State of California—Health and Human Services Agency

Department of Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

May 26, 2006

TO: ALL COUNTY WELFARE DIRECTORS   Letter No.:   06-18
               ALL COUNTY ADMINISTRATIVE OFFICERS
               ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
               ALL COUNTY HEALTH EXECUTIVES
               ALL COUNTY MENTAL HEALTH DIRECTORS
               ALL COUNTY QMB/SLMB/QI COORDINATORS

SUBJECT: RESTORATION NOTICE OF ACTION

The purpose of this letter is to notify Medi-Cal eligibility workers that when restoring Medi-Cal benefits, individuals who are federally-funded full-scope dual eligibles receiving Medicare Part D benefits should not have their eligibility restored to include complete Medi-Cal drug benefits. These individuals are not eligible for most prescription drug benefits under the Medi-Cal program. The Restoration Notice of Action (NOA) must also include the following paragraph.

"Although your Medi-Cal benefits are being restored, you are not entitled to receive complete Medi-Cal prescription drug benefits because Medicare Part D, rather than Medi-Cal, will pay for most prescription drugs. Medi-Cal will continue to cover your prescription drugs that are excluded from Part D. If you have questions about your Medicare Part D drug coverage, please call 1-800-MEDICARE, or 1-800-633-4227. If you think that you are not eligible for Medicare Part D, please contact your Medi-Cal eligibility worker or request a fair hearing by following the directions on the back of this notice."

See enclosure, "Aid Codes That Are Not Federally-Funded Full-Scope Medi-Cal." This letter does not apply to individuals who are in those aid codes.

To determine whether a beneficiary has Medicare Part D, the Medi-Cal eligibility worker must check the Medi-Cal Eligibility Data System (MEDS) for the last eligible month prior to the restoration month. Check the INQM screen for a Medicare Status Code Value in the right-hand digit of the 3-byte field. A status value of **1**, **2**, or **3** indicates that the person is eligible for Medicare Part D. If this indicator reflects one of these values as the current status of the Medicare Part D, then eligibility workers should also check the "MOPI" screen for the same month to see if a prescription drug plan is listed. If there is no plan listed on the MOPI screen, the beneficiary can call 1-800 MEDICARE for more information on how to enroll in a plan. The Centers for Medicare and Medicaid Services (CMS) will have to be contacted for resolution in this case.

A status value of **blank** or **0** indicates that the beneficiary is not eligible for Part D. A status value of **9** indicates that the person has "opted out" of Part D. If a person has health coverage in lieu of Part D, then that information should be reflected on the HI (Health Insurance segment) screen. The other health coverage field may also indicate Part D coverage; however, this field alone should not be used to assume that a person does have Part D coverage or is enrolled in a plan.

If an individual appears to be eligible for Medicare Part D, but was on Medi-Cal that included Medi-Cal drug benefits prior to termination and MEDS does not reflect the Part D codes indicated in the above paragraph, restore the individual's Medi-Cal to its former level including Medi-Cal drug benefits.

Confirmation of eligibility or ineligibility for Medicare Part D is received by the California Department of Health Services (CDHS) through exchanges of monthly data files with the federal government. CDHS will then send the ten-day Medicare Part D Reduction of Benefits NOA to the individual and place the appropriate codes on MEDS to restrict payment for prescription drugs that are covered by Medicare Part D.

For additional information on MEDS coding for Part D, please refer to the, "60-Day County Notification, MEDS Changes to Incorporate the Medicare Modernization Act (MMA) Part D – Prescription Drug Coverage," that was issued in October 2005. Enclosed is a copy for your convenience. A copy of the, "CWDA MMA Part D Quick Reference Guide," has also been included.

If you have any questions concerning the Medicare Part D Drug program, please call Ms. June Dolcini at (916) 552-9462.

