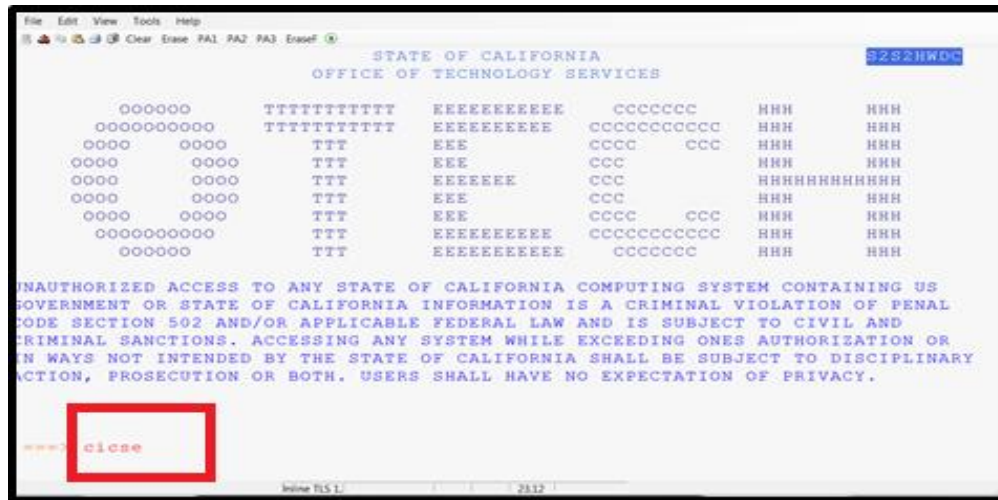


## Log In to MEDS

1. Open MEDS
2. Type **CICSE**
3. Enter



```
File Edit View Tools Help
STATE OF CALIFORNIA
OFFICE OF TECHNOLOGY SERVICES
3282HWDC

      OOOOOO      TTTTTTTTTT      EEEEEEEEEEE      CCCCCCCC      HHH      HHH
    OOOOOOOOOO    TTTTTTTTTT    EEEEEEEEEEE    CCCCCCCCCC    HHH      HHH
      OOOO      OOOO      TTT      EEE      CCC      CCC      HHH      HHH
      OOOO      OOOO      TTT      EEE      CCC      CCC      HHH      HHH
      OOOO      OOOO      TTT      EEEEEEE      CCC      HHHHHHHHHHH
      OOOO      OOOO      TTT      EEE      CCC      HHH      HHH
      OOOO      OOOO      TTT      EEE      CCCC      CCC      HHH      HHH
    OOOOOOOOOO    TTT      EEEEEEEEEEE    CCCCCCCCCC    HHH      HHH
    OOOOOO      TTT      EEEEEEEEEEE      CCCCCC      HHH      HHH

UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US
GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL VIOLATION OF PENAL
CODE SECTION 502 AND/OR APPLICABLE FEDERAL LAW AND IS SUBJECT TO CIVIL AND
CRIMINAL SANCTIONS. ACCESSING ANY SYSTEM WHILE EXCEEDING ONES AUTHORIZATION OR
IN WAYS NOT INTENDED BY THE STATE OF CALIFORNIA SHALL BE SUBJECT TO DISCIPLINARY
ACTION, PROSECUTION OR BOTH. USERS SHALL HAVE NO EXPECTATION OF PRIVACY.

==== cicse
```

