State of California—Health and Human Services Agency

Department of Health Care Services

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Director

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November 2, 2015

Medi-Cal Eligibility Division Information Letter No.: I 15-34

TO: ALL COUNTY WELFARE DIRECTORS
                 ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: RESUMPTION OF COUNTY/MEDS RECONCILIATION POSTING
                 TO THE MEDI-CAL ELIGIBILITY DATA SYSTEM

This letter provides counties with guidance on changes to the Medi-Cal Eligibility Data System (MEDS) Reconciliation (Recon) process and resumption of posting Recon results to MEDS.

Posting of Recon Results to MEDS

The Department of Health Care Services (DHCS) maintains MEDS, an eligibility data repository for various health and public assistance programs. Historically, DHCS has performed a quarterly reconciliation with the three county-based Statewide Automated Welfare Systems (SAWS) for purposes of synchronizing Medi-Cal eligibility information in MEDS with county eligibility information contained in SAWS. Due to a significant increase in workload for counties as a result of implementation of the Affordable Care Act, DHCS suspended the posting of quarterly Recons in MEDS, hereafter referred to as full Recons in January 2014.

DHCS recently completed pilot full Recons for seven counties: Colusa, Humboldt, and Tehama from C-IV and Tulare, Santa Barbara, San Francisco, and San Luis Obispo from CalWIN. DHCS is working closely with the remainder of counties to prepare for completion of the full Recon process. All counties are expected to complete a full Recon by November 25, 2015. Please refer to Attachment D, MEDS Recon Restart for the updated Recon timeline for the remainder of 2015.

Changes to the Recon process have been made to ensure that beneficiaries, whose records meet certain criteria, will not be discontinued by the Recon process. Instead, these beneficiaries' MEDS records will be placed in a BURMAN eligible status until Counties have reviewed their cases and initiated appropriate action to update/correct

the discrepancies. Recon processes that are already in place to put beneficiaries in Burman eligible status have not changed. Full details of the Recon process can be found in the MEDS Manual, Chapter 2 Special Processes.

The criteria that formerly would have discontinued an individual and now will place the individual in a BURMAN eligible status are as follows:

- When a record with 'other than Food Stamps eligibility' exists on the MEDS extract file NOT in Edwards or BURMAN status, and is NOT on the county Recon file, a Recon 'update' transaction would have been generated to terminate the corresponding eligibility on the MEDS record, when the last eligibility update was more than six (6) months in the past. Effective with the next Recon posting, eligibility will continue with the beneficiary being placed in a BURMAN status. When the last eligibility update is within six (6) months, the non-Edwards record is placed in BURMAN status.

- If a record with 'other than Food Stamps eligibility' exists on the MEDS extract file in Edwards or BURMAN status, and is NOT on the county Recon file, a Recon 'update' transaction would have been generated to terminate the corresponding eligibility on the MEDS record, when the last eligibility update was more than six (6) months in the past. When the last eligibility update is within six (6) months, a BURMAN status is NOT generated because the MEDS record is already in BURMAN status. There is no need to put them in BURMAN status again.

Burman Eligible Status

The following is a reminder regarding eligibility for individuals placed in BURMAN eligible status.

- BURMAN eligible status does not discontinue or suspend Medi-Cal eligibility
- BURMAN eligible status does not cause a beneficiary's disenrollment from the Medi-Cal Managed Health Care Plan (HCP)
- BURMAN eligible status is not reflected in the MEDS Online Provider Inquiry (MOPI) screen or provider Point of Service (POS) devices. An example of the eligibility response is provided in Attachment A, Burman Eligible and Regular Eligible Eligibility Response Comparison.
- BURMAN eligible status is reflected in MEDS and MEDSLITE by an ELIG-STAT of #8#. The 8 indicates a Forced Eligible from MEDS hold and denotes the Burman eligible status.

In order to minimize disruptions in services for beneficiaries, a Provider Bulletin and News Flash will be released to providers and HCPs. Please refer to attachment B for the content of these provider messages in the event that counties are contacted by providers. If counties are contacted by a beneficiary, please refer to the Managed Care Provider and Health Plan Member Services Contacts provided in Attachment B.