Original Signed by

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Enclosures

Aid Codes That Are Not Federally Funded Full-Scope Medi-Cal

0A	1A	2F	3S	4C	5F	6F	7C	8E	9A
0C	1F	21	3T	4P	5J	6K	7F	8F	9C
0R	1U	22	3V	4R	5R	6M	7G	8H	9H
0T	11		31	41	5T	6T	7H	8N	9K
0U	12			44	5W	6S	7K	8P	9R
0V				48	5X	6U	7M	8R	9R
01					5Y	61	7N	8T	90s
02					50	62	7P	8W	
05					53	69	7R	8X	
08					55		7T	8Y	
09					58		7X	81	
							71	84	
							73	85	
							74	88	
							76	89	

BACKGROUND:

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 (Public Law 108-173) was enacted into law on December 8, 2003 which amended the Social Security Act by establishing a new Part D voluntary Prescription Drug Benefit Program. Effective January 1, 2006, the new program establishes an optional prescription drug benefit to be provided by a Medicare health maintenance organization or a newly established Prescription Drug Plan (PDP) for individuals who are entitled to Medicare Part A or enrolled in Medicare Part B benefits. Accordingly, about one million Medi-Cal beneficiaries on that date will begin to receive drug benefits covered under Medicare Part D rather than Medi-Cal.

MMA implementation began with changes to improve the process for exchanging information with the Social Security Administration (SSA) and identifying Medicare eligibles on the Medi-Cal Eligibility Data System (MEDS). These improvements help DHS create a more accurate MMA Enrollment file that is sent to the Centers for Medicare and Medicaid Services (CMS). The purpose of the MMA Enrollment file is to identify dual Medi-Cal / Medicare eligibles on MEDS that are deemed to be eligible for Medicare Part D drug benefits. For deemed eligibility, a Medicare Part D eligible is defined as a beneficiary identified with both Medicare and full-scope Medi-Cal eligibility or a Medicare Savings Program beneficiary. CMS uses this file to establish Low Income Subsidy (LIS) status of dual eligibles, auto assign individuals to Medicare Part D plans, and identify state determined Part D LIS eligibles. CMS returns a MMA Enrollment Response file that is used to update MEDS with Medicare Part D information.

Additional information will be provided in a future All County Welfare Letter and hopefully answer any questions that may come up with this notification.

PROJECT DESCRIPTION:

A new data field, the Medicare Part D Status Indicator, is being added to MEDS to identify a beneficiary's Medicare Part D enrollment status. Modifications will be made to MEDS to update the Part D Medicare Status Indicator as reported by CMS on the MMA Enrollment Response file. The Part D Medicare Status Indicator will be included on all online screens that currently display Part A and Part B Medicare Status as well as on the updates to MEDS, Fiscal Intermediary Access to Med-Cal Eligibility (FAME), Health Insurance Screen (HIS) and MMEF. The following table defines the current Medicare Status values for Part A and Part B as well as the new values for Part D. These values will be included in a future update to the MEDS Quick Reference Guide.

Value	Description		
	Part A **Hospital Insurance**	**Part B** **Medicare Supplemental Medical Insurance**	**Part D** **Medicare Prescription Drug Insurance**
Blank	No Medicare Entitlement	No Medicare Entitlement	No Medicare Entitlement
0	Not entitled to Medicare in reported month	Not entitled to Medicare in reported month	Beneficiary is eligible for Medi-Cal but not eligible for Medi-Cal drug benefits. Beneficiary is not included in MMA

