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1st Digit = Medi-Cal/CMSP/Other Eligible Status

0191

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

2nd Digit = Normal/Exception Eligibility

0192

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

3rd Digit = Timeliness/Misc. Information

0193

- 1** Regular eligible reported timely
- 2** Regular eligible reported retroactively
- 3** 3 month retroactive eligible
- 4** Continuing eligible reported timely
- 5** Continuing eligible reported retroactively
- 6** Ramos/Pickle/IHSS/Other Extended eligible
- 7** Aid Paid Pending Ramos/Myers
- 8** Hold from LTC/SOC status
- 9** Ineligible or Regular hold

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ABAWD

1359

Able-Bodied Adults Without Dependents

- 0** Not ABAWD
- 1** ABAWD

ADDRESS FLAG

0305



Good Deliverable Address

- A** Address certified via Finalist
- * **C** County Override, not certified via Finalist
- D** Presumed mailable; Finalist changes unreliable
- W** BIC mailed - previously A
- X** BIC mailed - previously C
- Y** BIC mailed - previously D



Presumed Deliverable Address

- Blank** Failed Finalist; presumed mailable
- 0** BIC mailed - previously Blank

Considered Undeliverable Based on Returned Mail

- 1** BIC returned - previously 0
- 5** BIC returned - previously W
- 6** BIC returned - previously X
- 7** BIC returned - previously Y
- 9** NOA returned - previously Good Deliverable or Presumed Deliverable Address

Considered Undeliverable for Other Reasons

- 2** Failed MEDS validation edits
- 3** Foster Care Assistance terminated
- * **4** Residence address but not a mailable address
- * **8** No specific residence reported (identifies homeless or other circumstances where no street address is reported)

* These are the only valid input values (4 and 8 apply only to a residence address)
Finalist is MEDS address certification software.

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).

ALIAS/SSA-NAME-CODE

9035

User Reported Codes

- 1** Name reported as Social Security name
- 2** Other alias name
- 4** Name reported as birth certificate name
- 6** Name and birthdate reported via CalHEERS

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ALIAS/SSA-NAME-CODE (continued)

9035

MEDS Generated Codes

- 5** Name from CA Birth Record Match
- N** MEDS Name from Verified NUMIDENT SSN Verification Response
- T** Title II Name from SSN Verification
- U** MEDS Name from Unverified NUMIDENT SSN Verification Response
- X** Title XVI Name from SSN Verification

Old Verification Codes

- 0** Name and Birthdate validated via the SSA Referral Process
- 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

ALIEN-ELIG-CODE

2033

- * **1** Refugee admitted under section 207 of the INA
- * **2** Deportation withheld under section 243(h) or 241(b)(3) of the INA
- * **3** Lawful Permanent Residence (LPR) with 40 Work quarters
- 4** LPR Alien on active duty in the military or an honorable discharged veteran
- 5** LPR spouse or unremarried surviving spouse of active-duty military/veteran
- 6** LPR dependent child of active-duty military/veteran
- 8** Amerasian admitted to the U.S. as a Lawful Permanent Resident
- 9** Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien
- 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 benefit
- 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.
- Y** Victim of domestic violence or other serious crimes – U Visa has been granted.
- * Federal (SDX) input only. Valid response only values.

ALIEN-VER-CODE

2068

- Y** Yes, Alien Number is verified by USCIS
- N** Alien Verification code was removed
- P** Alien Number is not verified, Pending response
- Blank** Record does not have an Alien Number

APPLICATION-FLAG

3024

County Applications

- C** Consortia Conversion Transaction-not a new app
- D** CWD Annual Reevaluation
- E** CWD Other than annual reevaluation

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APPLICATION-FLAG (continued)

3024

- F** Fair Hearing Exception Referral (Retro Bridging)
- G** Pending app, general relief benefits, includes Medi-Cal
- N** Pending app, No Medi-Cal, No general relief
- O** Pending app, general relief benefits, No Medi-Cal
- P** Pending app, Includes Medi-Cal, No general relief

COV/CA (CalHEERS) Applications ONLY

- J** Non-applying household member (no aid requested)
- K** Pending app for subsidized programs
- L** Pending app for non-subsidized programs

SPE Applications

- B** Pending app, Includes Medi-Cal
- H** Pending app, from SPE
- R** HF Annual Reevaluation, Medi-Cal app referral
- S** Pending app, includes Medi-Cal, from SPE
- T** Other than annual reevaluation, Medi-Cal app referral
- Z** Pending app, No Medi-Cal, from SPE

Other Applications

- A** Pending IHSS application
- I** IEVS Inquiry – Not a New Application
- M** Pending app, includes Medi-Cal, from MEB
- Q** Pending Hospital Presumptive Eligibility or COVID-19 Presumptive Eligibility
- W** Pending CHDP Gateway application
- X** Used by CHDP
- U** PE for Pregnant Women Enrollment
- V** Asset Verification Request Only - Not a New Application
- 2** Screening for 90-Day Pre-Release Services
- 3** Newborn Gateway Application

