

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

May 27, 1980 -

To: All County Welfare Directors

Letter No. 80-21

BENEFICIARY DATA EXCHANGE (BENDEX) REPORTS

As indicated in All County Welfare Directors Letter No. 80-7, the Department has been in the process of modifying the BENDEX report. The purpose of the modifications is to simplify the coding remarks for easier interpretation and to eliminate unnecessary data elements.

The BENDEX modifications have now been completed. A copy of the paper and tape formats are enclosed. The microfiche format is the same as the paper format.

Also enclosed is a questionnaire to be completed by each county to indicate which mode is preferred and the number of copies needed. The questionnaire should be completed and returned to the Department by June 6, 1980. During the interim until all questionnaires are returned and appropriate production procedures are determined, county welfare departments will receive the new formatted BENDEX on paper beginning with the June 1980 report.

If you have any questions please contact Karla Gurley of my staff at (916) 445-1797.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: County Medi-Cal Liaisons
Medi-Cal Field Representatives

BENDEX HAS BEEN MADE AVAILABLE TO BUY-IN
MONTANA AND WYOMING/CHIEFS
JUNE 1, 1980
RECONCILIATION OF DATA

80

_____ County

BENDEX Reports

Please complete the questions below and return to:

Karla Gurley
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814
(916) 445-1797

1. In which mode would you like to receive the BENDEX reports?

Paper Microfiche (42X or 48X) Tape

2. How many copies of the report would you like to receive?

Paper _____ (maximum of 5) Microfiche _____

3. Would you like to receive a BENDEX reconciliation file?

Yes How Often -- Quarterly/Semiannually/Yearly

No

If you have any questions, please contact Karla Gurley at the telephone number indicated above.

Individual completing questionnaire:

Name _____

Telephone Number () _____

RECORD LAYOUT

DATE 3-25-80

FILE NAME BENDEX REPORT - TAPE

PROGRAM TITLE BENDEX REPORT GENERATOR

ORIGINATOR K. KLEMIN

SOURCE PROGRAM BIN410

SYSTEM TITLE BUY-IN

REVIEWER _____

1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	20	1	2	3	4	5	6	7	8	9	30	1	2	3	4	5	6	7	8	9	40	1	2	3	4	5	6	7	8	9	50																																																																																																														
COUNTY DATA										BENEFICIARY ID										NAME										DATE OF BIRTH										LAF																																																																																																																							
DISTRICT										USE FIELD										COUNTY										AID CODE										CASE										FBU										PER NO.										SURNAME										FIRST										M.I.										SEX										MM										DD										YY										LAF										CDD									

51	2	3	4	5	6	7	8	9	60	1	2	3	4	5	6	7	8	9	70	1	2	3	4	5	6	7	8	9	80	1	2	3	4	5	6	7	8	9	90	1	2	3	4	5	6	7	8	9	100																				
MONTHLY BENEFIT PAYABLE (\$\$\$.\$)										NEW MONTHLY BENEFIT PAYABLE (\$\$\$.\$)										TITLE II CLAIM ACCOUNT NUMBER										COMMUNICATION CODE										BENEFICIARY OWN ACCOUNT NUMBER (BOAN)										FILLER										BENDEX REPORT DATE									
																																																		MM										YY									

101	2	3	4	5	6	7	8	9	110	1	2	3	4	5	6	7	8	9	120	1	2	3	4	5	6	7	8	9	130	1	2	3	4	5	6	7	8	9	140	1	2	3	4	5	6	7	8	9	150

151	2	3	4	5	6	7	8	9	160	1	2	3	4	5	6	7	8	9	170	1	2	3	4	5	6	7	8	9	180	1	2	3	4	5	6	7	8	9	190	1	2	3	4	5	6	7	8	9	200
LAF - Ledger Account File - Payment Status Code																																																	

MODE:
 BINARY-B
 PACKED-P

LABELS:
 STANDARD
 NON-STANDARD
 NO LABELS

RECORD FORMAT:
 FIXED-F
 VARIABLE-V

RECORD LENGTH 100
 RECORDS PER BLOCK _____
 BLOCK SIZE _____

INPUT
 OUTPUT

COUNTY: 59 ANY COUNTY

DISTRICT: 00 0000

DEPARTMENT OF HEALTH SERVICES

BENEFICIARY DATA EXCHANGE
MARCH, 1980

PROGRAM: BIN410

RUN DATE: 04/04/80

PAGE: 1

BENEFICIARY IDENTIFICATION	LAST NAME	FIRST	M I	S E X	DATE OF BIRTH	PAYMENT STATUS CODE	OLD MO. BENEFIT PAYABLE	NEW MO. BENEFIT PAYABLE	TITLE II CLAIM ACCOUNT NUMBER	COMM CODE	BENEFICIARY OWN ACCOUNT NUMBER
591134567123	YEL	LENA		F	08/15/93	T1	6337.60	6337.60	023456789 D	04	111111111
591234567123	LIB	ADA	M	F	08/01/89	T1	6192.30	6192.30	123456789 D	04	222222222
591345678123	JAR	HELEN	V	F	05/30/97	T1	6250.60	6250.60	234567811 A	04	
592345678123	HAM	HELEN	M	F	02/17/96	T1	6328.50	6328.50	456789012 D	04	444444444
594567890123	SHA	MAY		F	08/28/88	T1	6276.80	6276.80	567890123 A	04	
599876543123	GIA	GAETANO		M	04/22/90	T1	6305.70	6305.70	677890244 A	04	
59 876543223	HAM	ALICE	H	F	09/16/28	CP	6291.20	6291.20	779843211 A	02	