/29/1999

ELIG 0190

1st Digit = Medi-Cal/CMSP/Other Eligible Status 0191

- **0** Eligible with no conditions (Includes zero SOC)
- **1** Share of Cost to be met by LTC claim
- **2** LTC/SOC plus other conditions (i.e. 1 + 3)
- **3** Other conditions - Certified SOC, Restricted Service, Minor Consent or Partial Health Care Plan (HCP)
- **4** Full Service HCP
- **5** Unmet Share of Cost Obligation (Uncertified)
- **6** Health and Welfare Program other than Medi-Cal/CMSP eligible (SLMB, QDWI, Out-of-State Foster Care, Unborn, Healthy Families, MI)
- **7** Hold
- **8** QMB pending Medicare part A & B confirmation
- **9** Ineligible

2nd Digit = Normal/Exception Eligibility 0192

- **0** Normal eligible
- **1** Unconfirmed Immediate Need eligible reported more than 1 month prior
- **2** Unconfirmed Immediate Need eligible reported 1 month prior
- **3** Unconfirmed Immediate Need eligible reported in current month
- **4** Forced eligible due to late termination
- **5** Partial Month Eligibility (Healthy Families, etc.)
- **7** Exception eligible
- **8** Forced eligible from MEDS hold
- **9** Full Month Eligibility (Healthy Families, etc.)

3rd Digit = Timeliness/Misc. Information 0193

- **1** Regular eligible reported timely
- **2** Regular eligible reported retroactively
- **3** 3 month retroactive eligible
- **4** Continuing eligible reported timely
- **5** Continuing eligible reported retroactively
- **6** Ramos/Pickle/IHSS/Other Extended eligible
- **7** Aid Paid Pending Ramos/Myers
- **8** Hold from LTC/SOC status
- **9** Ineligible or Regular hold

ABAWD 1359

Able-Bodied Adults Without Dependents

- **0** Not ABAWD
- **1** ABAWD

ADDRESS FLAG 0305

new values planned for June 1999 MOE

Good Deliverable Address

- **A** Address certified via Finalist
- *** C** Failed Finalist; confirmed mailable by source
- **D** Presumed mailable; Finalist changes unreliable
- **W** BIC mailed - previously A
- **X** BIC mailed - previously C
- **Y** BIC mailed - previously D

Presumed Deliverable Address

- **Blank** Failed Finalist; presumed mailable
- **0** BIC mailed - previously Blank

Considered Undeliverable Due to Returned BIC

- **1** BIC returned - previously 0
- **5** BIC returned - previously W
- **6** BIC returned - previously X
- **7** BIC returned - previously Y

Considered Undeliverable For Other Reasons

- **2** Failed MEDS validation edits
- **3** Foster Care Assistance terminated
- *** 4** Residence address but not a mailable address
- *** 8** General residence area for a homeless client

* only valid input values (4 and 8 apply only to a residence address)

Finalist is address certification software used by MEDS

ALIAS/SSA-NAME-CODE 9035

- **0** Name and Birthdate validated via the SSA Referral Process
- **1** Name reported by a County as a Social Security name
- **2** Other alias name
- **3** Name did not match SSA records for SSN
- **8** Name and Birthdate validated via a prior Validation/Referral process
- **9** Name and Birthdate validated via the State/SSA Validation process

MEDS QUICK REFERENCE

ALIEN-ELIG-CODE **2033**

- * **1** Refugee admitted under section 207 of the INA
- * **2** Deportation withheld under section 243(h) or 241(b)(3) of the INA
- * **3** Lawful Permanent Residence (LPR) with 40 work quarters
- **4** LPR Alien on active duty in the military or an honorable discharged veteran
- **5** LPR spouse or unremarried surviving spouse of active duty military/veteran
- **6** LPR dependent child of active duty military/veteran
- **8** Amerasian admitted to the U.S. as a Lawful Permanent Resident
- **9** Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien

* Federal (SDX) input only

DEATH-CD (Source of Death Information) **2019**

- **M** Medi-Cal Eligibility Branch
- **P** County Pickle status update
- **R** Returned card
- **S** SSA SSI/SSP update
- **V** Vital Records System

ESAC **9109**

0 (ZERO) County reported SSI/SSP eligible (EW15)

Ongoing Eligibility

- **1** New eligible
- **2** Inter/Intra Program Transfer (IPT)
- **3** Other County ID change
- **4** Exception eligibility beyond normal age limit

Closed Eligibility Period

- **6** Eligible
- **7** Inter/Intra Program Transfer (IPT)
- **8** Other County ID change
- **9** Exception eligibility beyond normal age limit

Other Status

- **A** Unborn
- **B** Hold, questionable eligibility
- **C** Hold, possibly deceased
- **D** Hold, pending Federal review
- [illegible] QMB, pending part A confirmation (treated by MEDS like ESAC 1)
- **P** Pending application (PE)
- **Q** Drop pending change
- **R** Release hold

ETHNIC **0115**

- **1** White
- **2** Hispanic
- **3** Black
- **4** Asian or Pacific Islander
- **5** Alaskan Native or American Indian
- **7** Filipino
- **8** No Valid Data Reported
- **A** Amerasian
- **C** Chinese
- **H** Cambodian
- **J** Japanese
- **K** Korean
- **M** Samoan
- **N** Asian Indian
- **P** Hawaiian
- **R** Guamanian
- **T** Laotian
- **V** Vietnamese

GOVT-RESP **0125**

- **1** County controlled
- **2** Federal or State controlled
- **3** State controlled/Terminated from Federal control
- **6** Truncated;
  IE/RR only;
  Food Stamp only;
  Healthy Families only;
  Healthy Families & Food Stamp
- **9** Frozen

HCPn-REAS (HCP Reason) **1004**

Reason for HCP hold status '59'

- **A** Aid code not covered
- **C** County not covered
- **H** OHC exclusion
- **Z** Zip code not covered

HCPn-STAT (HCP Status) **1019**

- **00** Voluntary disenrollment - No capitation paid
- **01** Active enrollment - Capitation paid
- **05** HCP hold due to recipient Medi-Cal ineligibility - No capitation paid
- **09** Mandatory disenrollment - No capitation paid
- **10** Voluntary disenrollment - Capitation recovery required
- **19** Mandatory disenrollment - Capitation recovery required
- **40** Voluntary disenrollment occurred before enrollment became effective
- **49** Mandatory disenrollment occurred before enrollment became effective
- **51** Enrollment activated from HCP hold or unmet SOC - Supplemental capitation to be paid at end of month
- **55** Potential plan member - unmet SOC
- **59** HCP hold due to HCP coverage limits - No capitation paid (see HCP Reason)

- **P4** Pending enrollment - Application accepted
- **S0** Voluntary disenrollment - Capitation recovery processed
- **S1** Active enrollment - Supplemental capitation paid
- **S9** Mandatory disenrollment - Capitation recovery processed

SPECIAL CONSIDERATION FOR HCP STATUS:

'51' is updated to 'S1' when RENEWAL initiates payment of capitation.