DHCS, through discussions with County Welfare Directors Association and counties, has compiled a list of questions/concerns regarding the Recon process and developed a Frequently Asked Questions (FAQs) document (Attachment C) for counties. The MEDS Recon Restart: Includes Pilots and all County Recon Dates (Attachment D) is provided for counties to prepare for the Recon workload. DHCS will continue to work with counties on the resumption of the MEDS Recon process and will issue additional guidance as needed.

If you have any questions regarding this letter, please contact Ms. Linda Page at (916) 319-9784 or by email at linda.page@dhcs.ca.gov.

Alice Mak, Chief (Acting)
Medi-Cal Eligibility Division

Attachments

Burman Eligible and Regular Eligible Eligibility Response Comparison

The examples below compare the eligibility response to an individual with a Burman status hold to an individual with regular eligibility reported.

Example 1 MEDS Screen Burman Eligible Status with a Hold:

```
    INQM           ** PRIMARY MEDI-CAL/CMSP INFORMATION **     OWJ - 09/09/15

PGM:  M C  H  1              2              3            FS     CW
                2015================================> 2014=============>
         09-15 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY    07          07   07   07   07   07   07   07   07   07   07   07   07
AID-CODE  H5          H5   H5   H5   H5   H5   H5   H5   H5   H5   H5   H5   H5
ELIG-STAT 381        301  301  301  301  301  301  301  301  301  301  301  301
SOC-AMT
CERT-DAY
OHC        N           N    N    N    N    N    N    N    N    N    N    N    N
RESTRICT
MEDICARE  990        990  990  990  990  990  990  990  990  990  990  990  990
HCP1-NUM  301        301  301  301  301  301  301  301  301  301  301  301  301
HCP1-STAT  01         01   01   01   01   01   01   01   01   01   01   01   01
```

Example 1 MOPI Screen:

```
MOPI              ****** MEDS ONLINE POS INQUIRY ******      OWJ - 09/09/15
                                                                  17:41:58

 RECIPIENT ID: *********_____  (R)       SERVICE DATE: 09 01 15 MM DD YY (R)
 AKA SUBSCRIBER ID
 ISSUE DATE: 08 22 13 MM DD YY (O)    BIRTH MONTH YEAR: ** **** MM YYYY  (O)


 SUBSCRIBER LAST NAME: ******. EVC #: ##4B6CKKP5. CNTY CODE: 07. PRMY AID
 CODE: H5. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER:
 PHP-CONTRA COSTA HLTH PLAN:  MEDICAL CALL (925)957-7290.
```

Burman Eligible and Regular Eligible Eligibility Response Comparison

Example 2 MEDS Screen No Hold:

```
   INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **      OWJ - 09/09/15
                                                                    17:43:23


                 2015=================================> 2014==============>
          09-15 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY     07          07   07   07   07   07   07   07   07   38   38   38   07
AID-CODE   H5          38   38   38   38   38   38   H5   H5   59   59   38   39
ELIG-STAT  301        301  301  301  301  301  301  301  301  304  304  301  304
SOC-AMT
CERT-DAY
OHC        V           A    A    V    V    V    V    V    V    N    N    N    A
RESTRICT
MEDICARE   990        990  990  990  990  990  990  990  990  990  990  990  990
HCP1-NUM   301        301  301  301  301  301  301  301  301  301  301  301  301
HCP1-STAT  01          01   01   01   01   01   01   01   01   01   01   01
```

Example 2 MOPI Screen:

```
 MOPI             ****** MEDS ONLINE POS INQUIRY ******      OWJ - 09/09/15
                                                                   17:43:38

  RECIPIENT ID: ******____   (R)        SERVICE DATE: 09 01 15 MM DD YY (R)
  AKA SUBSCRIBER ID
  ISSUE DATE: 12 10 13 MM DD YY (O)     BIRTH MONTH YEAR: ** **** MM YYYY  (O)


  SUBSCRIBER LAST NAME: ******. EVC #: ##6L8JK21W. CNTY CODE: 07. PRMY AID
  CODE: H5. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER:
  PHP-CONTRA COSTA HLTH PLAN:  MEDICAL CALL (925)957-7290. OTHER HEALTH
  INSURANCE COV UNDER CODE V. CARRIER NAME: KAISER PERMANENTE HEALTH PLAN.
  ID:    *********. CARRIER NAME: UNITED HEALTH CARE. ID: *******. COV: OIM
  PD.
```