APPLICATION-STATUS

3050

Values for reporting status of a pending application

- A** Incomplete
- B** No signature
- C** Failure to provide information
- D** Pending disability determination
- E** Misrouted – returned to referring entity
- F** Fair Hearing
- G** Diligent Search
- P** Pending consent
- Q** Withheld consent
- R** Referred to another entity
- S** Received from another entity
- T** SLP Express Enrollment Eligible
- U** SLP Express Enrollment Eligibility Not Determined
- V** SLP Express Enrollment Ineligible

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APPLICATION-STATUS (continued)

3050

MEDS Generated Values (not valid for input)

- 1** Approved
- 2** Denied
- 3** Erroneously reported application
- M** Missing required information to refer
- N** Not eligible for referral

BUY-IN-ELIG-CD

0832

- A** Aged recipient of Federal SSI payments
- B** Blind recipient of Federal SSI payments
- C** Entitled to Part A of Title IV (AFDC)
- D** Disabled recipient of Federal SSI payments
- E** Aged recipient of supplemental payment administered by SSA
- F** Blind recipient of supplemental payment administered by SSA
- G** Disabled recipient of supplemental payment administered by SSA
- H** Aged, blind, or disabled recipient of a one-time payment
- J** Part B-Immunosuppressive drug (MSP Part B-ID)
- L** Specified Low Income Medicare Beneficiary (SLMB)
- M** Entitled to Medical Assistance Only (MAO) – (non-cash recipients who are not QMBs)
- N** None (default value)
- P** Qualified Medicare Beneficiary (QMB)
- U** Qualifying Individual 1 (QI-1)
- Z** Deemed Categorically Needy

CLIENT DATA RECON CHANGE SOURCE

4259

See QD screen under ***CLIENT-CHG-SOURCE***

- A** Application
- E** County, Other than Food Stamps
- F** County, Food Stamps
- G** CCS/GHPP
- M** Medi-Cal Eligibility Branch
- O** Other DHS Entity
- P** Provider reported Gateway eligibility
- R** Reconciliation update
- S** Single Point of Entry
- X** SDX

CITIZEN /ALIEN IND

2009

- A** Proven U.S. citizen
- B** Alleged U.S. citizen
- C** Conditional entrant admitted under INA section 203(a)(7)
- D** Deportation withheld admitted under INA section 243(h) or 241(b)(3)
- E** Amerasian refugee admitted under INA sec 207

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CITIZEN /ALIEN IND (contiued)

2009

*	F	Refugee admitted under INA sec 207 or 203(a)(7)
*	G	Parolee admitted under INA section 212(d)(5)
*	H	Silva vs. Levi alien
	K	Lawful permanent resident (LPR)
	L	Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
*	M	Residents of the Northern Mariana Islands
*	N	Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
	O	Victim of Severe Form of Trafficking who is certified by ORR. Treat like a refugee.
*	P	Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
*	Q	Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
	R	Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
	S	Documented PRUCOL Immigrants
	T	Immigrant claiming PRUCOL who can show that: (1) USCIS knows he/she is in the United States AND (2) USCIS does not intend to deport him/her, either because of the person's status category or individual circumstances
	U	Undocumented alien
	V	Visitor/Student/Visa and other aliens with temporary documentation
	W	Parolee admitted under INA section 212(d)(5) with a period of parole over one year
	X	Indochinese refugee admitted under INA sec 207
	Y	Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
	Z	Kurdish or Iraqi asylee admitted under INA section 208
***	0	Other alien (not 1, 5, 7, 8, or 9)
***	1	Indochinese refugee admitted under INA sec 207
	2	Lawfully present, not a qualified immigrant
	3	Deferred Action for Childhood Arrivals (DACA)
	4	COFA – Qualified Aliens – not subject to the 5-year bar
	5	Citizen child born to refugee parent(s)
***	7	Other refugee
	8	Cuban/Haitian entrant
***	9	Aged alien (Medicare ineligible alien and not 1, 7, or 8)
	?	Contradictory citizenship information (needs update)
	*	Federal (SDX) input only
***		Values obsolete 12/98

DEATH-CD

2019

(Source of Death Information)

B	Medicare Buy-In System Reported Death Termination Reason
C	County Welfare Department Worker Reported Death Date
D	SSN Verification – Vital Records Electronic/Death Notice Per Title XVI
E	SSN Verification – Death Date from NUMIDENT File
F	BENDEX Reported Death Date

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DEATH-CD (continued)

2019

(Source of Death Information)

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

DENIAL-REAS

3029

A	Client Deceased
B	Application Withdrawn
C	Moved Out of State
D	Loss of Contact/Unable to Locate Applicant
E	Failure to Cooperate
F	Does Not Meet California Residency Requirements
G	Excess Resources
H	No Program Linkage
I	* Potential State Only Program Eligible did not apply for ongoing Medi-Cal
J	No Deprivation
K	Living in a Public Non-Medical Institution
L	Existing AFDC/Medi-Cal/CMSP Recipient
M	Existing SSI/SSP Recipient
N	Receiving Medicaid in Another State
O	Previous Presumptive Eligibility within 12 months
P	Duplicate Pending Application
Q	IE/RR terminates accelerated enrollment (MEDS Generated)
R	Other
S	Applicant can't apply for the person on the application
T	Previous Presumptive Eligibility for same pregnancy (PE use only)
U	Over Age Limit for Presumptive Eligibility and Newborn Gateway
V	Application for IAP Denied (Includes MAGI and APT C/CSR)
W	Not Part of the Tax Household
X	Excess Income - Denied for MAGI and Qualified for APTC/CSR
*	Other Minimum Essential Coverage
Y	Erroneously Reported Application
Z	No Valid Data Reported (MEDS Generated)

