

**MEDS NETWORK USER MANUAL**



Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

<b>ELIG</b>	<b>0190</b>
<u>1st Digit = Medi-Cal/CMSP/Other Eligible Status</u> <b>0191</b>	
<b>0</b>	Full Scope Medi-Cal Eligible (includes zero SOC) with no conditions (refer to <b>3</b> below for conditions)
<b>1</b>	Full Scope Medi-Cal LTC/SOC Eligible (i.e., Share of Cost to be met by LTC claim)
<b>2</b>	LTC/SOC Eligible with one or more conditions (refer to <b>3</b> below for conditions)
<b>3</b>	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
<b>4</b>	Medi-Cal Eligible with Full Service Medi-Cal HCP Coverage
<b>5</b>	Medi-Cal or CMSP Client with an Unmet Share of Cost Obligation (Uncertified SOC)
<b>6</b>	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)
<b>7</b>	Hold
<b>8</b>	QMB pending Medicare part A & B confirmation
<b>9</b>	Ineligible

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

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

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

<b>ADDRESS FLAG</b>	<b>0305</b>
 <u>Good Deliverable Address</u>	
<b>A</b>	Address certified via Finalist
* <b>C</b>	County Override, not certified via Finalist
<b>D</b>	Presumed mailable; Finalist changes unreliable
<b>W</b>	BIC mailed - previously A
<b>X</b>	BIC mailed - previously C
<b>Y</b>	BIC mailed - previously D
 <u>Presumed Deliverable Address</u>	
<b>Blank</b>	Failed Finalist; presumed mailable
<b>0</b>	BIC mailed - previously Blank
<u>Considered Undeliverable Based on Returned Mail</u>	
<b>1</b>	BIC returned - previously 0
<b>5</b>	BIC returned - previously W
<b>6</b>	BIC returned - previously X
<b>7</b>	BIC returned - previously Y
<b>9</b>	NOA returned - previously Good Deliverable or Presumed Deliverable Address
<u>Considered Undeliverable For Other Reasons</u>	
<b>2</b>	Failed MEDS validation edits
<b>3</b>	Foster Care Assistance terminated
* <b>4</b>	Residence address but not a mailable address
* <b>8</b>	General residence area for a homeless client
* These are the only valid input values (4 and 8 apply only to a residence address)	
<b>Finalist</b> 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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<b><u>APPLICATION-FLAG</u></b>	<b>3024</b>
<i>County Applications</i>	
<b>C</b>	Consortia Conversion Transaction-not a new app
<b>D</b>	CWD Annual Reevaluation
<b>E</b>	CWD Other than annual reevaluation
<b>F</b>	Fair Hearing Exception Referral (Retro Bridging)
<b>G</b>	Pending app, general relief benefits, includes Medi-Cal
<b>N</b>	Pending app, No Medi-Cal, No general relief
<b>O</b>	Pending app, general relief benefits, No Medi-Cal
<b>P</b>	Pending app, Includes Medi-Cal, No general relief
<i>COV/CA (CalHEERS) Applications ONLY</i>	
<b>J</b>	Non-applying household member (no aid requested)
<b>K</b>	Pending app for subsidized programs
<b>L</b>	Pending app for non-subsidized programs
<i>SPE Applications</i>	
<b>B</b>	Pending app, Includes Medi-Cal
<b>H</b>	Pending app, from SPE
<b>R</b>	HF Annual Reevaluation, Medi-Cal app referral
<b>S</b>	Pending app, includes Medi-Cal, from SPE
<b>T</b>	Other than annual reevaluation, Medi-Cal app referral
<b>Z</b>	Pending app, No Medi-Cal, from SPE
<i>Other Applications</i>	
<b>A</b>	Pending IHSS application
<b>I</b>	IEVS Inquiry only – not a new application
<b>M</b>	Pending app, includes Medi-Cal, from MEB
<b>Q</b>	Pending Hospital Presumptive Eligibility
<b>W</b>	Pending CHDP Gateway application
<b>X</b>	Used by CHDP
<b>U</b>	PE for Pregnant Women Enrollment

