STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WILSON, GOVERNOR

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814
(916) 654-2309

July 13, 1995

DMH Information Notice No.: 95-11

TO: Local Mental Health Directors
Local Mental Health Program Chiefs
Local Mental Health Administrators
County Administrative Officers
Chairpersons, Local Mental Health Boards

SUBJECT: AVAILABILITY OF MEDI-CAL ELIGIBILITY DATA

The State Department of Mental Health (DMH) will be making Medi-Cal Eligibility Data System (MEDS) information available to individual counties to support Medi-Cal claim processing and the implementation of Managed Care.

Medi-Cal claims processing requires information that can be obtained from the MEDS file. In addition, many Short-Doyle/Medi-Cal simultaneous billing errors can be reduced and billing expedited by utilizing third-party and other claim information from the MEDS file. Under Managed Care, this data may also be used to verify Medi-Cal eligibility and support program planning and service delivery.

The entire State-wide MEDS file is extremely large, containing 16 million records, each 5000 characters long. This file is not easily accessed or copied. To simplify each county's access to Medi-Cal eligibility information, "extract" files will be prepared. Each extract file will contain data for only one county's residents, and will be comprised of 810 character records containing information relevant to mental health issues. Updated copies of the extract files will be available on a monthly basis.

In addition to receiving an extract file of your county's residents, you may also request data for specific residents of other counties when MEDS extract file information is required for billing or service delivery. To receive this "nonresident" data, you must submit to DMH a file containing identification information for the persons for whom information is being requested. The nonresident data will be merged into the extract file of your county's residents.

To receive a monthly copy of your county's MEDS extract file or non-resident data, please complete the enclosed Request For Medi-Cal Eligibility Data form and return it to the attention of Ken McKinstry, State Department of Mental Health, 1600 9th Street, Room 130, Sacramento, California 95814.

If you have any questions related to this process, please contact Ken McKinstry at (916) 654-2466 or Mike Anderson at (916) 654-6181.

Sincerely,

STEPHEN W. MAYBERG, Ph. D.
Director

Enclosures

MEDS EXTRACT FILE
TECHNICAL ISSUES

WHAT DATA WILL BE AVAILABLE?

The State Department of Mental Health (DMH) has initiated a process to extract your county's data from the State-wide Medi-Cal Eligibility Data System (MEDS) database. The new file, termed the 'MEDS Extract' file will be created monthly. It will provide your county with Medi-Cal eligibility data for two populations:

- All the Medi-Cal eligible residents of your county (resident data)
- Non-resident clients who have received services in your county (non-resident data)

The entire State-wide MEDS database is very large, containing 16 million records, each 5000 characters long. This file is not easily accessed or copied. The MEDS Extract File will contain an 810-byte 'Extract' record for each of your county's Medi-Cal eligible residents (see attached MEDS Extract Record Layout & Data Dictionary). These records will contain information relevant to mental health issues, and will cover the clients' eligibility for the last 16 months.

In addition to receiving information pertaining to your county's residents, you may also request data for specific residents of other counties when MEDS Extract File information is required for billing or service functions. This 'Non-Resident' data will be in the same format as your 'Resident' data. Both Resident and Non-Resident data will be merged into one MEDS Extract file for your use.

PHYSICAL FILE CONSIDERATIONS

Your MEDS Extract File can be created on magnetic tape (cartridge or reel), 3½" floppy diskette, or on hard-disk at the Health & Welfare Data Center (HWDC), whichever you request. You may download data written to HWDC's hard-disk to your system at your convenience, or the data may be processed on HWDC's mainframe. Mag tapes and floppy diskettes will be mailed to your county or to whatever organization or agency handles your data processing.

Records are fixed-length, 810 bytes in length. Files created on hard-disk at HWDC will be in EBCDIC format. Tapes may be created in either ASCII or EBCDIC format. Files created on 3½" floppy diskette will be non-field-delimited ASCII text files, with the 810-byte records delimited by a carriage-return and line-feed character combination (Hex '0D' '0A').

In selecting an output medium, the size of your file must be taken into consideration. If, for instance, your county has 10,000 eligible residents, you would receive 8.1 Megabytes of data (10,000 records X 810 bytes per record). A single 3½" floppy diskette has a capacity of approximately 1800 records, thus it would require 6 diskettes to store a 10,000-record file.

