

Agenda



Electronic Health Record (EHR) MH User Forum

Date: April 27, 2023

Time: 1:00 to 3:00

Location: Virtual using Zoom

Facilitator: Melony Ibarra

Scribe: Sambo Chhoeung

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
Welcome/Introductions <ul style="list-style-type: none">Zoom meeting overviewSupport/Training Registration and Billing Mailbox Name ChangeChanges to the Mailbox names will be effective May 1st, 2023.<ul style="list-style-type: none">Support: Avatar@saccounty.gov will be changed to: BHS-EHRSupport@saccounty.govTraining Registration: AvatarTrainingRegistration@saccounty.gov will be changed to: BHS-EHRTrainingReg@saccounty.govBilling: Avatar-Fiscal@saccounty.gov will be changed to BHS-EHRBilling@saccounty.gov	Melony	1:00PM	5 min
Avatar Claiming/Fiscal Update <ul style="list-style-type: none">Claiming Status Update – We are currently claiming for February 2023 servicesClaims Correction Spreadsheet (CCS) – These are currently completing 6-8 weeks of submission. Please use the CCS reference sheet.Medicare update – We have completed claiming for March 2023 services.Rate updates – Rates are current. If your report are showing zero dollars, please reach out to your contract monitor.Denial Reports – Reminder to work your denialsPre Billing Maintenance – Reminder to run the Pre Billing Maintenance report	Lana	1:05 PM	10 min

<p>ECM Claiming</p> <ul style="list-style-type: none"> • Claiming Updates – We submitted claims through February for Managed Care Plans Healthnet and Anthem and are awaiting adjudication • Guarantors – Reminder that your coverage effective dates are on or before the first date of service • Managed Care Plan guarantor policy number should always be the CIN • Reminder to run your ECM Pre Billing Reports Frequently • Pre Billing Report Errors – There have been common errors when running the ECM Pre Billing Reports, such as services sitting at 99999 because the diagnosis date is after the first date of service. Reminder to make sure your diagnosis date is the date of or before the first date of service. Another common error is the diagnosis is invalid. • Please make sure to use a valid diagnosis such as one of the Z codes listed in the ICD-10 list. 	Mike	1:15 PM	5 min
<p>Avatar Maintenance and Support Update</p> <ul style="list-style-type: none"> • See Release items 	Justin	1:20 PM	5 min
<p>CaAIM</p> <ul style="list-style-type: none"> • ECM <ul style="list-style-type: none"> ○ We continue to advocate to the managed care plan to reduce auditing requirements and standardize authorization expectations ○ Programs that are live have reported that clients have responded well to the ECM benefit. If you have success stories, please send them to our ECM inbox. ○ Be on the lookout for a FAQ document ○ ECM Providers: Please join the next MHP ECM Provider Forum on May 4th at 9am: https://www.zoomgov.com/j/1603633531?pwd=bGpkbDFnQnplcUxjbmZJdTlZTWN0dz09 • ECM Questions: Email BHS-ECM@saccounty.gov • CaAIM Questions: Email AndersenD@saccounty.gov and/or MooreDa@saccounty.gov 	Darlene	1:35 PM	10 min
<p>Training Updates</p> <ul style="list-style-type: none"> • Training schedule posted through June - The training schedule for April, May and June have been posted. • Avatar Training - Starting in May, once we receive a training registration form, we will be emailing the registered staff the class training material, link to the tip sheet and the quiz. Once the trainees finish reviewing all of the training material and pass the quiz with an 80% or higher, they will need to email the training registration 	Kat	1:45 PM	10 min

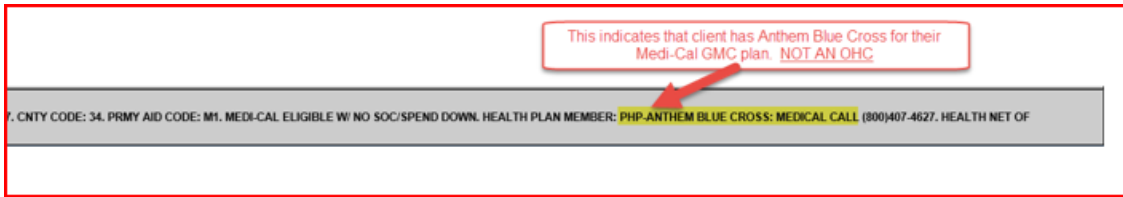
<p>desk to have their quiz verified and their user account activated. In both May & June, we will be offering live Avatar Q&A sessions via Zoom with Avatar trainers. These Q&A sessions will be an opportunity for staff to ask questions after reviewing all the training materials. CWS Q&A sessions will be scheduled weekly on each Wednesday morning beginning at 9am. Practice Management Q&A sessions will also be offered throughout May & June. Staff who have questions regarding Service Request, Scheduler, ECM, or Corrections in EHR should attend the Practice Management Q&A's for guidance. All of the Q&A sessions will be listed on the May & June training schedules, a completed training registration form for each staff member attending the Q&A sessions will still be required.</p> <ul style="list-style-type: none"> • SmartCare Training Tools/CalMHSA Website - The Cal MHSA EHR training tools have been posted to the webpage. We will also be emailing this information out to anyone who is on our email distribution lists. With the SmartCare Training Tools, you can find helpful training guides and other training documentation as well as short navigational videos that show specific tasks within the system. These videos will give you an overview of the system as you begin to familiarize yourself with SmartCare. • Up-to-date Emails in Avatar - We are in the process of updating user account emails in order to prepare for our transition to SmartCare. When we go live with the new EHR, users will need to use their current emails in order to log into the new system. If there was not an email associated with your current Avatar user account, the training registration desk has already reached out to all programs who have staff who need to update their emails. Please be sure to respond back to us as soon as possible so that you will be able to log into SmartCare without needing assistance from the support team. • Upcoming User Forums - The monthly user forums are scheduled through August. The schedules are now posted to the webpage. 			
<p>New EHR-SmartCare</p> <ul style="list-style-type: none"> ○ All services provided on July 1st and moving forward will be documented in Smartcare. 	Kristi	1:55 PM	5 min
<p>SmartCare Demo</p>	Amanda	2:00 PM	15 min
<p>Open Forum</p> <ul style="list-style-type: none"> • Regarding ECM claiming, how does the first diagnosis report work when the first service is engagement or translator service? – There should be a diagnosis coming from the other side of the program where it is being determined whether the client is eligible to meet ECM requirements. • Regarding Training Registration, what date will the 	All	2:15 PM	