Provider Bulletin and News Flash

The Department of Health Care Services (DHCS) maintains the Medi-Cal Eligibility Data System (MEDS), an eligibility data repository for various health and public assistance programs. Historically, DHCS has performed a quarterly reconciliation (Recon) with the three county-based Statewide Automated Welfare Systems (SAWS) for purposes of synchronizing Medi-Cal eligibility information in MEDS with county eligibility information contained in SAWS. Due to a significant increase in workload for counties as a result of implementation of the Affordable Care Act, DHCS suspended the posting of quarterly reconciliations in MEDS in January 2014.

DHCS recently completed the Recon files sent by SAWS with three pilot counties: Colusa, Humboldt and Tehama and the results were posted to MEDS effective September 30, 2015. DHCS is working closely with the rest of the counties to address their concerns and is in the process of performing a number of pilot Recons with a subset of counties within each SAWS group to identify and address any major issues prior to resuming full MEDS reconciliations on a statewide basis.

Beneficiaries who meet certain criteria or who do not pass reconciliation edits are placed in a BURMAN eligible status until counties have reviewed the case and initiated appropriate action.

Note: Burman eligible status individuals are eligible to receive Medi-Cal services.

PROVIDERS WHO USE MEDS OR MEDSLITE TO VERIFY ELIGIBILITY PLEASE NOTE:

BURMAN status is reflected in MEDS and MEDSLITE by an ELIG-STAT of #8#. The 8 indicates a Forced Eligible from MEDS hold and denotes the Burman eligible status.

- BURMAN status **does not discontinue or suspend eligibility.** The beneficiary is eligible until the County takes an action to release the status or terminate eligibility.

- BURMAN status **does not cause disenrollment** from the Health Care Plan (HCP).

- BURMAN status is not reflected in the MEDS Online Provider Inquiry (MOPI) screen or provider Point of Service (POS) devices.

If you have any questions regarding a beneficiary's status, please call your plan's Provider Services number. Plans have been informed of this information and are ready to assist.

Managed Care Provider and Health Plan Member Services Contacts

Plan Name	Provider Services #	Member Services #
Aids Health Foundation	888-726-5411	(866) 644-5025
Alameda Alliance for Health	510-747-4510	510-747-4567 1-877-932-2738
Anthem Blue Cross Partnership Plan	Northern Region: 888-252-6331; Central Region: 877-811-3113; Tulare: 800-435-6200	1-800-407-4627
California Health and Wellness	877-658-0305	1-877-658-0305
CalOptima	714-246-8600	1-714-246-8500
CalViva Health	888-893-1569	1-888-893-1569
Care 1st Partner Plan, LLC	888-272-4913	1-855-699-5557
CenCal Health	800-421-2560 x1676	1-877-814-1861
Central California Alliance for Health	831-450-5504	(800) 700-3874 x 5505
Community Health Group Partnership Plan	800-224-7766	(800) 224-7766
Contra Costa Health Plan	877-800-7423 option 6 or 925-313-9500	1-877-661-6230
Gold Coast Health Plan	888-301-1228	1-888-301-1228
Health Net Community Solutions, Inc.	800-675-6110	1-800-675-6110
Health Plan of San Joaquin	209-942-6340	1-888-936-PLAN (7526)
Health Plan of San Mateo	650-616-2106	1-800-750-4776
Inland Empire Health Plan	909-890-2054 or 866-222-4347	1-800-440-IEHP (4347)
Kern Health Systems	800-391-2000	661-632-1590 1-800-391-2000
KP Cal LLC (NorCal)	1-800-464-4000	1-800-464-4000
KP Cal LLC (SoCal)	1-800-464-4000	1-800-464-4000
L.A. Care Health Plan	888-522-2730	1-888-839-9909
Molina Healthcare of California Partner Plan	855-322-4075	(888) 665-4621
Partnership Health Plan of California	707-863-4100 Ask for Provider Relations	(800) 863-4155
San Francisco Health Plan	415-547-7818 x7084; provider.relations@sfhp.org .	1(800) 288-5555 1(415) 547-7800
Santa Clara Family Health Plan	408-874-1788	1-800-260-2055
DHCS	**Provider Services #**	**Member Services #**
Provider Telephone Service Center	1-800-541-5555	
Small Provider Billing Unit	916-636-1275	
Medi-Cal Member and Provider Helpline	1-800-541-5555	1-800-541-5555
Medi-Cal Managed Care Office of the Ombudsman		1-888-452-8609 MMCDOmbudsmanOffice@dhcs.ca.gov