4. Press Enter: don't do anything on this screen – just press Enter

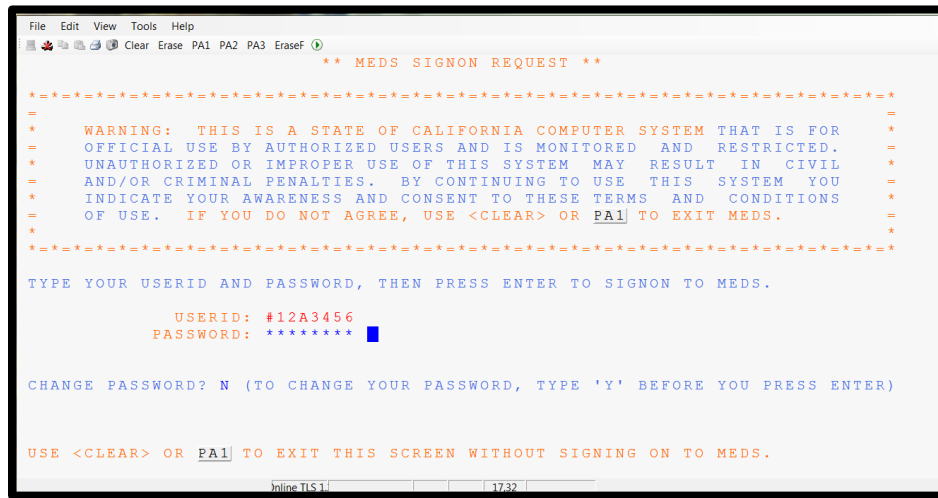


```
File Edit View Tools Help
MEDI-CAL ELIGIBILITY DATA SYSTEM - CICSE
PRESS ENTER KEY TO SIGNON (OR ENTER ANOTHER COMMAND)

DAILY BROADCAST:
```

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5. Type in your User ID and Password
6. Enter



7. This is the main Inquiry Request Screen where most processes start. Enter the client's CIN # and Enter.



## Eligibility Screens

1. After logging in, enter CIN# in Client Information into the Client Inquiry Request field; Enter. This is the home client screen



```
INQS          ** CLIENT INQUIRY SUMMARY **          GRB - 06/28/16
                                                    11:05:31

MEDI-ID [REDACTED]          J          REQUESTED-ID [REDACTED]
CIN [REDACTED]          5          BIRTHDATE [REDACTED]

-- ENTER VALID OPTION -OR- USE F7/F8 TO SCROLL THROUGH OPTION LIST

OPTION LIST:  OPTIONS LISTED BELOW CONTAIN DATA FOR THIS CLIENT
QM MEDI-CAL/CMSP - PRIMARY          Q6 MEDI-CAL/CMSP - 13TH-15TH MONTHS
QA ADDRESS INFORMATION              Q7 ELIGIBILITY BY MONTH
QB BUY-IN AND BENDEX
QC OTHER HEALTH COVERAGE
QD CHANGE DATES & AUTH REP INFO
QE OTHER CLIENT ELIGIBILITY INFO
QH HEALTH CARE PLANS 1 THRU 3
QJ HEALTH CARE PLANS 13TH-15TH
QK HEALTH CARE PLANS CAPITATION
QL NOTICE OF ACTION INFORMATION
QP PENDING/DENIED APPLIC & APPEALS
QT BENDEX TITLE II INFORMATION
QX TITLE XVI - SSI/SSP

** ADDITIONAL OPTIONS NOT SCROLLABLE:
HE HAP INQUIRY MENU (CCS/GHPP)
HI HIS ACTION REQUEST MENU

<F13>=VALID OPTIONS>  F3=RETURN; F7=BACK; F8=FORWARD
```

Note:

If the Requested ID and the CIN are different, duplicate cases have been merged.

Adoption cases are never merged.

## 2. Understanding the Primary Screen:

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          GRB - 09/02/16
                                                    11:12:41
CASE-NAM [REDACTED]          DISTRICT [REDACTED]
COUNTY-I [REDACTED]          EW-CODE [REDACTED]
MEDS-ID [REDACTED]          RV-COMP 01-2016 [REDACTED]
BIRTHDATE [REDACTED]        DOB-VER S SEX M GOV-RSP 2 [REDACTED] CA 95831
CHAINED-ID [REDACTED]        LAST-MC/CP-CHG 02-05-16 ADDRESS-FLAG A RES-COUNTY 34
PRIOR-MEDS-ID [REDACTED]     LAST-OTH-CHG 08-29-16 APDP PICKLE RECOVERY
WELFARE-PGM 005 DEATH-DT [REDACTED] DEATH-CD [REDACTED] TERM-DT [REDACTED] TERM-REAS [REDACTED]
CIN [REDACTED] HIC-NO [REDACTED] BIC-ISSUE 12-19-08 PAPER-ISSUE [REDACTED]
PGM:  M C H 1                2                3                FS                CW
                2016===== > 2015=====
COUNTY 09-16 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV
AID-CODE 34          34 34 34 34 34 34 34 34 34 34 34
ELIG-STAT 60        60 60 60 60 60 60 60 60 60 60 60
SOC-AMT 401         401 401 401 401 401 401 401 401 401 401 401
CERT-DAY
OHC      N          N  N  N  N  N  N  N  N  N  N  N
RESTRICT
MEDICARE
HCP1-NUM *190       *190 *190 *190 *190 *190 *190 *190 *190 *190 *190 *190
HCP1-STAT 01        01  01  01  01  01  01  01  01  01  01  01
OPTION <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK;
    