<p>CalMHSA Learning Management System (LMS) trainings be available? – That will be after the May User Forums.</p> <ul style="list-style-type: none"> • Will the Q&A sessions be the same? – The Q&A session is not a training. This will be a session where you can talk to the trainers and have your questions answered. • Will passing the quiz apply to all new SmartCare users? – Yes, that is correct. • Is there a way for staff to get temporary pass to get access to SmartCare use without training? – For current videos, we will be distributing the link to training videos in May. • What about the new staff who require crisis service training? – There will a Crisis component in SmartCare. • Will Contractors be entering services into Avatar or SmartCare after July 1? - All services provided to clients on or after July 1st will have to go into SmartCare. If you enter services into Avatar, they will not claim out and you will not get paid for that. • Also if staff are have already had specific training for service requests (SR), scheduling ,etc. can those be rolled over to not have to retake in new system? – No, it is a completely different system. • Will we really go live on a Saturday? July 1 is a Saturday – Yes, we are going live on Saturday July 1st because that is the day that payment reform starts. All services created on or after July 1st will need to go into SmartCare. • Is there a deadline to pass the SmartCare quizzes? – There is not a deadline for current users, but for new users after July 1st, they will need to pass the quizzes in order to have their accounts created. • Can June services still be claimed if entered on Avatar? – Yes, any services in June will still be claimed through Avatar. • Will Order Connect link up with SmartCare? – No, there is a different prescribing functionality in SmartCare. • Will new training registration request forms be rolled out? – Yes, we are currently working on this. • Is there a client appointment scheduling component to Smartcare? - Yes, you will be able to find some of the scheduling components on the CalMHSA videos that we had posted on the website. • Are E-labs in SmartCare a component of the new prescribing tool (like OrderConnect) or separate? – Electronic Labs are part of SmartCare. There will not be a separate component like in Avatar. However to start electronic labs will only be for providers already set up with the electronic connection in Avatar. Other programs will roll out later with electronic labs. • Is there a plan or process in transferring scanned documents/records from Avatar to SmartCare? – We will not be moving scanned documents to SmartCare. . QM will be giving some guidance on documents that may be helpful for providers to scan into SmartCare. 			
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<ul style="list-style-type: none"> • For those with their own EHR, will those providers be able to send batch like they are doing currently into Avatar monthly? – Yes, there is functionality for this in Smart Care. We don't the specifics on what is required on this spreadsheet yet but as soon as we do, we will be passing this along to all of our providers. • Since records are needed to be saved for 10 years, will Avatar records be archived? Will we have access to archives for former clients or old charts? – There will be some information that is stored in a data warehouse after we lose access to Avatar. This is something that we are looking into for the future but for now, all users will have access to Avatar for the last 6 months. • Will all the guarantors from Avatar be moved over to SmartCare [e.g. 20 for MH County Funds, 3 for DMH, etc.]? – We are working on a solution to bring this over to SmartCare. • All open clients per episode in Avatar will be opened in Smart Care for us? – Yes, we will be bringing over all clients that are currently opened in Avatar into Smart Care. • What if you do have multiple OHCs, will we have to change the order of payors in SmartCare? – You shouldn't have to change the order and if you think that you will need to change an order, we advise to reach out to the billing team first. • Will the reports be transferred over or will we need to learn new report? - The reports from Avatar will not be transferred over. SmartCare has its own built in reports which will be available on go live. However, Sacramento specific reports will come after go live. • Will staff registration carry over for credentialing? – Yes, any information that is in Avatar for license information will be pulled into SmartCare. • If there are any denials for May/June services, would we still have the same protocol for ccs? – Yes, there will be no change in the way we process denials in Avatar. There will be a change that denials are processes in SmartCare but that is in the future. • Will a list of all items we will need to complete for each client will be sent out? – Yes, we are working on a workflow process. • Will consumers able to see their records and the notes in the chart, will they be able to see the notes in draft or just finalized notes? – Consumers will not have access on July 1st but that is something that will be coming. We are not sure if includes the notes on the chart yet but there is more to come on the patient portal. • If a client is admitted at two different agencies, will SmartCare have a built-in (automatic) ability to recognize service overlaps being entered between two agencies and prevent staff as they try to enter a potential service overlap? – The system will warn you if there is a potential 			
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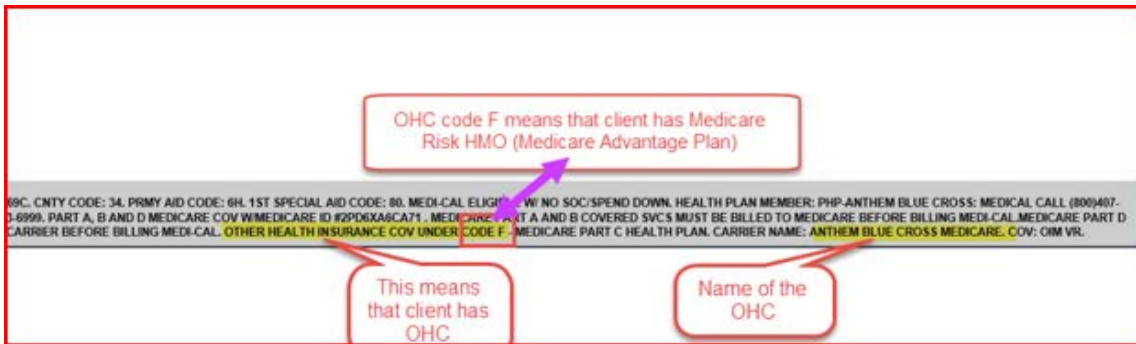
<p>duplicate.</p> <ul style="list-style-type: none"> • Can we still see movement history? – There is a way to see the programs that the client was enrolled in. • When will we begin getting technical assistance on the new CPT codes coming in July? Will they be built into SmartCare? – Yes they will be built into SmartCare. The codes work a bit differently than in Avatar. Regarding the CPT codes, these are being prioritized. We are working on a crosswalk so that users can see which classification can bill. We are still reviewing this and will be sharing this as soon as we can. • Will we still enter UMDAP? – Yes, UMDAP will be entered directly into SmartCare. • Can we block OP staff from billing in CWC episode? – There is this functionality in SmartCare. We are able to block staff but will need this information. • Will the Q&A sessions be available for all users? – Yes, it will be open to everyone. 			
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The screen shot below is an example of a client that does not have an OHC. If you see a “PHP” in front of the Carrier’s name (see screen shot below) then it’s not an OHC, this is client’s Medi-Cal Geographic Managed Plan.

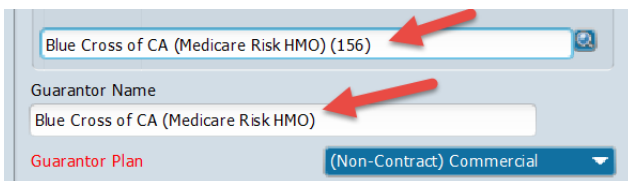


The screen shot below is an example of someone that has OHC. When you see OHC code “F”, it indicates that client has OHC-Medicare Risk HMO (Medicare Advantage Plan).

(Code F=OHC Risk, Code H=Multiple carriers, Code K=Kaiser)



Make sure to add the correct guarantor into financial eligibility (the guarantor description needs to say “Medicare Risk HMO”).



The subscriber’s policy number for OHC is the policy number that shows on the client’s insurance card or if you don’t have a copy of the card in the chart then please enter client’s SSN, not the Medi-Cal CIN.

OHC	1109
<u>Pay and Chase OHC / Post Payment Recovery</u>	
A	Pay and Chase (applies to any carrier)
<u>Cost Avoidance OHC</u>	
C	Military Benefits Comprehensive
D	Medicare Part D Prescription Drug Coverage
E	Vision Plans
F	Medicare Part C Health Plan
G	Medical Parolee
H	Multiple Plans Comprehensive
I	Institutionalization (Public Institution coverage)
K	Kaiser
L	Dental Only Policies
P	PPO/PHP/HMO/EPO not otherwise specified
Q	Commercial Pharmacy Plans
V	Any carrier other than the above (includes multiple coverage) ¹
W	Multiple Plans Non-Comprehensive
<u>Other OHC Related Codes</u>	
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

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ELIG	0190
<u>1st Digit = Medi-Cal/CMSP/Other Eligible Status</u>	0191
0 Full Scope Medi-Cal Eligible (includes zero SOC) with no conditions (refer to 3 below for conditions)	
1 Full Scope Medi-Cal LTC/SOC Eligible (i.e., Share of Cost to be met by LTC claim)	
2 LTC/SOC Eligible with one or more conditions (refer to 3 below for conditions)	
3 Eligible with one or more conditions – Certified SOC, Restricted Services, Minor Consent, CMSP Coverage, Limited Scope Medi-Cal Coverage and/or Partial Health Care Plan (HCP) Coverage	
4 Medi-Cal Eligible with Full Service Medi-Cal HCP Coverage	
5 Medi-Cal or CMSP Client with an Unmet Share of Cost Obligation (Uncertified SOC)	
6 Eligible for a Health or Welfare Program other than Medi-Cal or CMSP services (i.e., SLMB, QDWI, Out-of-State Foster Care, Unborn, County MI Program, CHDP State Only, MCE State and County, HCCI Existing, HCCI New, and AIM Pregnant Mother)	
7 Hold	
8 QMB pending Medicare part A & B confirmation	
9 Ineligible	

<u>2nd Digit = Normal/Exception Eligibility</u>	0192
0 Normal eligible	
1 Unconfirmed Immediate Need eligible reported more than 1 month prior	
2 Unconfirmed Immediate Need eligible reported 1 month prior	
3 Unconfirmed Immediate Need eligible reported in current month	
4 Forced eligible due to late termination	
5 Partial Month Eligibility (Presumptive Eligibility, etc.)	
6 MEDS changed aid code to limited scope due to DRA Citizenship/Identity requirements not met	
7 Exception eligible	
8 Forced eligible from MEDS hold	
9 Full Month Eligibility (Healthy Families, etc.)	

<u>3rd Digit = Timeliness/Misc. Information</u>	0193
1 Regular eligible reported timely	
2 Regular eligible reported retroactively	
3 3 month retroactive eligible	
4 Continuing eligible reported timely	
5 Continuing eligible reported retroactively	
6 Ramos/Pickle/IHSS/Other Extended eligible	
7 Aid Paid Pending Ramos/Myers	
8 Hold from LTC/SOC status	
9 Ineligible or Regular hold	

ABAWD	1359
<i>Able-Bodied Adults Without Dependents</i>	
0 Not ABAWD	
1 ABAWD	

ADDRESS FLAG	0305
<u>Good Deliverable Address</u>	
A Address certified via Finalist	
* C County Override, not certified via Finalist	
D Presumed mailable; Finalist changes unreliable	
W BIC mailed - previously A	
X BIC mailed - previously C	
Y BIC mailed - previously D	
<u>Presumed Deliverable Address</u>	
Blank Failed Finalist; presumed mailable	
0 BIC mailed - previously Blank	
<u>Considered Undeliverable Based on Returned Mail</u>	
1 BIC returned - previously 0	
5 BIC returned - previously W	
6 BIC returned - previously X	
7 BIC returned - previously Y	
9 NOA returned - previously Good Deliverable or Presumed Deliverable Address	
<u>Considered Undeliverable For Other Reasons</u>	
2 Failed MEDS validation edits	
3 Foster Care Assistance terminated	
* 4 Residence address but not a mailable address	
* 8 General residence area for a homeless client	
* These are the only valid input values (4 and 8 apply only to a residence address)	
Finalist is the MEDS address certification software.	
<i>NOTE: Address Flag should only be input when the Finalist standardized address is incorrect (and needs to be overridden) (value C) or for a residence address when it is considered undeliverable (value 4 or 8).</i>	