MEDS Recon Restart: Includes Pilots and all County Recon Dates							**Attachment D**

September, 2015	**CIV-3 Counties: Colusa (06), Tehama (52) and Humboldt(12) counties will participate in the MEDS Recon Pilot SCHEDULED: Tuesday morning, 9/29/2015**	**Recon will be run using 9/24/15 County Recon files & 9/29/15 MEDS Extract records.** **Recon Reports (usual process) will be provided to the three piloting counties (to the usual contacts) SCHEDULED: Tuesday, morning, 9/29/2015**	**Updates from the Recon will run in the nightly update process. SCHEDULED: Tuesday Evening, 9/29/2015**	**Recon Alert Files will be provided to C-IV (for the three pilot counties) AVAILABLE: Wednesday morning, 9/30/2015**			
October, 2015	**Official MEDS Recon Run: GROUP: CalWIN - 1 DATE: Tues. 10/6/2015** **Pilot Counties only: Santa Barbara, San Luis Obispo, Tulare, San Francisco**	**CalWIN - 1 counties to work Alerts and update MEDS** **Pilot Counties only: Santa Barbara, San Luis Obispo, Tulare, San Francisco**	**Remaining CalWIN – 1 counties will run when?**	**C-IV – Group 3 will release the Alert files to the three pilot counties for review AVAILABLE: Thursday, 10/1/2015**	**C-IV – Group 3 Pilot counties will review their Alerts, in preparation for the meeting Tuesday afternoon (10/6/15) REVIEW: 10/1 – 10/6/2015** **Remaining C-IV Group 3 counties will run when?**	**DHCS, C-IV including the 3 pilot counties will hold a conference call to discuss status & next steps (when will remaining C-IV 3 counties run recon?) SCHEDULED: Tuesday 3:30-4:30PM, 10/6/2015**	**Official MEDS Recon Run: GROUP: C-IV 1 DATE: Mon. 10/26/2015** **Official MEDS Recon Run: GROUP: LEADER,LRS & DCFS DATE: Wed. 10/28/2015**	**C-IV 1 counties to work Alerts and update MEDS** **LEADER< LRS & DCFS to work Alerts and update MEDS**
November, 2015	**Official MEDS Recon Run: GROUP: CalWIN - 2 DATE: Tues. 11/3/2015**	**CalWIN - 2 counties to work Alerts and update MEDS**				**Official MEDS Recon Run: GROUP: C-IV 2 DATE: Wed. 11/25/2015**	**C-IV 2 counties to work Alerts and update MEDS**	**Run mailer extract file for Form 1095B for Office of State Printing DATE: Before MEDS Renewal on 11/25/2015**
December, 2015	**1095 B Extract scheduled to run in early December 2015**	**Official MEDS Recon Run: GROUP: CalWIN - 3 DATE: Tues. 12/8/2015** **** Need to reschedule prior to 11/25/2015**	**CalWIN - 3 counties to work Alerts and update MEDS**	**Official MEDS Recon Run: GROUP: CMIPS II DATE: Tues. 12/15/2015**	**CMIPS II to work Alerts and update MEDS**	**Official MEDS Recon Run: GROUP: C-IV 3 DATE: Tues. 12/29/2015**	**C-IV 3 counties to work Alerts and update MEDS**	
January, 2016							**Form 1095B & Letter to be mailed to beneficiaries DATE: Prior to 1/31/2016:**
March, 2016							**Form 1095B files produced and sent to IRS (duplicate of beneficiary data sent in January) DATE: Prior to 3/30/2016**