'10' and '19' are updated to 'S0' and 'S9' after RENEWAL initiates recovery of capitation.

MEDS RENEWAL terminates an HCP enrollment effective current month after two consecutive months of HCP hold.

HCPn-TYPE

- **C** COHS (County Organized Health System)
- **D** Dental
- **H** HMO (Health Maintenance Organization)
- **M** Medical (future use)
- **O** Other

HEALTH INSURANCE SYSTEM:
Scope of Coverage

COVERAGE CODE	SERVICE
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
V	Vision Care

If coverage unknown, OHC is regarded as comprehensive · Provider must bill OHC carrier for all services.

LANGUAGE **0120**

- **0** American Sign Language (ASL)
- **1** Spanish
- **2** Cantonese
- **3** Japanese
- **4** Korean
- **5** Tagalog
- **6** Other Non-English
- **7** English
- **8** No Valid Data Reported
- **A** Other Sign Language
- **B** Mandarin
- **C** Other Chinese Languages
- **D** Cambodian
- **E** Armenian
- **F** Ilacano
- **G** Mien
- **H** Hmong
- **I** Lao
- **J** Turkish
- **K** Hebrew
- **L** French
- **M** Polish
- **N** Russian
- **P** Portuguese
- **Q** Italian
- **R** Arabic
- **S** Samoan
- **T** Thai
- **U** Farsi
- **V** Vietnamese

MEDICAID ELIGIBILITY CODE **0698**

- **C** Confers 1619B eligibility - free Medicaid
- **G** Goldberg-Kelly eligibility - timely appeal with SSA confers both SSI/SSP payment and free Medicaid
- **R** Referred to county

MEDICARE **0849**

1st Digit = Part A (Hospital)
2nd Digit = Part B (Medical)

- **0** or **Blank** No coverage
- **1** Paid for by beneficiary
- **2** Paid for by State Buy-In
- **3** Free (Part A only)
- **4** Paid by other entity (Part B only)
- **5** Buy-In reject, eligible per Bendex
- **6** Buy-In reject, presumed eligible
- **7** Presumed eligible
- **8** Buy-In reject, not presumed eligible
- **9** Aged alien ineligible for Medicare

OHC **1109**

Pay and Chase OHC / Post Payment Recovery

- **A** Any carrier (includes multiple coverage)

Cost Avoidance OHC

- **C** Champus Prime HMO
- **F** Medicare HMO
- **K** Kaiser
- **L** Dental only policies
- **P** PHP/HMO's & EPO (Exclusive Provider Option) not otherwise specified
- **V** Any carrier (other than the above, includes multiple coverage)
- **9** Healthy Families

Other OHC Related Codes

- **N** None
- **O** Override - Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) — changes OHC to A

Note: Previously used OHC values listed separately

OHC-SOURCE **1129**

- **C** or **Blank** County Welfare Department
- **F** Healthy Families Administrative Vendor
- **H** Update from Other Health Coverage Recovery
- **M** MEDS assigned from the OHC update logic
- **R** Batch update from the Other Health Coverage Master file
- **S** Update from SSI/MEB
- **T** Insurance information exchange with carrier

OHC - Previously used values

Pay and Chase OHC

- **M** Two or more carriers
- **X** Blue Shield
- **Z** Blue Cross

Cost Avoidance OHC

- **B** Blue Cross
- **D** Prudential
- **E** Aetna
- **G** General American
- **H** Mutual of Omaha
- **I** Metropolitan Life
- **J** John Hancock
- **S** Blue Shield
- **T** Travelers
- **U** Connecticut General/Equicor/Cigna
- **W** Great West Life
- **2** Provident Life and Accident
- **3** Principal Financial Group
- **4** Pacific Mutual Life
- **5** Alta Health Strategies
- **6** AARP
- **8** New York Life

PAYMENT STATUS CODE 0625

Common SSI/SSP Payment Status Codes
*See QX screen under **Payment Status***

- **C01** Current pay
- **E01** Eligible but no payment due (many times these are in LTC)
- **N01** Nonpay recipient's countable income exceeds Title XVI payment amount and his/her state's payment standard
- **N02** Nonpay recipient Is inmate of public institution
- **N03** Nonpay recipient is outside USA
- **N04** Nonpay recipient's non-excludable resources exceed Title XVI limitations
- **N07** No longer disabled
- **N10** Failure to comply with approved drug or alcohol treatment plan
- **N11** Benefit sanction month because of failure to comply with approved treatment plan
- **N13** Not a citizen or is an ineligible alien
- **N22** Inmate of a penal institution
- **N23** Not a resident of the USA
- **N24** Claimant has been convicted of a felony of fraudulently misrepresenting residence
- **N25** Claimant is a fugitive felon or parole/probation violator
- **S06** Suspended - Recipient's address unknown
- **S08** Suspended - Representative payee development pending
- **T01** Terminated - Death of recipient
- **T30** Terminated (manual termination) sort of an "other" category
- **T31** Terminated (system generated termination) sort of an "other" category

PICKLE

Potential Pickle eligibles
1st byte - see Pickle Type 2nd byte - see Pickle Status

PICKLE TYPE 2031

*First digit on QM screen **Pickle***

Potential Pickle Eligibles

- **A** Potential Pickle based on aid code
- **C** COLA terminated SSI/SSP eligible
- **M** Potential Pickle moved into state
- **P** Potential Pickle identified by county
- **T** Terminated SSI/SSP recipient also receiving Title II benefits

SSP Reduction Eligibles

- **S0** 5.8% beneficiaries 1992
- **R0** 2.7% beneficiaries 1993
- **Q0** 2.3% beneficiaries 1994
- **V0** 4.9% beneficiaries 1995

Note: M and P are county reported, all other types are MEDS generated. A, M and P are removable (can be changed by the county).