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<u>ALIAS/SSA-NAME-CODE</u>	9035	<u>ALIEN-ELIG-CODE</u>	2033
<u>User Reported Codes</u>			
1	Name reported as Social Security name	* 1	Refugee admitted under section 207 of the INA
2	Other alias name	* 2	Deportation withheld under section 243(h) or 241(b)(3) of the INA
4	Name reported as birth certificate name	* 3	Lawful Permanent Residence (LPR) with 40 work quarters
6	Name and birthdate reported via CalHEERS	4	LPR Alien on active duty in the military or an honorable discharged veteran
<u>MEDS Generated Codes</u>		5	LPR spouse or unremarried surviving spouse of active duty military/veteran
5	Name from CA Birth Record Match	6	LPR dependent child of active duty military/veteran
N	MEDS Name from Verified NUMIDENT SSN Verification Response	8	Amerasian admitted to the U.S. as a Lawful Permanent Resident
T	Title II Name from SSN Verification	9	Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien
U	MEDS Name from Unverified UMIDENT SSN Verification Response	W	Victim of human trafficking without a visa application – Non-Citizen Applicant for Trafficking and Crime Victims Assistance Program who is taking steps to file for a T Visa or taking steps to become certified by ORR for federal benefits.
X	Title XVI Name from SSN Verification	X	Victim of domestic violence or other serious crimes who has filed a U Visa application – Non-Citizen Applicant for Trafficking and Crime Victims Assistance Program who has filed for a U Visa.
<u>Old Verification Codes</u>		Y	Victim of domestic violence or other serious crimes – U Visa has been granted.
0	Name and Birthdate validated via the SSA Referral Process	*	Federal (SDX) input only. Valid response only values.
3	Name did not match SSA records for SSN		
8	Name and Birthdate validated via a prior Validation/Referral process		
9	Name and Birthdate validated via the State/SSA Validation process		

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<u>APPLICATION-FLAG</u>	3024
<i>County Applications</i>	
C Consortia Conversion Transaction-not a new app	
D CWD Annual Reevaluation, HF app referral	
E CWD Other than annual reevaluation, HF app referral	
F Fair Hearing Exception Referral (Retro Bridging)	
G Pending app, general relief benefits, includes Medi-Cal	
N Pending app, No Medi-Cal, No general relief	
O Pending app, general relief benefits, No Medi-Cal	
P Pending app, Includes Medi-Cal, No general relief	
<i>COV/CA (CalHEERS) Applications ONLY</i>	
J Non-applying household member (no aid requested)	
K Pending app for subsidized programs	
L Pending app for non-subsidized programs	
<i>HF/SPE Applications</i>	
B Pending app, Includes Medi-Cal and Healthy Families (HF), from HF/SPE	
H Pending app, includes HF, from HF/SPE	
R HF Annual Reevaluation, Medi-Cal app referral	
S Pending app, includes Medi-Cal, from HF/SPE	
T HF Other than annual reevaluation, Medi-Cal app referral	
Z Pending app, No Medi-Cal, No HF, from HF/SPE	
<i>Other Applications</i>	
A Pending IHSS application	
I IEVS Inquiry only – not a new application	
M Pending app, includes Medi-Cal, from MEB	
Q Pending Hospital Presumptive Eligibility	
W Pending CHDP Gateway application	
X Used by CHDP	

<u>APPLICATION-STATUS</u>	3050
<i>Values for reporting status of a pending application</i>	
A Incomplete	
B No signature	
C Failure to provide information	
D Pending disability determination	
E Misrouted – returned to referring entity	
F Fair Hearing	
G Diligent Search	
P Pending consent	
Q Withheld consent	
R Referred to another entity	
S Received from another entity	
T SLP Express Enrollment Eligible	
U SLP Express Enrollment Eligibility Not Determined	
V SLP Express Enrollment Ineligible	

<i>MEDS Generated Values (not valid for input)</i>	
1	Approved
2	Denied
3	Erroneously reported application
M	Missing required information to refer
N	Not eligible for referral

<u>BIRTHDATE-VER</u>	0128
C	Client Reported
G	Guess (i.e. comatose, abandoned baby)
R	Within Range on SSN Verification
S	Verified per Reporting System
V	Verified per exact NUMIDENT match

<u>BIRTHDATE-VER-SOURCE</u>	0127
N	NUMIDENT SSN Verification
T	Title II SSN Verification
X	Title XVI SSN Verification
W	Worker Reported

<u>BUY-IN-ELIG-CD</u>	0832
A	aged recipient of Federal SSI payments
B	blind recipient of Federal SSI payments
C	entitled to Part A of Title IV (AFDC)
D	disabled recipient of Federal SSI payments
E	aged recipient of supplemental payment administered by SSA
F	blind recipient of supplemental payment administered by SSA
G	disabled recipient of supplemental payment administered by SSA
H	aged, blind, or disabled recipient of a one time payment
L	Specified Low Income Medicare Beneficiary (SLMB)
M	entitled to Medical Assistance Only (MAO) – (non-cash recipients who are not QMBs)
N	none (default value)
P	Qualified Medicare Beneficiary (QMB)
U	Qualifying Individual 1 (QI-1)
Z	deemed categorically needy

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CLIENT DATA RECON CHANGE SOURCE	4259
<i>See QD screen under CLIENT-CHG-SOURCE</i>	
A	Application
E	County, Other than Food Stamps
F	County, Food Stamps
G	CCS/GHPP
H	Healthy Families
M	Medi-Cal Eligibility Branch
O	Other DHS Entity
P	Provider reported Gateway eligibility
R	Reconciliation update
S	Single Point of Entry
X	SDX

CITIZEN /ALIEN IND (continued)	2009
2	Lawfully present not a qualified immigrant
5	Citizen child born to refugee parent(s)
*** 7	Other refugee
8	Cuban/Haitian entrant
*** 9	Aged alien (Medicare ineligible alien and not 1, 7, or 8)
*	Federal (SDX) input only
***	Values obsolete 12/98

CITIZEN /ALIEN IND	2009
A	Proven U.S. citizen
B	Alleged U.S. citizen
C	Conditional entrant admitted under INA section 203(a)(7)
D	Deportation withheld admitted under INA section 243(h) or 241(b)(3)
E	Amerasian refugee admitted under INA sec 207
* F	Refugee admitted under INA sec 207 or 203(a)(7)
* G	Parolee admitted under INA section 212(d)(5)
* H	Silva vs. Levi alien
K	Lawful permanent resident (LPR)
L	Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
* M	Residents of the Northern Mariana Islands
* N	Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
O	Victim of Severe Forms of Trafficking who have been certified by ORR or who has been granted a T Visa
* P	Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
* Q	Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
R	Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
S	Other aliens (not a temporary visa holder)
T	Alleged PRUCOL
U	Undocumented alien
V	Visitor / Student / VISA and other aliens with temporary documentation
W	Parolee admitted under INA section 212(d)(5) with a period of parole over one year
X	Indochinese refugee admitted under INA sec 207
Y	Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
Z	Kurdish or Iraqi asylee admitted under INA section 208
*** 0	Other alien (not 1, 5, 7, 8, or 9)
*** 1	Indochinese refugee admitted under INA sec 207

DEATH-CD (Source of Death Information)	2019
B	Medicare Buy-In System Reported Death Termination Reason
C	County Welfare Department Worker Reported Death Date
D	SSN Verification – Vital Records Electronic Death Notice Per Title XVI
E	SSN Verification – Death Date from NUMIDENT File
F	BENDEX Reported Death Date
G	SSN Verification – SSA District Office Reported Death Date Per Title XVI
H	SSN Verification – State Reported Death Date Per Title XVI
I	SSN Verification – Title II Reported Death Date Per Title XVI
J	SSN Verification – Title II Reported Death Date Per Title II
K	Medicare Buy-In System Reported Death Date
L	Deceased per Claim Record (Not Currently Reported in MEDS)
M	MCED Reported Death Date
O	Other State/County Worker Reported Death Date
P	Pickle Update Reported Death Termination Reason
R	Returned Mail Marked Deceased
S	SDX Reported Title XVI Death Date
T	County Reported Death Termination Reason
U	MCED Altered Vital Records Reported Death Date
V	CA Vital Records Reported Death Date
W	SSN Verification – Returned Check Reported Death Month/Year Per Title XVI
X	SSN Verification – Returned Check Reported Deceased Per Title XVI
Y	SSN Verification – Deceased Per NUMIDENT File But No Death Date Provided
Z	BENDEX Reported Death Termination Reason

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DENIAL-REAS (Denial Reason)

3029

- A** Client Deceased
- B** Application Withdrawn
- C** Moved Out of State
- D** Loss of Contact/Unable to Locate Applicant
- E** Failure to Cooperate
- F** Does Not Meet California Residency Requirements
- G** Excess Resources
- H** No Program Linkage
- * **I** Potential State Only Program Eligible did not apply for ongoing Medi-Cal
- J** No Deprivation
- K** Living in a Public Non-Medical Institution
- L** Existing AFDC/Medi-Cal/CMSRP Recipient
- M** Existing SSI/SSP Recipient
- N** Receiving Medicaid in Another State
- O** Previous Presumptive Eligibility within 12 months
- P** Duplicate Pending Application
- Q** IE/RR terminates accelerated enrollment (MEDS Generated)
- R** Other
- S** Applicant can't apply for the person on the application
- T** Previous Hospital Presumptive Eligibility for same pregnancy (HPE use only)
- U** Over Age Limit for Hospital Presumptive Eligibility (HPE use only)
- V** Application for IAP Denied (Includes MAGI and APT C/CSR)
- W** Not Part of the Tax Household
- X** Excess Income - Denied for MAGI and Qualified for APTC/CSR
- * Other Minimum Essential Coverage
- Y** Erroneously Reported Application
- Z** No Valid Data Reported (MEDS Generated)
- 0** Existing Medicare Recipient
- ** **1** Premium Not Paid
- ** **2** Income Does Not Meet Requirements
- ** **3** Home Address State Missing or Invalid
- ** **4** End Date for Employer Sponsored Insurance Missing or Invalid
- ** **5** Child is Eligible for Medicare Part A and B
- ** **6** Funding Not Available
- * **7** Child age 19 or over not eligible for HFP
- 8** Incarcerated
- 9** Not a US Citizen, National or Lawfully Present

