



California  
Department of  
Health Services

**SANDRA SHEWRY**  
Director

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



**ARNOLD SCHWARZENEGGER**  
Governor

June 30, 2006

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 06-21  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: MONITORING OF QUARTERLY RECONCILIATION PROCESSING AND  
ASSESSMENT OF COUNTY ALERT PROCESSING  
(Reference All County Welfare Directors Letters No. 02-52, 03-42, 03-48,  
03-59, and 05-22)

This letter is to convey information on how the California Department of Health Services (CDHS) will monitor compliance with the performance standards for quarterly reconciliation and worker/error alerts, as specified in Welfare and Institutions (W & I) Code Section 14154.5. While the performance standards for eligibility and annual redeterminations require counties to self-report, the performance standards for quarterly reconciliations and worker/error alerts require CDHS to make a finding of compliance. This All County Welfare Directors Letter (ACWDL) describes how CDHS will review county performance reconciliations and worker/error alerts.

#### Quarterly Reconciliation Submissions

As described in ACWDL 05-22, performance standards for quarterly reconciliations are found in W & I Code Section 14154.5 and require counties to submit quarterly reconciliation files. Quarterly reconciliation submissions must be based upon a schedule determined by CDHS and in a format prescribed by CDHS. The intent is to identify any discrepancies between eligibility files in the county records and eligibility as reflected in the Medi-Cal Eligibility Data System (MEDS). Quarterly reconciliation submission performance will be continuously monitored by the Medi-Cal Eligibility Branch.

### Daily and Renewal Error Alerts and Reconciliation Worker Alerts

Section 14154.5 requires CDHS to consult with the County Welfare Directors Association to define those error alerts that affect eligibility or share-of-cost. Fourteen MEDS daily and renewal error alerts are deemed to be critical alerts and will be used for performance monitoring. Three reconciliation worker alerts from the quarterly reconciliation process were identified for performance monitoring.

#### MEDS Daily and Renewal Error Alerts

MEDS daily and renewal error alerts subject to performance review are 1501, 1502, 1503, 1504, 1510, 2003, 2005, 9033, 9034, 9531, 9532, 9546, 9548, and 9550 (see Attachment B). Counties are required to process 90 percent of these daily and renewal error alerts within the following designated timeframes.

- The MEDS daily and renewal error alerts received on or before the tenth working day of the month must be processed in time for the change to be effective the beginning of the following month.
- The MEDS daily and renewal error alerts received after the tenth working day of the month must be processed in time for the change to be effective the beginning of the month after the following month.

#### MEDS Reconciliation Worker Alerts

MEDS reconciliation worker alerts subject to review are 6005, 6006, and 6008 (see Attachment A).

Counties are required to process 95 percent of these worker alerts within the following timeframe:

- Reconciliation worker alerts numbered 6005, 6006, 6008 received by the tenth working day of the month must be processed in time for the change to be effective the beginning of the following month.
- Reconciliation worker alerts numbered 6005, 6006, and 6008 received after the tenth working day of the month must be processed in time for the change to be effective the beginning of the month after the following month.

### Examples of Processing Time For Alerts

If the error/worker alerts were received before July 10, 2006, they must be processed to be effective by August 1, 2006.

If the error/worker alerts were received after July 10, 2006, they must be processed to be effective by September 1, 2006.

### Performance Review Section (PRS)

The County Performance Standards Review Guidelines for MEDS Worker and Error Alerts are currently being developed. On completion of that process, PRS will identify counties to be included in the first phase of Performance Reviews for the daily and renewal error alerts and the reconciliation worker alerts component of County Performance Standards. After CDHS issuance of the guidelines, an official notification letter will be issued to the county welfare director two months prior to the actual onsite field work. The letter will identify the review periods for each of the processes.

Following the procedures in the guidelines identified above, PRS will obtain a random sample of Medi-Cal beneficiaries from each of the Daily, Renewal and Reconciliation processes. A total of 150 Medi-Cal beneficiaries with one of the designated worker/error alerts will be evaluated. The review includes all Medi-Cal beneficiaries, including persons who receive Medi-Cal only or Medi-Cal linked to California Work Opportunity and Responsibility to Kids and Foster Care cash assistance. The review is specific to that Medi-Cal beneficiary and will not include other persons identified in the county case record. Counties will be allowed, on a case by case basis, to dispute errors that are their responsibility or another agency. If another agency is responsible, errors of that sort will be backed out of their error rate.

There will be two samples of 75 Medi-Cal beneficiaries selected for each county review:

1. MEDS Daily and Renewal Error Alerts, which will be evaluated to the 90 percent standard, will be a combined total of 75 beneficiaries with Medi-Cal eligibility, and
2. MEDS Reconciliation Worker Alerts, which will be evaluated to the 95 percent standard, will be the second 75 beneficiaries with Medi-Cal eligibility.

Detailed guidelines for the Performance Review will be contained in the County Performance Standards Review Guidelines. As noted above, these guidelines will be shared with county welfare departments when finalized. For additional details, please refer to ACWDL 05-19.

Corrective Action Plans

If CDHS finds that a county has not met the quarterly reconciliation or the worker/error alert performance standards, CDHS will advise the county that a Corrective Action Plan (CAP) will be required through an official letter to the County Welfare Director of that county. The county will have 60 days from the date of the official CAP letter to submit the county CAP. If the county does not meet the benchmarks for improvement described in their CAP, CDHS may, at its sole discretion, reduce the allocation of funds in the following year by two percent. Any funds reduced will be restored by CDHS in the following year if, in the determination by CDHS, sufficient improvement has been made by the county in meeting the performance standards during the year for which the funds were reduced.

If you have questions regarding this letter, please contact Ms. Amrit Singh at (916) 552-9514 or by email at [Asingh@dhs.ca.gov](mailto:Asingh@dhs.ca.gov).

**Original Signed By**

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

Enclosures

**ATTACHMENT A**

**Top 3 – Reconciliation Alerts**

**Alert 6005 – Priority Accept**

**RECON RECORD ON MEDS/NOT ON COUNTY – RECON HOLD**

**GENERATED** - This message is generated when a record for the displayed segment type was found on MEDS that did not have a matching record on the county file; the Recon change date on MEDS for the Recon transaction segment type was prior to the creation date on the county Recon file and the MEDS record contains other than Food Stamp Eligibility that is presumed to be active.

Eligibility is presumed active when the last MEDS eligibility update was within the most recent 6 month period. This additional evaluation will prevent the termination of active MEDS eligibility that cannot be reported on the county Recon file due to county system limitations. A Recon update was generated to place the MEDS record on Hold pending further county action.

**ACTION:** Counties must check their system to ensure the county record was not omitted from the county file in error. If the record was omitted from the county file in error, counties must initiate the appropriate action to remove the Hold status from MEDS.

**ATTACHMENT A**

**Top 3 – Reconciliation Alerts**

**Alert 6006 – Priority Accept**

**DUP RECORDS ON COUNTY RECON FILE - RECON HOLD**

**GENERATED** - This message is generated when multiple records were found on the county file with the same MEDS-ID and segment-type (other than Food Stamp) and a matching record was found on MEDS. A Recon update was generated to place the MEDS record in a Hold status pending further county action.

Only two duplicate county records will be displayed under the alert contents. If there are more than two duplicates, alert message 6009 is also issued to notify the county of how many additional duplicates were found.

When this alert is generated, no further reconciliation is done for the Recon transaction.

**ACTION:** Counties must identify all duplicate county records and determine which, if any, is the correct record. Modify the county system to reflect the correct data and initiate the appropriate action to correct MEDS and remove the Hold status.

**ATTACHMENT A**

**Top 3 – Reconciliation Alerts**

**Alert 6008 – Priority Accept**

**DUP RECORDS ON COUNTY RECON FILE – NO MATCH ON  
MEDS**

This message is generated when multiple records were found on the county file with the same MEDS- ID and segment-type and no matching record was found on MEDS. A Recon update was not generated.

Only two duplicate county records will be displayed under the alert contents. If there are more than two duplicates, message 6009 will also be issued to notify the county of how many additional duplicates were found.

When this alert is generated, no further reconciliation is done for the Recon transaction.

**ACTION:** Counties must identify all duplicate county records and determine which, if any, is the correct record. Modify the county system to reflect the correct data. If necessary, initiate an update MEDS to establish eligibility.

COUNTY PERFORMANCE  
STANDARDS  
MEDS ALERTS  
PROCESSING

PRS  
REFERENCE  
GUIDE

REVISION DATE: May 11, 2006



## INTRODUCTION

This reference guide is to be used to conduct and complete the MEDS ALERTS County Performance Standards processing evaluations in selected counties. The guide will include the documents and materials to be prepared for all county reviews. Because County Performance Standards are consistent for all counties selected for review, no modifications of these materials are to be made.

COUNTY SELECTION PROCESS: Counties will be included in these reviews based on three factors:

- \* Prior Related County Focused Reviews
- \* MEQC Performance
- \* Risk Potential

ENTRANCE AND EXIT CONFERENCES: Counties will be advised when they have been selected to participate in this segment of the County Performance Review. Entrance conferences for the review are optional at the request of the individual county being reviewed. This activity should be accomplished on the first day of the onsite review. An informal telephone contact will be made with the county person designated for coordination of CPS activities.