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

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

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

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

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

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

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

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

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

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<b>DENIAL-REAS</b> (Denial Reason)	<b>3029</b>
<b>A</b> Client Deceased	
<b>B</b> Application Withdrawn	
<b>C</b> Moved Out of State	
<b>D</b> Loss of Contact/Unable to Locate Applicant	
<b>E</b> Failure to Cooperate	
<b>F</b> Does Not Meet California Residency Requirements	
<b>G</b> Excess Resources	
<b>H</b> No Program Linkage	
* <b>I</b> Potential State Only Program Eligible did not apply for ongoing Medi-Cal	
<b>J</b> No Deprivation	
<b>K</b> Living in a Public Non-Medical Institution	
<b>L</b> Existing AFDC/Medi-Cal/CMSP Recipient	
<b>M</b> Existing SSI/SSP Recipient	
<b>N</b> Receiving Medicaid in Another State	
<b>O</b> Previous Presumptive Eligibility within 12 months	
<b>P</b> Duplicate Pending Application	
<b>Q</b> IE/RR terminates accelerated enrollment (MEDS Generated)	
<b>R</b> Other	
<b>S</b> Applicant can't apply for the person on the application	
<b>T</b> Previous Presumptive Eligibility for same pregnancy (PE use only)	
<b>U</b> Over Age Limit for Presumptive Eligibility (PE use only)	
<b>V</b> Application for IAP Denied (Includes MAGI and APT C/CSR)	
<b>W</b> Not Part of the Tax Household	
<b>X</b> Excess Income - Denied for MAGI and Qualified for APTC/CSR	
* Other Minimum Essential Coverage	
<b>Y</b> Erroneously Reported Application	
<b>Z</b> No Valid Data Reported (MEDS Generated)	
<b>0</b> Existing Medicare Recipient	
<b>1</b> Premium Not Paid	
<b>2</b> Income Does Not Meet Requirements	
<b>3</b> Home Address State Missing or Invalid	
<b>4</b> End Date for Employer Sponsored Insurance Missing or Invalid	
<b>5</b> Child is Eligible for Medicare Part A and B	
<b>6</b> Funding Not Available	
* <b>7</b> Child age 19 or over not eligible for HFP	
<b>8</b> Incarcerated	
<b>9</b> Not a US Citizen, National or Lawfully Present	
* Values applicable only to MEB applications	

<b>ESAC</b> (Eligibility Status Action Code)	<b>9109</b>
<u>Continuing Eligibility Periods</u>	
<b>1</b> New Eligible	
<b>2</b> Active Client Eligible Update	
<b>3</b> Linked Program Eligible – Declined Medi-Cal	
<b>4</b> Exception Eligible	
<u>Closed Eligibility Periods</u>	
<b>6</b> New Eligible	
<b>7</b> Active Client Eligible Update	
<b>8</b> Linked Program Eligible – Declined Medi-Cal	
<b>9</b> Exception Eligible	
<u>Other Eligibility Updates</u>	
<b>0</b> (ZERO) County Confirmed Immediate Need SSI/SSP Eligible	
<b>A</b> Unborn	
<b>B</b> Hold, questionable eligibility	
<u>Recon Generated Hold on MEDS</u>	
<b>K</b> Recon Hold – On MEDS, Not on County	
<b>L</b> Recon Hold – Key field discrepancy in County-ID or Birthdate	
<b>M</b> Recon Hold – Critical eligibility errors on county transaction	
<b>N</b> Recon Hold – Duplicate county records received	
<u>Legacy System Only</u>	
<b>F</b> QMB pending part A confirmation (obsolete – will be treated by MEDS like ESAC 1)	
<b>P</b> Pending application	
<b>Q</b> Drop pending change	
<b>R</b> Release hold	

<b>ETHNIC</b>	<b>0115</b>
<b>1</b> White	
<b>2</b> Hispanic	
<b>3</b> Black	
<b>4</b> Asian or Pacific Islander	
<b>5</b> Alaskan Native or American Indian	
<b>7</b> Filipino	
<b>8</b> No Valid Data Reported (MEDS generated)	
<b>9</b> No response, client declined to state	
<b>A</b> Amerasian	
<b>C</b> Chinese	
<b>H</b> Cambodian	
<b>J</b> Japanese	
<b>K</b> Korean	
<b>M</b> Samoan	
<b>N</b> Asian Indian	
<b>P</b> Hawaiian	
<b>R</b> Guamanian	
<b>T</b> Laotian	
<b>V</b> Vietnamese	
<b>Z</b> 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
- 41 Deeming period HCP status for a CMC plan member in lieu of HCP status '05'
- 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)
- 61 Deeming period HCP status for a CMC plan member in lieu of HCP status '59'
- 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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<b>LANGUAGE</b>	(Spoken Language)	<b>0120</b>
	(Written Language)	<b>0121</b>
* <b>0</b>	American Sign Language (ASL)	
<b>1</b>	Spanish	
<b>2</b>	Cantonese	
<b>3</b>	Japanese	
<b>4</b>	Korean	
<b>5</b>	Tagalog	
<b>6</b>	Other Non-English	
<b>7</b>	English	
<b>8</b>	No Valid Data Reported (MEDS generated)	
<b>9</b>	No response, client declined to state	
* <b>A</b>	Other Sign Language	
<b>B</b>	Mandarin	
<b>C</b>	Other Chinese Languages	
<b>D</b>	Cambodian	
<b>E</b>	Armenian	
<b>F</b>	Ilocano	
<b>G</b>	Mien	
<b>H</b>	Hmong	
<b>I</b>	Lao	
<b>J</b>	Turkish	
<b>K</b>	Hebrew	
<b>L</b>	French	
<b>M</b>	Polish	
<b>N</b>	Russian	
<b>P</b>	Portuguese	
<b>Q</b>	Italian	
<b>R</b>	Arabic	
<b>S</b>	Samoan	
<b>T</b>	Thai	
<b>U</b>	Farsi	
<b>V</b>	Vietnamese	
* Not valid values for 0121 Written Language		