* Values applicable only to MEB applications

** Values applicable only to Healthy Family applications

ESAC (Eligibility Status Action Code)

9109

Continuing Eligibility Periods

- 1** New Eligible
- 2** Active Client Eligible Update
- 3** Linked Program Eligible – Declined Medi-Cal
- 4** Exception Eligible

Closed Eligibility Periods

- 6** New Eligible
- 7** Active Client Eligible Update
- 8** Linked Program Eligible – Declined Medi-Cal
- 9** Exception Eligible

Other Eligibility Updates

- 0** (ZERO) County Confirmed Immediate Need SSI/SSP Eligible
- A** Unborn
- B** Hold, questionable eligibility

Recon Generated Hold on MEDS

- K** Recon Hold – On MEDS, Not on County
- L** Recon Hold – Key field discrepancy in County-ID or Birthdate
- M** Recon Hold – Critical eligibility errors on county transaction
- N** Recon Hold – Duplicate county records received

Legacy System Only

- F** QMB pending part A confirmation (obsolete – will be treated by MEDS like ESAC 1)
- P** Pending application
- Q** Drop pending change
- R** Release hold

ETHNIC

0115

- 1** White
- 2** Hispanic
- 3** Black
- 4** Asian or Pacific Islander
- 5** Alaskan Native or American Indian
- 7** Filipino
- 8** No Valid Data Reported (MEDS generated)
- 9** No response, client declined to state
- A** Amerasian
- C** Chinese
- H** Cambodian
- J** Japanese
- K** Korean
- M** Samoan
- N** Asian Indian
- P** Hawaiian
- R** Guamanian
- T** Laotian
- V** Vietnamese
- Z** Other

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GOVT-RESP 0125

Identifies the entity that has primary responsibility for current and/or history eligibility.

- 1 County Welfare Department (CWD) or MEB controlled eligibility, other than Food Stamps
- 2 Federal or State controlled Federal continuing
- 3 Terminated Federal record
- 6 Other than 1, 2, 3 or 9 – May have Food Stamps, IE/RR, CCS, GHPP
- 9 Frozen Record

HCPn-STAT (HCP Status) 1019

- 00 Voluntary disenrollment - No capitation paid
- 01 Active enrollment - Capitation paid
- 05 HCP hold due to recipient Medi-Cal ineligibility - No capitation paid
- 09 Mandatory disenrollment - No capitation paid
- 10 Voluntary disenrollment - Capitation recovery required
- 19 Mandatory disenrollment - Capitation recovery required
- 40 Voluntary disenrollment occurred before enrollment became effective
- 49 Mandatory disenrollment occurred before enrollment became effective
- 51 Enrollment activated from HCP hold or unmet SOC - Supplemental capitation to be paid at end of month
- 55 Potential plan member - unmet SOC
- 59 HCP hold due to HCP coverage limits - No capitation paid (see HCP Reason)

- F4 Future Pending enrollment – Passive Enrollment
- P4 Pending enrollment - Application accepted
- S0 Voluntary disenrollment - Capitation recovery processed
- S1 Active enrollment - Supplemental capitation paid
- S9 Mandatory disenrollment - Capitation recovery processed

SPECIAL CONSIDERATION FOR HCP STATUS:

'51' is updated to 'S1' when RENEWAL initiates payment of capitation.

'10' and '19' are updated to 'S0' and 'S9' after RENEWAL initiates recovery of capitation.

MEDS RENEWAL terminates an HCP enrollment effective current month after two consecutive months of HCP hold.

HCPn-REAS (HCP Reason) 1004

Reason for HCP hold status '59'

- A Aid code not covered
- C County not covered
- H OHC exclusion
- Z ZIP Code not covered

HCPn-TYPE

- C COHS (County Organized Health System)
- D Dental
- H HMO (Health Maintenance Organization)
- M Medical (future use)
- O Other

HEALTH INSURANCE SYSTEM:

Scope of Coverage

<u>COVERAGE CODE</u>	<u>SERVICE</u>
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
R	Medicare Part D
V	Vision Care

If coverage unknown, OHC is regarded as comprehensive - Provider must bill OHC carrier for all services.

Order on HIS is as follows: O I M P L D V R

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<u>LANGUAGE</u>	(Spoken Language)	0120
	(Written Language)	0121
* 0	American Sign Language (ASL)	
1	Spanish	
2	Cantonese	
3	Japanese	
4	Korean	
5	Tagalog	
6	Other Non-English	
7	English	
8	No Valid Data Reported (MEDS generated)	
9	No response, client declined to state	
* A	Other Sign Language	
B	Mandarin	
C	Other Chinese Languages	
D	Cambodian	
E	Armenian	
F	Ilocano	
G	Mien	
H	Hmong	
I	Lao	
J	Turkish	
K	Hebrew	
L	French	
M	Polish	
N	Russian	
P	Portuguese	
Q	Italian	
R	Arabic	
S	Samoan	
T	Thai	
U	Farsi	
V	Vietnamese	
* Not valid values for 0121 Written Language		

<u>MEDICAID ELIGIBILITY CODE</u>	0698
C	Confers 1619B eligibility - free Medicaid
G	Goldberg-Kelly eligibility - timely appeal with SSA confers both SSI/SSP payment and free Medicaid
R	Referred to county

<u>MEDICARE</u>	
1 st Digit =	Part A (Hospital)
2 nd Digit =	Part B (Medical)
3 rd Digit =	Part D (Prescription Drug)
<u>1st and 2nd Digits</u>	4849
0 or Blank	No coverage
1	Paid for by beneficiary
2	Paid for by State Buy-In
3	Free (Part A only)
4	Paid by state other than California
5	Paid for by Pension Fund
7	Presumed eligible
9	Aged alien ineligible for Medicare
<u>3rd Digit</u>	4869
0 or Blank	No Coverage
1	Approved Low Income Subsidy Status
2	Beneficiary is eligible for Part D
3	Beneficiary deemed Low Income Subsidy eligible
7	Presumed eligible
9	Beneficiary has refused Part D
<i>Note: Medicare Status Values "6" and "8" (for Parts A & B) are no longer valid values. Medicare Status Value "7" will no longer be assigned as of 09/26/2006.</i>	

<u>NOA-LANGUAGE-SOURCE</u>	4028
W	MEDS Written Language
S	MEDS Spoken Language

<u>NOA-LANGUAGE-TYPE</u>	4026
1	English-Only NOA mailed to the recipient
2	English plus 11 languages (booklet) mailed to the recipient

<u>NOA-STATUS</u> (Notice of Action Status)	4029
1	Mailed
2	Undeliverable (Bad Address on MEDS)
3	Returned
4	Re-mailed

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<u>NOA-TYPE</u> (Notice of Action Type)	2049
	4025
01 Excess Income	
02 Persons in Long-Term Care	
03 Extended Medi-Cal Eligibility	
04 Loss of Residence	
05 Deceased	
06 Loss of Contact	
07 Other	
08 Deceased Persons – Returned Card	
09 County Eligible	
10 Extended Medi-Cal Eligibility: Disabled Adult Child	
11 Deceased Persons – State Registrar	
12 Disabled Widow(er)s	
17 Disabled Medi-Cal, Later Not Found Disabled by SSA	
18 Qualifying Individual – 1 (QI-1)	
19 Qualifying Individual – 2 (QI-2)	
22 Non-Grandfathered NLD/Blind (second notice)	
23 All NLD/Blind (final notice)	
26 All NLD/Blind (first notice)	
27 Grandfathered NLD/Blind (second notice)	
28 All NLD/Blind rescission of county termination	
29 Grandfathered NLD/Blind (one-time)	
51 Extended Medi-Cal Eligibility: 503 Leads – Pickle	
60 MMA Reduction of Benefits	
Note: NLD/Blind = No Longer Disabled/Blind	

<u>OHC</u>	1109
<u>Pay and Chase OHC / Post Payment Recovery</u>	
A Any carrier (includes multiple coverage) (Starting Sept 2012 directly billable to Medi-Cal)	
<u>Cost Avoidance OHC</u>	
C Champus Prime HMO (Yes bill OHC)	
D Medicare Part D	
F Medicare RISK HMO (Yes bill OHC)	
G Medical Parole	
I Institutionalization (Public Institution coverage)	
K Kaiser (Yes bill OHC)	
L Dental only policies (Don't bill OHC)	
P PHP/HMO's & EPO (Exclusive Provider Option) not otherwise specified (Yes bill OHC)	
V Any carrier (other than the above, includes multiple coverage) (Yes bill OHC)	
9 Healthy Families	
<u>Other OHC Related Codes (Don't need to bill OHC)</u>	
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	