A confirmation letter has been developed to be used for all counties requesting that action. This letter will be sent to the county welfare department director and the person designated for coordination. The letter confirms the parameters of the review including on-site review dates. The letter may also be used as the cover sheet for the random sample if sent at least three weeks prior to the actual on-site review dates. If the sample is not available at that time, the confirmation letter is to be sent and followed by a letter specific to the sample.

An informal exit conference should be provided on the last day of the onsite review unless the county specifically declines. The informal exit conference provides the county with the initial findings and specifically identifies the cases with problems. Most counties will request this meeting. This will be feasible using the MEDS ALERT CHECKLIST and supporting documents. More detail can be provided at a later time with the draft report.

A formal exit conference will be scheduled on completion of the review and either before or after issuance of the final report. A county may decline a formal exit based on the outcome of the review.

CASE SAMPLE: Two samples will be used for the MEDS EW Alert review and will include one sample of 75 beneficiary records from the quarterly reconciliation process. The second sample will include 75 beneficiary records to be equally selected from the monthly renewal and from a range of Daily processes. A random sample of 100 beneficiary records from the quarterly reconciliation process, 50 beneficiary records from the monthly renewal process and 50 records from the daily process will be requested to guarantee sufficient cases for

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

review. Based on The County Performance Standards requirements, those cases reviewed for the quarterly reconciliation process have a 95% compliance rate. Those cases reviewed for the monthly renewal and the daily process have a 90% compliance rate.

The two sample sizes were established based on a team of 2 analysts for a predetermined time period. An average of 177.5 hours has been allocated for the reviews. Actual time will vary primarily because of travel time to the review county onsite location. A review time of 45 minutes per case is being used as the work standards for CPS MEDS EW Alert reviews.

The LEAD Analyst will submit a request to ITSD. The request should be submitted via email to Steve Gans ([sgans@dhs.ca.gov](mailto:sgans@dhs.ca.gov)) with a cc to Yvonne Lee ([ylee@dhs.ca.gov](mailto:ylee@dhs.ca.gov)) two months in advance of when the sample is desired. The request will allow for the over-sampling needed to include 75 reconciliation and 75 combined renewal and daily records for our review. The following information must be included in the request:

1. Identify your request in the Subject: MEDS Worker Alert Sample List
2. Name of the County and County Code
3. Process types:
  - a. Sample One for RECON – 100 beneficiary records from the most recent RECON process will be taken where RECON alerts **6005, 6006** and **6008** have been generated. ACWDL 05-19 Attachment A page 2 and page 3 includes the most recent RECON schedule. You will need to determine the RECON month based on allowance of time for the county to have performed all of the actions needed to resolve the alert. Although 100 records will be requested, actual field review will be limited to 75.
  - b. Sample Two for RENEWAL and DAILY – 100 beneficiary records will be requested as follows:
    - i. RENEWAL – 50 beneficiary records from the most recent RENEWAL process will be taken where RENEWAL alerts numbered **1501, 1502, 1503, 1504, 1510, 2003, 2005, 9033, 9034, 9531, 9532, 9546, 9548, 9550** have been generated. You will need to determine the RENEWAL month based on the allowance of time for the county to have performed all of the actions needed to resolve the alert. Although 50 records will be requested, actual field review will be limited to 37-38.
    - ii. DAILY – 50 beneficiary records from DAILY processes for the first work week of the month selected for the RENEWAL processes, where DAILY alerts numbered **1501, 1502, 1503, 1504, 1510, 2003, 2005, 9033, 9034, 9531, 9532, 9546, 9548, 9550**, have been generated. Although 50 records will be requested, actual field review will be limited to 37-38.

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

4. The email address for the person to receive the electronic files
5. The name and phone number of the person you wish to work with Steve for your request in case there are questions.

Based on the guidelines contained in the All County Welfare Director's Letter entitled "Medi-Cal Eligibility Data System (MEDS) Reconciliations and Alerts", 14 critical alerts have been identified for priority processing. These 14 alerts are also created from the MEDS daily and MEDS monthly renewal process. These 14 alerts will be the focus of the FR at this time for the renewal and daily processes. If not resolved after the daily and/or monthly processes, these alerts will again appear at the quarterly reconciliation process. For RECON purposes, counties are not required to submit records for individuals who received Minor Consent Services or were identified under aid codes IE and RR. These latter individuals may impact share of cost spend down but do not receive Medi-Cal benefits under those aid codes.

Within the 14 alerts there are 3 groupings. GROUP ONE includes alerts for beneficiaries for whom the County submitted information does not match information known to MEDS or other matching criteria inherent in the MEDS system. These alerts are identified as Critical and include:

- 1501 - County-ID/MEDS-ID Conflict
- 1502 - County-ID/Birthdate Conflict
- 1503 - Client Index Number/MEDS-ID Conflict
- 1504 - Client Index Number/MEDS-ID vs County-ID/MEDS-ID Conflict
- 1510 - Transaction failed MEDS Name/Birthdate Match Criteria
- 2003 - MEDS-ID/Birthdate Conflict
- 2005 - Transaction County-ID Does not Match MEDS

GROUP TWO alerts are for beneficiaries with reported eligibility by other than the county welfare department and indicate that the county has not made an ongoing Medi-Cal evaluation. These alerts are also identified as Critical and include:

- 9033 - Deemed Newborn – MOM Address different on MEDS – Verify eligibility
- 9034 - Deemed Newborn – County Eligibility Determination Required
- 9546 - Over 2 months Accel Enroll – APP Determination Overdue
- 9548 - Over 2 months Extended Elig – Medi-Cal Determ Overdue

GROUP THREE alerts are for beneficiaries with reported eligibility by the county welfare department for which the county has not made an ongoing Medi-Cal evaluation or for whom the county was advised of a MEDS problem that has not been resolved. These alerts are also identified as Critical and include:

- 9531 - Third Edwards Month – Check Medi-Cal Determination Status

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

- 9532 - Over 3 Edwards Months – Medi-Cal Determination Overdue
- 9550 - Ongoing Burman Eligible – MEDS Eligibility Update Overdue

Normally the sample month would be 3 months before the actual field work. The 3 months should give ample time for the county to complete all processing activities for the alerts and within the timeframes established for processing the alerts. Based on the guidelines in the ACWDL, counties are required to process 90% of all DAILY and RENEWAL alerts in a timely fashion. Counties are required to process 95% of all RECON alerts in a timely fashion. Alerts received on or before the 10<sup>th</sup> working day of a month must be processed to be effective the first of the following month. Alerts received after the 10<sup>th</sup> working day of a month must be processed to be effective the first of the second month. The CPS Analysts will need to determine the receipt dates versus the MEDS process dates when evaluating compliance with the MEDS Worker Alert Reviews.

The sample will be taken from a listing of all persons identified from the MEDS alert grouping. It is possible that more than one person will be included for a given case. Only alerts for the selected beneficiary should be included for review. The sample is to include 75 beneficiary records from the reconciliation process and 75 records from the renewal and daily process for a total of 150 actual case reviews to be included in the report. It is recommended that 100 beneficiary records from quarterly reconciliation, 50 beneficiary records from the renewal monthly process and 50 beneficiary records from the daily processes be requested (over sample) to eliminate problems with lost cases or cases listed in error.

PROJECT MANAGEMENT: PRS has been allocated 4 full time positions, two permanent and two limited term, to perform County Performance activities. It is anticipated that those staff will be trained and fully functional no later than March 2006. Based on the determination of 10 productive months for calendar year 2006, it is anticipated that eight (8) county reviews for MEDS Worker Alerts will be performed. Selection of the 8 counties to be included for 2006 has been determined on the factors identified on page one of this document. As of the date of this review, the counties and assignments are as follows:

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

<b>EW ALERTS</b>	<b>1</b>	<b>TULARE</b>	<b>JUNE 2006</b>	<b>MONROE/ MORALES</b>
	<b>2</b>	<b>KERN</b>	<b>JUNE 2006</b>	<b>MONROE/ MORALES</b>
	<b>3</b>	<b>IMPERIAL</b>	<b>JULY 2006</b>	<b>MONROE</b>
	<b>4</b>	<b>CONTRA COSTA</b>	<b>AUGUST 2006</b>	<b>MORALES</b>
	<b>5</b>	<b>BUTTE</b>	<b>JULY 2006</b>	<b>MORALES</b>
	<b>6</b>	<b>RIVERSIDE</b>	<b>AUGUST 2006</b>	<b>MONROE</b>
	<b>7</b>	<b>SACRAMENTO</b>	<b>JULY 2006</b>	<b>MORALES</b>
	<b>8</b>	<b>SAN MATEO</b>	<b>AUGUST 2006</b>	<b>MONROE</b>

Project management hours have been developed as follows for each county review. These hours are approximate and will be modified based on actual experience in the county review process.

15 hours	Preparation, sample processing, MEDS reviews
112.5 hours	Case Reviews (150 cases at 45 minutes per case)
4 hours	Report documentation
10 hours	Exit conferences
26 hours	Travel (this is an average)
10 hours	Draft and Final reports, review of county issues
177.5 hours	Total hours allocated per county review

Jose Morales, the Regional Manager responsible for oversight for the County Performance reviews will develop hour parameters for each county. The LEAD Analyst should check the County Performance Project Control Matrices for the specific county as part of the project control activity.

**MEDS:** Because the focus of this review is MEDS, the alert will provide the majority of information needed to initiate the review. As part of the sample selection process, ITSD will

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

provide the basic INQM, INQ1-INQ3 screens for each beneficiary selected in the sample. In addition, a list that includes the most recent alerts on MEDS for each beneficiary ID will be provided. Additional screens will be needed throughout the review process. All staff assigned to the review will be responsible for obtaining supplemental MEDS screen prints.