If you request your MEDS Extract File on tape cartridges you must provide DMH with the cartridges upon which your MEDS Extract File will be returned. If you request your MEDS Extract File on reel-to-reel tape, DMH will send the file to you on its own scratch tapes, which you must return to DMH after copying the data. If your MEDS Extract file is small enough to fit on diskettes DMH will provide the diskettes.

- Continued -

INITIATING THE PROCESS FOR YOUR COUNTY

TO RECEIVE 'RESIDENT' DATA

To initiate the process to create a MEDS Extract file of records for your county's residents, you must submit a "Request For Medi-Cal Eligibility Data" form to DMH (see attached). This form provides DMH with the information required to create a file containing eligibility data for all Medi-Cal eligible residents of your county.

TO RECEIVE 'NON-RESIDENT' DATA

To request eligibility data for persons who are not residents of your county you must provide DMH with a Non-Resident Request File of 80-byte identification records containing your two-byte numeric County-Code and the MEDS-IDs (SSNs) of the non-resident persons for whom you are requesting eligibility data (see attached MEDS Non-Resident Request Record Layout & Data Dictionary). This file must be received by DMH Information Technology by the cutoff date of the 20th of each month. Your Non-Resident eligibility data will be merged into your Resident MEDS Extract File.

PROCESSING CYCLE

This will be a monthly process. Once DMH has received your "Request For Medi-Cal Eligibility Data" form (attached), and the magnetic media needed to return your MEDS Extract File to you, resident eligibility data will be generated for you every month. The cutoff date for this process is the 20th of every month. By that date, DMH should have in its possession:

- Mag tape cartridges (if you have opted to receive your data on cartridges)
- Your Non-Resident Request File (if any).

Your non-resident eligibility data will be merged with your resident data into one file which will then be mailed to you or will be available to you on hard disk at HWDC. This data will be available about the first of every month.

QUESTIONS?

Questions concerning this process should be directed to Mike Anderson at (916) 654-6181.

REQUEST FOR MEDI-CAL ELIGIBILITY DATA

1) Do you wish to receive Medi-Cal eligibility data for your county's residents?

_____ YES _____ NO

2) On what type of media do you wish to receive Medi-Cal eligibility data?

_____ 3½" Floppy Diskettes

_____ Hard Disk at HWDC (for download)

_____ Tape Cartridges (½" 3480 Cartridges)
____ EBCDIC ____ ASCII
____ Std. Labels ____ Non-Labeled

_____ Reel-to-Reel Tapes
____ EBCDIC ____ ASCII
____ Std. Labels ____ Non-Labeled

3) Please indicate to whom your Medi-Cal eligibility files should be sent:

ORGANIZATION NAME: _____

CONTACT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____)_____

4) Are you requesting eligibility data for persons who are residents of counties other than yours?

_____ YES _____ NO

<u>If Yes</u>, specify medium of your Non-Resident Request File (80-byte records containing your County-Code and the MEDS-IDs (SSNs) of persons for whom eligibility data is being requested). The Non-Resident Request File must be received by DMH by close of business on the 20th of the month.

_____ 3½" Floppy Diskettes

_____ Hard Disk at HWDC

_____ Tape Cartridges (½" 3480 Cartridges)
____ EBCDIC ____ ASCII
____ Std. Labels ____ Non-Labeled

_____ Reel-to-Reel Tapes
____ EBCDIC ____ ASCII
____ Std. Labels ____ Non-Labeled

Thank you for your input. Please return this questionnaire to:

Department Of Mental Health
Information Technology - Production Support
1600 9th Street, Room 143
Sacramento, CA 95814
Fax: 916-653-6577

YOUR SIGNATURE: _____

YOUR NAME: _____

YOUR TITLE: _____

STREET ADDRESS: _____

CITY: _____, CA ZIP _____

PHONE: (____) _____

COUNTY: _____

The following is a brief description of the fields contained on the MEDS Monthly Extract File. All data is alphanumeric. There are no packed or binary fields.