<u>OHC-SOURCE</u>	1129
A Update from SPE Accelerated Enrollment (AE) or AIM Program	
B MMA Enrollment Response File Process	
C or Blank County Welfare Department (CWD)	
F Reported by COV/CA (CalHEERS)	
G CMS-Net/GHPP System	
H Update from Other Health Coverage Recovery	
I County reported Institutionalization	
J County reported release from Institutionalization	
M MEDS assigned from the OHC update logic	
O CHDP Gateway Override	
P Provider Initiated AE	
R Batch update from the OHC Master file	
S Update from SSI/MEB	
T Insurance information exchange with carrier	
U Unknown (indicates problem in MEDS OHC logic)	
X OHC '9' changed to 'A' based on Foster Care eligibility	

<u>PAYMENT STATUS CODE</u>	0625
<i>Common SSI/SSP Payment Status Codes</i>	
<i>See QX screen under Payment Status</i>	
C01 Current pay	
E01 Eligible but no payment due (many times these are in LTC)	
N01 Nonpay recipient's countable income exceeds Title XVI payment amount and his/her state's payment standard	
N02 Nonpay recipient is inmate of public institution	
N03 Nonpay recipient is outside USA	
N04 Nonpay recipient's non-excludable resources exceed Title XVI limitations	
N07 No longer disabled	
N10 Failure to comply with approved drug or alcohol treatment plan	
N11 Benefit sanction month because of failure to comply with approved treatment plan	
N13 Not a citizen or is an ineligible alien	
N22 Inmate of a penal institution	
N23 Not a resident of the USA	
N24 Claimant has been convicted of a felony of fraudulently misrepresenting residence	
N25 Claimant is a fugitive felon or parole/probation violator	
S06 Suspended - Recipient's address unknown	
S08 Suspended - Representative payee development pending	
T01 Terminated - Death of recipient	
T30 Terminated (manual termination) sort of an "other" category	
T31 Terminated (system generated termination) sort of an "other" category	

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T33 Terminated (manual termination)
No previous payment made (will eventually
Replace T30)

PICKLE STATUS	2032
<i>Second digit on QM screen Pickle</i>	
<p>0 No update received (MEDS generated) (Only records coded with 'C0' are included on 503 Leads Report. When a county reports LTC aid codes or term reasons 01 (death) or 98 (whereabouts unknown), the 'C0' stays on MEDS but the record goes off the 503 Leads Report.)</p> <p>1 Potential Pickle eligible (also posted by MEDS if Pickle aid code reported) (Used with EW60 to remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can change C2's and C3's back to C1.)</p> <p>2 Recipient requested not to be contacted (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)</p> <p>3 Loss of contact/whereabouts unknown (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)</p> <p>4 Grandfathered No Longer Disabled (NLD) child</p> <p>5 Non-Grandfathered No Longer Disabled (NLD) adult or child</p> <p>7 Remove erroneously reported Potential Pickle (Pickle Type A, M or P)</p> <p>8 Immediate Need SSI/SSP card issued pending SSA eligibility confirmation (MEDS generated)</p> <p>9 Deceased (Places Death Source of P and Death Date which is filled in with the date the death was posted, doesn't change Pickle Status)</p> <p>L Terminated SSI/SSP recipient in Long Term Care</p>	
<p>NOTES:</p> <ul style="list-style-type: none"> • PICKLE STATUS 4 and 5 are associated only with PICKLE TYPE D. • PICKLE TYPE S, R, Q, and V will only show PICKLE STATUS 0. <p>☼ 503 Leads - Includes persons who are terminated from SSI/SSP at the end of December due to the Title II COLA</p>	

PICKLE
Identifies Special SSI/SSP Client Status
1st byte - see Pickle Type 2nd byte - see Pickle Status

PICKLE TYPE	2031
<i>First digit on QM screen Pickle</i>	
<p><u>Potential Pickle Eligibles</u></p> <p>A Potential Pickle based on aid code</p> <p>C COLA terminated SSI/SSP eligible</p> <p>M Potential Pickle moved into state</p> <p>P Potential Pickle identified by county</p> <p>T Terminated SSI/SSP recipient also receiving Title II benefits</p> <p><u>SSP Reduction Eligibles</u></p> <p>S 5.8% beneficiaries 1992</p> <p>R 2.7% beneficiaries 1993</p> <p>Q 2.3% beneficiaries 1994</p> <p>V 4.9% beneficiaries 1995</p> <p><u>No Longer Disabled (NLD) Eligibles</u></p> <p>D No Longer Disabled (NLD) adult or child</p> <p><u>Exception Eligibles</u></p> <p>I Terminated IHSS recipient</p> <p>T Terminated SSI/SSP recipient – Disabled Adult Child</p> <p>W Terminated SSI/SSP recipient – Disabled Widow(er)s</p> <p>X Terminated SSI/SSP recipient</p> <p>Note: M and P are county reported, all other types are MEDS generated. A, M and P are removable (can be changed by the county).</p>	

☼ Pickle Tickler - Persons who must be tracked for future Pickle eligibility

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REASON-FOR-ISSUANCE 9055

- 01 Initial card for new eligible or Immediate Need eligible
- 02 BIC not received
- BIC Replacement
- 21 Lost, Stolen, Mutilated, or Incorrect Card

RECV-REF 3049

Received From / Referred To Entity

- CO County Welfare Department
- CP Other County Medical programs
- FS Food Stamps
- IN Individual
- MB Medi-Cal Eligibility Branch, State of California
- OP Other program not specifically identified
- SL School Lunch Program

RECOVERY 2020

(a.k.a. Overpayment Recovery Indicator)

- Blank No overpayment
- 1 CalWORKs overpayment
- 2 Food Stamp overpayment
- 3 CalWORKs and Food Stamp overpayment (system generated)

REL-TO-APP 3053

Relationship to Applicant

- 1 Applicant's child
- 2 Adult 2's child
- 3 Significant other
- 4 Ex-step parent
- 5 Sponsored Dependent
- 6 Trustee
- 7 Court Appointed Guardian
- 8 Other Unrelated
- 9 Child of domestic partner
- A Aunt/Uncle
- B Step Child
- C Child, common
- D Son/Daughter-in-law
- E Brother/Sister-in-law
- F Foster Child
- G Grandparent
- H Dependent of a minor dependent
- I Mother/Father-in-law
- J Brother/Sister
- K Grandchild
- L Legal Guardianship
- M Adoptive Child
- N Niece/Nephew
- O Other
- P Parent
- Q Cousin
- R Collateral dependent
- S Spouse
- T Stepfather
- U Unborn
- V Stepmother
- W Ward
- X Ex-spouse
- Y Yourself (i.e., Applicant)
- Z Unknown

RESIDENCE ADDRESS FLAG 0303

- Y Reported as a residence address
- N Mailing address, may or may not be a residence address

RESIDENCE COUNTY 0176

- ❖ Identifies the county in which the client resides.
- ❖ Set when a residence address is reported and Finalist identifies a residence county OR when a county reports the residence county because it is different from the responsible county.

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- ❖ Used for HCP enrollment decisions.
- ❖ See county code list for values (01 - 58); out of state residences will show '99' for the residence county.

980/981 Medi-Cal ineligible due to non-cooperation in medical support enforcement overlaid previous S/URS restriction

RESTRICT

1229/9129

*1st and 2nd digits = Restricted Service Status
3rd digit of '1' = County Limited Inquiry Access
1st and 2nd digits of '0' with 3rd digit greater than '1' = Minor Consent*

- 000** Restriction or Limited Inquiry access removed
- 001** County confidential case - Limited inquiry access

Minor Consent Services related to:

(assigned by aid code)

- 004** no longer in use
- 005 (aid 7P)** Sexually Transmitted Diseases, Sexual Assault, Drug and Alcohol Abuse, Family Planning, and Outpatient Mental Health
- 006 (aid 7R)** Sexual Assault and Family Planning
- 007 (aid 7M)** Sexually Transmitted Diseases, Sexual Assault, Drug and Alcohol Abuse, and Family Planning
- 008 (aid 7N)** Pregnancy and Family Planning

Service Restrictions

- 010/011** Prior authorization required for drugs
- 050/051** Prior authorization required for scheduled drugs
- 110/111** Prior authorization required for M.D. visits
- 120/121** Prior authorization required for M.D. visits and drugs
- 140/141** Prior authorization required for all services, except emergencies
- 150/151** Restricted to primary M.D. and prior authorization required for drugs
- 200/201** Prior authorization required for Dental visits
- 210/211** Prior authorization required for Dental visits and drugs
- 220/221** Prior authorization required for Physician visits and Dental visits
- 230/231** Prior authorization required for Physician visits, Dental visits, and drugs
- 240/241** Recipient is restricted to primary Physician with prior authorization required for drugs and Dental visits
- 600/601** For claims payment, BIC Id number and issue date required
- 900/901** Hospice services only
- 910/911** Hospice services overlaid previous S/URS restriction
- 920/921** Hospice services posted retroactively
- 930/931** Hospice services retroactively overlaid previous S/URS restriction
- 950/951** Long Term Care (LTC) restriction due to transfer of assets
- 960/961** Long Term Care restriction overlaid previous S/URS restriction
- 970/971** Medi-Cal ineligible due to non-cooperation in medical support enforcement

RETRO (was PRE/POST CD)

9169

Three Month Retroactive Eligibility

- 0** Retroactive month(s)
- 1** 1st month prior
- 2** 2nd month prior
- 3** 3rd month prior
- 4** 1st and 2nd months prior
- 5** 1st and 3rd months prior
- 6** 2nd and 3rd months prior
- 7** 1st, 2nd and 3rd months prior

Numbers 1 through 7 identify which month(s) prior to the application date have the same eligibility as the effective month.