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Value	Description		
	Part A **Hospital Insurance**	**Part B** **Medicare Supplemental Medical Insurance**	**Part D** **Medicare Prescription Drug Insurance**
			Enrollment File – State does not pay Phased Down Contribution Payment, Part D eligibility unknown.
1	Medicare paid for by Beneficiary	Medicare paid for by Beneficiary	Approved Low Income Subsidy (LIS) Status. Beneficiary is eligible for Medi-Cal but not eligible for Medi-Cal payment of Medicare Part D formulary drugs. State does not pay Phased Down Contribution Payment.
2	Medicare paid for by the State of California	Medicare paid for by the State of California	Beneficiary is eligible for Medi-Cal but not eligible for Medi-Cal payment of Medicare Part D formulary drugs. State pays Phased Down State Contribution Payment.
3	Beneficiary entitled to free Medicare	n/a	Medicare Savings Program Eligible Beneficiary Deemed LIS Eligible. State does not pay Phased Down Contribution Payment.
4	n/a	Medicare paid for by State other than California	n/a
5	Medicare paid for by Pension Fund i.e. CalSTRS	Medicare paid for by Pension Fund i.e. CalSTRS	n/a
7	Presumed Eligible, Cost Avoidance reported – State pays Part A premium	Presumed Eligible, Cost Avoidance reported – State pays Part B premium	Presumed Eligible, Cost Avoidance reported for Medicare Part D formulary drugs. State does not pay Phased Down Contribution Payment.
9	Aged alien ineligible for Medicare	Aged alien ineligible for Medicare	Eligible for Medicare for either Part A or B and has refused Part D. No Rx Benefit under Medi-Cal for Medicare Part D formulary drugs. State pays Phased Down Contribution Payment.

OTHER HEALTH COVERAGE AND SCOPE OF COVERAGE CODE CHANGES

The current Other Health Coverage (OHC) code "D" which currently is not in use, but was previously used to indicate Prudential coverage will be redefined. Any MEDS records that currently show OHC code "D" will have the OHC code changed to "V". Counties will not be allowed to place any new records into this OHC code. OHC code "D" will be posted by MEDS to indicate Medicare Part D coverage from a PDP. MEDS records where Medicare health maintenance organization coverage is present will continue to be designated with OHC code "F".

Pay and Chase OHC / Post Payment Recovery	
Code	**Description**
A	Any carrier (includes multiple coverage)
Cost Avoidance OHC	
C	Champus Prime HMO
D	MMA Part D Prescription Drug – this OHC Code was previously used for Prudential
F	Medicare Risk HMO
K	Kaiser
L	Dental only policies

P	PHP/HMO's and 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

A new scope of coverage code "R" is being added to indicate prescription drug coverage through the Medicare Part D drug program. This scope of coverage code will be associated with OHC codes "D" and "F" and will be displayed on the Health Insurance Screen on MEDS.

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	Medi-Cal Prescription Drugs
R	MMA Part D Prescription Drugs
V	Vision Care

As soon as information is available, carrier codes will be created for the new PDPs and any new Medicare HMOs.

Due to the size of this project and the number of changes that will be required between now and the end of the year, we will be phasing these changes to production. This change represents the changes to the online inquiry screens for the addition of the Part D Medicare Status Indicator. The screen changes below also include the changes defined by the *60-Day County Notification for Redetermination Dates and Screens* sent out on September 22, 2005.

Revised INQC:

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
      INQC             ** OTHER HEALTH COVERAGE **          opr - mm/dd/yy    1
                                                            hh:mm:ss          2
xxxxxxxxxxxxxxxxxxxx xxx, xxxxxxxxxxxxxx x     COUNTY-ID xx-xx-xxxxxxx-x-xx    3
MEDS-ID xxx-xx-xxxx SSN-VER x  CIN xxxxxxxxx x  BIRTHDATE xx-xx-xxxx DOB-VER x 4
HIC-NO xxxxxxxxxxxx    LAST-OHC-CHG xx-xx-xx    DEATH-DT xx-xx-xx   DEATH-CD x 5
                                                                              6
PGM:  M xxxx  1(xxxxxx) xxxx  2(DI/TPN) xxxx  3(IH/PCS) xxxx  FS xxxx  CW xxxx 7
                                                                              8
                xxxx========================> xxxx========================>  9
        mm-yy PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC 10
COUNTY     xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  11
AID-CODE   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  12
ELIG-STAT xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 13
SOC-AMT xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxx xxxx xxxx xxxx xxxxxxxxx xxxx xxxx 14
CERT-DAY   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  15
OHC         x    x    x    x    x    x    x    x    x    x    x    x    x    x 16
OHC-SOURCE  x    x    x    x    x    x    x    x    x    x    x    x    x    x 17
RESTRICT  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 18
MEDICARE  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 19
HCP1-NUM **** **** **** **** **** **** **** **** **** **** **** **** **** ****20
HCP1-STAT  xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  21
HCP1-REAS   x    x    x    x    x    x    x    x    x    x    x    x    x    x 22
HCP1-TYPE   x    x    x    x    x    x    x    x    x    x    x    x    x    x 23
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY;    *** H234  PLAN TYPE UNAVAILABLE   24
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
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Revised INQM:

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----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
   INQM            ** PRIMARY MEDI-CAL/CMSP INFORMATION **    opr - mm/dd/yy   1
                                                             hh:mm:ss         2
CASE-NAME xxxxxxxxxxxxxxx       DISTRICT xxx     xxxxxxxxxxxxxxx, xxxxxxxxxx x 3
COUNTY-ID xx-xx-xxxxxxx-x-xx    EW-CODE xxxx     xxxxxxxxxxxxxxxxxxxxxxxxxxxxx 4
MEDS-ID xxx-xx-xxxx  SSN-VER x  RV-COMP xx-xxxx  xxxxxxxxxxxxxxxxxxxxxxxxxxxxx 5
BIRTHDATE xx-xx-xxxx DOB-VER x  SEX x GOV-RSP x  xxxxxxxxxxxxxxxxxxx xx xxxxx  6
CHAINED-ID xxx-xx-xxxx  LAST-MC/CP-CHG xx-xx-xx  ADDRESS-FLAG x  RES-COUNTY xx 7
PRIOR-MEDS-ID xxx-xx-xxxx LAST-OTH-CHG xx-xx-xx  APDP x  PICKLE xx  RECOVERY x 8
WELFARE-PGM xxx    DEATH-DT xx-xx-xx DEATH-CD x  TERM-DT xx-xx-xx TERM-REAS xx 9
CIN xxxxxxxxx x   HIC-NO xxxxxxxxxxxx  BIC-ISSUE xx-xx-xx PAPER-ISSUE xx-xx-xx 10
PGM: M C  H   1(CHILD )   H  2(ACCEL )    H  3              FS C  H           11
                xxxx========================> xxxx========================>  12
        mm-yy PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC 13
COUNTY     xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  14
AID-CODE   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  15
ELIG-STAT xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 16
SOC-AMT xxxxxxxxxx xxxx xxxx xxxxxxxxx xxxx xxxx xxxx xxxx xxxxxxxxx xxxx xxxx 17
CERT-DAY   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  18
OHC         x    x    x    x    x    x    x    x    x    x    x    x    x    x 19
RESTRICT  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 20
MEDICARE  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 21
HCP1-NUM  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx 22
HCP1-STAT  xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx  23
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN    24
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
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Revised INQ1:

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----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
┌─────────────────────────────────────────────────────────────────────────┐
│    INQ1              ** SPECIAL PROGRAM 1 INFORMATION **       opr - mm/dd/yy │ 1
│                                                                  hh:mm:ss  │ 2
│ CASE-NAME xxxxxxxxxxxxxx           DISTRICT xxx    xxxxxxxxxxxxxxx, xxxxxxxxxx x │ 3
│ COUNTY-ID xx-xx-xxxxxxx-x-xx    EW-CODE xxxx     xxxxxxxxxxxxxxxxxxxxxxxxxxxx │ 4
│ MEDS-ID xxx-xx-xxxx  SSN-VER x  RV-COMP xx-xxxx  xxxxxxxxxxxxxxxxxxxxxxxxxxxx │ 5
│ BIRTHDATE xx-xx-xxxx DOB-VER x  SEX x GOV-RSP x  xxxxxxxxxxxxxxxxxxx xx xxxxx │ 6
│ CHAINED-ID xxx-xx-xxxx  LAST-MC/CP-CHG xx-xx-xx  ADDRESS-FLAG x  RES-COUNTY xx │ 7
│ PRIOR-MEDS-ID xxx-xx-xxxx LAST-OTH-CHG xx-xx-xx  APDP x  PICKLE xx  RECOVERY x │ 8
│ WELFARE-PGM xxx    DEATH-DT xx-xx-xx DEATH-CD x  TERM-DT xx-xx-xx TERM-REAS xx │ 9
│ CIN xxxxxxxxx x   HIC-NO xxxxxxxxxxxx  BIC-ISSUE xx-xx-xx PAPER-ISSUE xx-xx-xx │ 10
│ PGM: M C  H   1(CHILD )    H  2(ACCEL )    H  3              FS C  H         │ 11
│              xxxx======================> xxxx======================>        │ 12
│       mm-yy PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC │ 13
│ COUNTY     xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 14
│ AID-CODE   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 15
│ ELIG-STAT xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 16
│ SOC-AMT xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxxx xxxx xxxx │ 17
│ CERT-DAY   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 18
│ OHC         x    x    x    x    x    x    x    x    x    x    x    x    x    x │ 19
│ RESTRICT  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 20
│ MEDICARE  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 21
│ HCP1-NUM  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 22
│ HCP1-STAT  xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 23
│ OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN │ 24
└─────────────────────────────────────────────────────────────────────────┘
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
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Revised INQ2:

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----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
┌─────────────────────────────────────────────────────────────────────────┐
│    INQ2              ** SPECIAL PROGRAM 2 INFORMATION **       opr - mm/dd/yy │ 1
│                                                                  hh:mm:ss  │ 2
│ CASE-NAME xxxxxxxxxxxxxx           DISTRICT xxx    xxxxxxxxxxxxxxx, xxxxxxxxxx x │ 3
│ COUNTY-ID xx-xx-xxxxxxx-x-xx    EW-CODE xxxx     xxxxxxxxxxxxxxxxxxxxxxxxxxxx │ 4
│ MEDS-ID xxx-xx-xxxx  SSN-VER x  RV-COMP xx-xxxx  xxxxxxxxxxxxxxxxxxxxxxxxxxxx │ 5
│ BIRTHDATE xx-xx-xxxx DOB-VER x  SEX x GOV-RSP x  xxxxxxxxxxxxxxxxxxx xx xxxxx │ 6
│ CHAINED-ID xxx-xx-xxxx  LAST-MC/CP-CHG xx-xx-xx  ADDRESS-FLAG x  RES-COUNTY xx │ 7
│ PRIOR-MEDS-ID xxx-xx-xxxx LAST-OTH-CHG xx-xx-xx  APDP x  PICKLE xx  RECOVERY x │ 8
│ WELFARE-PGM xxx    DEATH-DT xx-xx-xx DEATH-CD x  TERM-DT xx-xx-xx TERM-REAS xx │ 9
│ CIN xxxxxxxxx x   HIC-NO xxxxxxxxxxxx  BIC-ISSUE xx-xx-xx PAPER-ISSUE xx-xx-xx │ 10
│ PGM: M C  H   1(CHILD )    H  2(ACCEL )    H  3              FS C  H         │ 11
│              xxxx======================> xxxx======================>        │ 12
│       mm-yy PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC │ 13
│ COUNTY     xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 14
│ AID-CODE   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 15
│ ELIG-STAT xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 16
│ SOC-AMT xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxxx xxxx xxxx │ 17
│ CERT-DAY   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 18
│ OHC         x    x    x    x    x    x    x    x    x    x    x    x    x    x │ 19
│ RESTRICT  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 20
│ MEDICARE  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 21
│ HCP1-NUM  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 22
│ HCP1-STAT  xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx │ 23
│ OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN │ 24
└─────────────────────────────────────────────────────────────────────────┘
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
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Revised INQ3:

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----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
┌──────────────────────────────────────────────────────────────────────────┐
│    INQ3              ** SPECIAL PROGRAM 3 INFORMATION **       opr - mm/dd/yy │ 1
│                                                                  hh:mm:ss     │ 2
│ CASE-NAME xxxxxxxxxxxxxx          DISTRICT xxx     xxxxxxxxxxxxxxx, xxxxxxxxxx x │ 3
│ COUNTY-ID xx-xx-xxxxxxx-x-xx   EW-CODE xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxx  │ 4
│ MEDS-ID xxx-xx-xxxx  SSN-VER x  RV-COMP xx-xxxx  xxxxxxxxxxxxxxxxxxxxxxxxxxxx  │ 5
│ BIRTHDATE xx-xx-xxxx DOB-VER x  SEX x GOV-RSP x  xxxxxxxxxxxxxxxxxxx xx xxxxx  │ 6
│ CHAINED-ID xxx-xx-xxxx  LAST-MC/CP-CHG xx-xx-xx  ADDRESS-FLAG x  RES-COUNTY xx │ 7
│ PRIOR-MEDS-ID xxx-xx-xxxx LAST-OTH-CHG xx-xx-xx  APDP x  PICKLE xx  RECOVERY x │ 8
│ WELFARE-PGM xxx    DEATH-DT xx-xx-xx DEATH-CD x   TERM-DT xx-xx-xx TERM-REAS xx │ 9
│ CIN xxxxxxxxx x   HIC-NO xxxxxxxxxxxx  BIC-ISSUE xx-xx-xx PAPER-ISSUE xx-xx-xx │ 10
│ PGM: M C  H   1(CHILD )    H  2(ACCEL )    H 3             FS C  H            │ 11
│          xxxx=======================> xxxx=======================>           │ 12
│       mm-yy PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC  │ 13
│ COUNTY   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   │ 14
│ AID-CODE xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   │ 15
│ ELIG-STAT xxx xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  │ 16
│ SOC-AMT xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxxx xxxx xxxx xxxx xxxxxxxxxx xxxx xxxx │ 17
│ CERT-DAY  xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   │ 18
│ OHC       x    x    x    x    x    x    x    x    x    x    x    x    x    x   │ 19
│ RESTRICT  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 20
│ MEDICARE  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 21
│ HCP1-NUM  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx  xxx │ 22
│ HCP1-STAT xx   xx   xx   xx   xx   xx   xx   xx   xx   xx   xx    xx   xx  xx   │ 23
│ OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN   │ 24
└──────────────────────────────────────────────────────────────────────────┘
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
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Revised INQ6:

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----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
┌──────────────────────────────────────────────────────────────────────────┐
│    INQ6         ** MEDI-CAL/CMSP -- 13 - 15 MONTHS PRIOR **    opr - mm/dd/yy │ 1
│                                                                  hh:mm:ss     │ 2
│ xxxxxxxxxxxxxxxxxxxxx xxx, xxxxxxxxxxxxxxxx x     MEDS-CUR-MMYY xx-xx          │ 3
│ MEDS-ID xxx-xx-xxxx SSN-VER x  CIN xxxxxxxxx x  BIRTHDATE xx-xx-xxxx DOB-VER x │ 4
│ CHAINED-ID xxx-xx-xxxx LAST-MC/CP-CHG xx-xx-xx  LAST-OTH-CHG xx-xx-xx          │ 5
│ PRIOR-MEDS-ID xxx-xx-xxxx  HIC-NO xxxxxxxxxxxx  DEATH-DT xx-xx-xx  DEATH-CD x  │ 6
│                                                                               │ 7
│ PGM:  M xxxx  1(xxxxxx) xxxx  2(DI/TPN) xxxx  3(IH/PCS) xxxx  FS xxxx  CW xxxx │ 8
│                                                                               │ 9
│       ---- PRIMARY ----  --- SPECIAL 1 ---  --- SPECIAL 2 ---  --- SPECIAL 3 --- │ 10
│       mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy mm-yy  │ 11
│ COUNTY   xx    xx    xx    xx    xx    xx    xx    xx    xx    xx    xx    xx  │ 12
│ AID      xx    xx    xx    xx    xx    xx    71    71    71    18    18    18  │ 13
│ ELIG    xxx   xxx   xxx   xxx   xxx   xxx   xxx   xxx   xxx   xxx   xxx   xxx  │ 14
│ SOC/%  xxxxx xxxxx xxxxx                   xx%   xx%   xx% xxxxx xxxxx xxxxx   │ 15
│ CERT     xx    xx    xx                                                       │ 16
│ ==========================  OTHER INFORMATION =============================   │ 17
│           OHC          x    x    x    OHC-SOURCE      x    x    x             │ 18
│           RESTRICT    xxx  xxx  xxx   ORIG-AID       xx   xx   xx             │ 19
│           MEDICARE    xxx  xxx  xxx   NEG-ACTN        x    x    x             │ 20
│           HCP1-NUM    xxx  xxx  xxx   HCP2-NUM      xxx  xxx  xxx             │ 21
│           HCP1-STAT    xx   xx   xx   HCP2-STAT      xx   xx   xx             │ 22
│           MULTI-SOC    xx   xx   xx                                           │ 23
│ OPTION __ <F13=VALID OPTIONS> F3=SUMMARY;    ***  Q234  PLAN TYPE UNAVAILABLE │ 24
└──────────────────────────────────────────────────────────────────────────┘
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

6

Revised INQ7:

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
    INQ7                ** ELIGIBILITY BY MONTH  **              opr - mm/dd/yy    1
                                                                 hh:mm:ss          2
MEDS-ID xxx-xx-xxxx  SSN-VER x              xxxxxxxxxxxxxxx, xxxxxxxxxx x           3
BIRTHDATE xx-xx-xxxx DOB-VER x  SEX x GOV-RSP x  xxxxxxxxxxxxxxxxxxxxxxxxxx         4
CHAINED-ID xxx-xx-xxxx  LAST-MC/CP-CHG xx-xx-xx  xxxxxxxxxxxxxxxxxxxxxxxxx          5
PRIOR-MEDS-ID xxx-xx-xxxx LAST-OTH-CHG xx-xx-xx  xxxxxxxxxxxxxxxxxxx xx xxxxx       6
WELFARE-PGM xxx  DEATH-DT xx-xx-xx   DEATH-CD x  ADDRESS-FLAG x  RES-COUNTY xx      7
CIN xxxxxxxxx x  HIC-NO xxxxxxxxxxxx BIC-ISSUE xx-xx-xx   PAPER-ISSUE xx-xx-xx      8
PGM:  M xxxx  1(xxxxxx) xxxx  2(DI/TPN) xxxx  3(IH/PCS) xxxx  FS xxxx  CW xxxx      9
                                                                                   10
mm-ccyy   PRI  (xxxxxx) (DI/TPN) (IH/PCS)     FS      OHC        x                  11
COUNTY    xx       xx      xx       xx        xx      OHC-SOURCE x                  12
AID       xx       xx      71       18        xx      RESTRICT   xxx                13
ELIG      xxx      xxx     xxx      xxx        x       MEDICARE   xxx                14
SOC/%   xxxxx             xx%     xxxxx                ORIG-AID   xx                 15
CERT-DAY   xx                                         NEG-ACTION x                  16
                                                      MULTI-SOC  xx                 17
          HCP1    HCP2    HCP3    HCP4    HCP5         RES-COUNTY xx                 18
HCP-NUM   xxx     xxx     xxx     xxx     xxx          HF-DAYS    xx/xx              19
HCP-STAT  xx      xx      xx      xx      xx           ST/FED-IND x                  20
HCP-REAS  x       x       x       x       x                                         21
HCP-TYPE  x       x       x       x       x                                         22
                                                                                   23
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN         24
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