At a minimum, the INQM and INWA summary screens will be needed for each beneficiary for a given case. The LEAD Analyst will be responsible for obtaining the alerts and screen prints but will be assisted by the other analysts assigned to County Performance activities. Detailed instructions for processing the alerts begin on page xx of this guideline.

LAN: All documents created for the review will be permanently filed on the LAN for future reference. The Regional Manager assigned to the county review has the responsibility to ensure that this activity occurs on issuance of the final report.

REVIEW DOCUMENTS: the following documents have been created for this review and are provided as part of this document and/or as attachments to this document.

1. PROJECT PLAN – this document is to be used to present the MEDS ALERT Focused Review to the County selected for inclusion in this project. The plan includes the scope of the focused review. This plan will normally be shared at a planning meeting in advance of the onsite review and potentially in advance of a formal letter to the county presenting the intent of the review.
2. ENTRANCE LETTER – this document has been created as a formal letter to the county welfare department agency director (or other designee) that outlines the purpose of the review. All counties will require this letter. (Attachment # 1)
3. CONFIRMATION LETTER – this document has been created as a confirmation letter to the county welfare department agency liaison and may also be used to transmit the list of cases required for review. (Attachment # 2)
4. MEDS ALERT FR CHECKLIST – this document is to be prepared by the LEAD Analyst and given to the County as both the ORIGINAL CASE LIST for the cases to be available for review as well as the working review document. This document is used to track the review and provide the statistical data for the county report. The checklist will be used to communicate the findings for each case to the county prior to finalization of the actual MEDS ALERT FR report. (Attachment # 3)
5. MEDS ALERT FR REPORT – the report will be completed based on statistical data to be collected from the MEDS ALERT FR Checklist. A report template has been created and will need modifications only for specific situations of each individual county. (Attachment # 4)

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

6. DIRECTOR LETTER – this document is a template of the letter to be used when transmitting the report to the County. As with the report, modifications will be needed specific to the county (Attachment # 5).
7. ACWDL Letters– all ACWDLs related to this activity are found in a sub folder entitled ACWDL.
8. TRAILER BILL LANGUAGE FOR QUARTERLY RECONCILIATION –draft regulatory language.
9. READING THE MEDS ALERTS - provides an example of the MEDS ALERT format and an explanation of the information.
10. MEDS ALERT PROCESSING – provides the detailed instructions for review of the MEDS alerts and subsequent MEDS and county documentation to determine completion and timeliness for the review.
11. MEDS ALERT REVIEW WORKSHEET – worksheet to be used to complete the review. Information on the worksheet will be used to develop the MEDS ALERT FR CHECKLIST. (Attachment #6).

**PROGRAM REVIEW SECTION  
MEDS ALERTS FOCUSED REVIEW  
COUNTY PROPOSED PROJECT PLAN**

PROPOSAL

With the cooperation of the Name County, staff from the Program Review Section (PRS) of the California Department of Health Services (DHS) has scheduled a County Performance Standards (CPS) review of the MEDS ALERTS processing by NAME County. This CPS review is limited in nature to specific MEDS Alert messages from Daily, Renewal or Reconciliation processes. Name County has been designated for participation in this review process.

**STUDY METHODOLOGY**

As part of the study, we will review 75 randomly selected cases for beneficiaries with MEDS Alerts for the RECON sample month of MONTH YEAR, and 75 randomly selected cases for beneficiaries with MEDS Alerts from both the monthly RENEWAL sample month of MONTH YEAR and the DAILY processes of MONTH DAY – DAY, YEAR. Cases have been selected from a random computer generated sample based on Alert Numbers 1501, 1502, 1503, 1504, 1510, 2003, 2005, 9033, 9034, 9531, 9532, 9546, 9548, 9550 from the DAILY and RENEWAL processes and Alert Numbers 6005, 6006, and 6008 from RECON processes. NAME county will be provided a listing of cases to be included for review. The onsite review will be completed during the month of Month YEAR.

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

## **STUDY DOCUMENT**

PRS will utilize the MEDS ALERT FR CHECKLIST developed for County Performance Standards compliance. PRS will study the case record and information in the county automated system/imaging system in comparison to MEDS and the designated MEDS Alerts. The review will not include recipient or other third party contact.

## **CONCLUSIONS**

The information collected during the review will be compiled into a report that will identify the County's:

- Accuracy of resolving MEDS Alert.
- Timeliness of resolving MEDS Alerts.
- Issues related to MEDS and County interfaces to be presented to CDHS Medi-Cal Eligibility Branch for further evaluation and consideration.
- Best practices that may be shared with other Counties.

## **REVIEW CONCEPTS**

- The review will consider all actions performed by the county to resolve the MEDS Alert prior to the onsite review and the timeliness of those actions.
- The review will include all CalWORKs, Foster Care and Medi-Cal beneficiaries that are managed by the county welfare department except for persons receiving Minor Consent services or under aid codes IE and RR.
- No third party verifications will be requested. All determinations will be made based on the information in the case record.

## **REVIEW PROCESS**

When completing the Review, it is important to remember the following:

- Each County Review will be documented independently and follow the established template.
- The report will be sent under separate Director Letter cover and the findings will not be combined with any other review.
- DRAFT and draft date should be marked on all Review material until the report is reviewed, approved and becomes final.
- The Review County will be provided a copy of the draft Review report for review and comment before becoming final.
- The final review report will include information to the county when the county does not meet the mandated performance standards and when and what corrective action plans will be required.



COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

- The final Review report will include Best Practices documents as approved by the Review County.
- All Review reports are to be discussed at the Region Level prior to submittal to the Section Chief for finalization and issuance.

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

ENTRANCE LETTER: The following text may be inserted onto the appropriate regional letterhead for use. (Attachment # 1)

(INSERT DATE)

, Director  
INSERT County  
Department  
COUNTY ADDRESS  
CITY, CA ZIP CODE

Dear Ms. (Director):

As part of the Medi-Cal Quality Control activity, the Program Review Section (PRS) of the California Department of Health Services conducts County Performance Reviews (CPR) in various counties throughout the State of California. Name County has been selected as one of the counties included in a review of the MEDS ALERT PROCESSING to be conducted in MONTH YEAR. Findings of the review will be used to verify compliance with the County Performance Standards specified in Welfare and Institutions Code Section 14154, the need for corrective action plans and possible reduction of county administrative allocations for failure to meet the performance standards. A report will be issued to your county at the conclusion of the review process. We plan to conduct the review beginning [Month Day, Year], and ending on [Month Day, Year].

We have tentatively scheduled Month Day-Day, Year for the onsite review. If you wish, an entrance conference can be scheduled on the first day. We will also meet with you and designated staff at the conclusion of the onsite review to share initial findings and problem case issues.

We will be providing a list of the Medi-Cal cases to be included for the review at a later time. The cases have been selected from the State MEDS Database as a result of creation of specific MEDS CRITICAL Alerts from designated DAILY, RENEWAL and RECON processes. The review will be limited to your county's compliance in correctly and timely processing the MEDS Alerts. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record, information in your county data system and MEDS.

We will also need access and authorization for our staff to complete inquiries on your county automated system and MEDS during the onsite. If you require confidentiality agreements signed in advance please let me know.

The CPS staff who will be participating in this review are NAME NAME and NAME NAME. NAME NAME will have LEAD responsibility for the review and will be available at xxx-xxx-xxxx to coordinate with your staff.

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

If you have any questions or concerns regarding this review, please feel free to contact me at 909-948-5117 or via email at lmonroe@dhs.ca.gov.

Sincerely,  
Region Chief Name  
Focused Review Team Leader  
Program Review Region

Cc: County Contact, Title  
Address  
Lead Analyst, Title  
Address

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

**CONFIRMATION LETTER:** The following text may be inserted onto the appropriate regional letterhead for use. (Attachment # 2)

(INSERT DATE)

, Director  
INSERT County  
Department  
COUNTY ADDRESS  
CITY, CA ZIP CODE

Dear Ms. (Director):

As part of the Medi-Cal Quality Control activity, the Program Review Section (PRS) of the California Department of Health Services conducts County Performance Reviews (CPR) in various counties throughout the State of California. Name County has been selected for inclusion in a MEDS Worker Alert review. Findings of the review will be used to verify compliance with the County Performance Standards specified in Welfare and Institutions Code Section 14154, the need for corrective action plans and possible reduction of county administrative allocations for failure to meet the performance standards. A report will be issued to your county at the conclusion of the review process. We plan to conduct the review beginning [Month Day, Year], and ending on [Month Day, Year].

We are requesting that the Medi-Cal cases on the enclosed list be made available for the review. The cases have been selected from a randomly generated computer selection process. The review will be limited to your county's compliance in correctly and timely processing the MEDS Alerts. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record, information in your county data system and MEDS.

Sincerely,  
Focused Review Team Leader  
Program Review Region

Enclosure

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

MEDS ALERT FR CHECKLIST - this document is used to track the review and provide the statistical data for the county report. The checklist will be used to communicate the findings for each case to the county prior to finalization of the actual MEDS ALERT FR report. (Attachment # 3). The checklist will also be used as the original case listing to the county.