SEX (Gender)

0110

- F** Female
- M** Male
- U** Unborn
- N** Not known - Federal (SDX) input only – SDX record had sex code of 'U' meaning Unknown

SSN-VER

0106

Valid User Input

- 0** Used on certain input transactions to indicate that the SSN Verification status was previously reported to MEDS
- 1** SSN reported by client, not sight verified/no SSA referral initiated
- 2** SSN application filed at SSA district office, confirmation received by reporting entity
- 3** SSN reported by client, sight verified by reporting entity
- 4** Electronic verification via HUB
- 5** SSN reported by client, not sight verified, SSA referral initiated
- 6** Client does not have an SSN, SSA referral initiated
- 8** Client does not have an SSN and cannot get one - undocumented person
- 9** SSN not reported by client
- G** No SSN due to Religious Exemption
- R** Used on certain input transactions to indicate that the SSN Verification Code needs to be removed

MEDS Generated

- 7** No valid SSN verification status reported by entity reporting the SSN to MEDS

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A SSN verified via SSA NUMIDENT data match – SSA birthdate exactly matches MEDS
SSN-VER (continued) 0106
<u>MEDS Generated (continued)</u>
B SSN verified via SSA NUMIDENT data match – SSA birthdate exactly matches MEDS/ Surname did not match
C SSN verified via SSA NUMIDENT data match – SSA birthdate does not exactly match MEDS
D SSN verified via SSA NUMIDENT data match – SSA birthdate does not exactly match MEDS/Surname did not match
E SSN verified via SSA NUMIDENT data match – SSA birthdate not available for exact MEDS match check
F SSN verified via SSA NUMIDENT data match – SSA birthdate not available for exact MEDS match check/Surname did not match
H SSN verified via Title II and Title XVI data match - failed SSA NUMIDENT data match
I SSN verified via Title II data match - failed SSA NUMIDENT data match
J SSN verified via Title XVI data match - failed SSA NUMIDENT data match
K SSN verified via Title II and Title XVI data match - SSN not recognized as an SSN issued by SSA In NUMIDENT data match
L Verification request pending for SSN reported as sight verified
M Verification request pending for SSN reported as not sight verified
N SSN verification failed SSA NUMIDENT data match on birthdate
O SSN verification failed SSA NUMIDENT data match on birthdate and failed Title XVI data match
P SSN verification failed SSA NUMIDENT data match on birthdate and failed Title II data match
Q SSN verification failed SSA NUMIDENT data match on birthdate and failed Title XVI and Title II data match
S SSN verification failed SSA NUMIDENT data match on surname or given name
T SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title XVI data match
U SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title II data match
V SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title XVI and Title II data match
W SSN identified as verified via prior SSN

verification process
SSN-VER (continued) 0106
<u>MEDS Generated (continued)</u>
X SSN identified as verified via prior SSN verification process, but SSN verification subsequently removed
Y SSN identified as unverified via prior SSN verification process
% SSN verification failed SSA NUMIDENT data match – probable transcription error identified
& SSN verification failed SSA NUMIDENT data match – SSN not recognized as an SSN issued by SSA
* SSN identified as verified via SVES SSN verification process but SSN verification code subsequently removed by worker
SSN identified as verified via SVES SSN verification process but SSN verification code subsequently removed by SSI/SSP update
! SSN failed SSA NUMIDENT data match; given name missing

<u>TERM REAS</u> 0185
<i>Note: # Indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards)</i>
NOTE: The only Term Reasons requested to be consistently used by all counties are those preceded by a # or *.
<u>County reported Term Reasons</u>
01 Discontinuance due to death
03 Discontinuance at recipient request (MC only, CalWORKs/MC)
04 Failure to cooperate (MC only)
05 Increased earnings of father
06 Increased earnings of mother
07 Increased earnings of child
08 Increased earnings of stepfather
09 Other increased earnings in home
17 Increased support - absent parent return
18 Increased support - remarriage of parent
19 Increased support - absent father
20 Term Medi-Cal (allegation of disability)
21 Increased support - other outside source
22 Increased income from OASDI
23 Increased income from other Federal program
24 Increased income from Veterans benefits
27 Increased income - Unemployment/Disability

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<p>Insurance 28 Increased income - other state/local program</p> <p>TERM REAS (continued) 0185</p> <p><u>County reported Term Reasons (continued)</u></p> <p>29 Increased income - non-government program 32 Increased income from any other source 33 Increase in real property 34 Increase in personal property # 35 CalWORKs Term, MEDS eligibility reported under another MEDS-ID by county agency (i.e. Foster Care) 36 "Need" change: law or policy determination 37 Decrease in "need" # 38 Determined ineligible for Medi-Cal only 39 Financial reason not codes 36 or 37 40 Parent no longer incapacitated # 44 Resident of a public institution 45 Parent returned home or remarried 46 Change in law or agency policy 47 No longer eligible child in home # 48 Loss of legal residence 49 No Program Linkage-other than 38 and 40-48 50 Refused to comply - property utilities requirement 52 Refused to participate in GAIN program 53 Refused to seek work in program other than GAIN 54 Refused to accept work - EDD referral 55 Refused to accept work - other referral 56 Refused training/education (not GAIN) # 57 CalWORKs recipient has been transferred into the SSI program 58 CalWORKs recipient has transferred into another county-administered program 59 Other than 50-70 60 Refused to provide CA7 or Medi-Cal status report 61 Refused to provide essential information (non-CA7) * 64 Failed to complete Medi-Cal Midyear Status Review * 65 Failed to complete Medi-Cal Annual RV 70 Refused to register with EDD * 83 CalWORKs - timed-out adult and family income ineligible # 89 Whereabouts unknown – Medi-Cal 93 CalWORKs - transferred to FG from U 94 CalWORKs - transferred to U from FG 95 CalWORKs - transferred to FC from FG or U 96 Transferred to another county 97 Discontinued at recipient request 98 Whereabouts unknown-other than Medi-Cal 99 Other than 01-98 above</p>	<p>G1 Disenrollment due to Non-Payment of Premiums</p> <p>TERM REAS (continued) 0185</p> <p><u>MAXIMUS reported Term Reasons</u></p> <p>H1 60 day retro HF disenrollment H2 Program generated HF disenrollment H3 Client requested HF disenrollment H4 Erroneous enrollment H5 Client shows Medi-Cal / Medicare H6 Deceased H7 Decrease in Income, no longer qualifies H8 False declarations H9 Requalification information not provided HA Annual eligibility review (AER) determined increase in income, no longer qualifies HB Annual eligibility review determined client covered under other health insurance HC Proof of citizenship HD Child link program requirements not met - other HE Child link program requirements not met due to child HF disenrollment HF Client shows Medi-Cal / Medicare at AER HG AER Requalification information not provided HH Decrease in Income, no longer qualifies at AER HJ Client requested HF disenrollment at AER HK Disenrollment due to non-payment of premium HL Client terminated as a result of Healthy Families Reconciliation</p> <p><u>MEB reported Term Reasons</u></p> <p>G1 Disenrollment due to Non-Payment of Premiums MB State only Breast Cancer (time-limited) MC State only Cervical Cancer (time-limited)</p> <p><u>MEDS Generated Term Reasons</u></p> <p># AA Out of State Foster Care (per zip code) A1 Application determined – IE/RR eligibility reported A2 Application determined – Other Medi-Cal eligibility or IH/PCS eligibility reported A3 Application determined – Healthy Families eligibility reported A4 Application determined – Medi-Cal denial reported A5 Application determined – Healthy Families denial reported A6 Application Determined – Healthy Families Gateway terminated on Medi-Cal denial</p>
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A7	because no Healthy Families referral Application determined – Covered California eligibility reported – MAGI Medi-Cal
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K	Recon Hold – On MEDS, not on County
L	Recon Hold – Key field discrepancy in County-ID or Birthdate


<u>TERM REAS (continued)</u>	0185
<u>MEDS Generated Term Reasons (continued)</u>	
A8	Application determined – Covered California eligibility reported (non Medi-Cal)
A9	Covered California application denied
A0	Covered California unsubsidized or non- applying member application reported
CC	CMSP companion without corresponding primary eligibility
C1	Death removed via EW03
D1	Death reported via returned card
D2	Death reported by MEB
D3	Death reported by Vital Statistics
D4	Death reported by SDX
D5	Death reported by CWD
D6	Death reported on Buy-In update
D7	Death reported by Healthy Families
D8	Death reported on SSN Verification
D9	Death reported on BENDEX update
EE	Exception eligibles
FF	Terminated by state via a File Fix
IN	Eligibility reported via Immediate Need trans
MA	Accelerated BCCTP (time-limited)
M1	Terminated by MEB
M2	Death removed by MEB, no eligibility
M3	Gateway initial enrollment period
OA	Residence outside of California
OB	Moved out of state per Buy-In/BENDEX
OS	Moved out of state per SDX
PP	Pregnancy/FPL/Percentage program expired
# RR	On MEDS Not County – Recon termination
RT	Recon Data Discrepancy – Closed period ESAC on Legacy trans – Recon Term Date/Reason used
SR	Exceeds 8 month RMA/EMA or RCA/ECA eligibility
SS/S	Renewal terminated after 2 months hold
TT	CMSP aid code/non-CMSP county
VV	Pickle presumptive termination
WW	Renewal terminated current aid code invalid
X1	Cessation of Disability - NOA type 23
X2	Cessation of Disability - NOA type CO
ZZ	Terminated by MEDS – transitional exceeded maximum months
Z1	MEDS established time-limited eligibility
<u>MEDS Generated Hold Reasons</u>	
B	Hold, questionable eligibility
J	MEDS Hold due to rejected eligibility status update in the daily batch process

<u>TERM REAS (continued)</u>	0185
<u>MEDS Generated Hold Reasons</u>	
M	Recon Hold – Critical eligibility errors on county transaction
N	Recon Hold – Duplicate county records received
<u>WELFARE-PGM *</u> 0195	
<i>(a.k.a. Global Program Indicator)</i>	
MEDS current or history Welfare program(s) recipient eligible for:	
001	Health Program without CalWORKs cash grant
003	Health Program and CalWORKs cash grant
004	Food Stamps only
005	Health Program and Food Stamps
007	Health Program, CalWORKs cash grant and Food Stamps
NOTE: Health Program may include Medi-Cal, CMSP, Healthy Families, CCS, GHPP, BCCTP, etc.	