MEDS Reconciliation Resumption
Frequently Asked Questions

1. **Beneficiaries in Burman status don't get services and end up calling the county, or coming in. Providers won't see the beneficiaries until the holds are removed.**

   Burman status does not cause an individual to be ineligible for services. Burman status does not show in the provider Point of Service (POS) response or on the MEDS Online Provider Inquiry (MOPI). Due to concerns reported to the Department of Health Care Services (DHCS) that some providers have access to information regarding Burman status, MCED and Managed Care Health Care Plans (HCP) developed both a Provider Bulletin and News Flash (Attachment B) to educate providers regarding Burman status individuals being no different from regular eligibles. In September 2015, DHCS' Enterprise, Innovation, and Technology Services (EITS) Division implemented a change to discontinue reconciliation (recon) terminations of Burman status records.

2. **Although the beneficiary has Medi-Cal eligibility, the Managed Care plan places a hold on the plan eligibility once the Medi-Cal record is in Burman hold.**

   Burman status in itself does not impact an individual's HCP status. Having eligibility in an aid code that is not covered by a plan, or having eligibility in a covered aid code but residing in a county or zip code that is not covered by a plan, or having Medicare or an Other Health Coverage code that precludes coverage by the plan does affect HCP status.

3. **Ombudsman – Usually the Ombudsman's office helps resolve access to care issues, but they are extremely difficult to contact and get a hold of. Counties reported that they were recently told by the Ombudsman's office to not contact them on some issues (one example was the limited/full scope issue for some immigrants).**

   To contact the Medi-Cal Managed Care Office of the Ombudsman (Ombudsman), Counties can use email or the online fillable form on the DHCS website at http://www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx.

Fillable form and email response turnaround time is 3 business days. The example mentioned was an isolated incident involving a large number of beneficiaries. The Medi-Cal Eligibility Division (MCED) currently works closely with Medi-Cal Managed Care Operations Division (MCOD) to facilitate issues involving the Ombudsman. If counties are having trouble resolving an issue through the Ombudsman, please contact the MCED Process Unit at Processunit@dhcs.ca.gov. Please include information regarding previous contacts with the Ombudsman so we can better assist you.

4. **Not considering CalHEERS in recon – There are major CalHEERS related components that should be considered, including incorrect benefits issued by CalHEERS and the fact that CalHEERS also posts information and eligibility to MEDS.   When MEDS Recon runs it should include all systems MEDS/SAWS/CalHEERS, but system functionality needs to be improved before this should occur.**

Although CalHEERS can send the first eligibility directly to MEDS when all verifications are verified at intake through the Covered CA portal, that eligibility is transferred to the county of residence through eHIT.   Counties are the responsible entities for case management of county administered Medi-Cal eligibility; therefore, reconciliation of county administered Medi-Cal programs would always be based on a match between the county systems and MEDS. DHCS understands the county concerns regarding eligibility from CalHEERS going directly to MEDS. However, if recon were to take place, it would be between the eligibility systems to make sure that the eligibility matches.   CalHEERS/MEDS recon would be a future enhancement. The current SAWS/MEDS recon efforts will not include Covered CA aid codes.

5. **What is the impact of recon on eligibility from CalHEERS that is overridden by the SAWS?**

There should be minimal impact to the recon process because recon is with SAWS. MEDS recon assumes that SAWS contains accurate eligibility. The recon file should reflect the eligibility in SAWS which will be updated and/or added in MEDS based on that file.