REPORT – the report will be completed based on statistical data to be collected from the MEDS ALERT FR Checklist. A report template has been created and will need modifications only for specific situations of each individual county. (Attachment # 4)

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

EXECUTIVE SUMMARY

The Program Review Section (PRS) recently conducted a MEDS ALERT County Performance Review (CPR) on *insert date*. The review was performed in *Insert* County. The purpose of this review was to determine the effectiveness of *Insert* County compliance with processing MEDS ALERTS.

PRS identified the following results:

Number of Completed Reviews                      (100.0%)        *Insert number*

Of the completed case reviews, the following findings apply:

*Insert Number*                      Total Cases with MEDS alerts received from the DAILY and RENEWAL MEDS processes

*Insert %*                                      *Percentage processed timely (number / total). This percentage is above/at/below the mandatory 90% requirement.*

*Insert Number*                      Total Cases with MEDS alerts received from the RECON MEDS processes

*Insert %*                                      *Percentage processed timely (number / total). This percentage is above/at/below the mandatory 95% requirement.*

**NAME** County did (did not) meet the 90% County Performance Standards for processing MEDS DAILY and RENEWAL Worker Alerts. NAME County's performance was % which meets (does not) meet the 90 % standard.

NAME County did (did not) meet the 95% County Performance Standards for processing MEDS RECON Worker Alerts. NAME County's performance was % which meets (does not) meet the 95% standard.

Based on these findings, NAME County will (will not) be required to complete a Corrective Action Plan for Application Processing. NAME County will be contacted in the immediate future to begin action on the County Corrective Action Plan.

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

**BACKGROUND**

PRS staff has completed a MEDS ALERTS CPR in *Insert County* on *Insert Date*. The MEDS ALERT review focused on MEDS Alerts from the DAILY, RENEWAL and RECON processes for the following time periods:

DAILY –  
RENEWAL-  
RECON –

This CPS review encompassed an evaluation of *Insert County's* MEDS Alert processing in effect for those timeframes and *Insert County* compliance with the MEDS processing policy.

An entrance conference was conducted with the *Insert County* staff to discuss the parameters of the review which included the following:

- Desk reviews of a random sample of 75 Medi-Cal cases with beneficiary MEDS Alerts from the quarterly Reconciliation process.
- Desk reviews of a random sample of 75 Medi-Cal cases with beneficiary MEDS Alerts from both the monthly RENEWAL and DAILY processes.
- A review of the NAME County case information as documented in the case record.
- A review of the NAME County system/data imagery information.
- A review of the state MEDS system including Worker Alert databases.
- A determination of the accuracy of NAME County's MEDS Alert processing for each beneficiary record under review.
- A determination of the timeliness of *Insert County's* MEDS Alert processing for each beneficiary record under review.
- Review of NAME County internal process for processing MEDS Alerts to the 90 and 90% requirements.
- Findings of the review will be used in the verification of compliance with County Performance Standards, determination of whether a corrective action plan is required, and failure to meet the performance standards.

**ONSITE REVIEW**

The onsite review was conducted on **Month Day, Year**. A desk review was completed on the **Number** of beneficiary records in the two random samples for the time periods designated above, using the case file, MEDS and county automated and data imagery system information. Based upon that information the review team determined whether or not **Name** County correctly and timely processed the MEDS Alerts.

PRS staff reviewed 75 beneficiary records that were in the Reconciliation sample and the 75 beneficiary records from the Renewal and Daily samples. As part of our review process, we

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

considered actions performed by the county prior to our desk review only to the extent the actions were performed within the timeframes required by Medi-Cal policy under the County Performance Standards processing guidelines. Changes occurring after those timeframes are noted but not considered for timeliness purposes. An informal exit conference was held with *Insert name of Persons* to discuss the preliminary findings of the County Performance Standards MEDS ALERT review. PRS staff presented the draft report to *Insert County* on *Insert Date*.

Of the 150 beneficiary records from both random samples selected for review, we found that xxx cases (% of the total) of the Reconciliation records had MEDS alerts processed correctly and timely while xxx cases (% of the total) of the Renewal and Daily records had MEDS alerts processed correctly.

For the remaining xx cases we found the following:

# (%) Records MEDS daily or renewal alerts received on or before the 10<sup>th</sup> working day not processed for the next month eligibility process. This percentage was above/at/below the mandatory 90%.

# (%) Records MEDS daily or renewal alerts received after the 10<sup>th</sup> working day not processed for the second month eligibility process. This percentage was above/at/below the mandatory 90%.

# (%) Records MEDS reconciliation alerts received on or before the 10<sup>th</sup> working day not processed for the next month eligibility process. This percentage was above/at/below the mandatory 95%.

# (%) Records MEDS reconciliation alerts received after the 10<sup>th</sup> working day not processed for the second month eligibility process. This percentage was above/at/below the mandatory 95%.

Based on those findings, PRS has determined that NAME County:

- did (did not) process 95% of the MEDS Reconciliation worker alerts within the mandated timeframes. We could find no substantiation in the county case record or automated system to substantiate delayed processing for those cases not meeting the timeliness criteria.
- did (did not) process 90% of the MEDS Renewal and Daily worker alerts within the mandated timeframes. We could find no substantiation in the county case record or automated system to substantiate delayed processing for those cases not meeting the timeliness criteria.

A draft report was provided to NAME County for review prior to completion. This is the final report.



COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

**SUMMARY/CONCLUSIONS/RECOMMENDATIONS**

Based on the PRS review, Name County is (is not) processing MEDS Alerts timely. *Explain here results and any unusual, mitigating or specifics to this review, statements.*

The MEDS Alert CPSR was completed within the time frames allowed. This was due in part to the full cooperation of the *Insert County* staff and the coordination efforts of *Insert Quality Control Contact*. This enabled the review to run smoothly and without delays. We would like to especially thank *Insert County Names* for their assistance in developing and participating

**BEST PRACTICES**

PRS would like to recognize exceptional county best practices that were identified during the review.

1. *Use this section to list forms, practices, training, policies, etc and include as attachments as appropriate.*

**CORRECTIVE ACTION PLANS**

Use this area to discuss the counties plans for corrective action plans if warranted based on the county's performance under the 90 and 95% level. Any performance under the 90 or 95% level will require reference to corrective action plan efforts and timeframes.

During the focused review, PRS staff identified various errors and case issues. These errors and issues are documented in the attached Case Control Log. State and County staff agrees that county staff will take timely and appropriate action to address each case error and issue finding.

**FUTURE EFFORTS AND EXPECTATIONS**

Use this section to emphasize PRS response to corrective action plans. Wording will be developed specific to corrective action plans as those activities are further refined.

**ATTACHMENTS**

*List all attachments including the case summary findings.*

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

DIRECTOR LETTER – this document is a template of the letter to be used when transmitting the report to the County. As with the report, modifications will be needed specific to the county (Attachment # 5).

(INSERT DATE)

, Director  
INSERT County  
Department  
COUNTY ADDRESS  
CITY, CA ZIP CODE

Dear Ms. (Director):

The Program Review Section (PRS) recently completed a MEDS ALERT County Performance Review in *Insert County* on *Insert Date*. Enclosed you will find a copy of the final report for this review. We have discussed these findings with *Insert Name* and have included responses and suggestions in this final report. If you or staff wish to discuss in more detail we will arrange a conference at a convenient date and time.

*If corrective action efforts are required the letter needs to address that as an issue.*

We wish to express our appreciation for the able assistance and tremendous cooperation of *Insert County* staff in the completion of this review. If you wish to discuss the findings of the review please contact either *Insert Name*, Lead Analyst, at *Insert Phone Number*, or myself at *Insert Phone Number*.

Sincerely,

Chief  
Insert Area Program Review Region  
Program Review Section

Enclosure

Be sure to cc county staff per supervisor approval. Only cc Branch Chief reports with outstanding issues.

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

bcc: Tom Welch, Chief  
Program Review Section  
Medi-Cal Eligibility Branch  
P.O. Box 997417, MS 4607  
Sacramento, CA 95899-4717

Mary Brown, Chief  
Central Program Review Region  
Program Review Section  
Medi-Cal Eligibility Branch  
P.O. Box 997417, MS 4607  
Sacramento, CA 95899-4717

Jose Morales, Chief  
Southern Program Review Region  
Program Review Section  
Medi-Cal Eligibility Branch  
311 South Spring Street, Room 217  
Los Angeles, CA 90013

John Lim, Chief  
Coastal Program Review Region  
Program Review Section  
Medi-Cal Eligibility Branch  
575 Market Street, Suite 600  
San Francisco, CA 94105

Linda Monroe, SSMI  
Anti-Fraud/PAM Region  
Program Review Section  
Medi-Cal Eligibility Branch  
10370 Commerce Center Drive, Suite 100  
Rancho Cucamonga, CA 91730

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

ACWDL Letters: all letters related to MEDS processing are contained in a separate folder for reference purposes. New letters will be added as identified. These letters are not reproduced for this reference guide.

TRAILER BILL LANGUAGE FOR QUARTERLY RECONCILIATION – draft regulatory language as follows:

Add a new Welfare and Institutions Code Section 14154.5 to read:

“Section 14154.5. (a) Each county shall work on a routine basis any error alert from the department’s Medi-Cal Eligibility Data System (MEDS). Alerts that affect eligibility or the share of cost that are received by the tenth working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Alerts that affect eligibility or share of cost that are received after the tenth working day of the month, shall be processed in time for the change to be effective the beginning of the month after the following month. The department shall consult with the County Welfare Directors Association to define those alerts that affect eligibility or the share of cost.