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

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

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

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

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

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<b><u>NOA-TYPE</u></b> (Notice of Action Type)	<b>2049</b> <b>4025</b>
<b>01</b> Excess Income	
<b>02</b> Persons in Long-Term Care	
<b>03</b> Extended Medi-Cal Eligibility	
<b>04</b> Loss of Residence	
<b>05</b> Deceased	
<b>06</b> Loss of Contact	
<b>07</b> Other	
<b>08</b> Deceased Persons – Returned Card	
<b>09</b> County Eligible	
<b>10</b> Extended Medi-Cal Eligibility: Disabled Adult Child	
<b>11</b> Deceased Persons – State Registrar	
<b>12</b> Disabled Widow(er)s	
<b>17</b> Disabled Medi-Cal, Later Not Found Disabled by SSA	
<b>18</b> Qualifying Individual – 1 (QI-1)	
<b>19</b> Qualifying Individual – 2 (QI-2)	
<b>22</b> Non-Grandfathered NLD/Blind (second notice)	
<b>23</b> All NLD/Blind (final notice)	
<b>26</b> All NLD/Blind (first notice)	
<b>27</b> Grandfathered NLD/Blind (second notice)	
<b>28</b> All NLD/Blind rescission of county termination	
<b>29</b> Grandfathered NLD/Blind (one-time)	
<b>51</b> Extended Medi-Cal Eligibility: 503 Leads – Pickle	
<b>60</b> MMA Reduction of Benefits	

Note: NLD/Blind = No Longer Disabled/Blind

<b><u>OHC</u></b>	<b>1109</b>
<u>Pay and Chase OHC / Post Payment Recovery</u>	
<b>A</b> Any carrier (includes multiple coverage)	
<u>Cost Avoidance OHC</u>	
<b>C</b> Champus Prime HMO	
<b>D</b> Medicare Part D	
<b>F</b> Medicare RISK HMO	
<b>G</b> Medical Parole	
<b>I</b> Institutionalization (Public Institution coverage)	
<b>K</b> Kaiser	
<b>L</b> Dental only policies	
<b>P</b> PHP/HMO's & EPO (Exclusive Provider Option) not otherwise specified	
<b>V</b> Any carrier (other than the above, includes multiple coverage)	
<u>Other OHC Related Codes</u>	
<b>N</b> None	
<b>O</b> Override - Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) --- changes OHC to A	

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

<b><u>PAYMENT STATUS CODE</u></b>	<b>0625</b>
<i>Common SSI/SSP Payment Status Codes</i>	
<i>See QX screen under <b>Payment Status</b></i>	
<b>C01</b> Current pay	
<b>E01</b> Eligible but no payment due (many times these are in LTC)	
<b>N01</b> Nonpay recipient's countable income exceeds Title XVI payment amount and his/her state's payment standard	
<b>N02</b> Nonpay recipient is inmate of public institution	
<b>N03</b> Nonpay recipient is outside USA	
<b>N04</b> Nonpay recipient's non-excludable resources exceed Title XVI limitations	
<b>N07</b> No longer disabled	
<b>N10</b> Failure to comply with approved drug or alcohol treatment plan	
<b>N11</b> Benefit sanction month because of failure to comply with approved treatment plan	
<b>N13</b> Not a citizen or is an ineligible alien	
<b>N22</b> Inmate of a penal institution	
<b>N23</b> Not a resident of the USA	
<b>N24</b> Claimant has been convicted of a felony of fraudulently misrepresenting residence	
<b>N25</b> Claimant is a fugitive felon or parole/probation violator	
<b>S06</b> Suspended - Recipient's address unknown	
<b>S08</b> Suspended - Representative payee development pending	
<b>T01</b> Terminated - Death of recipient	
<b>T30</b> Terminated (manual termination) sort of an "other" category	
<b>T31</b> Terminated (system generated termination) sort of an "other" category	
<b>T33</b> Terminated (manual termination) No previous payment made (will eventually Replace T30)	