Revised HEMI/CCS:

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
                *** VIEW CCS INFORMATION  ***              opr - mm/dd/yy    1
xxxxxxxxxxxxxxx, xxxxxxxxxx x    DOB:  xx-xx-xxxx       MEDS-ID:  xxx-xx-xxxx   2
xxxxxxxxxxxxxxxxxxxxxxxxxxxxx SEX:  x                   CIN:      xxxxxxxxx      3
xxxxxxxxxxxxxxxxxxxxxxxxxxxxx CURR-MCARE-STAT: xxx HIC-NO:   xxxxxxxxxxxx        4
xxxxxxxxxxxxxxxxxxx xx xxxxx   BIC-ISSUE: xx-xx-xx  PAPER-ISSUE: xx-xx-xx        5
DEATH-DT: xx-xx-xx  DEATH-CD: x  KNOWN-TO-CMS: x       NOTIFY-CMS:   x           6
BENE-PHONE: (xxx) xxx-xxxx       CURR-OHC:    x                                  7
PGM:  M xxxx  1 (xxxxxx) xxxx 2 (DI/TPN) xxxx 3 (IH/PCS) xxxx  FS xxxx  CW xxxx  8
                                                                                9
HAP DATA:   # SEGMENTS RETURNED: 000        # SEGMENTS FOUND: 000                10
            AID CODE    COUNTY    START DATE     END DATE                        11
                                                                                12
                                                                                13
                                                                                14
                                                                                15
                                                                                16
                                                                                17
                                                                                18
                                                                                19
                                                                                20
                                                                                21
REQUESTED-ID: xxxxxxxxx                                         PF13 = HELP      22
ACTION _ (N = NEXT, P = PREV, G = HAP INQUIRY MENU, M = MEDS INQUIRY)            23
                                                                                24
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```

Revised HEMI/GHPP:

```
     ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
                         ***  VIEW GHPP INFORMATION  ***          opr - mm/dd/yy    1
     xxxxxxxxxxxxxx, xxxxxxxxxx x    DOB:  xx-xx-xxxx       MEDS-ID:  xxx-xx-xxxx    2
     xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx SEX:  x                CIN:      xxxxxxxxx       3
     xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx CURR-MCARE-STAT: xxx HIC-NO:   xxxxxxxxxxxx      4
     xxxxxxxxxxxxxxxxxxxx xx xxxxx   BIC-ISSUE: xx-xx-xx  PAPER-ISSUE: xx-xx-xx      5
     DEATH-DT: xx-xx-xx  DEATH-CD: x  KNOWN-TO-CMS: x      NOTIFY-CMS:   x           6
     BENE-PHONE: (xxx) xxx-xxxx       CURR-OHC:     x                                7
     PGM:  M xxxx  1 (xxxxxx) xxxx 2 (DI/TPN) xxxx 3 (IH/PCS) xxxx  FS xxxx  CW xxxx 8
                                                                                    9
     HAP DATA:   # SEGMENTS RETURNED: 000         # SEGMENTS FOUND: 000            10
                     AID CODE    COUNTY     START DATE     END DATE                 11
                                                                                   12
                                                                                   13
                                                                                   14
                                                                                   15
                                                                                   16
                                                                                   17
                                                                                   18
                                                                                   19
                                                                                   20
                                                                                   21
     REQUESTED-ID: xxxxxxxxx                                        PF13 = HELP     22
     ACTION _ (N = NEXT, P = PREV, G = HAP INQUIRY MENU, M = MEDS INQUIRY)          23
                                                                                   24
     ----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
```