(b) Each county shall submit reconciliation files of its Medi-Cal eligible population to the department every three months, based upon a schedule determined by the department, in a format prescribed by the department to identify any discrepancies between eligibility files in the county records and eligibility as reflected on MEDS. Counties will be notified of any changes to the standard format for submitting reconciliation files sufficiently in advance to allow for budgeting, scheduling, development, testing and implementation of any required change in county automated eligibility systems.

(c) For those records that are on the county’s files, but not on MEDS, the county shall receive worker alerts from the department that identify such cases, and the county shall fix any data discrepancies. Those worker alerts received by the tenth working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Those worker alerts received after the tenth working day of the month shall be processed in time for the change to be effective the beginning of the month after the following month.

(d) In regard to any record that is on MEDS but not on the county’s file, the county shall either correct the county record or MEDS, whichever is within the same timeframes cited in (c) above.

(e) the department shall terminate a MEDS eligible record if the person is not eligible on the county file when there has been no eligibility update on the MEDS record for six months.

- (f) If the department finds that a county is not:
- (1) conducting reconciliations as required in (b);
  - (2) processing 95 percent of worker alerts as defined in (c) and (d) within the timeframes specified; or

COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES

(3) processing 90 percent of the error alerts as defined in (a) that affect eligibility or share of cost, within the timeframes specified,

the county shall, within 60 days, submit a corrective action plan to the department for approval. The corrective action plan shall, at a minimum, include steps that the county shall take to improve its performance on the requirements with which the county is out of compliance. The plan shall establish interim benchmarks for improvement that shall be expected to be met by the county in order to avoid sanction.

(g) If the county does not meet the interim benchmarks for improvement standards, the department may, at its sole discretion, reduce the allocation of funds to that county in the following year by 2 percent. Any funds so reduced may be restored by the department if, in the determination of the department, sufficient improvement has been made by the county in meeting the performance standards during the year for which the funds were reduced.

(h) The department, in consultation with the County Welfare Directors Association, shall investigate features that could be installed in MEDS to reduce the number of alerts and streamline the reconciliation process.

(i) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret or make specific this section by means of all county letters, provider bulletins, or similar instructions. Thereafter, the department may adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. “

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

**READING THE MEDS ALERTS:** All MEDS alerts have the same basic information. The following examples are provided for reference purposes only.

```

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                COUNTY WORKER ALERT REPORT
* * * * RECONCILIATION ALERTS * * * * (A)

REPORT NO:  RS-MED110-R003                COUNTY:    NAME    (B)
PRINT DATE:  99/99/2999                   DISTRICT:
PAGE:        269                          WORKER:    9A9A

===== C O N F I D E N T I A L =====

CASE-NAME TUTU ,CLAR PERSON-NAME TUTU , CLARA (C)
COUNTY-ID 69-17-9999999-9-99 MIDS-ID 999-99-9999 (E) BIRTHDATE 09/09/1999 (F)
(D) CIN

TRANSACTION-CODE RC20 SOURCE CREATION-DATE 99/99/2999 (G)

MESSAGE
1501 COUNTY ID/MEDS-ID CONFLICT (H) *URGENT*

DED# DATA-ELEMENT CONTENTS
H074 (I) TRANS HDR COUNTY-ID 691799999999999 (D)
X001 (J) XREF COUNTY-ID KEY 6999999999A143 (K)
H054 (I) TRANS HDR MEDS-ID 55555555 (E)
X002 (J) XREF MEDS-ID 444444444 (L)

** MEDS MATCHING MASTER ** (M)
CASE-NAME NAMEE NAMEE DISTRICT 099 EW-CODE 9999 GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99 PERSON-NAME NAMEE , NAMEE
MIDS-ID 555-55-5555 SSN-VER J BIRTHDATE 99/99/1999 SEX F
LAST-EW-CHG 99/99/99 ELIG-STAT 999
TERM-DT 99/99/99 LAST-NON-CNTY-CNG 9/99/99 SOC-AMT

- - - - - PENDING STATUS INFORMATION - - - - - (N)
CASE-NAME DISTRICT EW-CODE ELIG-STAT
COUNTY-ID - - - - - TERM-DT / /

```

- (A) Identifies the type of process that created this report – Reconciliation, Renewal, Daily.
- (B) Name of the County the report was created for.
- (C) Beneficiary name. Because the MEDS worker alert is specific to a beneficiary the case name is for clearance purposes only. Other members of the MFBU will be disregarded for this review.
- (D) County ID Number includes the 2-digit county number, followed by the 2-character Aid Code, followed by the 7-character case serial number, followed by a 1-character FBU, followed by a 2-digit person number. The CDS non CalWIN counties have a 2-character FBU in their system. When this number is sent to MEDS only the second digit will display in MEDS. As a result, there may be multiple FBU records in CDS but only one in MEDS.
- (E) The MEDS-ID is the beneficiary’s Social Security Account Number or MEDS Pseudo if there is not a valid SSAN. At this time, only the CDS non CalWIN counties send a MEDS Pseudo on transactions. All other counties send the Client Index Number (CIN).

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

For those counties you will see the CIN number that was sent rather than the MEDS Pseudo number. When that occurs, the XREF CIN will display in the body of the alert message.

```

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                COUNTY WORKER ALERT REPORT
* * * * RECONCILIATION ALERTS * * * * (A)

REPORT NO:  RS-MED110-R003                COUNTY:    NAME    (B)
PRINT DATE:  99/99/2999                   DISTRICT:
PAGE:        269                           WORKER:    9A9A

===== C O N F I D E N T I A L =====

CASE-NAME TUTU ,CLAR PERSON-NAME TUTU , CLARA (C)
COUNTY-ID 69-17-9999999-9-99 MEDS-ID 999-99-9999 (E) BIRTHDATE 09/09/1999 (F)
              (D)                CIN

TRANSACTION-CODE RC20 SOURCE CREATION-DATE 99/99/2999 (G)

MESSAGE
1501 COUNTY ID/MEDS-ID CONFLICT (H) *URGENT*

DED# DATA-ELEMENT CONTENTS
H074 (I) TRANS HDR COUNTY-ID 691799999999999 (D)
X001 (J) XREF COUNTY-ID KEY 6999999999A143 (K)
H054 (I) TRANS HDR MEDS-ID 55555555 (E)
X002 (J) XREF MEDS-ID 444444444 (L)

** MEDS MATCHING MASTER ** (M)
CASE-NAME NAMEE NAMEE DISTRICT 099 EW-CODE 9999 GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99 PERSON-NAME NAMEE , NAMEE
MEDS-ID 555-55-5555 SSN-VER J BIRTHDATE 99/99/1999 SEX F
LAST-EW-CHG 99/99/99 ELIG-STAT 999
TERM-DT 99/99/99 LAST-NON-CNTY-CNG 9/99/99 SOC-AMT

- - - - - PENDING STATUS INFORMATION - - - - - (N)
CASE-NAME DISTRICT EW-CODE ELIG-STAT
COUNTY-ID - - - - - TERM-DT / /

```

- (F) The beneficiary's birthdate.
- (G) The creation date is the actual date that the MEDS Alert was posted to MEDS. This date may differ from the date that the report is received at the county level. The LEAD Analyst will need to confirm the actual receipt date at the county level for determining the compliance with timeliness.
- (H) This is the primary number and definition for the MEDS Alert.
- (I) When a DATA-ELEMENT begins TRANS, this information was received from the county in the transaction that created the MEDS Alert.
- (J) When a DATA-ELEMENT begins XRED, this information was present in MEDS and is being provided in the MEDS Alert to indicate what MEDS believes to be correct.
- (K) The cross reference county identification number is a truncated version than what displays for (D). This number does not contain the aid code and the person number is followed by check indicator.
- (L) When there is information in MEDS that the beneficiary is known by another SSAN or MEDS Pseudo the number will display in this field.

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

- (M) When the MEDS ID has current MEDS information, including for a different person, that information will display.
- (N) When MEDS has pending information that will be updated at MEDS Renewal, that information will display.

**MEDS ALERT PROCESSING:** there will be a minimum of five steps in the MEDS Alert review. The first step will cover the processing of the initial reports received from ITSD and the supplemental MEDS steps required. The second and third steps will begin the actual review of the alerts and information on MEDS. At these steps there are some beneficiary records that can be completed as information in MEDS will document that the alert has been processed and corrective action taken. The fourth and fifth steps will cover additional MEDS reviews to eliminate additional beneficiary records that have been corrected. It is recommended that the fourth step be completed before actual request for case records to minimize the number of cases that will be needed for review.

**Step One**

ITSD will provide four separate files for use in the MEDS CPR review for each of the MEDS processes. The first file to be reviewed is the file named “Worker Alert Sample”. This file will be sorted by the MEDS-ID which is the Social Security Account Number (SSAN) or Pseudo for those beneficiaries without valid SSANs. Because the report is electronic and in word format, page breaks can be completed to separate each MEDS record to a separate page. As a result there will be 50-100 pages to be printed for this review. (The numbers on this form relate to the fields noted on the MEDS ALERT Worksheet.

