



Jennifer Kent
Director

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



EDMUND G. BROWN JR.
Governor

January 12, 2017

Medi-Cal Eligibility Division Information Letter No.: I 16-23E

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

SUBJECT: Errata to Medi-Cal Eligibility Division Information Letter (MEDIL) I 16-23: County of Incarceration and County of Responsibility in Medi-Cal Eligibility Data Systems

The purpose of this errata to Medi-Cal Eligibility Division Information Letter (MEDIL) I 16-23 is to correct and update the Medi-Cal Eligibility Data System (MEDS) screenshot example of the INQ1 screen found on page 4.

Corrected Data Elements

In the sample scenario provided in MEDIL I 16-23, the beneficiary was incarcerated 7/1/2016 with inpatient medical needs off the grounds of the county correctional facility. San Bernardino County (county code 36) is the county responsible for processing the inmate application and determining eligibility. The highlighted data elements within the INQ1 MEDS screenshot below are updated to align with the scenario explained in the MEDIL.

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INQ1                ** SPECIAL PROGRAM 2 INFORMATION **

CASE-NAME           DISTRICT           xxxxxx      , xx
COUNTY-ID 36-F3-xxxxxxx-x-xx      EW-CODE
MEDS-ID xxx-xx-xxxx  SSN-VER W   RV-COMP      COUNTY JAIL ADDRESS
BIRTHDATE xx-xx-xxxx  DOB-VER S   SEX F GOV-RSP 1  SAN BERNARDINO      CA 92415
CHAINED-ID           LAST-MC/CP-CHG 06-30-16  ADDRESS-FLAG A   RES-COUNTY 36
PRIOR-MEDS-ID       LAST-OTH-CHG 05-18-16  APDP   PICKLE     RECOVERY
WELFARE-PGM 007     DEATH-DT           DEATH-CD        TERM-DT          TERM-REAS
CIN 9xxxxxxxxC 3    HIC-NO           BIC-ISSUE 10-05-15  PAPER-ISSUE
PGM:  M C H 1(GR/CAP) C H 2(INMATE) C H 3           FS C H CW
                2016===== > 2015
                12-16 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY        36          19   19   19   19   19   19   36  36  36  36  36   19
AID-CODE       F3          301  301  301  301  301  301  301  301  301  301  301
ELIG-STAT 301
SOC-AMT
CERT-DAY
OHC            N           N   N   N   N   N   N   N   N   N   N   N   N
RESTRICT
MEDICARE
HCP1-NUM       352  352  352  352  352  352  352  352  352  352  352  352
HCP1-STAT      01   01   01   01   01   01   59   59   59   59   09   01
OPTION  ___ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
  
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If you have any questions regarding the information in this letter, please contact Ms. Letty Lozano at (916) 327-6691 or MCIEP@dhcs.ca.gov. All billing/claiming inquiries should be directed to the DHCS Safety Net Financing Division at DHCSIMCU@dhcs.ca.gov.

Sincerely,

Sandra Williams, Chief
 Medi-Cal Eligibility Division