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MEDS TRANSACTION CODES

 Indicates a Function key is available for the transaction code

State and Federal and Other Transactions

BE30	Bendex Update
BINQ	Buy-In Update Request
BI30	Buy-In Update Part B
BI31	Buy-In Update closed period
BI35	Buy-In Update Part A
BI37	Buy-In Update Medicare Status Code
BI60	Buy-In Exception Deletion Part B
BI65	Part A Accretion/Deletion
BR30	BRU SOC Certification for Individual
DP30	Returned Card/Deceased
GZ10	MEDS-ID Number Change (CCS/GHPP)
GZ11	MEDS Record Consolidation (CCS/GHPP)
GZ12	Update Client Information (CCS/GHPP)
GZ20	Add New CCS/GHPP Client
HF10	MEDS-ID Number Change (HF only recipient)
HF11	MEDS Record Consolidation (HF recipient)
HF12	Modify Client Information
HF18	Report New HF Application
HF20	Add New Client HF Eligibility
HF30	Modify/Terminate HF Eligibility
HF34	Modify Existing HF Application
HF40	HF Termination
IH05	Transfer County of Responsibility
IH12	Update Client Information
IH18	Report New Application
IH20	Add New Client Record
IH34	Modify Application/Appeal Information
IH40	IHSS/PCSP Termination
MB10	MEDS-ID Number Change (MEB)
MB11	MEDS Record Consolidation (MEB)
MB12	Modify Client Information (MEB)
MB13	Update NOA Information
MB30	MEB Update
MB55	SSI/SSP Modify/ID Card Request
MW18	Pending Application (MEB)
MW19	Citizenship status/identity verification (MEB)
MW20	Add New Client Eligibility (MEB)
MW32	Medical Parole Client Update (MEB)
MW34	Modify Application/Appeal Information (MEB)
MW40	Termination (MEB)
OC30	Modify OHC/ID Card Request (Health Insurance Section)
PE15	Report Immediate Need Accelerated Enrollment (AE) (Provider)
PE18	Report New Application (Provider)
PE20	Add New Client AE Eligibility (Provider)
PH30	Modify HCP Enrollment Record
PH40	HCP Disenrollment
RB30	Returned BIC
RB31	Returned BIC/Deceased
SD10	SDX Recipient MEDS-ID Number Change
SD20	SDX Recipient Add/Update
SD21	Extended Eligibility
















SP20	Report HF Accelerated Enrollment
SS10	SSN Referral Update
SS30	SSN Validation Update
SU30	S/URS Status Change (Service Restrictions, i.e. hospice, restricted doctor visits, etc.)

Health Insurance Database Transactions

These transactions update the Health Insurance System (HIS) database

HI05	Chaining Update (MEDS generated)
HI10	MEDS-ID Change (MEDS generated)
HI30	OHC Code Change (MEDS generated)
HI35	Add/Modify Health Insurance Information
HI37	Add/Modify Health Insurance Information from batch sources (SSA, LEADER, ISAWS)
HI38	Add/Modify Healthy Families HIS Information
HI39	Add/Modify CCS/GHPP HIS Information
HI40	Casualty & Workers' Compensation Referrals
HI60	Add/Modify Carrier File Information
HI61	Add/Modify Carrier File Follow-Up Information

County Transactions

AP18	Report New Application
AP19	Citizenship Status/Identity Verification
AP20	Report New Application (IEVS or batch)
AP22	Save Inquiry (IEVS or batch)
AP34	Modify Application/Appeal Information
EW03	Exception Correction Update
 EW05	Transfer County of Responsibility [F1]
 EW10	MEDS-ID Number Change [F2]
 EW11	MEDS Record Consolidation [F14]
 EW12	Update Client Information [F10]
 EW15	Report Immediate Need Eligibility [F3]
 EW20	Add New Client Record [F4]
 EW25	Modify - Whole Case [F5]
 EW30	Modify Current/Future (Individual) [F6]
 EW31	Modify History/Miscellaneous (Individual) [F18]
EW32	Institutionalized Client Update
EW34	Modify Application/Appeal Information (now AP34)
 EW35	Termination or Hold - Whole Case [F7]
 EW40	Termination/Hold Status Change (Individual) [F8]
 EW45	Request Replacement ID Card [F9]
EW50	Eligibility Over 12 Months Prior
 EW55	SSI/SSP Modify/ID Card Request [F15]
EW60	Modify Pickle Status Information
FR20	Reconcile Food Stamp (batch only)
FX05	Transfer County of Responsibility (batch only)
FX10	MEDS-ID Number Change (Food Stamp Only Recipient)
 FX20	Add New Food Stamp Recipient Record [F16]
 FX30	Modify Food Stamp Record (Individual) [F17]

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County Transactions (continued)

- FX31** Modify Food Stamp Record (allows for ABAWD indicator removal)
- FX40** Food Stamp Termination (batch only)
- FX60** ABAWD Food Stamp 36-Month Calendar
- HA20** Report New Homeless Client (HOME or batch)
- RC20** Reconcile Non-Food Stamp (batch only)

CalHEERS (COV/CA) Generated Trans (Batch and Web Services)

- HX10** MEDS-ID Number Change (COV/CA only member)
- HX11** MEDS Record Consolidation (COV/CA member)
- HX12** Modify Client Information
- HX18** Report a New Application
- HX19** Citizenship Status/Identity Verification
- HX20** Add New Client Eligibility
- HX34** Modify Existing Application
- HX40** Termination (Individual)

MEDS Generated Reconciliation Trans


- FR12** Update Client Information – Food Stamp
- FR20** Add Food Stamp Eligibility
- FR25** Update Case Information – Food Stamp
- FR40** Terminate Food Stamp Eligibility

- MR20** Extract MEDS/CDB Record

- RC12** Update Client Information – Non-Food Stamp
- RC20** Add/Modify Non-Food Stamp Eligibility
- RC25** Update Case Information – Non-Food Stamp
- RC40** Hold/Terminate Non-Food Stamp Eligibility









Other Transactions

F13 is a 'HELP' key in many of these applications

- ACEM** Assistance to Children in Emergency (ACE)
- HIAR** Health Insurance Action Request Menu
- HOME** Homeless Program Main Menu
-  **IEVS** Income and Eligibility Verification System [F19]
- PSWD** Change MEDS Password On-Line
- SOCO** Share of Cost Obligation
- TRAC** TRAC Information System Main Menu (Production)
- TRAT** TRAC Information System Main Menu (Training)


Inquiry Transactions

F13 is a 'HELP' key in many of these applications

- HEMI** Health Access Programs Inquiry Menu
- HOLD** Request for Hold Worker Alert Inquiry
- IAPP** Application Tracking Inquiry Menu
-  **INQN** Statewide Inquiry for File Clearance [F22]
-  **INQR** Client Inquiry Request [F12]
see list of options in next box
-  **INQW** Whole Case Inquiry Request [F23]
-  **INWA** Request for Online Worker Alert Inquiry [F20]
-  **INXR** Cross Reference File Inquiry Request [F21]
Screens available within INXR:
 - B** BIC-ID (Card) Xrefs
 - C** County-ID Xrefs
 - H** HIC-NO Xrefs
 - M** MEDS-ID Previously Used
 - N** Name Xrefs
 - X** Client Index Number (CIN) Xrefs
-  **INXT** Immediate Need County-ID Xref Inquiry
-  **MENU** Inquiry Request Menu [F24]
Menu Inquiry Options Include
 - R** INQR Recipient Record [F12]
 - N** INQN Name List [F22]
 - C** INCI Name List (now INQN)
 - W** INQW Whole Case List [F23]
 - X** INXR Cross Reference File [F21]
 - S** SOCR SOC Case Makeup
 - T** INXT Immediate Need County-ID Xref
 - K** IAPP Application Tracking Inq Menu
 - A** INWA Online Worker Alerts [F20]
 - H** HOLD Worker Alerts for 'HOLD' records
 - I** IEVS Income/Eligibility Menu [F19]
 - O** HOME Homeless Assistance Pgm Menu
 - V** HIAR Health Insurance System Menu
 - G** HEMI Health Access Programs Menu
 - Y** TRAC TRAC Info System Menu (Prod)
 - Z** TRAT TRAC Info System Menu (Train)
 - M** MOPI Provider Elig Ver Response-POS
-  **MOPI** MEDS Online POS Inquiry [F11]
- SOCR** Share of Cost Case Make-up Inquiry Request