6. **Workload – Recon will result in a huge workload and given access to care issues, will have to be prioritized. Other priority items will be impacted and something will have to get de-prioritized.**

MEDIL I15-16 suspended the 2015-16 county performance standard requirements. MCED will work with counties to assess recon impacts on county workload after the first round of processing. This will be accomplished by the MCED Process Unit surveying MEDS Coordinators and presenting the results at a future CMAG meeting for discussion and identification of challenges.

7. **Timing of workload – Concerns around recon running during open enrollment and Covered CA renewal season (impact on mixed household renewals).**

Due to 1095-B mailing needs, it is advantageous to post recon as currently scheduled so address updates can be made, and alerts issued for mismatches. This activity will reduce the amount of returned mail due to incorrect addresses requiring county research and MEDS corrections, and minimize the amount of manual handling of returned mail.   Any address updates made on the Covered CA portal for a mixed household would be communicated to the county of residence for update in their system and MEDS transactions should be generated by the county.

8. **What is the impact of recon on multiple CINs across all 3 systems (SAWS, CalHEERS, MEDS)?**

Multiple CIN assignment is an issue that existed prior to implementation of the Affordable Care Act (ACA) and CalHEERS. MEDS has existing processes that will either link multiple CINs for one individual, or notify the county or CalHEERS that the issue exists and requires county or CalHEERS intervention to resolve. The recon process does not create or resolve multiple CIN issues.

9. **What is the impact of recon on LIHP, 5C/5D, and Healthy Family aid codes running in MEDS without a SAWS case?**

Recon does not process ACCEL segment aid codes where the LIHP and 5C/5D aid codes are stored, and also does not include Healthy Family eligibility since that eligibility is not reportable by counties.

10. **What is the impact of recon on aid codes with age edits?**

Age edit rejects are daily alerts as well as recon alerts. These types of alerts are most likely worked immediately since there would be a barrier to care. If an individual ages out of an aid code, the individual is placed in Burman status.

11. **How does recon impact "On MEDS not on County" MEDS errors that occur when CalHEERS sends aid code transactions directly to MEDS and the referral is sent to counties to process, but until the referral is processed by the county, the systems are out of synch?**

    This situation will result in Burman status for the individual.

12. **How does recon impact situations where counties are required to perform an online MEDS transaction to correct the eligibility granted through CalHEERS? This means that the only system that has the correct eligibility is MEDS. This will cause "On MEDS not on county" MEDS error.**

    This situation will result in Burman status for the individual.

13. **Some records are terminated by the system, and especially in the current environment regarding negative action, this could be inappropriate and those records would need to be restored manually.**

    Historically, in situations where county does not have the case on their system, recon caused the record to be terminated at the 3rd consecutive recon. EITS implemented a change to discontinue recon terminations of Burman status records.

14. **What is the impact of recon on HCP status? It seems that some individuals with Burman status have their plans dropped and show a term reason of 59 in MEDS. On the provider side, counties speculate that they probably find out about the holds the same way they know when a customer was terminated and then restored and the HCP code is 51. When this happens, the plan gets restored but capitation isn't paid until the end of the month so the providers tell them they are not "eligible" until the following month, although this isn't correct.**

    As stated in question 2 above, Burman status in itself does not impact an individual's HCP status. Having eligibility in an aid code that is not covered by a plan, or having eligibility in a covered aid code but residing in a county or zip code that is not covered by a plan, or having Medicare or an Other Health Coverage code that precludes coverage by the plan does affect HCP status. As stated in question 1 above, MCED and Managed Care are addressing provider education through a News Flash and Provider Bulletin. Please refer to Attachment B for News Flash and Provider Bulletin wording and Managed Care plan provider assistance, DHCS Provider assistance, and DHCS contact numbers.

15. **What is the percentage of MEDS records that are placed into hold status by recon?**

Holds generated for MEDS records with no matching County record represented 8.6% of MEDS records included in the recon process.

