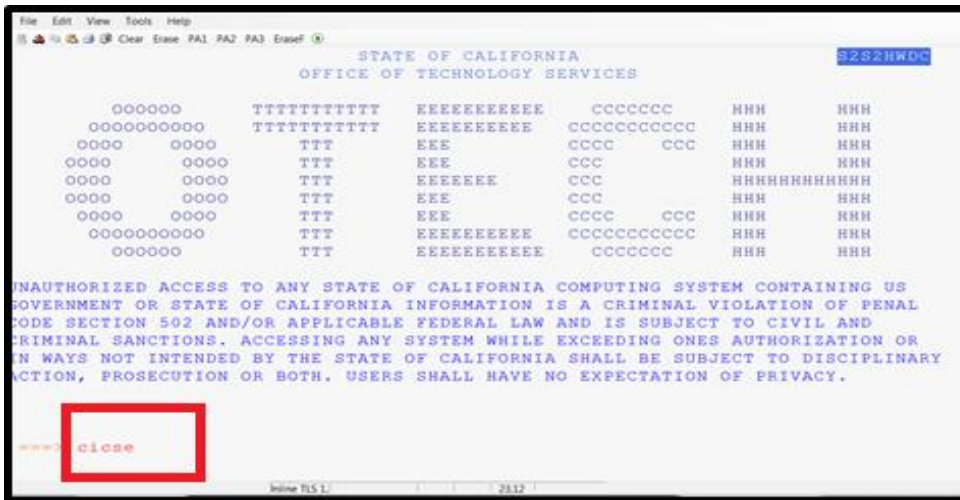


Log In to MEDS

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



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



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

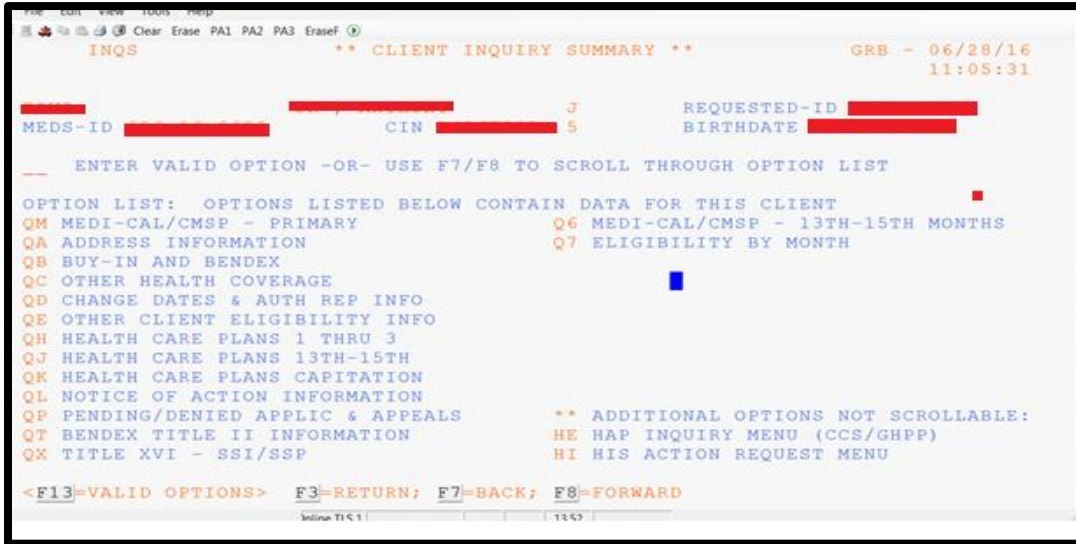


7. This is the main Inquiry Request Screen where most processes start. Enter the client's CIN # and Enter.



Eligibility Screens

1. After logging in, enter CIN# in Client Information field; Enter.



Note:

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

Watch this screen when a merger has been requested.

Adoption cases are never merged.