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<b>PICKLE STATUS</b>	<b>2032</b>
<i>Second digit on QM screen Pickle</i>	
<b>0</b>	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.)
<b>1</b>	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.)
<b>2</b>	Recipient requested not to be contacted (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
<b>3</b>	Loss of contact/whereabouts unknown (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
<b>4</b>	Grandfathered No Longer Disabled (NLD) child
<b>5</b>	Non-Grandfathered No Longer Disabled (NLD) adult or child
<b>7</b>	Remove erroneously reported Potential Pickle (Pickle Type A, M or P)
<b>8</b>	Immediate Need SSI/SSP card issued pending SSA eligibility confirmation (MEDS generated)
<b>9</b>	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)
<b>L</b>	Terminated SSI/SSP recipient in Long Term Care
<b>NOTES:</b>	
<ul style="list-style-type: none"> <li>• PICKLE STATUS <b>4</b> and <b>5</b> are associated only with PICKLE TYPE <b>D</b>.</li> <li>• PICKLE TYPE <b>S</b>, <b>R</b>, <b>Q</b>, and <b>V</b> will only show PICKLE STATUS <b>0</b>.</li> </ul>	
<ul style="list-style-type: none"> <li>⊛ 503 Leads - Includes persons who are terminated from SSI/SSP at the end of December due to the Title II COLA</li> </ul>	

<b>PICKLE</b>	
Identifies Special SSI/SSP Client Status	
1st byte - see Pickle Type	2nd byte - see Pickle Status
<b>PICKLE TYPE</b>	<b>2031</b>
<i>First digit on QM screen Pickle</i>	
<b><u>Potential Pickle Eligibles</u></b>	
<b>A</b>	Potential Pickle based on aid code
<b>C</b>	COLA terminated SSI/SSP eligible
<b>M</b>	Potential Pickle moved into state
<b>P</b>	Potential Pickle identified by county
<b>T</b>	Terminated SSI/SSP recipient also receiving Title II benefits
<b><u>SSP Reduction Eligibles</u></b>	
<b>S</b>	5.8% beneficiaries 1992
<b>R</b>	2.7% beneficiaries 1993
<b>Q</b>	2.3% beneficiaries 1994
<b>V</b>	4.9% beneficiaries 1995
<b><u>No Longer Disabled (NLD) Eligibles</u></b>	
<b>D</b>	No Longer Disabled (NLD) adult or child
<b><u>Exception Eligibles</u></b>	
<b>I</b>	Terminated IHSS recipient
<b>T</b>	Terminated SSI/SSP recipient – Disabled Adult Child
<b>W</b>	Terminated SSI/SSP recipient – Disabled Widow(er)s
<b>X</b>	Terminated SSI/SSP recipient
<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>	
<ul style="list-style-type: none"> <li>⊛ Pickle Tickler - Persons who must be tracked for future Pickle eligibility</li> </ul>	