PICKLE STATUS 2032

*Second digit on QM screen **Pickle***

- **0** No update received (MEDS generated)
  (Only records coded with 'C0' are included on 503 Leads tape. When a county reports LTC aid codes or term reasons 01 (death) or 98 (whereabouts unknown), the 'C0' stays on MEDS but the record goes off the 503 Leads tape.)
- **1** Potential Pickle eligible (also posted by MEDS if Pickle aid code reported)
  (Used with EW60 to remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can change C2's and C3's back to C1.)
- **2** Recipient requested not to be contacted
  (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
- **3** Loss of contact/whereabouts unknown
  (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
- **7** Remove erroneously reported Potential Pickle (Pickle Type A, M or P)
- **8** Immediate Need SSI/SSP card issued pending SSA eligibility confirmation (MEDS generated)
- **9** Deceased
  (Places Death Source of P and Death Date which is filled in with the date the death was posted, doesn't change Pickle Status)

- 503 Leads - Includes persons who are terminated from SSI/SSP during January because of a COLA
- Pickle Tickler - Persons who must be tracked for future Pickle eligibility

REF/ALIEN IND **2009**

- A Proven U.S. citizen **
- B Alleged U.S. citizen **
- C Conditional entrant admitted under INA section 203(a)(7)
- D Deportation withheld admitted under INA section 243(h) or 241(b)(3)
- E Amerasian refugee admitted under INA sec 207
- * F Refugee admitted under INA sec 207 or 203(a)(7)
- * G Parolee admitted under INA section 212(d)(5)
- * H Silva vs. Levi alien
- K Lawful permanent resident (LPR)
- L Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
- * M Residents of the Northern Mariana Islands
- * N Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
- * P Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
- * Q Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
- R Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
- S Other aliens (not a temporary visa holder)
- U Undocumented alien
- V Visitor / Student / VISA and other aliens with temporary documentation
- W Parolee admitted under INA section 212(d)(5) with a period of parole over one year
- X Indochinese refugee admitted under INA sec 207
- Y Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
- Z Kurdish or Iraqi asylee admitted under INA section 208
- *** 0 Other alien (not 1, 5, 7, 8, or 9)
- *** 1 Indochinese refugee admitted under INA sec 207
- 5 Citizen child born to refugee parent(s)
- *** 7 Other refugee
- 8 Cuban/Haitian entrant
- *** 9 Aged alien (Medicare ineligible alien and not 1, 7, or 8)

* Federal (SDX) input only
** future county use
*** Values will become obsolete 12/98

REASON-FOR-ISSUANCE **9055**

- 01 Initial card for new eligible or Immediate Need eligible
- 02 BIC not received

BIC Replacement

- 21 Lost, Stolen, Mutilated, or Incorrect Card

RECOVERY **2020**
(a.k.a. Overpayment Recovery Indicator)

- Blank No overpayment
- 1 CalWORKs overpayment
- 2 Food Stamp overpayment
- 3 CalWORKs and Food Stamp overpayment (system generated)

RESIDENCE ADDRESS FLAG **0303**

- Y Reported as a residence address
- N Mailing address, may or may not be a residence address

RESIDENCE COUNTY **0176**

- ❖ Identifies the county in which the client resides.
- ❖ Set when a residence address is reported and Finalist identifies a residence county OR when a county reports the residence county because it is different from the responsible county.
- ❖ Used for HCP enrollment decisions.
- ❖ See county code list for values (01 - 58); out of state residences will show '99' for the residence county.

RESTRICT **1229/9129**

1st and 2nd digits = Restricted Service Status
3rd digit of '1' = County Limited Inquiry Access
1st and 2nd digits of '0' with 3rd digit greater than '1' = Minor Consent

000 Restriction or Limited Inquiry access removed
001 County confidential case - Limited inquiry access

Minor Consent Services related to:
004 Sexually Transmitted Disease (STDs), Mental Health, Sexual Assault, Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
005 Mental Health, Sexual Assault, Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
006 Sexual Assault, Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
007 Drug and/or Alcohol Abuse, Pregnancy or Family Planning and Veneral Disease
008 Pregnancy or Family Planning and Veneral Disease

Service Restrictions
010/011 Prior authorization required for drugs
050/051 Prior authorization required for scheduled drugs
110/111 Prior authorization required for M.D. visits
120/121 Prior authorization required for M.D. visits and drugs
140/141 Restricted to primary M.D.
150/151 Restricted to primary M.D. and prior authorization required for drugs
200/201 Prior authorization required for Dental visits
210/211 Prior authorization required for Dental visits and drugs
220/221 Prior authorization required for Physician visits and Dental visits
230/231 Prior authorization required for Physician visits, Dental visits, and drugs
240/241 Recipient is restricted to primary Physician with prior authorization required for drugs and Dental visits
900/901 Hospice services only
910/911 Hospice services overlaid previous S/URS restriction
920/921 Hospice services posted retroactively
930/931 Hospice services retroactively overlaid previous S/URS restriction
950/951 Long Term Care (LTC) restriction due to transfer of assets
960/961 Long Term Care restriction overlaid previous S/URS restriction

RETRO (was PRE/POST CD) **916**

Three Month Retroactive Eligibility
0 Retroactive month(s)
1 1st month prior
2 2nd month prior
3 3rd month prior
4 1st and 2nd months prior
5 1st and 3rd months prior
6 2nd and 3rd months prior
7 1st, 2nd and 3rd months prior

Numbers 1 through 7 identify which month(s) prior to the application date have the same eligibility as the effective month.

SEX **0110**

F Female
M Male
U Unborn

WELFARE-PGM * **0195**
(a.k.a. Global Program Indicator)

MEDS current or history Welfare program(s) recipient eligible for:

001 Health Program without CalWORKs cash grant
003 Health Program and CalWORKs cash grant
004 Food Stamps only
005 Health Program and Food Stamps
007 Health Program, CalWORKs cash grant and Food Stamps

NOTE: Health Program may include **Medi-Cal, CMSP, Healthy Families**, etc.

SSN-VER **0106**

- **0** SSN-Ver previously submitted to MEDS
- **2** SSN application filed at SSA district office, confirmation received by county
- **3** SSN sight verified by county welfare
- **5** SSN not sight verified, SSA referral initiated
- **6** No SSN, SSA referral initiated
- **7** No valid input on county or MEDS
- **8** SSN unattainable - undocumented person
- **9** SSN not reported - pre-adoptive person
- **A** SSN validated via SSA referral
- **B** SSN validated via SSA referral - birthdate discrepancy identified
- **C** SSN validated via SSA referral - sex discrepancy identified
- **D** SSN validated via SSA referral - sex and birthdate discrepancy identified
- **J** SSN validated via state validation
- **K** SSN validated via state validation - birthdate discrepancy identified
- **L** SSN validated via state validation - sex discrepancy identified
- **M** SSN validated via state validation - sex and birthdate discrepancy identified
- **P** Previously validated - SSN changed by SSI/SSP update or by MEB
- **Q** Previously validated - birthdate changed outside acceptable range
- **R** Previously validated - SSN-Ver code changed by MB30
- **T** Unvalidated - SSN validated, not applied to MEDS due to a subsequent birthdate change
- **U** SSA referral matched MEDS, reported new SSN, MEDS-ID change notice sent to county
- **V** Unvalidated - SSA referral update failed, insufficient matching fields on MEDS
- **W** Unvalidated per SSA - name matched, birthdate did not match
- **X** Unvalidated per SSA - name matched, birthdate and sex did not match

<u>MEDS Input Values</u>

- **Y** Unvalidated per SSA - name did not match, birthdate and sex not checked
- **Z** Unvalidated per SSA - SSN not known to SSA's Numident file

Note: 7 and all alphas are MEDS generated

MEDS QUICK REFERENCE

TERM REAS **0185**

*Note: * Reason applies only to Medi-Cal/CMSP*
 # Indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards)

NOTE: The only Term Reasons consistently used by all counties are those preceded by a #.