2. Understanding the Primary Screen:

The screenshot shows the following data points:

- Resident County:** 34 (RES-COUNTY)
- Legal County:** 34 (COUNTY)
- M/C Aid Code:** 60 (AID-CODE)
- M/C Eligibility Status:** 401 (ELIG-STAT)
- OHC:** N (OHC field)

Callouts in the image point to these fields with the following text:

- Resident County (points to RES-COUNTY 34)
- Legal County (points to COUNTY 34)
- M/C Aid Code (points to AID-CODE 60)
- M/C Eligibility Status. If this shows 999, there is no eligibility (points to ELIG-STAT 401)
- OHC – anything other than N requires further checks. (points to OHC N)

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.
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. From the Primary Information Screen:

```
INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          GRB - 09/02/16
11:12:41
CASE-NAM [REDACTED] DISTRICT [REDACTED]
COUNTY-ID [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=====
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
OPTION <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

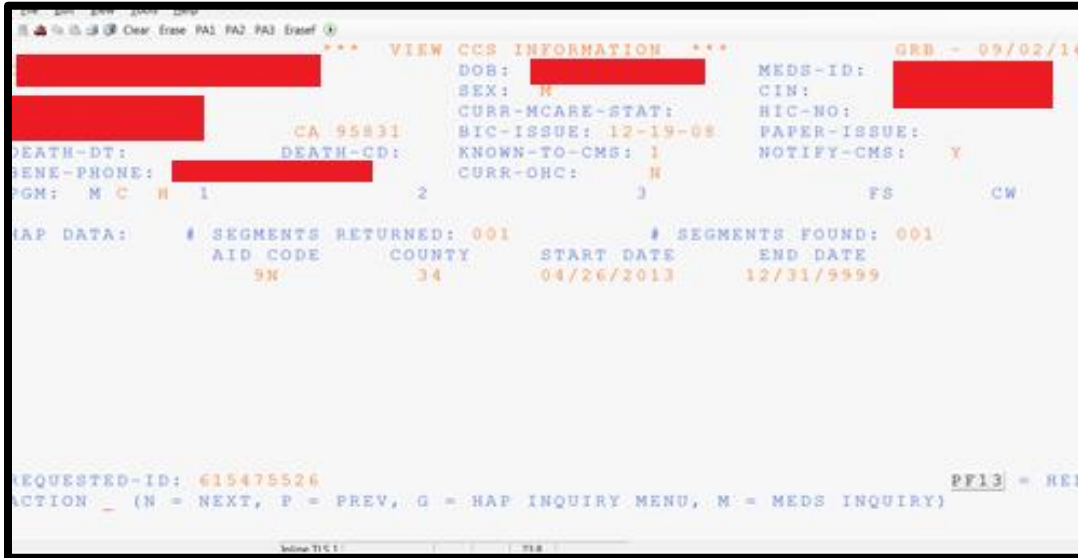
↑ Type HE in Option Field; Enter