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

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<p><b>RESTRICT</b> <span style="float: right;"><b>1229/9129</b></span>  <i>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</i></p> <p><b>000</b> Restriction or Limited Inquiry access removed</p> <p><b>001</b> County confidential case - Limited inquiry access</p> <p><b>Minor Consent Services related to:</b>  <i>(assigned by aid code)</i></p> <p><b>004</b> no longer in use</p> <p><b>005 (aid 7P)</b> Sexually Transmitted Diseases, Sexual Assault, Drug and Alcohol Abuse, Family Planning, and Outpatient Mental Health</p> <p><b>006 (aid 7R)</b> Sexual Assault and Family Planning</p> <p><b>007 (aid 7M)</b> Sexually Transmitted Diseases, Sexual Assault, Drug and Alcohol Abuse, and Family Planning</p> <p><b>008 (aid 7N)</b> Pregnancy and Family Planning</p> <p><b>Service Restrictions</b></p> <p><b>010/011</b> Prior authorization required for drugs</p> <p><b>050/051</b> Prior authorization required for scheduled drugs</p> <p><b>110/111</b> Prior authorization required for M.D. visits</p> <p><b>120/121</b> Prior authorization required for M.D. visits and drugs</p> <p><b>140/141</b> Prior authorization required for all services, except emergencies</p> <p><b>150/151</b> Restricted to primary M.D. and prior authorization required for drugs</p> <p><b>200/201</b> Prior authorization required for Dental visits</p> <p><b>210/211</b> Prior authorization required for Dental visits and drugs</p> <p><b>220/221</b> Prior authorization required for Physician visits and Dental visits</p> <p><b>230/231</b> Prior authorization required for Physician visits, Dental visits, and drugs</p> <p><b>240/241</b> Recipient is restricted to primary Physician with prior authorization required for drugs and Dental visits</p> <p><b>600/601</b> For claims payment, BIC Id number and issue date required</p> <p><b>900/901</b> Hospice services only</p> <p><b>910/911</b> Hospice services overlaid previous S/URS restriction</p> <p><b>920/921</b> Hospice services posted retroactively</p> <p><b>930/931</b> Hospice services retroactively overlaid previous S/URS restriction</p> <p><b>950/951</b> Long Term Care (LTC) restriction due to transfer of assets</p> <p><b>960/961</b> Long Term Care restriction overlaid previous S/URS restriction</p> <p><b>970/971</b> Medi-Cal ineligible due to non-cooperation in medical support enforcement</p> <p><b>980/981</b> Medi-Cal ineligible due to non-cooperation in medical support enforcement overlaid previous S/URS restriction</p>
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<p><b>RETRO</b> (was PRE/POST CD) <span style="float: right;"><b>9169</b></span></p> <p align="center"><i>Three Month Retroactive Eligibility</i></p> <p><b>0</b> Retroactive month(s)</p> <p><b>1</b> 1st month prior</p> <p><b>2</b> 2nd month prior</p> <p><b>3</b> 3rd month prior</p> <p><b>4</b> 1st and 2nd months prior</p> <p><b>5</b> 1st and 3rd months prior</p> <p><b>6</b> 2nd and 3rd months prior</p> <p><b>7</b> 1st, 2nd and 3rd months prior</p> <p align="center"><i>Numbers 1 through 7 identify which month(s) prior to the application date have the same eligibility as the effective month.</i></p>
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<p><b>SEX (Gender)</b> <span style="float: right;"><b>0110</b></span></p> <p><b>F</b> Female</p> <p><b>M</b> Male</p> <p><b>U</b> Unborn</p> <p><b>N</b> Not known - Federal (SDX) input only – SDX record had sex code of 'U' meaning Unknown</p>
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<p><b>SSN-VER</b> <span style="float: right;"><b>0106</b></span></p> <p><b>Valid User Input</b></p> <p><b>0</b> Used on certain input transactions to indicate that the SSN Verification status was previously reported to MEDS</p> <p><b>1</b> SSN reported by client, not sight verified/no SSA referral initiated</p> <p><b>2</b> SSN application filed at SSA district office, confirmation received by reporting entity</p> <p><b>3</b> SSN reported by client, sight verified by reporting entity</p> <p><b>4</b> Electronic verification via HUB</p> <p><b>5</b> SSN reported by client, not sight verified, SSA referral initiated</p> <p><b>6</b> Client does not have an SSN, SSA referral initiated</p> <p><b>8</b> Client does not have an SSN and cannot get one - undocumented person</p> <p><b>9</b> SSN not reported by client</p> <p><b>G</b> No SSN due to Religious Exemption</p> <p><b>R</b> Used on certain input transactions to indicate that the SSN Verification Code needs to be removed</p> <p><b>MEDS Generated</b></p> <p><b>7</b> No valid SSN verification status reported by entity reporting the SSN to MEDS</p> <p><b>A</b> SSN verified via SSA NUMIDENT data match – SSA birthdate exactly matches MEDS</p>
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<b>SSN-VER (continued)</b>	<b>0106</b>
<b><u>MEDS Generated (continued)</u></b>	
<b>B</b> SSN verified via SSA NUMIDENT data match – SSA birthdate exactly matches MEDS/ Surname did not match	
<b>C</b> SSN verified via SSA NUMIDENT data match – SSA birthdate does not exactly match MEDS	
<b>D</b> SSN verified via SSA NUMIDENT data match – SSA birthdate does not exactly match MEDS/Surname did not match	
<b>E</b> SSN verified via SSA NUMIDENT data match – SSA birthdate not available for exact MEDS match check	
<b>F</b> SSN verified via SSA NUMIDENT data match – SSA birthdate not available for exact MEDS match check/Surname did not match	
<b>H</b> SSN verified via Title II and Title XVI data match - failed SSA NUMIDENT data match	
<b>I</b> SSN verified via Title II data match - failed SSA NUMIDENT data match	
<b>J</b> SSN verified via Title XVI data match - failed SSA NUMIDENT data match	
<b>K</b> SSN verified via Title II and Title XVI data match - SSN not recognized as an SSN issued by SSA In NUMIDENT data match	
<b>L</b> Verification request pending for SSN reported as sight verified	
<b>M</b> Verification request pending for SSN reported as not sight verified	
<b>N</b> SSN verification failed SSA NUMIDENT data match on birthdate	
<b>O</b> SSN verification failed SSA NUMIDENT data match on birthdate and failed Title XVI data match	
<b>P</b> SSN verification failed SSA NUMIDENT data match on birthdate and failed Title II data match	
<b>Q</b> SSN verification failed SSA NUMIDENT data match on birthdate and failed Title XVI and Title II data match	
<b>S</b> SSN verification failed SSA NUMIDENT data match on surname or given name	
<b>T</b> SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title XVI data match	
<b>U</b> SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title II data match	
<b>V</b> SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title XVI and Title II data match	
<b>W</b> SSN identified as verified via prior SSN verification process	

<b>SSN-VER (continued)</b>	<b>0106</b>
<b><u>MEDS Generated (continued)</u></b>	
<b>X</b> SSN identified as verified via prior SSN verification process, but SSN verification subsequently removed	
<b>Y</b> SSN identified as unverified via prior SSN verification process	
<b>%</b> SSN verification failed SSA NUMIDENT data match – probable transcription error identified	
<b>&amp;</b> SSN verification failed SSA NUMIDENT data match – SSN not recognized as an SSN issued by SSA	
<b>*</b> SSN identified as verified via SVES SSN verification process but SSN verification code subsequently removed by worker	
<b>#</b> SSN identified as verified via SVES SSN verification process but SSN verification code subsequently removed by SSI/SSP update	
<b>@</b> Death code verified by SSA via SVES SSN verification process but subsequently removed by worker, also removed SSN verification; this code is temporary and should immediately trigger SSN or SSN Citizenship Verification, and would be updated to L or M.	
<b>!</b> SSN failed SSA NUMIDENT data match; given name missing	