Code	Reason
# 01	Discontinuance due to death
# 03	Discontinuance at recipient request (MC only, CalWORKs/MC)
# 04 *	Failure to cooperate (MC only)
05	Increased earnings of father
06	Increased earnings of mother
07	Increased earnings of child
08	Increased earnings of stepfather
09	Other increased earnings in home
17	Increased support - absent parent return
18	Increased support - remarriage of parent
19	Increased support - absent father
# 20	Term Medi-Cal (allegation of disability)
21	Increased support - other outside source
22	Increased income from OASDI
23	Increased income from other Federal program
24	Increased income from Veterans benefits
27	Increased income - Unemployment/Disability Insurance
28	Increased income - other state/local program
29	Increased income - non-government program
32	Increased income from any other source
33 *	Increase in real property
34 *	Increase in personal property
# 35	CalWORKs Term, MEDS eligibility reported under another MEDS-ID by county agency (i.e. Foster Care)
36	"Need" change: law or policy determination
37	Decrease in "need"
# 38	Determined ineligible for Medi-Cal only
39	Financial reason not codes 36 or 37
40	Parent no longer incapacitated
# 44 *	Resident of a public institution
45	Parent returned home or remarried
46	Change in law or agency policy
47	No longer eligible child in home
# 48 *	Loss of legal residence
50 *	Refused to comply - property utilities requirement
52	Refused to participate in GAIN program
53	Refused to seek work in program other than GAIN
54	Refused to accept work - EDD referral
55	Refused to accept work - other referral
56	Refused training/education (not GAIN)
# 57	CalWORKs recipient has been transferred into the SSI program
59 *	Other than 50-70
60 *	Refused to provide CA7 or Medi-Cal status report
61 *	Refused to provide essential information (non-CA7)
70	Refused to register with EDD
93	CalWORKs - transferred to FG from U
94	CalWORKs - transferred to U from FG
95	CalWORKs - transferred to FC from FG or U
96 *	Transferred to another county
97	Discontinued at recipient request
# 98 *	Whereabouts unknown
99 *	Other than 01-98 above

System Generated Hold Reasons

Code	Reason
B	Hold, questionable eligibility
D	Hold, pending Federal review
J	Hold, rejected eligibility status change
K	Hold, questionable eligibility, reconcile birthdate discrepancy
L	Hold, questionable eligibility, reconcile County ID discrepancy
M	Hold, possible termination, no record on reconcile file

System Generated Term Reasons

Code	Reason
AA	Out of State Foster Care (per zip code)
CC	CMSP companion without corresponding primary eligibility
D1	Death reported via returned card
D2	Death reported by MEB
D3	Death reported by Vital Statistics
D4	Death reported by SDX
EE	Exception eligibles
FF	Terminated by state via a File Fix
H1	60 day retro HF disenrollment
H2	Program generated HF disenrollment
H3	Client requested HF disenrollment
M1	Terminated by MEB
M2	Death removed by MEB, no eligibility
PP	Pregnancy/FPL/Percentage program expired
SS/S	Renewal terminated after 2 months hold
TT	CMSP aid code/non-CMSP county
VV	Pickle presumptive termination
WW	Renewal terminated current aid code invalid
X1	Cessation of Disability - NOA type 23
X2	Cessation of Disability - NOA type 30
YY	Terminated by MEDS after 4 months continuing eligibility
ZZ	Terminated by MEDS after 6 months continuing eligibility

MEDS QUICK REFERENCE

MEDS TRANSACTION CODES

🖳 Indicates a Function key is available for the transaction code

State and Federal Transactions

	Code	Description
	BINQ	Buy-In Update Request
	BI30	Buy-In Update Part B
	BI35	Buy-In Update Part A
	BI60	Buy-In Exception Deletion Part B
	BI65	Part A Accretion/Deletion
🖳	**BR30**	BRU SOC Certification for Individual [F11]
	DP30	Returned Card/Deceased
🖳	**MB30**	MEB Update (also used by county for death reversal/removal) [F10]
	OC30	Modify OHC/ID Card Request (Health Insurance Section)
	PE15	Report Pregnancy Presumptive Eligibility
	PH30	Modify HCP Enrollment Record
	PH40	HCP Disenrollment
	RB30	Returned BIC
	RB31	Returned BIC/Deceased
	SD10	SDX Recipient MEDS-ID Number Change
	SD20	SDX Recipient Add/Update
	SS10	SSN Referral Update
	SS30	SSN Validation Update
	SU30	S/URS Status Change (Service Restrictions, i.e. hospice, restricted doctor visits, etc.)

County Transactions

	Code	Description
🖳	**EW05**	Transfer County of Responsibility [F1]
🖳	**EW10**	MEDS-ID Number Change [F2]
🖳	**EW11**	MEDS-ID Number Consolidation [F14]
🖳	**EW15**	Report Immediate Need Eligibility [F3]
🖳	**EW20**	Add New Client Record [F4]
🖳	**EW25**	Modify - Whole Case [F5]
🖳	**EW30**	Modify Current/Future (Individual) [F6]
🖳	**EW31**	Modify History/Miscellaneous (Individual) [Shift F6/F18]
	EW34	Modify Applicant/Appeal Information
🖳	**EW35**	Termination or Hold - Whole Case [F7]
🖳	**EW40**	Termination/Hold Status Change (Individual) [F8]
🖳	**EW45**	Request Replacement ID Card [F9]
🖳	**EW55**	SSI/SSP Modify/ID Card Request [Shift F3/F15]
	EW60	Modify Pickle Status Information
	FX10	MEDS-ID Number Change (Food Stamp Only Recipient)
🖳	**FX20**	Add New Food Stamp Recipient Record [Shift F4/F16]
🖳	**FX30**	Modify Food Stamp Record (Individual) [Shift F5/F17]
	FX31	Modify Food Stamp Record (allows for ABAWD indicator removal)
	FX60	ABAWD Food Stamp 36-Month Calendar

Inquiry and Other Transactions

F13 is a 'HELP' key in many of these applications

	Code	Description
	ACEM	Assistance to Children in Emergency (ACE)
	B3IN	SAWS Information System Inquiry
	HIAR	Health Insurance Action Request Menu
	HOLD	Request for Hold Worker Alert Inquiry
	HOME	Homeless Program Main Menu
🖳	**IEVS**	Income and Eligibility Verification System [Shift F7/F19]
	INCI	Client Index Inquiry Request
🖳	**INQN**	Name Inquiry Request [Shift F10/F21]
🖳	**INQR**	Recipient Inquiry Request [F12]

Screens available within INQR:

Screen	Description
A	Address Information
B	Buy-In and Bendex
C	Other Health Coverage
F	Food Stamp
G	Food Stamp ABAWD Calendar
H	Health Care Plans 1 through 3
I	Health Care Plans 4 and 5
J	Health Care Plans -- 13-15 months prior
K	Health Care Plans Capitation Information
M	Medi-Cal/CMSP - Primary
O	Other Miscellaneous
P	Pending/Denied Applications & Appeals
T	Welfare Tracking
X	Title XVI - SSI/SSP
1	Medi-Cal/CMSP - Special Program 1
2	Medi-Cal/CMSP - Special Program 2
3	Medi-Cal/CMSP - Pending
4	Medi-Cal/CMSP - Future Pending
5	Medi-Cal/CMSP - 13-15 Months Prior

	Code	Description
🖳	**INQW**	Whole Case Inquiry Request [F23]
🖳	**INWA**	Request for Online Worker Alert Inquiry [F20]
🖳	**INXR**	Cross Reference File Inquiry Request [F21]
🖳	**MENU**	Inquiry Request Menu [F24]

Menu Inquiry Options Include

Option	Code	Description
R	INQR	Recipient Record [F12]
N	INQN	Name List [F22]
C	INCI	Client Index Inquiry List
B	B3IN	SAWS Information System
W	INQW	Whole Case List [F23]
X	INXR	Cross Reference File [F21]
S	SOCR	SOC Case Makeup
T	INXT	Immediate Need County-ID Xref
A	INWA	Online Worker Alerts [F20]
H	HOLD	Worker Alerts for 'HOLD' records
I	IEVS	Income/Eligibility Menu [F19]
O	HOME	Homeless Assistance Pgm Menu
V	HIAR	Health Insurance System Menu
M	MOPI	Provider Elig Ver Response-POS

Code	Description
MOPI	MEDS Online POS Inquiry
SOCO	Share of Cost Obligation
SOCR	Share of Cost Case Make-up Inquiry Request

IMPORTANT PHONE NUMBERS

****** NOT TO BE GIVEN OUT TO THE PUBLIC ******

MEDS CONTROL DESK (DATA GUIDANCE)
☎ **(916) 657-3075**

Use this number if there is a problem or question concerning the printing of reports such as Worker Alerts, SAVE, IEVS, TAO messages or MEDS broadcast messages.

MEDS/IEVS/PROFS/Internet HOTLINE
☎ **(916) 657-1010**

Use this number if there is a problem or question concerning MEDS processing, missing cards or when instructed by a MEDS error message. HOTMEDS form monitored by MEDS Hotline.

☎ **(916) 657-1010** - Use HOTMEDS form on TAO if a non-emergency.

HWDC TP HELP DESK
☎ **(916) 739-7640**

Use this number if there is a problem or question concerning MEDS or CDB equipment, i.e. terminal won't work, printer won't print, etc.

MEDS SECURITY COORDINATOR
(or TECH SUPPORT NUMBERS)
☎ **(916) 657-0611**
☎ **(916) 657-1010**

Use these numbers for MEDS or TAO security or for problems with passwords, unable to signon, MEDS 41 questions, MEDS print alignment, etc.

Note: These numbers are only to be used by the County Security Coordinator.

HOSPICE REMOVAL
☎ **(916) 654-9162** ask for HOSPICE CLERK

SIS Help Desk
☎ **(877) 365-7378** **Fax (916) 229-3385**

Use this number if there is a problem or question concerning the SAWS Information System (SIS) Inquiry application.

FOR ALL NEWEST PHONE NUMBERS SEE TAO BULLETIN BOARD...

COUNTY MEDS PROGRAM STATUS

	COUNTY	PROGRAM	CMSP
01	ALAMEDA	C	
02	ALPINE	ISAWS 09/96	X
03	AMADOR	ISAWS 06/97	X
04	BUTTE	ISAWS 04/95	X
05	CALAVERAS	ISAWS 01/97	X
06	COLUSA	ISAWS	X
07	CONTRA COSTA	C	
08	DEL NORTE	ISAWS 01/97	X
09	EL DORADO	ISAWS 06/97	X
10	FRESNO	C	
11	GLENN	ISAWS	X
12	HUMBOLDT	ISAWS 01/97	X
13	IMPERIAL	ISAWS 06/97	X
14	INYO	ISAWS 09/96	X
15	KERN	ISAWS 12/94	
16	KINGS	ISAWS 01/95	X
17	LAKE	ISAWS 11/97	X
18	LASSEN	ISAWS 12/94	X
19	LOS ANGELES	X	
20	MADERA	ISAWS 01/95	X
21	MARIN	ISAWS 07/95	X
22	MARIPOSA	ISAWS 01/97	X
23	MENDOCINO	ISAWS	X
24	MERCED	X	
25	MODOC	ISAWS 01/98	X
26	MONO	ISAWS 09/96	X
27	MONTEREY	ISAWS 06/97	
28	NAPA	ISAWS	X
29	NEVADA	ISAWS 11/97	X
30	ORANGE	C	
31	PLACER	C	
32	PLUMAS	ISAWS 12/94	X
33	RIVERSIDE	X	
34	SACRAMENTO	C	
35	SAN BENITO	ISAWS 06/97	X
36	SAN BERNARDINO	X	
37	SAN DIEGO	C	
38	SAN FRANCISCO	C	
39	SAN JOAQUIN	ISAWS	
40	SAN LUIS OBISPO	C	
41	SAN MATEO	C	
42	SANTA BARBARA	C	
43	SANTA CLARA	C	
44	SANTA CRUZ	C	
45	SHASTA	ISAWS 04/95	X
46	SIERRA	ISAWS 11/97	X
47	SISKIYOU	ISAWS 01/98	X
48	SOLANO	C	X
49	SONOMA	C	X
50	STANISLAUS	C	
51	SUTTER	ISAWS 01/98	X
52	TEHAMA	ISAWS 02/95	X
53	TRINITY	ISAWS 01/98	X
54	TULARE	C	
55	TUOLUMNE	ISAWS 01/97	X
56	VENTURA	X	
57	YOLO	C	
58	YUBA	ISAWS 04/95	X

PROGRAM:
- **C** = CASE DATA
- **S** = SAWS/ISAWS Counties
- **X** = OTHER BATCH

CMSP Counties are counties that have contracted with the state to process County Medical Programs thru MEDS.