16. **What aid codes are bypassed during recon?**

Minor consent program and accelerated enrollment segment aid codes are bypassed in recon. The Minor Consent program aid codes are 7M, 7N, 7R and 7T. The accelerated enrollment segment aid codes are H0, H6, H7, H8, H9, L1, N0, N9, P1, P2, P3, P4, 0M, 0N, 4E, 5C, 5D, 5E, 7F, 7G, 7S, 7T, 7U, 7W, 8E, 8L, 8U, 8V, 8W and 8X.

17. **Can recon be run by zip code as reported by the county?**

There is no existing process to run recon by zip code. As a reminder, MEDS runs addresses through the U.S. P.S. Finalist software. The software may make corrections to zip codes on the transactions before posting to MEDS which may cause a mismatch between what the county reported and MEDS and counties receive alerts when Finalist updates an address.

18. **Can the counties send a data address batch and send the results to the State to create a batch file to generate IRS 1095 forms and send out to clients?**

Address only updates would only update addresses for existing individuals; recon also adds new eligibility for individuals found on SAWS, but not currently eligible in that county and/or county ID in MEDS. Without the recon add transactions, address updates would reject because the county ID would not match MEDS and would not be updated via the recon add process. Address updates do not address the eligibility updates that are needed for 1095 form completion for months of coverage.

19. **Many cases had to change to non-MAGI for individuals to transition from pre-ACA aid codes and get tax hub results. The results would be running correctly in MEDS with an X aid code, showing an APTC aid code and eligibility in CalHEERS. Several of them will still show a SOC or pre-ACA code of 8E, 34, and 37 aid codes in addition to the X aid code in SAWS, which is incorrect. With recon, will the incorrect aid code from SAWS go to MEDS and trump the X aid code or will it reject out of MEDS?**

The X aid codes are not included as part of recon. The aid code from SAWS will post to MEDS and MEDS will reflect both the X and the CalWIN established aid codes. If this situation occurs, counties should open a Remedy ticket.

20. **What is a recon add transaction?**

Recon add transactions for Medi-Cal eligibility are the RC20s sent to MEDS on the County Recon File. These transactions are processed into the daily update when 1) there is no eligibility on MEDS for the County and Segment Type of the eligibility reported on the RC20 transaction, or 2) the last change date for the MEDS eligibility is prior to the creation date of the RC20 transaction and there are differences in the aid code, case number (Serial, FBU, Person Number) or other eligibility fields (e.g., share of cost) between the County RC20 and MEDS eligibility information for that County and Segment Type. The ESAC reported on the RC20 is changed to the corresponding Inter-Program Transfer ESAC for the second group of RC20s so that the RC20 will update MEDS.

21. **What is a recon change transaction?**

Recon change transactions (transaction code RC12) are created by the Recon Process when a matching MEDS record is found for a County and Segment Type reported on an RC20 transaction and there are no differences in the aid code, case number or other eligibility fields between the County RC20 and MEDS eligibility information for that County and Segment Type but there are differences in client data. Client data includes name, address, citizenship, ethnicity, language, etc. The RC12 created by the recon process includes only those client data fields that are different between the RC20 and MEDS information.

22. **When an address is updated for one individual in a case, recon is resetting the address to match the rest of the members in the case.**

Recon will only update a MEDS address to what is reported by the County for an individual on that client's RC20 transaction. Inappropriate updates to a client's address typically occur when a County submits an EW25 to report an address change - since that is a case level transaction, MEDS updates the address of every individual associated with that case on MEDS. That address problem is unrelated to recon but could be avoided by submission of an EW12 for each individual whose

address should change instead of submission of an EW25 in county daily batch update files.

23. **MCIEP aid-codes are currently not programmed into CalHEERS so all MCIEP eligibility is based on a 100% manual MEDS transaction. Recon will adjust the aid-codes to match eligibility in SAWS, which will either reflect a regular MAGI aid code or pending status (pending status would result in a hold). Until the MCIEP aid codes are programmed in CalHEERS this will continue to be a problem for all subsequent recon runs.**

There is a work effort to move all inmate aid codes to special segment. This will allow aid codes to run in both primary and special segment concurrently. This work effort is currently scheduled for implementation in CC 404 January 2016. In the meantime, counties will need to correct the eligibility manually in MEDS.