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

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<u>TERM REAS (continued)</u>	0185
<b><u>County reported Term Reasons (continued)</u></b>	
24	Increased income from Veterans benefits
27	Increased income - Unemployment/Disability Insurance
28	Increased income - other state/local program
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

<u>TERM REAS (continued)</u>	0185
<b><u>County reported Term Reasons (continued)</u></b>	
G1	Disenrollment due to Non-Payment of Premiums
<b><u>MAXIMUS reported Term Reasons</u></b>	
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
<b><u>MEB reported Term Reasons</u></b>	
G1	Disenrollment due to Non-Payment of Premiums
MB	State only Breast Cancer (time-limited)
MC	State only Cervical Cancer (time-limited)
<b><u>MEDS Generated Term Reasons</u></b>	
# 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

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<u>TERM REAS (continued)</u>	0185
<b><u>MEDS Generated Term Reasons (continued)</u></b>	
<b>A6</b>	Application Determined – Healthy Families Gateway terminated on Medi-Cal denial because no Healthy Families referral
<b>A7</b>	Application determined – Covered California eligibility reported – MAGI Medi-Cal
<b>A8</b>	Application determined – Covered California eligibility reported (non Medi-Cal)
<b>A9</b>	Covered California application denied
<b>A0</b>	Covered California unsubsidized or non-applying member application reported
<b>CC</b>	CMSP companion without corresponding primary eligibility
<b>C1</b>	Death removed via EW03
<b>D1</b>	Death reported via returned card
<b>D2</b>	Death reported by MEB
<b>D3</b>	Death reported by Vital Statistics
<b>D4</b>	Death reported by SDX
<b>D5</b>	Death reported by CWD
<b>D6</b>	Death reported on Buy-In update
<b>D7</b>	Death reported by CalHEERS
<b>D8</b>	Death reported on SSN Verification
<b>D9</b>	Death reported on BENDEX update
<b>EE</b>	Exception eligibles
<b>FF</b>	Terminated by state via a File Fix
<b>IN</b>	Eligibility reported via Immediate Need trans
<b>MA</b>	Accelerated BCCTP (time-limited)
<b>M1</b>	Terminated by MEB
<b>M2</b>	Death removed by MEB, no eligibility
<b>M3</b>	Gateway initial enrollment period
<b>OA</b>	Residence outside of California
<b>OB</b>	Moved out of state per Buy-In/BENDEX
<b>OS</b>	Moved out of state per SDX
<b>PP</b>	Pregnancy/FPL/Percentage program expired
<b># RR</b>	On MEDS Not County – Recon termination
<b>RT</b>	Recon Data Discrepancy – Closed period ESAC on Legacy trans – Recon Term Date/Reason used
<b>SR</b>	Exceeds 8 month RMA/EMA or RCA/ECA eligibility
<b>SS/S</b>	Renewal terminated after 2 months hold
<b>TT</b>	CMSP aid code/non-CMSP county
<b>VV</b>	Pickle presumptive termination
<b>WW</b>	Renewal terminated current aid code invalid
<b>X1</b>	Cessation of Disability - NOA type 23
<b>X2</b>	Cessation of Disability - NOA type CO
<b>ZZ</b>	Terminated by MEDS – transitional exceeded maximum months
<b>Z1</b>	MEDS established time-limited eligibility


<u>TERM REAS (continued)</u>	0185
<b><u>MEDS Generated Hold Reasons</u></b>	
<b>B</b>	Hold, questionable eligibility
<b>J</b>	MEDS Hold due to rejected eligibility status update in the daily batch process
<b>K</b>	Recon Hold – On MEDS, not on County
<b>L</b>	Recon Hold – Key field discrepancy in County-ID or Birthdate
<b>M</b>	Recon Hold – Critical eligibility errors on county transaction
<b>N</b>	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:	
<b>001</b>	Health Program without CalWORKs cash grant
<b>003</b>	Health Program and CalWORKs cash grant
<b>004</b>	Food Stamps only
<b>005</b>	Health Program and Food Stamps
<b>007</b>	Health Program, CalWORKs cash grant and Food Stamps
NOTE: Health Program may include <b>Medi-Cal, CMSP, Healthy Families, CCS, GHPP, BCCTP, etc.</b>	