ENCLOSURE "B"
CLIENT INDEX NUMBER CONVERSION FILE LAYOUT

PAGE: 1 OF 1
DATE: 08/13/97
REVISION: 1.0
REVIEWER: PETE OLSON

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH
R E C O R D   L A Y O U T

FILE NAME: DMC PLAN CONVERSION FILE * DRAFT COPY *

ORIGINATOR: WAYNE SCHLOEMER
SYSTEM/PROJECT: FAM1001
SOURCE PROGRAM: DMC PLANS

Positions	Field	Format
001–003	CUSTOMER SOURCE-ID	X(3)
004–012	CUSTOMER KEY (MEDS-ID/SSN/~~IIN~~ CIN)	X(9)
013–020	BIRTHDATE YYYYMMDD	X(8)
021	SEX	X
022–030	OUTPUT MEDS-ID/SSN	X(9)
031–039	OUTPUT CIN	X(9)
040–050	OTHER PLAN DATA	X(32)
051–080	OTHER PLAN DATA	
081–100		

MODE: BINARY - B
PACKED - P

LABELS: STANDARD [X]
NON-STANDARD [ ]

RECORD FORMAT: FIXED - F [X]
VARIABLE-V [ ]

RECORD LENGTH: 80
RECORDS PER BLOCK: D= , T=
BLOCK SIZE: D= , T=

PROGRAMS THAT USE THIS AS:
INPUT
OUTPUT DMC PLANS

ENCLOSURE "C"

HCP FAME CAPITATION REPORT

&

DATA FIELD DESCRIPTIONS

REPORT NO: RS-HCP076-R002
RUN DATE: 07/25/98
PLAN NAME: ABC MEDICAL PLAN
PLAN CODE: 255

DEPARTMENT OF HEALTH SERVICES
FAME HEALTH CARE PLAN (HCP) CAPITATION REPORT
MONTH OF ELIGIBILITY: AUGUST 1998

GROUP/ AID CODES	CURR MONTH AUG 98	1ST PRIOR JUL 98	2ND PRIOR JUN 98	3RD PRIOR MAY 98	4TH PRIOR APR 98	5TH PRIOR MAR 98	6TH PRIOR FEB 98	7TH PRIOR JAN 98	8TH PRIOR DEC 97	9TH PRIOR NOV 97	10TH PRIOR OCT 97	11TH PRIOR SEP 97	12T PRIO AUG 9
GROUP 01 (PUBLIC ASSISTANCE FAMILY)													
30	5,151	5,268	5,448	5,581	5,655	0	0	0	0	0	0	0	
32	3	4	5	4	4	0	0	0	0	0	0	0	[illegible]
33	1	1	1	1	1	0	0	0	0	0	0	0	[illegible]
35	1,109	1,131	1,169	1,198	1,195	0	0	0	0	0	0	0	[illegible]
38	1,414	1,332	1,150	1,026	958	0	0	0	0	0	0	0	[illegible]
39	61	66	61	62	68	0	0	0	0	0	0	0	[illegible]
40	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]
42	2	2	4	3	1	0	0	0	0	0	0	0	[illegible]
54	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]
59	79	75	75	71	64	0	0	0	0	0	0	0	[illegible]
3A	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]
3C	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]
3G	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]
3H	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]
3P	0	0	0	0	0	0	0	0	0	0	0	0	0
3R	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 01 SUBTOTALS:	7,820	7,879	7,913	7,946	7,946	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	5	-45	-50	-52	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	-142												
GROUP 02 (MEDICALLY NEEDY FAMILY)													
34	431	479	481	479	481	0	0	0	0	0	0	0	0
GROUP 02 SUBTOTALS:	431	479	481	479	481	0	0	0	0	0	0	0	[illegible]
NET CHANGES FROM PRIOR MOE:	0	23	-19	-16	-16	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	-28												
GROUP 03 (PUBLIC ASSISTANCE AGED)													
10	22	22	21	21	21	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 03 SUBTOTALS:	22	22	21	21	21	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0												
GROUP 04 (MEDICALLY NEEDY AGED)													
14	2	2	3	3	3	0	0	0	0	0	0	0	0
GROUP 04 SUBTOTALS:	2	2	3	3	3	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0												
GROUP 07 (PUBLIC ASSISTANCE BLIND)													
20	2	2	1	1	1	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0

REPORT NO: RS-HCP076-R002
RUN DATE: 07/25/98
PLAN NAME: ABC MEDICAL PLAN
PLAN CODE: 255

DEPARTMENT OF HEALTH SERVICES
FAME HEALTH CARE PLAN (HCP) CAPITATION REPORT
MONTH OF ELIGIBILITY: AUGUST 1998

GROUP/ AID CODES	CURR MONTH AUG 98	1ST PRIOR JUL 98	2ND PRIOR JUN 98	3RD PRIOR MAY 98	4TH PRIOR APR 98	5TH PRIOR MAR 98	6TH PRIOR FEB 98	7TH PRIOR JAN 98	8TH PRIOR DEC 97	9TH PRIOR NOV 97	10TH PRIOR OCT 97	11TH PRIOR SEP 97	12TH PRIOR AUG 97
GROUP 07 (PUBLIC ASSISTANCE BLIND)													
28	0	0	0	0	0	0	0	0	0	0	0	0	0
6A	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 07 SUBTOTALS:	2	2	1	1	1	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0												
GROUP 08 (MEDICALLY NEEDY BLIND)													
24	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 08 SUBTOTALS:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0												
GROUP 11 (PUBLIC ASSISTANCE DISABLED)													
36	0	0	0	0	0	0	0	0	0	0	0	0	0
60	128	126	121	121	120	0	0	0	0	0	0	0	0
66	0	0	0	0	0	0	0	0	0	0	0	0	0
68	0	0	0	0	0	0	0	0	0	0	0	0	0
6C	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 11 SUBTOTALS:	128	126	121	121	120	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	1	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	1												
GROUP 12 (MEDICALLY NEEDY DISABLED)													
64	3	4	3	3	3	0	0	0	0	0	0	0	0
GROUP 12 SUBTOTALS:	3	4	3	3	3	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0												
GROUP 15 (MEDICALLY INDIGENT CHILD)													
03	2	2	2	2	2	0	0	0	0	0	0	0	0
04	2	2	2	2	2	0	0	0	0	0	0	0	0
45	1	1	2	1	1	0	0	0	0	0	0	0	0
82	538	587	594	605	641	0	0	0	0	0	0	0	0
4C	0	0	0	0	0	0	0	0	0	0	0	0	0
4K	0	0	0	0	0	0	0	0	0	0	0	0	0
5K	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP 15 SUBTOTALS:	543	592	600	610	646	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	43	-31	-33	-14	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	-35												
GROUP 16 (MEDICALLY INDIGENT ADULT)													
86	1	1	1	1	1	0	0	0	0	0	0	0	0

REPORT NO: RS-HCP076-R002
RUN DATE: 07/25/98
PLAN NAME: ABC MEDICAL PLAN
PLAN CODE: 255

DEPARTMENT OF HEALTH SERVICES
FAME HEALTH CARE PLAN (HCP) CAPITATION REPORT
MONTH OF ELIGIBILITY: AUGUST 1998

GROUP/ AID CODES	CURR MONTH AUG 98	1ST PRIOR JUL 98	2ND PRIOR JUN 98	3RD PRIOR MAY 98	4TH PRIOR APR 98	5TH PRIOR MAR 98	6TH PRIOR FEB 98	7TH PRIOR JAN 98	8TH PRIOR DEC 97	9TH PRIOR NOV 97	10TH PRIOR OCT 97	11TH PRIOR SEP 97	12TH PRIOR AUG 97
GROUP 16 SUBTOTALS:	1	1	1	1	1	0	0	0	0	0	0	0	0
NET CHANGES FROM PRIOR MOE:	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHANGE SUBTOTAL:	0												
GRAND-TOTALS	8,952	9,107	9,144	9,185	9,222	0	0	0	0	0	0	0	0

HCP FAME CAPITATION REPORT DATA FIELD DESCRIPTIONS

RUN DATE – Report creation date.