```

M/C Eligibility Status. If this shows 999, there is no eligibility

OHC – anything other than N requires further checks.

2. Resident County and Legal County are 34
  - a. If different – the resident county is the financially responsible county
    - i. Example: an adopted child is the financial responsibility of the county from which the child was adopted, regardless of where the child actually lives (Legal County).
3. Eligibility Code 60 shows SSI
4. Eligibility Status 401 – full Scope, reported timely
5. No OHC – anything else in this field will require further research
6. If there is no information or no M/C on QM screen, check Q1 and Q2.

**\*Always check all Q screens – QM, Q1, Q2, and Q3\***

7. SOC-AMT is the Share of Cost amount
8. CERT-DAY is the day in which the SOC was paid
9. Medicare – if the client has Medicare the code will be 322
10. HCP1-NUM – Managed care program
11. HCP1-STAT – Enrollment Status
  - a. 01=Active
  - b. 51=In transition – possibly transferring between counties
  - c. 51 updated to S1=capitation has been paid – if inter-county transfer, the new county is now financially responsible.

## Find the CCS Aid Code | HE Screen

1. Type HE in the Option Field and Enter

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          GRB - 09/02/16
11:12:41
CASE-NAM [REDACTED]          DISTRICT [REDACTED]
COUNTY-I [REDACTED]          EW-CODE
MEDS-ID [REDACTED]          RV-COMP 01-2016
BIRTHDATE [REDACTED]          DOB-VER S SEX M GOV-RSP 2          CA 95831
CHAINED-IL [REDACTED]          LAST-MC/CP-CHG 02-05-16          ADDRESS-FLAG A RES-COUNTY 34
PRIOR-MEDS-ID [REDACTED]          LAST-OTH-CHG 08-29-16          APDP PICKLE RECOVERY
WELFARE-PGM 005          DEATH-DT          DEATH-CD          TERM-DT          TERM-REAS
CIN [REDACTED]          HIC-NO          BIC-ISSUE 12-19-08          PAPER-ISSUE
PGM:  M C H 1          2          3          FS          CW
          2016===== > 2015=====
09-16 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY  34          34 34 34 34 34 34 34 34 34 34 34 34
AID-CODE 60          60 60 60 60 60 60 60 60 60 60 60 60
ELIG-STAT 401          401 401 401 401 401 401 401 401 401 401 401
SOC-AMT
CERT-DAY
OHC          N          N N N N N N N N N N N N
RESTRICT
MEDICARE
HCP1-NUM *190          *190 *190 *190 *190 *190 *190 *190 *190 *190 *190 *190
HCP1-STAT 01          01 01 01 01 01 01 01 01 01 01 01 01
OPTION <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
    
```



3. Type 'c' in the Select Inquiry Option field and Enter

```

HEMI          ** HEALTH ACCESS PROGRAMS (HAP) INQUIRY MENU **          GRB - 09/02/16
SELECT INQUIRY OPTION C          C = CCS INQUIRY
                                G = GMFP INQUIRY
CLIENT IDENTIFICATIO          CLIENT-INDEX-NO:
(ENTER ONE)                   MEDS-ID: [REDACTED]
FOR DETAILED EXPLANATIONS OF THE INQUIRY OPTIONS LISTED PRESS F13
    
```



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This screen gives the CCS Aid Code, County of Residence and the dates covered by this Aid Code.



Note: When an aid code is changed, it must not be erased. It must be End Dated and a new line added. In this instance, the 9N began in 2012 and ends in 2016. This record will remain for 3 years only. On 6/30/2019, the record will be erased.