# MEDS NETWORK USER MANUAL

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### MEDS TRANSACTION CODES

 Indicates a Function key is available for the transaction code

#### State and Federal and Other Transactions
















<b>BE30</b>	Bendex Update
<b>BINQ</b>	Buy-In Update Request
<b>BI30</b>	Buy-In Update Part B
<b>BI31</b>	Buy-In Update closed period
<b>BI35</b>	Buy-In Update Part A
<b>BI37</b>	Buy-In Update Medicare Status Code
<b>BI60</b>	Buy-In Exception Deletion Part B
<b>BI65</b>	Part A Accretion/Deletion
<b>BR30</b>	BRU SOC Certification for Individual
<b>DP30</b>	Returned Card/Deceased
<b>GZ10</b>	MEDS-ID Number Change (CCS/GHPP)
<b>GZ11</b>	MEDS Record Consolidation (CCS/GHPP)
<b>GZ12</b>	Update Client Information (CCS/GHPP)
<b>GZ20</b>	Add New CCS/GHPP Client
<b>IH05</b>	Transfer County of Responsibility
<b>IH12</b>	Update Client Information
<b>IH18</b>	Report New Application
<b>IH20</b>	Add New Client Record
<b>IH34</b>	Modify Application/Appeal Information
<b>IH40</b>	IHSS/PCSP Termination
<b>MB10</b>	MEDS-ID Number Change (MEB)
<b>MB11</b>	MEDS Record Consolidation (MEB)
<b>MB12</b>	Modify Client Information (MEB)
<b>MB13</b>	Update NOA Information
<b>MB30</b>	MEB Update
<b>MB55</b>	SSI/SSP Modify/ID Card Request
<b>MW18</b>	Pending Application (MEB)
<b>MW19</b>	Citizenship status/identity verification (MEB)
<b>MW20</b>	Add New Client Eligibility (MEB)
<b>MW32</b>	Medical Parole Client Update (MEB)
<b>MW34</b>	Modify Application/Appeal Information (MEB)
<b>MW40</b>	Termination (MEB)
<b>OC30</b>	Modify OHC/ID Card Request (Health Insurance Section)
<b>PE15</b>	Report Immediate Need Accelerated Enrollment (AE) (Provider)
<b>PE18</b>	Report New Application (Provider)
<b>PE20</b>	Add New Client AE Eligibility (Provider)
<b>PH30</b>	Modify HCP Enrollment Record
<b>PH40</b>	HCP Disenrollment
<b>RB30</b>	Returned BIC
<b>RB31</b>	Returned BIC/Deceased
<b>SD10</b>	SDX Recipient MEDS-ID Number Change
<b>SD20</b>	SDX Recipient Add/Update
<b>SD21</b>	Extended Eligibility
<b>SP20</b>	Report Accelerated Enrollment
<b>SS10</b>	SSN Referral Update
<b>SS30</b>	SSN Validation Update
<b>SU30</b>	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*

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

### County Transactions

<b>AP18</b>	Report New Application
<b>AP19</b>	Citizenship Status/Identity Verification
<b>AP20</b>	Report New Application (IEVS or batch)
<b>AP22</b>	Save Inquiry (IEVS or batch)
<b>AP34</b>	Modify Application/Appeal Information
<b>EW03</b>	Exception Correction Update
 <b>EW05</b>	Transfer County of Responsibility [F1]
 <b>EW10</b>	MEDS-ID Number Change [F2]
 <b>EW11</b>	MEDS Record Consolidation [F14]
 <b>EW12</b>	Update Client Information [F10]
 <b>EW15</b>	Report Immediate Need Eligibility [F3]
 <b>EW20</b>	Add New Client Record [F4]
 <b>EW25</b>	Modify - Whole Case [F5]
 <b>EW30</b>	Modify Current/Future (Individual) [F6]
 <b>EW31</b>	Modify History/Miscellaneous (Individual) [F18]
<b>EW32</b>	Institutionalized Client Update
<b>EW34</b>	Modify Application/Appeal Information (now AP34)
 <b>EW35</b>	Termination or Hold - Whole Case [F7]
 <b>EW40</b>	Termination/Hold Status Change (Individual) [F8]
 <b>EW45</b>	Request Replacement ID Card [F9]
<b>EW50</b>	Eligibility Over 12 Months Prior
 <b>EW55</b>	SSI/SSP Modify/ID Card Request [F15]
<b>EW60</b>	Modify Pickle Status Information
<b>FR20</b>	Reconcile Food Stamp (batch only)
<b>FX05</b>	Transfer County of Responsibility (batch only)
<b>FX10</b>	MEDS-ID Number Change (Food Stamp Only Recipient)
 <b>FX20</b>	Add New Food Stamp Recipient Record [F16]
 <b>FX30</b>	Modify Food Stamp Record (Individual) [F17]
<b>FX31</b>	Modify Food Stamp Record (allows for ABAWD indicator removal)
<b>FX40</b>	Food Stamp Termination (batch only)
<b>FX60</b>	ABAWD Food Stamp 36-Month Calendar
<b>HA20</b>	Report New Homeless Client (HOME or batch)
<b>RC20</b>	Reconcile Non-Food Stamp (batch only)