9/02/05	STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES WORKER ALERT SAMPLE			PAGE	1
=MEDS-ID=	===DATE===	=====	=====MESSAGE=====	=====	=====
6666666666	2005-08-15	2000	MEDS-ID NOT ON FILE		PRI-REJ
↑					
(10)	2005-08-15	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
	2005-08-15	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
(7)→	2005-07-06	1501	COUNTY ID/MEDS-ID CONFLICT		CRITICL
	2005-07-06	6016	CRITICAL ELIG ERROR ON CO RECORD - NO MATCH ON MEDS		URGENT
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9) ↑	CRITICL
	2005-06-29	2000	MEDS-ID NOT ON FILE	←(8/9)	PRI-REJ
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL



**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

This report will include the SSAN (or pseudo) and all MEDS alerts displaying for that number on MEDS as of the day that the sample is obtained from MEDS. Using this report, a MEDS Alert Review Worksheet should be completed. Minimum entries include the (1) County Number, (2) Process type which will be either Recon, Renewal or Daily, (7) Alert No and Description, (8) Prior/After Alert Dates, (9) Prior/After Review Numbers, and (10) SSAN or MEDS-ID. This worksheet becomes the control document for all actions to be taken for this review.

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
(1)	(2)	(3)			
ALERT NOs & DESCR	(7)				
PRIOR or AFTER ALERT	DATE	(8)			
	NO	(9)			
<b>TRANSACTION INFORMATION FROM ALERT</b>					
MEDS ID NUMBER		CIN FOR MEDS ID	NAME		
(10)		(11)	(12)		
AC	CASE SERIAL	FBU	PN	DOB	
(13)	(14)	(15)	(16)	(17)	

The second file to be reviewed is the file named “Daily, Renewal or Reconciliation Alerts”. For our purposes, this will be the file that contains the actual alert that triggered the inclusion of this beneficiary for the County Performance Review. This file will sort by the MEDS-ID which is the Social Security Account Number (SSAN) or Pseudo for those beneficiaries without valid SSANs. The report is electronic and in word format and should be printed and sorted to the worksheets that were previously prepared. Most beneficiaries will only have one page. In some situations information will display on the bottom of the form entitled “MEDS/CDB Matching Master”. This occurs when the MEDS ID submitted by the county is found on MEDS/CDB. If there are pending actions in MEDS as of the date of this report there may also be a section entitled “Pending Status Information”.

Additional information from this report to be entered on the worksheet includes the (12) Beneficiary name, (13) Aid Code, (14) Case Serial, (15) FBU, (16) Person Number, and (17) Date of Birth. In the majority of situations the (11) CIN may be available on this report. Counties operating under the CDS nonCalWIN system do not currently send the CIN number

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

in RECON transactions, instead a MEDS Pseudo if known is sent. All other systems send the CIN but do not send a MEDS Pseudo when there is not a valid SSAN.

<b>XREF INFO</b>	(18)
<b>REVIEW NOTES</b>	(19)

The XREF information displayed should be entered in number (18) of the worksheet. Information from the MEDS matching master or Pending should be reviewed and entered in number (19) of the worksheet as appropriate.

```

* * * * RECONCILIATION ALERTS * * * *

REPORT NO:   RS-MED110-R003          COUNTY:   COUNTY NAME
PRINT DATE:  09/02/2005             DISTRICT:
PAGE:        2                      WORKER:   P624

===== C O N F I D E N T I A L =====

CASE-NAME   MCCUNE           ,SAMU   PERSON-NAME  NONAME           , SAMUEL (11)
COUNTY-ID  40-17-5555555-9-02     MEDS-ID  666-66-6666   BIRTHDATE  11/26/1906   (17)
              ↑   ↑   ↑   ↑   CIN   (11)
              (13)(14)(15)(16)
TRANSACTION-CODE  RC20          SOURCE                CREATION-DATE  06/30/2005

MESSAGE
1501 COUNTY ID/MEDS-ID CONFLICT                CRITICL*

DED#        DATA-ELEMENT                CONTENTS
H074        TRANS  HDR COUNTY-ID          40175555555902
X001 (18)   XREF  COUNTY-ID KEY           4055555559021
H054        TRANS  HDR MEDS-ID            6666666666
X002 (18)   XREF  MEDS-ID              6666666666

** MEDS MATCHING MASTER **
CASE-NAME   DISTRICT   EW-CODE   GOVT-CODE 3
COUNTY-ID 40-10-9666666-4-24  PERSON-NAME NONAME           , SAMUEL   T
MEDS-ID 666-66-6666  SSN-VER J  BIRTHDATE 11/26/1906         SEX M
LAST-EW-CHG / /                               ELIG-STAT 999
TERM-DT / /                                  LAST-NON-CNTY-CHG 07/10/05  SOC-AMT

- - - - - PENDING STATUS INFORMATION - - - - -
CASE-NAME   DISTRICT   EW-CODE   ELIG-STAT
COUNTY-ID  - -       - -     TERM-DT / /   SOC-AMT

```

The third file to be reviewed is the file named “MEDS Screens”. The INQM, INQ1, INQ2 and INQ3 will be provided for each of the MEDS-IDs listed that were known to MEDS. These screens will not be displayed for those MEDS-IDs not known to MEDS. Additional work will be required for those records. The report is electronic and in word format and should be printed and sorted to the worksheets that were previously prepared. Detailed explanations of the fields on these screens are not provided as staff are currently familiar with this data.

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

```

INQM                ** PRIMARY MEDI-CAL/CMSP INFORMATION **                09-02-05
MED910
CASE-NAME           DISTRICT           NONAME           , SAMUEL       T
COUNTY-ID 40-10-5555555-4-24   EW-CODE
MEDS-ID 666-66-6666   SSN-VER J   REDET-DT   -   99 NINTH CT
BIRTHDATE 11-26-1906   DOB-VER   SEX M   GOV-RSP 3   PASO ROBLES           CA 99999
CHAINED-ID   -   -   LAST-MC/CP-CHG   -   -   ADDRESS-FLAG A   RES-COUNTY
PRIOR-MEDS-ID   -   -   LAST-OTH-CHG 07-10-05   APDP   PICKLE   RECOVERY
WELFARE-PGM 001   DEATH-DT           DEATH-CD   TERM-DT           TERM-REAS
CIN 999999999E 8   HIC-NO           BIC-ISSUE   -   -   PAPER-ISSUE
PGM: M           1           2           3           FS           CW
                2005===== > 2004=====
          09-05 PEND   JAN   FEB   MAR   APR   MAY   JUN   JUL   AUG   SEP   OCT   NOV   DEC
COUNTY           40
AID-CODE          10
ELIG-STAT 999
SOC-AMT
CERT-DAY
OHC
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
    
```

The fourth file to be reviewed is the file named “MEDS ID NOT FOUND LIST”. This list should be compared to all of the worksheets without MEDS Screen Prints. A worksheet should either have a set of MEDS Screen Prints or be on this list.

```

***** M E D S - I D           N O T           F O U N D           L I S T           *****

** REQUESTED RECORD NOT FOUND; MEDS-ID: 666666666
** REQUESTED RECORD NOT FOUND; MEDS-ID: 666060666
** REQUESTED RECORD NOT FOUND; MEDS-ID: 666666660
** REQUESTED RECORD NOT FOUND; MEDS-ID: 660666066
** REQUESTED RECORD NOT FOUND; MEDS-ID: 606666066
    
```

**Step Two** – The beneficiary records on the MEDS-ID Not Found List should be reviewed to determine if the MEDS record has been resolved. Because MEDS Screen Prints were not found, the first step should be to complete a regular INQR clearance. If the beneficiary has been correctly added to MEDS the review may be complete at this point.

For example, the transaction from the county included a valid SSAN but the XREF MEDS-ID returned in the alert identified that the recipient was known by a MEDS Pseudo. If the new clearance results in a record on MEDS for the recipient under the SSAN with the MEDS Pseudo listed as a Chained-ID or a Prior-MEDS-ID, the alert has been resolved. The MEDS worksheet would be completed as follows:

<b>REVIEW NOTES</b>	11/1/05 – new MEDS clearance completed for SSAN. INQM shows current eligibility for beneficiary under SSAN with MEDS Pseudo listed as Chained-ID.
---------------------	---

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

The bottom line on the worksheet is completed during the review process when either the alert has been corrected or at the time of the onsite review.

<b>Case Status</b>	<b>(20)</b> C N CW/I	<b>Status Date</b>	<b>(21)</b>	<b>Update Due by 1<sup>st</sup> of</b>	<b>(22)</b>	<b>Timely</b>	<b>Yes No (23)</b>
--------------------	-------------------------	--------------------	-------------	--	-------------	---------------	--------------------

- (20) Circle C if the alert was corrected and there are no additional alerts or information regarding MEDS. Circle N if the alert has not been resolved. Circle CW/I if the listed alert has been resolved but there are additional alerts or information regarding MEDS.
- (21) The status date is the date that the alert was resolved or the date of the onsite review in all other situations. This date can be found on the INQM or INQD screen or in the case or automated system. Because this field in MEDS is updated when new transactions occur, information in the case can be used to determine the earliest completion date.
- (22) The updates are required to be completed based on when the alerts are received by the county. When the alerts are received by the county by the 10<sup>th</sup> calendar day of the month, updates are required by the end of the receipt month to update benefits for the first of the following month. When the alerts are received by the county after the 10<sup>th</sup> calendar day, an additional month is provided for updates from the county. For RECON and RENEWAL, this date should be the same for all alerts reviewed from those processes. If the reviews include dailies throughout a month, attention will be needed to guarantee that the correct date for timeliness criteria is identified.
- (23) Circle Yes or No based on a comparison of (21) to (22). When the date in (21) is after (22), “No” should be circled in number (23).