MONTH OF ELIGIBILITY – The MEDS month of eligibility used to create the report.

PLAN NAME – Business name of the Plan.

PLAN CODE – 3-digit number used to identify the Plan and its county of operation.

GROUP/AID CODES –

GROUP - Represents the aid category of payment. These aid code groups are identified by group number and group name. A special group number 22 will be used to report Plan enrollment in aid codes that are not covered by the Plan. This group category will not be displayed otherwise. The appearance of group number 22, represents a potential DHS system problem and should be immediately reported to the Department.

AID CODE – The aid codes are displayed within their respective aid categories. All aid codes covered by the plan will be displayed on this report, including those aid codes with no active members. The aid codes with no active members will display the number zero (0).

GROUP SUBTOTALS – Represent the subtotal of all aid code counts within a group. Separate subtotals within each group are displayed for each month of eligibility.

NET CHANGES FROM PRIOR MOE – Represents the difference between the group subtotals from the prior month's report and the group subtotals from the current month report. These totals provide the net change in Plan capitation amounts that result from retroactive changes in Plan enrollment statuses (i.e. supplemental eligibility and retroactive disenrollments).

NET CHANGE SUBTOTAL - Represents the total net change for the full thirteen months of eligibility displayed on the report. This data field will be used to calculate retroactive capitation payment adjustments.

GRAND TOTALS – Grand total of all aid code totals for each month of eligibility.

HEALTH CARE PLAN CONVERSTION TO FAME

DEMOGRAPHIC

Plan Name	Plan Number

Contact Name	Title	Phone Number	Fax Number	E-mail address
Contact Name	Title	Phone Number	Fax Number	E-mail address
Contact Name	Title	Phone Number	Fax Number	E-mail address

MEDIA TYPE

Are you currently on MESH? YES_____ NO_____

Do you use Reel? YES_____ NO_____ If so, what type of input format? EBDCIC_______ ASCII_______

Do you use Cartridge? YES_____ NO_____ If so, what type of input format? 3490______ 3480______

Can you accept compressed data? YES_____ NO_____

What format label do you use? Standard _____ Non-Standard ______

Tape Mailing Address ________________________________

____

____

Please fax completed form to
Wayne Schloemer at 916 657- 1322 ASAP

Enclosure "D"

ADDITIONAL INFORMATION

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Medi-Cal Extranet for State Healthcare (MESH) Sign-up Process

1. The Plan sends a written request to sign up for MESH access to the *Medi-Cal Managed Care Division/System Support Unit (MMCD/SSU)* through the Contract Manager. This letter must contain the following:
   A. Plan Name
   B. Plan Address (both mailing and billing)
   C. Primary Contract (name, phone/fax number and e-mail address)
   D. Technical/Back-up Contact (name, phone/fax number and e-mail address)
   E. Name and title of person who will be signing the MESH contract (e.g. CEO, Executive Director, CIO, etc.)

2. The Contract Manager forwards the letter to the MMCD/SSU MESH contact person (Donna Tanaka).

3. The SSU contact forwards the request to the Payment Systems Division (PSD) MESH contact person

4. The PSD contact forwards the request to the Electronic Data Systems (EDS) MESH liaison.
   - *The mailing of the contract can be expedited if the Plan faxes MMCD/SSU with the required information in Step '1'. However, the Plan must still complete Step 1- Steps 'A' through 'E'.*

5. The EDS liaison prepares/mails two EDS signed MESH contracts the Plan. If the Plan agrees to the terms in the contract, they will sign both of the contracts; keeping one for their records and mailing the other back to EDS.

6. After the EDS liaison receives the signed contract, with the requested information completely filled out, he forwards it to the EDS System Engineer (SE) [who is responsible for creating the MESH 'dial-up' IDs and Passwords.
   - The MESH liaison has 7 days from the receipt of the signed contract to provide the Plan with their IDs and Passwords.

7. Once the EDS liaison receives the IDs and Passwords, he faxes the first set of IDs and Passwords (for Sprint access) to the Plan. The Plan then calls back for the second set of IDs and Passwords (for MESH access).

8. EDS will work with the ITSD to have a 'test' file of Plan members for the Plan to download via *dial-up*.

9. When the Plan is ready to download via *dial-up*, EDS will assist (if necessary).

Medi-Cal Extranet for State Healthcare (MESH) Sign-up Process

Cont.

10. If the Plan already knows the size (e.g., speed) of *dedicated line* that they want, they can note this in the area provided on the MESH contract. The EDS SE will then create the Design Proposal Summary (DPS) with the design and cost of the dedicated line. Once this document is completed, the EDS liaison mails it to the Plan. If the Plan indicated on the contract that they wanted a dedicated line, this process must be done within 10 days after receiving the MESH contract.

    However, if the Plan did not indicate on their contract that the would like to have a *dedicated line* and are not sure of the type that they should get, the EDS SE will work with the Plan to determine the type of line that they require (e.g., speed). Once this matter has been worked out, a new contract will be sent to the Plan so that they can indicate which type of dedicated connection they want. After the EDS liaison receives the completed/signed contract, he will forward the information to the SE so he can get started on the Design Proposal Summary.

11. If the Plan agrees to the terms listed in the Design Proposal Summary, they must sign and return it to EDS. The EDS SE will then work with the Plan and Sprint to order and coordinate installation of the dedicated line. The installation process takes between 45-60 days from the date the completed/signed contract requesting a dedicated connection was received by EDS.

12. MMCD requests Plans to discontinue tapes of Month End file after 3 months of successful downloads of PHP250 and ID Change file (or FAME if Plan is converted).

Enclosure "F"

CALIFORNIA-HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P. O. Box 942732
SACRAMENTO, CA 94234-7320
(916) 654-8076

February 20, 1998

MMCD Policy Letter 98-03

TO: [X] Geographic Managed Care Plans

[X] Prepaid Health Plans

[X] Primary Care Case Management Plans

[X] Two-Plan Model Plans

SUBJECT: CONVERSION TO NEW ELIGIBILITY REPORTING SYSTEM

GOAL

In the Department of Health Service's efforts to move to a paperless reporting environment and to meet the requirements of the federal Health Insurance Accountability and Portability Act of 1996, Medi-Cal eligibility system changes are being made that will allow for electronic transmission to Medi-Cal Health Care Plans (HCP) of eligibility files and reports. The purpose of this letter is to advise plans about these changes and the modifications that HCPs must make to their systems to accommodate this.