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


- HX05** Change County of Responsibility
- 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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	<b>INQR</b> Client Inquiry Request [F12]
	<b>ILIS</b> LIS Client Inquiry Request
	<b>IN95</b> IRS 1095-B Inquiry Request
	<b>ISDX</b> SDX File
	<b>INQS</b> 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>
	<b>QA</b> Address Information
	<b>QB</b> Buy-In and BENDEX
	<b>QC</b> Other Health Coverage
	<b>QD</b> Change Dates and Auth Rep Information
	<b>QE</b> Other Client Eligibility Information
	<b>QF</b> Food Stamp
	<b>QG</b> Food Stamp ABAWD Calendar
	<b>QH</b> Health Care Plans 1 through 3
	<b>QI</b> Health Care Plans 4 and 5
	<b>QJ</b> Health Care Plans -- 13-15 months prior
	<b>QK</b> Health Care Plans Capitation Information
	<b>QL</b> Notice of Action (NOA) Information
	<b>QM</b> Medi-Cal/CMSP - Primary
	<b>QP</b> Pending/Denied Applications & Appeals
	<b>QQ</b> Transaction History Info
	<b>QT</b> BENDEX Title II Information
	<b>QX</b> Title XVI - SSI/SSP
	<b>Q1</b> Medi-Cal/CMSP - Special Program 1
	<b>Q2</b> Medi-Cal/CMSP - Special Program 2
	<b>Q3</b> Medi-Cal/CMSP - Special Program 3
	<b>Q4</b> Medi-Cal/CMSP - Pending
	<b>Q5</b> Medi-Cal/CMSP - Future Pending
	<b>Q6</b> Medi-Cal/CMSP - 13-15 Months Prior
	<b>Q7</b> Eligibility by Month (all eligibility for one month, default is current MEDS MOE, can select from future pending to 36 months prior)
	<b>Q8</b> Food Stamp History (curr & 36 months prior)
	<b>XB</b> BIC - ID - Cross Reference (Xref)
	<b>XC</b> County – ID Cross Reference (Xref)
	<b>XH</b> HIC – No Cross Reference (Xref)
	<b>XM</b> MEDS – ID Previously Used
	<b>XN</b> Name - Cross Reference (Xref)
	<b>XX</b> Client Index Cross Reference (Xref)
	<b>HD</b> Hold Alerts
	<b>WA</b> Worker Alerts
	<b>HE</b> HAP Inquiring
	<b>HI</b> Health Insurance System (HIS )

<b>MEDS Inquiry Screen Program Line Information</b>		
<i>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.</i>		
<b>Programs:</b>		
<b>M</b>	Primary Medi-Cal/CMSP	(QM)
<b>1</b>	Special Program 1	(Q1)
<b>2</b>	Special Program 2	(Q2)
<b>3</b>	Special Program 3	(Q3)
<b>FS</b>	Food Stamp	(QF)
<b>CW</b>	CalWORKs	
<b>Status:</b>		
<i>(the presence of the value indicates information is available)</i>		
<b>C</b>	Current	
<b>P</b>	Pending	(Q4)
<b>F</b>	Future Pending	(Q5)
<b>H</b>	History	
<b>Special Program Segment Types:</b>		
<b>ACCEL</b>	Accelerated Enrollment	
** <b>APPLCN</b>	Application	
<b>BCCTP</b>	Breast and Cervical Cancer Treatment Program	
** <b>CCSGHP</b>	California Children Services / Genetically Handicapped Persons Program	
<b>CHDP</b>	Child Health Disability & Prevention Program	
<b>CHILD</b>	Children Programs	
<b>CMSP</b>	County Medical Services Program	
<b>DI/TPN</b>	Dialysis/TPN	
<b>GR/CAP</b>	General Relief/Cash Assistance Program for Immigrants	
** <b>IE/RR</b>	Ineligible/Responsible Relative	
<b>IH/PCS</b>	In Home Supportive Services / Personal Care Services Program	
<b>MEDICR</b>	Medicare (QMB, SLMB, QDWI)	
<b>TB</b>	Tuberculosis	
** Note: these segment types are used during transaction processing only.		

<b><u>1095-B TYPE CODE</u></b>	
<b>O</b>	Original Form 1095-B
<b>C</b>	Correction (due to change in MEC or SSN)
<b>R</b>	Reprint mailing request
<b>T</b>	Reprint mailing request sent to tax filer (mailing address was over-ridden)

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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](mailto: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](mailto: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**

#### **CMIPS II User Help Desk information**

**(877) 844-5844**

#### **HOURS**

**Monday through Friday 7:00 AM to 6:00 PM**

#### **EMAIL**

**CMIPS-II-Help-Desk-SR@hp.com**

#### **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](mailto: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](mailto: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](mailto: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.

## MEDS NETWORK USER MANUAL

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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.