If the beneficiary record cannot be found under the SSAN, clearances to INQW whole case serial, INXC client cross reference for other county identification numbers, INXM client cross reference for other MEDS-IDs that the beneficiary may be known by. At this step the analyst will need to search MEDS for any information that may be available. Following are some actual scenarios from reviews.

<b>XREF INFO</b>	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
<b>REVIEW NOTES</b>	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
	11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudos identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.

<b>XREF INFO</b>	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child. Last change was 3/7/05
<b>REVIEW NOTES</b>	11/1/05- no record in INQR for trans SSAN. INQW has child born 4/11/01 with pseudo on xref. Recheck MEDS for updates.

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

Step Three – following the same methodology in Step Two, an attempt to reconcile those beneficiary records with MEDS Screen prints with information on the MEDS Screen prints and the Worker Alert. Following are some actual scenarios from reviews:

XREF INFO	Xref SSAN identified as belonging to a different child with current eligibility but not j verified but person number may be in conflict.
REVIEW NOTES	11/1/05-trans SSAN on MEDS with aid code 34 but FBU is different than in transaction. SSAN is J verified but is in Burman hold with last update 10/4/05. Child A already known to MEDS with PN 15 so Child B cannot use that PN. Recheck MEDS.

Steps Four and Five – based on timing, a second and third review of the worksheets not resolved during Step Two and Step Three should be completed. As with the prior steps, additional beneficiary records may be resolved eliminating the need to request cases to be pulled for onsite review. For example, at the time of the first MEDS review the transaction SSAN did not appear in MEDS and only a terminated record displayed for the Pseudo. On the subsequent clearance, a clearance for the SSAN identified that MEDS has been updated.

REVIEW NOTES	11/1/05 – No record for SSAN. Termed benefits for child under Pseudo for same Co-ID. No new transactions on INWA. 11/24/05 -new MEDS clearance completed for SSAN. INQM shows current eligibility for beneficiary under SSAN with MEDS Pseudo listed as Chained-ID.
--------------	--

Additional examples follow:

XREF INFO	Xref SSAN identified as belonging to a different child with current eligibility but not j verified but person number may be in conflict.
REVIEW NOTES	11/1/05-trans SSAN on MEDS with aid code 34 but FBU is different than in transaction. SSAN is J verified but is in Burman hold with last update 10/4/05. Child A already known to MEDS with PN 15 so Child B cannot use that PN. Recheck MEDS.
12/15/05 – child B out of Burman hold and PN is correct based on update sent to MEDS on 12/3/05 for address change. Trans id shows Child B with PN 16 which does not conflict with Child A. Alert corrected.	

Onsite Review: At the onsite review, complete clearances to the county automated system and the case records to determine what actions the county has taken to correct the alert. Additional clearance to MEDS at the time of the onsite may also be required. Potential examples follow:

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudo identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.

12/15/05 – INQR still has no current eligibility for child. Record to be reviewed at county.

12/24/05-case indicates that the SSAN is not valid but no indication that worker removed the SSAN from the county system. Alert has not been worked. MEDS still has no eligibility for the child.

<b>XREF INFO</b>	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
<b>REVIEW NOTES</b>	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
	11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudo identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.
	12/15/05 – INQR still has no current eligibility for child. Record to be reviewed at county.
	12/24/05-case indicates that the SSAN is not valid. Worker changed to MEDS pseudo in county system. INQM on file in the case dated 12/17/05 validates updates were completed on 12/16/05.

On completion of the worksheet, enter the final review date (4) when the alert has been resolved, the review number (5) if not already entered and your analyst number (6). The worksheet will be used by the LEAD Analyst to complete the Checklist that is given to the county.

**MEDS WORKER ALERT WORKSHEET**

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
			(4)	(5)	(6)

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

**CLEARING FOR 8U CASES WHEN NO COUNTY CASE SERIAL NUMBER ON INQM,  
INQ1-1NQ3 SCREENS PROVIDED FROM ITSD. IGNORE CASE SERIAL NUMBERS  
BEGINNING WITH 9.**

1. LOOK ON THE LIST OF WORKER ALERTS FOR THE PAST 90 DAYS PROVIDED BY ITSD TO SEE IF ALERT MESSAGE 9031 OR 9034 DISPLAYS. IF YES, CLEAR TO INWA FOR THIS ALERT. THIS IS THE DAILY THAT IS GENERATED WHEN SPE ADDS THE CHILD THROUGH THE CHDP GATEWAY AND WILL PROVIDE THE MOTHER'S CIN. THESE TWO ALERTS ARE THE ONES THAT GENERATE THE BEGINNING OF BENEFITS.

```

INWD                MEDS ONLINE WORKER ALERT DETAIL                IOQ    05/10/06
***** C O N F I D E N T I A L ***** * * * * DAILY MEDI-CAL ALERT * * * *

TRAN-CODE:  EW99  SOURCE:  PEAP  CREATE DATE:  02/08/06  DIST:          EW:  0130
CASENAME:                PERSON-NAME:  ANYNAME          ,  BABY          L
COUNTY-ID:  04-8U-9998877-6-4E  MEDS-ID:  999-99-999P  BIRTHDATE:  01/25/2006

 9034  DEEMED NEWBORN - COUNTY ELIGIBILITY DETERMINATION REQUIRED  CRITICL

DED    DATA-ELEMENT                CONTENTS
9305   MEDS UNKNOWN                  12345678C

OPTION __ < PRESS PF13 FOR LIST >          RESUME SCROLL: PF3 OR ENTER OPTION

```

2. CLEAR THIS CIN ON MEDS AND COMPARE ADDRESS AND MOTHER NAME.

```

INQM                ** PRIMARY MEDI-CAL/CMSIP INFORMATION **        IOQ - 05/10/06
                                           08:00:12
CASE-NAME ANYNAME JEFF                DISTRICT                ANYNAME                , 99999  L
COUNTY-ID 04-87-0999999-Z-02        EW-CODE 0073
MEDS-ID 555-55-5555  SSN-VER A  RV-COMP 07-2005  1118 MY STREE APT 73
BIRTHDATE 07-19-1981  DOB-VER S  SEX F GOV-RSP 1  HELLO                CA 99999
CHAINED-ID                LAST-MC/CP-CHG 05-03-06  ADDRESS-FLAG W  RES-COUNTY 04
PRIOR-MEDS-ID                LAST-OTH-CHG 08-12-05  APDP  PICKLE  RECOVERY
WELFARE-PGM 001  DEATH-DT                DEATH-CD  TERM-DT 04-30-06  TERM-REAS RR
CIN 12345678C 7  HIC-NO                BIC-ISSUE 07-12-05  PAPER-ISSUE
PGM:  M    H  1(CHILD ) C  H  2                3                FS  CW
                2006===== 2005=====
COUNTY  04  05-06 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
AID-CODE  87  87  87  87  87  87  87  87  87  87  87  87  87
ELIG-STAT 999  501  501  501  501  502  501  501  501  501  501  501  501
SOC-AMT  0087  0087  0087  0087  0087  0087  0087  0087  0087  0087  0087  0087
CERT-DAY
OHC      N      N      N      N      N      N      N      N      N      N      N      N
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN

```

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

3. IF MOTHER'S CIN IS NOT IDENTIFIED, LOOK ON INXC TO SEE IF THERE IS A CROSS REFERENCE CASE SERIAL FOR THE CHILD. LOOK ONLY FOR THE NUMBER APPEARING AFTER THE SAME COUNTY CODE AS THE COUNTY FOR THE ALERT. CASE SERIAL NUMBERS BEGINNING WITH 9 SHOULD BE DISREGARDED.

```

INXC                ** COUNTY-ID CROSS REFERENCE REPORT **      IOQ - 05/10/06
                                      07:43:00
                                MEDS-ID = 999-99-999P

      COUNTY-ID                COUNTY-ID                COUNTY-ID

04-8U-9-99887766E

OPTION __ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
  
```

4. IF CASE SERIAL IS STILL NOT FOUND, LOOK ON INQP TO SEE IF THERE IS A COUNTY CASE SERIAL NUMBER IN FIELD NOTED AS COUNTY-ID. IF FOUND USE THAT CASE SERIAL. IF NOT FOUND LOOK TO SEE IF THERE IS A PARENT NAME IN THE CASE-NAME FIELD.

```

INQP                ** PENDING/DENIED APPLICATIONS & APPEALS **      IOQ - 05/10/06
                                      07:38:54
MEDS-ID 999-99-999P  SSN-VER 9                ANYNAME                , BABY                L
BIRTHDATE 01-25-2006  DOB-VER C  SEX F GOV-RSP 1  ANYNAME                ,MOTHER
CHAINED-ID                LAST-MC/CP-CHG                1118 MY STREE APT 73
PRIOR-MEDS-ID                LAST-OTH-CHG 02-08-06  HELLO                CA 99999
WELFARE-PGM 001  DEATH-DT                DEATH-CD                ADDRESS-FLAG W  RES-COUNTY 04
CIN 99887766E 9  HIC-NO                BIC-ISSUE 02-08-06  PAPER-ISSUE

PGM:  M                1(ACCEL ) C  H  2                3                FS                CW
===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                DISTRICT                EW-CODE 0130
COUNTY-ID 04-8U-9998877-6-4E  HF-DCN                HF-CCN
APPLICATION-DATE 02-08-06  APPLICATION-FLAG W  EXP-DEL-DATE
APP-STATUS-DATE                APP-STATUS                RECV-REF
DENIAL-DATE                DENIAL-REAS                IND-GROSS 01200
FAMILY-SIZE 03                REL-TO-APP
===== SSI DENIAL INFORMATION =====
DENIAL-DATE                DENIAL-REAS                LAST-SDX-CHG
===== APPEAL AND NOA INFORMATION =====
APPEAL: DATE                FLAG                LEVEL                DECISION
APPEAL-DECISION-DATE                NOA-DATE                NOA-TYPE

OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; ENTER=RETURN
  