BACKGROUND

Currently, Medi-Cal eligibility and HCP enrollment information for Medi-Cal recipients is recorded and tracked on the statewide Medi-Cal Eligibility Data System (MEDS). MEDS is also the source from which all existing HCP eligibility files and reports are generated. HCP enrollment is recorded on MEDS in a single HCP segment. This HCP segment contains a three digit HCP code and other HCP eligibility information to identify the HCP of enrollment and the enrollment status for the current and past 15 months. The existing HCP eligibility reporting system only recognizes HCP eligibility data posted in this HCP segment. Because of these limitations, special combined HCP plan codes were created so a Medi-Cal recipient could be simultaneously enrolled in separate medical and dental health plans. Use of these combined HCP codes created system limitations that restrict the expansion of dental managed care enrollment.

To allow for the creation of various Medi-Cal managed care plan service types (i.e., medical, dental, etc.,), MEDS/FAME (Fiscal Intermediary Access to Medi-Cal Eligibility) now contains five HCP segments. The presence of these HCP segments sets the framework for a Medi-Cal recipient to be enrolled in up to five different Medi-Cal managed care plan service types, simultaneously. The basic rule of thumb for populating these HCP segments is that medical plan enrollment, when present, will ALWAYS be posted in the first HCP segment and the nonmedical plan enrollment (i.e., dental) will be posted in the next available (second through fifth) HCP segment.

Because the existing HCP eligibility reporting system only captures data in a single HCP segment, a new HCP reporting system, called the HCP FAME reporting system, is being designed to capture data reported in all five HCP segments. FAME is a subset of MEDS and is recreated when MEDS is updated via the nightly and month-end MEDS update processes. FAME was originally designed to provide Medi-Cal eligibility data to the Medi-Cal Fiscal Intermediary for purposes of Medi-Cal claims adjudication. FAME will be the primary input source for the HCP files and reports generated from the new HCP FAME reporting system.

The HCP eligibility files and reports generated from the HCP FAME reporting system will capture HCP enrollment data posted in the additional MEDS HCP segments (when present), will contain additional MEDS data fields and eligibility information not available within the existing reporting system, and will be designed to provide HCPs electronic access to the data. The files and reports generated from the HCP FAME reporting system will eventually replace the files and reports currently provided to Medi-Cal managed care plans.

POLICY

All Medi-Cal HCPs must convert to the HCP FAME reporting system by July, 1999. HCPs will have the option to convert to FAME anytime prior to July, 1999, but all plans must be converted no later than July, 1999. Medical managed care plans will continue to receive the existing HCP eligibility files and reports until such time that the plan has completed necessary system changes to convert to the new FAME reporting system.

DISCUSSION

All Medi-Cal HCPs are requested to review the enclosed information for impact on their existing managed care systems. HCPs are reminded that all of their systems that support their Medi-Cal managed care contract must be modified as necessary to accommodate Year 2000 requirements. Within 30 days of this letter, HCPs must advise their contract manager, in writing, with an estimated date as to when their managed care systems will be able to convert to the new FAME reporting system and meet Year 2000 compliance. Your written

description must also identify the system changes required and the HCP's schedule for completing these changes. This will allow the Department to schedule the departmental staff necessary to assist with your testing needs.

The HCP FAME reporting system will be implemented in two phases. Phase I will consist of the generation of a month-end HCP FAME Extract File, daily FAME update records, and a FAME capitation report. Phase I is currently under development and is expected to be implemented during the early part of 1998 at which time it will only be available to dental managed care plans unless a medical HCP system has been modified to receive this new FAME data. Phase II will consist of month-end files and reports that provide beneficiary specific retroactive enrollment (supplemental eligibility) and disenrollment information. Phase II development is expected to begin soon after Phase I is implemented and file layouts will be provided when available.

Enclosed are copies of the Phase I file layouts. A summary description of each file is provided below.

A. Month-End HCP FAME Extract File

This file is a monthly "replacement" file that reports Medi-Cal eligibility and HCP enrollment activity for the current and 12 prior months of eligibility. Depending on the volume of records, this file can be transmitted electronically or possibly via tape. Special features of this file include:

1. Electronic Transmission of Daily Updates

Daily update records are generated when any of the data fields on the HCP FAME Extract file are changed. These records are designed as "replacement records" and should replace the respective data fields on the HCP's Management Information System (MIS). The modified data fields are not flagged on the update record; therefore, the HCP must flag the modified data fields during their MIS update process. HCP FAME update records will only be made available on a daily basis via electronic transmission.

2. A More Consistent Beneficiary Identification Key

The Client Index Number (CIN) is a permanent identification number assigned to each MEDS record and is the most consistent and reliable beneficiary identifier on MEDS. The CIN will be reported on the HCP FAME Extract file in a separate data field. This CIN number will only change when two MEDS

records for the same Medi-Cal recipient are merged together. The CIN reported on the HCP FAME Extract file will be the CIN associated with the most recently issued Benefits Identification Card (BIC). While CIN number changes are minimal, HCP's must use secondary match keys (i.e., MEDSID, prior MEDSID, Medi-Cal case number, etc.) to link the HCP FAME, month-end or update records, to the HCP's MIS records.

3. Complete Medi-Cal History Data for Plan Members.

Managed Care Plans will receive the most recent 13 months of HCP enrollment and Medi-Cal eligibility data for each enrolled member. Enrollment in other Medi-Cal managed care plans and Medi-Cal fee-for-service eligibility under primary and secondary aid codes will be reported for each plan enrollee. However, the beneficiary's record will only appear on the HCP FAME Extract file, if the beneficiary is a plan member in the current or first prior month on MEDS.

4. "Date" Data Fields Are Year 2000 Compatible

The "date" data fields have been expanded to include the four digit year.

5. New Data Fields

Several new data fields will appear on the HCP FAME Extract file, such as beneficiary telephone number, residence address, prior MEDSID, share-of-cost amount, etc. These fields will only contain data when the data is available on MEDS.

6. HCP Fame Trailer Record

The HCP FAME Trailer Record summarizes the total number of capitated enrollments, holds, and disenrollments that appear on the month-end HCP FAME Extract file. These totals are based upon current month data and do not reflect retroactive changes.

B. HCP FAME Capitation Summary Report

HCP enrollment totals will be reported on the FAME capitation summary report by aid codes and aid code groupings. Enrollment totals for supplemental adds (supplemental

eligibility) and deletes (retroactive disenrollments) will no longer exist. The difference between the two totals will be reported within the "net change" field on this report.

If you have any questions or comments regarding this policy letter, please contact your contract manager.

Walter Bond for AK
Ann-Louise Kuhns, Chief
Medi-Cal Managed Care Division

Enclosures