The critical importance to keeping this screen accurate is for retroactive corrections. For instance, if a claim in your county paid out of 9U funding on 6/30/16, and this record is not kept accurate, the claim will not be corrected to 9N funding, resulting in financial loss to the program.

An incorrect change on this screen could result in the case being coded as 9U from 5/16/2012 to current.

M/C will only correct erroneous records up to 3 years via EPC or MR-0-940 correction.

Aide Codes:

9K	CCS Only or Medi-Cal with SOC
9R	Formerly Healthy Families. Now TLICP/OTLICP over \$40,000
9N	Medi-Cal Benefits Only
9U	Formerly Healthy Families. Now TLICP/OTLICP Under \$40,000.
9M	MTP Only

## BIC Issue Date

**Note:** A biller not having a current BIC Issue Date is a common reason for denial when billing electronically. It is a very common pharmacy denial type. To get the most current issue date:

1. From the Primary Information Screen, select and copy the MEDS ID (SSN)



2. Shift F9 – this will take you to the Cross Reference File



3. Type 'B' at the cursor and paste the SSN on the MEDS ID line

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4. Delete the Hyphens in the SSN: Enter  
(Or type the SSN into the field)



The line item without a 'Good Thru Date' is the most current.

Pharmacies will need the last 5 digits behind the alpha in the BIC-ID and the current Issue Date.

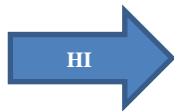




## Insurance Screens

Insurance information can be accessed from either the HI screen or from the MOPI screen.

1. HI: from a Q screen, type HI into the Option Field; Enter



```
INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          GRB - 09/02/16
11:12:41
CASE-NAM [REDACTED]          DISTRICT [REDACTED]
COUNTY-ID [REDACTED]          EW-CODE
MEDS-ID [REDACTED]          RV-COMP 01-2016
BIRTHDATE [REDACTED]          DOB-VER S SEX M GOV-RSP 2          CA 95831
CHAINED-ID [REDACTED]          LAST-MC/CP-CHG 02-05-16          ADDRESS-FLAG A          RES-COUNTY 34
PRIOR-MEDS-ID [REDACTED]          LAST-OTH-CHG 08-29-16          APDP          PICKLE          RECOVERY
WELFARE-PGM 005          DEATH-DT          DEATH-CD          TERM-DT          TERM-REAS
CIN [REDACTED]          HIC-NO          BIC-ISSUE 12-19-08          PAPER-ISSUE
PGM:  M C H 1          2          3          FS          CW
          2016=====> 2015=====>
          09-16 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY          34          34 34 34 34 34 34 34 34 34 34 34
AID-CODE          60          60 60 60 60 60 60 60 60 60 60 60
ELIG-STAT 401          401 401 401 401 401 401 401 401 401 401 401
SOC-AMT
CERT-DAY
OHC          N          N N N N N N N N N N N
RESTRICT
MEDICARE
HCP1-NUM *190          *190 *190 *190 *190 *190 *190 *190 *190 *190 *190 *190
HCP1-STAT 01          01 01 01 01 01 01 01 01 01 01 01 01
OPTION <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

2. Type 'V' into the Enter Option field and Enter