LEVEL	POSITION	FIELD DESCRIPTION
1	01-09	**MEDS-ID** - A nine-digit number that is the primary and unique recipient identifier used by MEDS.
1	10-21	**HEALTH INSURANCE CLAIM (HIC) NUMBER** - The claim number which the recipient is using for claiming Medi-Care buy-in or railroad retirement benefits. or: SOCIAL SECURITY NUMBER + SUFFIX - A nine-digit number plus a suffix of one to three characters. If the letter 'H' appears in the first position of an HIC suffix it indicates the claimant is being paid through the SSA disability program. or: PREFIX + RAILROAD RETIREMENT BENEFIT NUMBER - Some RR numbers consist of a prefix and a six-digit number issued by the RRB. Other RR numbers consist of a prefix and the annuitant's Social Security number. RR numbers should be reported as follows: CA123456 or A123456789.
1	22-31	**COUNTY CASE SERIAL NUMBER**
2	22-28	SERIAL NUMBER - assigned to the case by the county from numbers supplied to the county by the state. Along with the county code, this number provides a unique identifier for the whole case.
2	29-29	FAMILY BUDGET UNIT - (FBU) This number is assigned to each recipient as part of a unique recipient identifier.
2	30-31	PERSON NUMBER - Number assigned to each recipient within a case as part of a unique identifier to distinguish an individual. (*Special Note*: For SSI/SSP recipients, the 10-byte County Case Serial Number will be the digit '9' followed by the recipient's Social Security Number.)
1	32-39	**DATE OF BIRTH** - Alphanumeric field containing the recipient's date of birth in the format CCYYMMDD, where CC = birth century (18, 19, 20), YY = birth year, MM = birth month, and DD = birth day.

LEVEL	POSITION	FIELD DESCRIPTION
1	40-40	**SEX CODE** - One-byte field containing the recipient's sex code: M = Male, F = Female.
1	41-41	**ETHNIC CODE** - One-byte field indicating the ethnic group the applicant represents in the opinion of the interviewer. Refer to the MEDS User Manual for valid codes and special considerations.
1	42-42	**LANGUAGE CODE** - One-byte field indicating the recipient's primary language. Refer to the MEDS User Manual for valid codes and special considerations.
1	43-43	**SSAN VERCODE** - One-byte field indicating whether or not a recipient on MEDS has a SSAN and the status of that SSAN with respect to validation by SSA. Refer to the MEDS User Manual for valid codes and special considerations.
1	44-45	**REDETERMINATION MONTH** - Optional field used to trigger a report that notifies eligibility workers when a redetermination is due. When used, valid codes are 01 - 12.
1	46-63	**CASE NAME** - Eighteen-byte field used by the county welfare office to identify the case of which the recipient is a member.
1	64-89	**BENEFICIARY NAME**
2	64-78	BENEFICIARY SURNAME - Fifteen-byte field.
2	79-88	BENEFICIARY FIRST NAME - Ten-byte field.
2	89-89	BENEFICIARY MIDDLE INITIAL - One-byte field.
1	90-161	**BENEFICIARY ADDRESS**
2	90-115	FIRST ADDRESS LINE - Twenty-six byte field.
2	116-141	SECOND ADDRESS LINE - Twenty-six byte field.
2	142-161	CITY/STATE ADDRESS LINE - Twenty-byte field.
2	162-170	ZIP CODE + FOUR
3	162-166	ZIP CODE - Standard five-byte ZIP code.
3	167-170	ZIP CODE EXTENSION - Four bytes to be used for ZIP code extension.

LEVEL	POSITION	FIELD DESCRIPTION
1	171-177	**COUNTY MEDI-CAL WORKER DATA**
2	171-173	COUNTY MEDI-CAL DISTRICT - Three-byte field.
2	174-177	COUNTY MEDI-CAL ELIGIBILITY WORKER CODE - Four byte field.
1	178-216	**CURRENT MONTH MEDI-CAL DATA**
2	178-179	COUNTY CODE - Two-byte numeric code for the county that has responsibility for the recipient's Medi-Cal eligibility. Valid values 01 - 58.
2	180-181	AID CODE - Two-byte numeric code indicating under which aid category a recipient is eligible.
3	180-180	AID CODE - TENS
3	181-181	AID CODE - UNITS
2	182-184	ELIGIBILITY STATUS CODE - A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month. See the MEDS User Manual for valid codes.
2	185-185	OTHER COVERAGE - A one-byte code indicating the recipient's health care coverage by health care insurance company. See the MEDS User Manual for valid codes.
2	186-189	SHARE OF COST AMOUNT - Four-byte unpacked field indicating, in dollars, the amount that the recipient is obligated to pay before he/she is certified eligible.
2	190-192	PHP CODE - Three-byte code for the health plan that the recipient has chosen to enroll in.
2	193-194	PHP STATUS - Two-byte field indicating the recipient's enrollment status in the associated PHP CODE.
2	195-196	MEDICARE STATUS - Two-byte code indicating the MediCare Part A and B entitlement status of the recipient. Refer to the MEDS User Manual for valid status codes.
2	197-199	SURS CODE - Three-byte field used to identify recipients placed on or removed from restricted status. Refer to MEDS User Manual for valid codes.
2	200-201	SPECIAL COUNTY CODE 1 - See COUNTY CODE, above.
2	202-203	SPECIAL AID CODE 1 - Two-byte numeric code indicating under which special aid category a recipient is eligible.