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	INQR Client Inquiry Request [F12]
INQS	Client Inquiry Summary <i>The summary screen is presented for each MEDS-ID selected for detail screens and lists only those screens with information present, however all screens are accessible.</i>
	<i>Detail MEDS screens available within INQS:</i>
QA	Address Information
QB	Buy-In and BENDEX
QC	Other Health Coverage
QD	Change Dates and Auth Rep Information
QE	Other Client Eligibility Information
QF	Food Stamp
QG	Food Stamp ABAWD Calendar
QH	Health Care Plans 1 through 3
QI	Health Care Plans 4 and 5
QJ	Health Care Plans -- 13-15 months prior
QK	Health Care Plans Capitation Information
QL	Notice of Action (NOA) Information
QM	Medi-Cal/CMSP - Primary
QP	Pending/Denied Applications & Appeals
QQ	Transaction History Info
QT	BENDEX Title II Information
QX	Title XVI - SSI/SSP
Q1	Medi-Cal/CMSP - Special Program 1
Q2	Medi-Cal/CMSP - Special Program 2
Q3	Medi-Cal/CMSP - Special Program 3
Q4	Medi-Cal/CMSP - Pending
Q5	Medi-Cal/CMSP - Future Pending
Q6	Medi-Cal/CMSP - 13-15 Months Prior
Q7	Eligibility by Month (all eligibility for one month, default is current MEDS MOE, can select from future pending to 36 months prior)
Q8	Food Stamp History (curr & 36 months prior)

MEDS Inquiry Screen Program Line Information

The eligibility inquiry screens seen from INQR (QM, Q1, Q2, Q3, etc.) have a line near the middle of the screen showing the status of the eligibility in the various segments.

Programs:

M	Primary Medi-Cal/CMSP	(QM)
1	Special Program 1	(Q1)
2	Special Program 2	(Q2)
3	Special Program 3	(Q3)
FS	Food Stamp	(QF)
CW	CalWORKs	

Status:

(the presence of the value indicates information is available)

C	Current	
P	Pending	(Q4)
F	Future Pending	(Q5)
H	History	

Special Program Segment Types:

ACCEL	Accelerated Enrollment
** APPLCN	Application
BCCTP	Breast and Cervical Cancer Treatment Program
** CCSGHP	California Children Services / Genetically Handicapped Persons Program
CHDP	Child Health Disability & Prevention Program
CHILD	Children Programs
CMSP	County Medical Services Program
DI/TPN	Dialysis/TPN
GR/CAP	General Relief/Cash Assistance Program for Immigrants
** IE/RR	Ineligible/Responsible Relative
IH/PCS	In Home Supportive Services / Personal Care Services Program
MEDICR	Medicare (QMB, SLMB, QDWI)
TB	Tuberculosis

** Note: these segment types are used during transaction processing only.

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IMPORTANT PHONE NUMBERS



**** NOT TO BE GIVEN OUT TO THE PUBLIC ****

MEDS CONTROL DESK (DATA GUIDANCE)

Contact the ITSD Service Desk (see below)

Use this number if there is a problem or question concerning the printing of reports such as Worker Alerts, SAVE, IEVS, or MEDS broadcast messages.

MEDS/IEVS/PROFS/Internet HOTLINE

Call the ITSD Service Desk at

(916) 440-7000

(800) 579-0874

Use this number if there is a problem or question concerning MEDS processing, missing cards or when instructed by a MEDS error message.

HHSDC TP HELP DESK

(916) 739-7640

Use this number if there is a problem or question concerning MEDS or CDB equipment, i.e., terminal won't work, printer won't print, etc.

MEDS SECURITY COORDINATOR

Contact the ITSD Service Desk (see above)

Use this number for MEDS security or for problems with passwords, unable to signon, MEDS41 questions, MEDS print alignment, etc.

HOSPICE REMOVAL

(916) 552-9200 Ask for HOSPICE CLERK.

If no return call, the Hospice Supervisor is

Linda Page: (916) 319-9784 or

Linda.Page@dhcs.ca.gov.

WDTIP Help Desk

(877) 365-7378

Fax (916) 229-3385

Use this number if there is a problem or question concerning the TRAC or TRAT applications.

BCCTP

(800) 824-0088

CMS Help Desk

(916) 327-2378

CalHEERS Help Desk

(855) 308-6284

E-Mail address: helpdesk@calheers.ca.gov

CalWIN Solutions Support (Help Desk)

(866) 422-5946 (aka 866-4-CALWIN)

C-IV Help Desk

(866) 828-3054

LEADER Help Desk

(562) 623-2008

Ombudsman – Dept. of Mental Health

(800) 896-4042

Ombudsman – Managed Care

(888) 452-8609

Use this number if there is a problem or question concerning medical Managed Care enrollment or disenrollment.

WIC

(800) 828-0621

Healthy Families

E-mail address: HFPMEDS@maximus.com

(916) 673-4602

Healthy Families questions should be directed to the e-mail address shown above.

SPE Liaison

E-mail address: SPELiaisons@maximus.com

(916) 673-4602

Single Point of Entry (SPE) questions should be directed to the e-mail address or phone number shown above.

TPLRD (Third Party Liability & Recovery Division)

Beneficiary Buy-In Problems:

<http://dhcs.ca.gov/buyin>

General Buy-In Questions: buyin@dhcs.ca.gov

Other Health Coverage (OHC)

Web: <http://dhcs.ca.gov/OHC>

(800) 541-5555

Do not mail, e-mail or fax number DHS6155 and similar OHC requests. See ACWDL 13-12 for more information.

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COUNTY MEDS PROGRAM STATUS

	<u>COUNTY</u>	<u>SYSTEM</u>	<u>CMSP</u>	<u>CCS</u>
01	ALAMEDA	CalWIN 12/05		
02	ALPINE	C-IV 09/10	Yes	Yes
03	AMADOR	C-IV 09/10	Yes	Yes
04	BUTTE	C-IV 11/10	Yes	Yes
05	CALAVERAS	C-IV 09/10	Yes	Yes
06	COLUSA	C-IV 11/10	Yes	Yes
07	CONTRA COSTA	CalWIN 08/05		Yes
08	DEL NORTE	C-IV 11/10	Yes	Yes
09	EL DORADO	C-IV 09/10	Yes	Yes
10	FRESNO	CalWIN 07/06		Yes
11	GLENN	C-IV 09/10	Yes	Yes
12	HUMBOLDT	C-IV 11/10	Yes	Yes
13	IMPERIAL	C-IV 05/10	Yes	Yes
14	INYO	C-IV 05/10	Yes	Yes
15	KERN	C-IV 05/10		Yes
16	KINGS	C-IV 05/10	Yes	Yes
17	LAKE	C-IV 09/10	Yes	Yes
18	LASSEN	C-IV 11/10	Yes	Yes
19	LOS ANGELES	LEADER & Other		
20	MADERA	C-IV 09/10	Yes	Yes
21	MARIN	C-IV 09/10	Yes	Yes
22	MARIPOSA	C-IV 09/10	Yes	Yes
23	MENDOCINO	C-IV 09/10	Yes	Yes
24	MERCED	C-IV 04/04		Yes
25	MODOC	C-IV 11/10	Yes	Yes
26	MONO	C-IV 05/10	Yes	Yes
27	MONTEREY	C-IV 05/10		Yes
28	NAPA	C-IV 09/10	Yes	Yes
29	NEVADA	C-IV 11/10	Yes	Yes
30	ORANGE	CalWIN 02/06		
31	PLACER	CalWIN 01/05		Yes
32	PLUMAS	C-IV 11/10	Yes	Yes
33	RIVERSIDE	C-IV 08/04		Yes
34	SACRAMENTO	CalWIN 03/05		
35	SAN BENITO	C-IV 05/10	Yes	Yes
36	SAN BERNARDINO	C-IV 10/04		Yes
37	SAN DIEGO	CalWIN 06/06		
38	SAN FRANCISCO	CalWIN 11/05		Yes
39	SAN JOAQUIN	C-IV 09/10		Yes
40	SAN LUIS OBISPO	CalWIN 05/06		Yes
41	SAN MATEO	CalWIN 10/05		
42	SANTA BARBARA	CalWIN 03/06		Yes
43	SANTA CLARA	CalWIN 06/05		Yes
44	SANTA CRUZ	CalWIN 05/05		Yes
45	SHASTA	C-IV 11/10	Yes	Yes
46	SIERRA	C-IV 11/10	Yes	Yes
47	SISKIYOU	C-IV 11/10	Yes	Yes
48	SOLANO	CalWIN 07/05	Yes	Yes
49	SONOMA	CalWIN 09/05	Yes	Yes
50	STANISLAUS	C-IV 04/04		Yes
51	SUTTER	C-IV 11/10	Yes	Yes
52	TEHAMA	C-IV 11/10	Yes	Yes
53	TRINITY	C-IV 11/10	Yes	Yes
54	TULARE	CalWIN 01/06		Yes
55	TUOLUMNE	C-IV 09/10	Yes	Yes
56	VENTURA	CalWIN 04/06		Yes
57	YOLO	CalWIN 05/05	Yes	Yes
58	YUBA	C-IV 11/10	Yes	Yes

Note: CMSP Counties are counties that have contracted with the state to process County Medical Programs thru MEDS.

Note: CCS Counties are counties that report California Children Services clients to the state CMSNET system.