```
HEMT          ** HEALTH ACCESS PROGRAMS (HAP) INQUIRY MENU **          GRB - 09/02/16
SELECT INQUIRY OPTION c          C = CCS INQUIRY
                                G = GNPP INQUIRY
CLIENT IDENTIFICATION:          CLIENT-INDEX-NO:
(ENTER ONE)                     MEDS-ID: [REDACTED]
FOR DETAILED EXPLANATIONS OF THE INQUIRY OPTIONS LISTED PRESS PF13
```

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

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



Aide Codes:

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

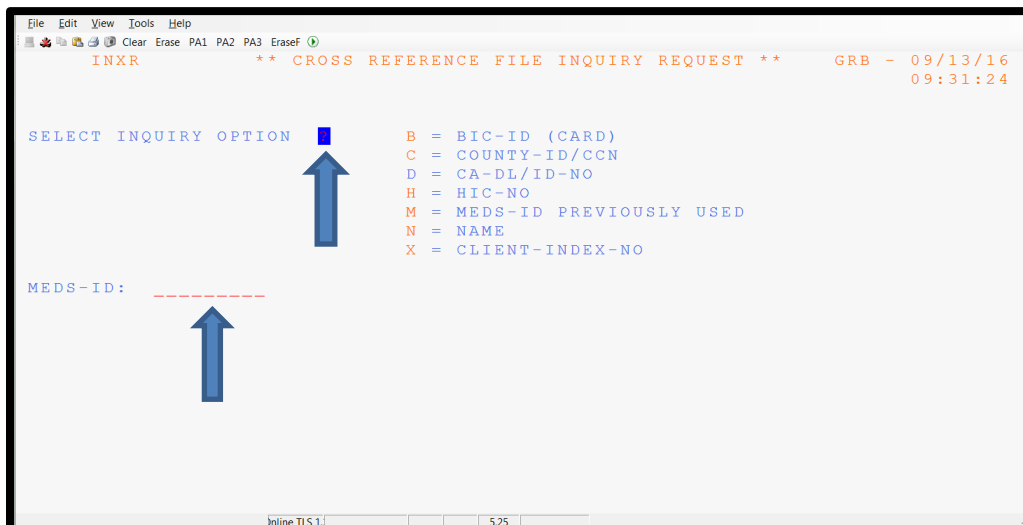
BIC Issue Date

Note: Not having a current BIC Issue Date is a common reason for denial for Pharmacies. Pharmacies should ALWAYS request a BIC card from the client. If the client does not have one, they can contact their CCS case manager, who can send one.

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



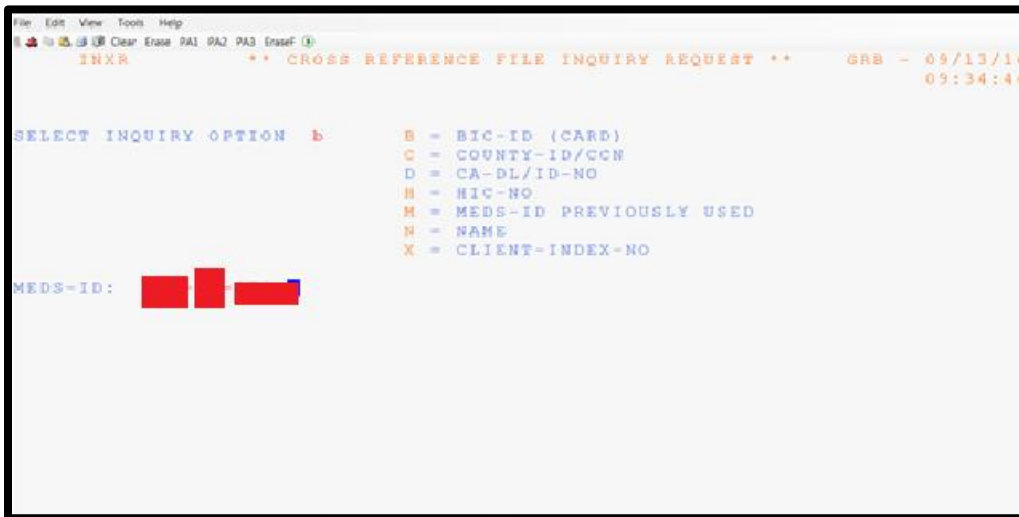
2. Shift F9 – this will take you to the Cross Reference File



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

4. Delete the Hyphens in the SSN: Enter

(Or type the SSN into the field)



The line item with no '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

HI screen from client's eligibility screens. MOPI screens for more detail about Other Health Care (OHC) coverage.

1. To access the HI screen 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 [REDACTED]
MEDS-ID [REDACTED]          RV-COMP 01-2016 [REDACTED]
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 [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=====
          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          401 401 401 401 401 401 401 401 401 401 401 401
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
    
```