```
ACTION REQUEST MENU          GRB - 09/02/16
WELCOME TO THE HEALTH INSURANCE SYSTEM (HIS)
ENTER OPTION:  v          A = ADD BENEFICIARY/INSURANCE INFORMATION
          C = CHANGE BENEFICIARY/INSURANCE INFORMATION
          F = CARRIER MASTER FILE MENU
          L = GENERATE 6155A LETTER
          O = OC30 TRANSACTION
          Q = AUTO-OC30 TRANSACTION GENERATOR
          V = VIEW INSURANCE SEGMENT
CLIENT IDENTIFICATION: [REDACTED]          (MEDS-ID, CIN, COUNTY-ID, OR HIC-NO)
          (REQUIRED FOR OPTIONS A, C, L, Q, V)
CARRIER CODE:          (REQUIRED FOR OPTION A)
HOLDING FILE KEY:          (REQUIRED FOR HOLDING RECORD ADD)
PF12 = MEDS INQUIRY
CLEAR = EXIT
```

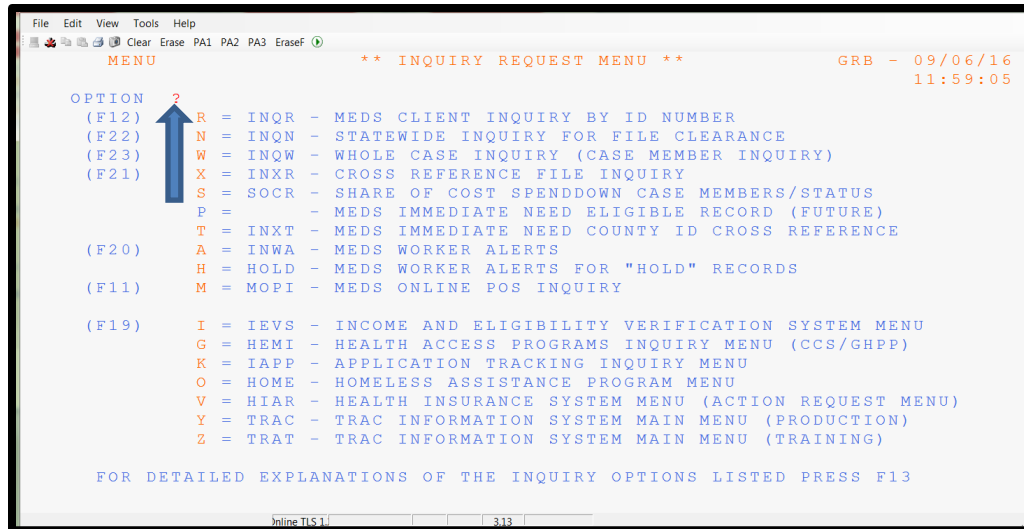
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3. Select N and enter to move through screens.



This screen shows the client has an HMO and gives the policy number.

4. MOPI: From the home screen select Shift F12



5. Type M into the Option Field; Enter

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## 6. Enter the Recipient ID (the CIN) and the DOS

```
File Edit View Tools Help
MOPI ***** MEDS ONLINE POS INQUIRY ***** GRB - 09/06/16
15:25:26

RECIPIENT ID: _____ (R) SERVICE DATE: _____ MM DD YY (R)
AKA SUBSCRIBER ID
ISSUE DATE: _____ MM DD YY (O) BIRTH MONTH YEAR: _____ MM YYYY (O)

PF11=REFRESH CLEAR=EXIT
```

```
File Edit View Tools Help
MOPI ***** MEDS ONLINE POS INQUIRY ***** GRB - 09/06/16
15:37:20

RECIPIENT ID: [REDACTED] _____ (R) SERVICE DATE: 09 01 16 MM DD YY (R)
AKA SUBSCRIBER ID
ISSUE DATE: 02 09 15 MM DD YY (O) BIRTH MONTH YEAR: [REDACTED] MM YYYY (O)

SUBSCRIBER LAST NAME: [REDACTED] #: [REDACTED] CNTY CODE: 34. PRMY AID
CODE: P5. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER:
PHP-HLTH NET: MEDICAL CALL (800)675-6110. HCP: RIVER CITY MED GRP CALL:
(916) 641-2016. PCP: RIVER CITY - WELL SPACE CALL: (916)679-3925. LIBERTY
DENTAL PLAN: DENTAL CALL (888)703-6999. CCS ELIGIBLE. CCS PRIOR AUTH
REQUIRED FOR CCS SVCS.

PF11=REFRESH CLEAR=EXIT
Inline TLS 1 | 417
```

This is the information providers see when checking MEDS on a CCS client. 'CCS Eligible' and 'CCS Prior Auth Required for CCS SVCS' (CCS Services) should always be included for any active case. If it is not, contact the Help Desk to have it updated.

## Changing Settings in MEDS

Access changes to your personal MEDS screens from the Tools tab

1. Go to Tools



2. From Options you can adjust Font, Colors, Printers, etc.

3. Keyboard Layout will allow you to assign functions such as 'Clear'. The default is Scroll (ScrLk key)