```



**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

5. IF NOT FOUND, LOOK ON THE INQ1 SCREEN PROVIDED BY ITSD TO SEE IF A PARENT NAME APPEARS IN THE CASE NAME FIELD ON THE LEFT SIDE OF THE SCREEN OR UNDER THE CHILD'S NAME ON THE RIGHT SIDE OF THE SCREEN.

```

INQ1                ** SPECIAL PROGRAM 1 INFORMATION **                IOQ - 05/10/06
                                                07:47:03
CASE-NAME           DISTRICT           ANYNAME           , BABY           L
COUNTY-ID 04-8U-9998877-6-4E   EW-CODE 0130     ANYNAME           ,MOTHER
MEDS-ID 999-99-999P   SSN-VER 9   RV-COMP 02-2006  1118 MY STREE APT 73
BIRTHDATE 01-25-2006  DOB-VER C   SEX F GOV-RSP 1  HELLO           CA 99999
CHAINED-ID           LAST-MC/CP-CHG   ADDRESS-FLAG W   RES-COUNTY 04
PRIOR-MEDS-ID        LAST-OTH-CHG 02-08-06  APDP   PICKLE   RECOVERY
WELFARE-PGM 001   DEATH-DT           DEATH-CD   TERM-DT           TERM-REAS
CIN 99887766E 9   HIC-NO           BIC-ISSUE 02-08-06  PAPER-ISSUE
PGM:  M           1(ACCEL ) C  H  2           3           FS           CW
                2006===== > 2005===== >
                05-06 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY         04           04  04  04  04
AID-CODE        8U           8U  8U  8U  8U
ELIG-STAT 001           072  001  001  001
SOC-AMT
CERT-DAY
OHC             N           N   N   N   N
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
OPTION ___ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN

```

6. LOOK FOR PARENT NAME ON INQA IN THE CURRENT RESIDENCE OR MAILING ADDRESS FIELD. SOME TIMES THE PARENT NAME WILL DISPLAY AS AN IN CARE OF.

```

INQA                ** MEDS ADDRESS INFORMATION **                IOQ - 05/10/06
                                                07:41:31
ANYNAME           , BABY           L   MEDS-CUR-MMY 05-06
MEDS-ID 999-99-999P  SSN-VER 9   CIN 99887766E 9   BIRTHDATE 01-25-2006  DOB-VER C

CURRENT           ANYNAME           ,MOTHER
RESIDENCE 1118 MY STREE APT 73
ADDRESS HELLO CA 99999-4329-73 1           FLAG W
          PHONE (999) 555-5555  RESID IND Y   RESIDENCE-COUNTY 04

PENDING
RESIDENCE
ADDRESS           FLAG
          PHONE           RESID IND   RESIDENCE-COUNTY

CURRENT
MAILING
ADDRESS           FLAG

PENDING
MAILING
ADDRESS           FLAG

OPTION ___ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN

```

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

7. CLEAR BY ADDRESS ON INQN USING THE ADDRESS ON THE MEDS SCREENS. IF PARENT NAME IS KNOWN USE THAT TO CLEAR TO THE PARENT. IF PARENT NAME NOT KNOWN COMPARE LIST ON INQN FOR CHILD'S LAST NAME.

```

INQN                ** STATEWIDE FILE CLEARANCE REPORT **          IOQ - 05/10/06
                        SCI ADDRESS SEARCH                          07:44:09

                        SSN OR
LAST NAME           FIRST NAME           M   DOB  GENDER  CIN           MEDS-ID  CNTY  ADR

* ANYNAME           BABY GIRL           01-25-2006 F  98265484E2  77777777P  04  C
* ANYNAME           BABY                L  01-25-2006 F  99887766E9  66666666P  04  C
S * ANYNAME           MOTHER             L  07-19-1981 F  12345678C7  33333333P  04  C
* ANYNAME           JEFF               C  07-24-1973 M  90244959D8  22222222P  04  C
* TINTT             JERLEAN            12-09-1940 F  95222589C0  11111111P  04  P

+ = KNOWN BY ADDITIONAL MEDS-IDS                1 TO 5 OF 5 RECORD(S)

* ALL MATCHING DATA DISPLAYED; F3=RETURN; ENTER "S" FOR INQUIRY SUMMARY
    
```

8. IF PARENT IS KNOWN SELECT THAT RECORD AND IDENTIFY CASE SERIAL FROM INQM OR INQ1 SCREEN.

```

INQM                ** PRIMARY MEDI-CAL/CMSIP INFORMATION **          IOQ - 05/10/06
                        07:45:02

CASE-NAME ANYNAME JEFF           DISTRICT           ANYNAME           , MOTHER L
COUNTY-ID 04-87-0999999-Z-02     EW-CODE 0073
MEDS-ID 555-55-5555  SSN-VER A  RV-COMP 07-2005  1118 MY STREE APT 73
BIRTHDATE 07-19-1981  DOB-VER S  SEX F GOV-RSP 1  HELLO           CA 99999
CHAINED-ID           LAST-MC/CP-CHG 05-03-06  ADDRESS-FLAG W  RES-COUNTY 04
PRIOR-MEDS-ID       LAST-OTH-CHG 08-12-05  APDP  PICKLE  RECOVERY
WELFARE-PGM 001  DEATH-DT           DEATH-CD  TERM-DT 04-30-06  TERM-REAS RR
CIN 12345678C 7  HIC-NO           BIC-ISSUE 07-12-05  PAPER-ISSUE
PGM:  M   H  1(CHILD ) C  H  2           3           FS           CW

                2006===== > 2005===== >
COUNTY  04  05-06 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
AID-CODE  87           87  87  87  87           87  87  87  87  87  87  87
ELIG-STAT 999           501 501 501 501           502 501 501 501 501 501 501
SOC-AMT  0087           0087 0087 0087 0087           0087 0087 0087 0087 0087 0087
CERT-DAY
OHC      N           N   N   N   N           N   N   N   N   N   N   N
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
OPTION ___ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=LIST
    
```

**COUNTY PERFORMANCE STANDARDS  
MEDS WORKER ALERT PROCESSING – PRS REVIEW GUIDELINES**

**9. CHECK INQW TO DETERMINE IF CHILD IS KNOWN BY DIFFERENT CIN.**

INQW	** WHOLE CASE REPORT **	IOQ - 05/10/06 08:06:18
COUNTY-ID	MEDS-ID	BIRTHDATE
04-85-0999999-A-01	888-99-7777	07-24-1973
04-IE-0999999-A-02	555-55-5555	07-19-1981
04-82-0999999-M-03	123-56-87PP	01-25-2006
04-IE-0999999-Z-01	888-99-7777	07-24-1973
04-34-0999999-Z-01	888-99-7777	07-24-1973
04-84-0999999-Z-01	888-99-7777	07-24-1973
04-44-0999999-Z-02	555-55-5555	07-19-1981
04-84-0999999-Z-02	555-55-5555	07-19-1981
04-34-0999999-Z-03	123-56-87PP	01-25-2006

\* ALL MATCHING DATA DISPLAYED; F3=RETURN; ENTER "S" FOR INQUIRY SUMMARY

**10. IF CHILD IS IDENTIFIED BASED ON DATE OF BIRTH CLEAR TO THE INQM AS THIS IDENTIFIES THAT POTENTIAL DUPLICATE BENEFITS HAVE BEEN ISSUED AND WILL HAVE TO BE RESOLVED.**

INQM	** PRIMARY MEDI-CAL/CMSP INFORMATION **	IOQ - 05/10/06 08:07:20
CASE-NAME ANYNAME JEFF	DISTRICT	ANYNAME , BABY GIRL
COUNTY-ID 04-82-0999999-M-03	EW-CODE 0073	
MEDS-ID 123-56-87PP	SSN-VER 2 RV-COMP 04-2006	1118 MY STREE APT 73
BIRTHDATE 01-25-2006	DOB-VER S SEX F GOV-RSP 1	HELLO CA 99999
CHAINED-ID	LAST-MC/CP-CHG 05-03-06	ADDRESS-FLAG W RES-COUNTY 04
PRIOR-MEDS-ID	LAST-OTH-CHG	APDP PICKLE RECOVERY
WELFARE-PGM 001	DEATH-DT	DEATH-CD TERM-DT 05-31-06 TERM-REAS 61
CIN 98265484E 2	HIC-NO	BIC-ISSUE 04-19-06 PAPER-ISSUE
PGM: M C H 1	2	3 FS CW
2006===== > 2005===== >		
COUNTY	05-06 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	
COUNTY	04	04 04 04
AID-CODE	82	82 82
ELIG-STAT	001	002 002 001
SOC-AMT		
CERT-DAY		
OHC	N	N N N
RESTRICT		
MEDICARE		
HCP1-NUM		
HCP1-STAT		
OPTION	<F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=LIST	