LEVEL	POSITION	FIELD DESCRIPTION
2	204-206	SPECIAL ELIGIBILITY STATUS 1 - See ELIGIBILITY STATUS CODE above.
2	207-208	SPECIAL COUNTY CODE 2 - See COUNTY CODE above.
2	209-210	SPECIAL AID CODE 2 - See SPECIAL AID CODE 1 above.
2	211-213	SPECIAL ELIGIBILITY STATUS 2 - See ELIGIBILITY STATUS CODE above.
2	214-215	SPECIAL OBLIGATION - % of obligation that the recipient is responsible for.
2	216-216	FILLER - One-byte filler for future use.
1	217-255	**MEDI-CAL DATA FOR PREVIOUS JANUARY** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	256-294	**MEDI-CAL DATA FOR PREVIOUS FEBRUARY** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	295-333	**MEDI-CAL DATA FOR PREVIOUS MARCH** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	334-372	**MEDI-CAL DATA FOR PREVIOUS APRIL** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	373-411	**MEDI-CAL DATA FOR PREVIOUS MAY** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	412-450	**MEDI-CAL DATA FOR PREVIOUS JUNE** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	451-489	**MEDI-CAL DATA FOR PREVIOUS JULY** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	490-528	**MEDI-CAL DATA FOR PREVIOUS AUGUST** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	529-567	**MEDI-CAL DATA FOR PREVIOUS SEPTEMBER** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.

LEVEL	POSITION	FIELD DESCRIPTION
1	568-606	**MEDI-CAL DATA FOR PREVIOUS OCTOBER** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	607-645	**MEDI-CAL DATA FOR PREVIOUS NOVEMBER** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	646-684	**MEDI-CAL DATA FOR PREVIOUS DECEMBER** - Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	685-723	**13 MONTHS PRIOR MEDI-CAL DATA** - Medi-Cal data for 13 months prior. Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	724-762	**14 MONTHS PRIOR MEDI-CAL DATA** - Medi-Cal data for 14 months prior. Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	763-801	**15 MONTHS PRIOR MEDI-CAL DATA** - Medi-Cal data for 15 months prior. Thirty-nine byte field subdivided like CURRENT MONTH MEDI-CAL DATA.
1	802-807	**FILE DATE** - Year and Month of the data contained in CURRENT MONTH MEDI-CAL DATA, in the format CCYYMM, where CC = century (19, 20), YY = year, and MM = month.
1	808-809	**REQUESTING COUNTY** - Two-byte numeric code for the county that has requested the MEDS Extract record. Your county code. Valid values: 01 through 58.
1	810-810	**FILLER** - One-byte filler for future use.

MEDS NON-RESIDENT REQUEST RECORD LAYOUT & DATA DICTIONARY

The following is a brief description of the fields contained in the MEDS Non-Resident Request Record. All data is alphanumeric. There are no packed or binary fields.

LEVEL	POSITION	FIELD DESCRIPTION
1	01-02	**REQUESTING COUNTY** - Two-byte numeric code for the county that has requested the MEDS Extract record. Your county code. Valid values: 01 through 58.
1	03-04	**FILLER** - Two-byte filler. Value = Spaces.
1	05-13	**MEDS-ID (SSN)** - A nine-digit number that is the primary and unique recipient identifier used by MEDS.
1	14-80	**FILLER** - 67-byte filler. Value = Spaces.