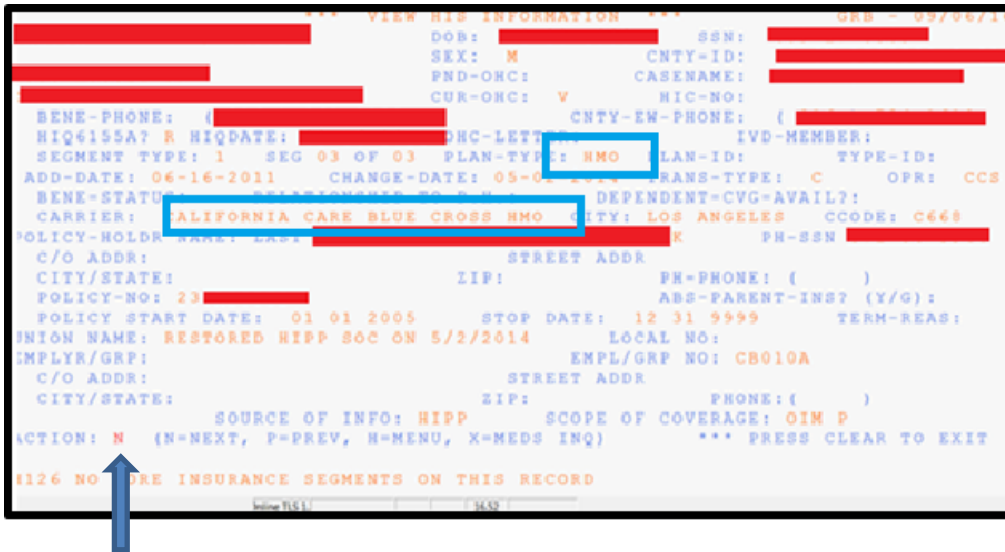
2. Type 'V' into the Enter Option field

```

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
    
```



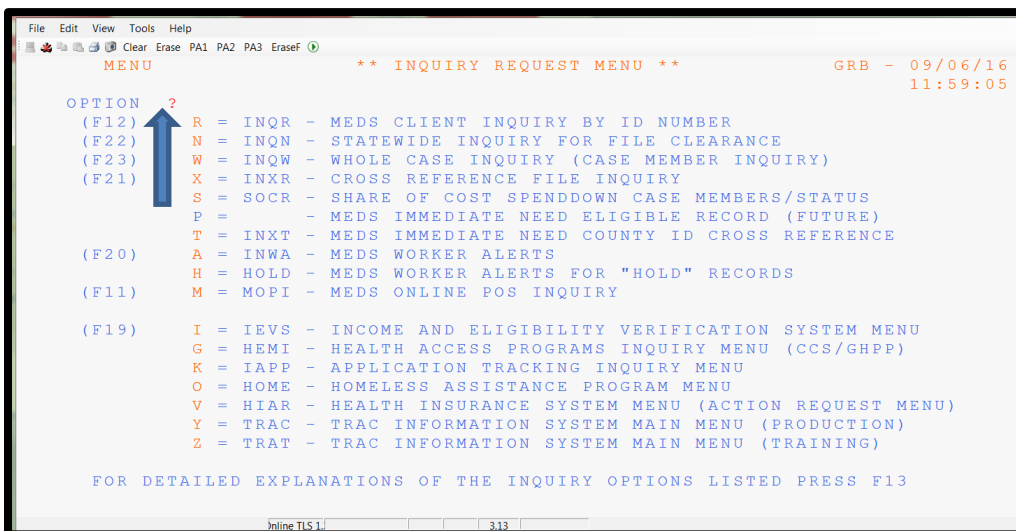
3. Select N and enter to move through screens.



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

Using the MOPI screens for more detail about Other Health Care coverage.

1. From the home screen select Shift F12



2. Type M into the Option Field; Enter

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3. Enter the Recipient ID 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: ██████████ (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: ██████████ MM YYYY (O)

SUBSCRIBER LAST NAME: ██████████ #: ██████████ 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 1.1 417
```

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)