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DENIAL-REAS (continued)

3029

- 0** Existing Medicare Recipient
- 1** Premium Not Paid
- 2** Income Does Not Meet Requirements
- 3** Home Address State Missing or Invalid
- 4** End Date for Employer Sponsored Insurance Missing or Invalid
- 5** Child is Eligible for Medicare Part A and B
- 6** Funding Not Available
- * **7** Child aged 19 or over not eligible for HFP
- 8** Incarcerated
- 9** Not a US Citizen, National or Lawfully Present

*Values applicable only to MEB applications

DOB-VER

0128

- C** Client Reported
- G** Guess (i.e. comatose, abandoned baby)
- R** Within Range on SSN Verification
- S** Verified per Reporting System
- V** Verified per exact NUMIDENT match

DOB-VER-SOURCE

0127

- N** NUMIDENT SSN Verification
- T** Title II SSN Verification
- X** Title XVI SSN Verification
- W** Worker Reported

ESAC

9109

(Eligibility Status Action Code)

Continuing Eligibility Periods

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

Closed Eligibility Periods

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

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ESAC (Continued)

9109

(Eligibility Status Action Code)

Other Eligibility Updates

- 0** (ZERO) County Confirmed Immediate Need SSI/SSP Eligible
- A** Unborn
- B** Hold, questionable eligibility
- C** State reinstate SSI/SSP Medi-Cal
- D** State suppress SSI/SSP Medi-Cal

Recon Generated Hold on MEDS

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

Legacy System Only

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

ETHNIC

0115

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

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FFY Indicator**4180**

- 2-digits** Alphanumeric 58 CA Counties/50 U.S States/US Territories
Blank No information
NQ Not Qualified
***P** Previously in foster care but not verified

GENDER-IDENTITY**2051**

- 1** Female
2 Male
3 Transgender: Male to Female
4 Transgender: Female to Male
5 Non-Binary (neither Male nor Female)
6 Another Gender Identity

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**1019**

(HCP Status)

- 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
15 Capitation recovery required
19 Mandatory disenrollment - Capitation recovery required
40 Voluntary disenrollment occurred before enrollment became effective
41 OBSOLETE 12/31/2022: 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 OBSOLETE 12/31/2022: Deeming period HCP status for a CMC plan member in lieu of HCP status '59'
B1 Infant enrolled in Mother's HCP – no capitation Paid, included in mother's capitation
F4 Future Pending enrollment – Passive Enrollment
P4 Pending enrollment - Application accepted

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HCPn-STAT (continued)

1019

(HCP Status)

- S0** Voluntary disenrollment - Capitation recovery processed
- S1** Active enrollment - Supplemental capitation paid
- S5** Capitation recovery processed
- S9** Mandatory disenrollment - Capitation recovery processed

SPECIAL CONSIDERATION FOR HCP STATUS:

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

'10', '15' and '19' are updated to 'S0', 'S5' and 'S9' after RENEWAL initiates recovery of capitation.

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

Inmates will remain in a HCP hold until an Incarceration Release Date has been reported to MEDS.

HCPn-REAS

1004

(HCP Reason)

Reason for HCP hold status '59'

- A** Aid code not covered
- C** County not covered
- H** OHC exclusion
- I** Incarceration
- 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 (HIS):

Scope of Coverage

<u>COVERAGE</u> <u>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 is unknown, Other Health Coverage (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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LANGUAGE

(Spoken Language)

0120

(Written Language)

0121

- * **0** American Sign Language (ASL)
- 1** Spanish
- 2** Cantonese
- 3** Japanese
- 4** Korean
- 5** Tagalog
- 6** Other Non-English
- 7** English
- 8** No Valid Data Reported (MEDS generated)
- 9** No response, client declined to state
- * **A** Other Sign Language
- B** Mandarin
- C** Other Chinese Languages
- D** Cambodian
- E** Armenian
- F** Ilocano
- G** Mien
- H** Hmong
- I** Lao
- J** Turkish
- K** Hebrew
- L** French
- M** Polish
- N** Russian
- P** Portuguese
- Q** Italian
- R** Arabic
- S** Samoan
- T** Thai
- U** Farsi
- V** Vietnamese
- W** Hindi
- X** Punjabi
- Y** Ukrainian

Not valid values for 0121 Written Language*MEC-REASON****9336**

- A** APTC/Medi-Cal overlap
- B** Wrong aid code or people reporting no coverage for a month, to correct aid code (MEC missing)
- C** Medi-Cal coverage is not removed after reporting new income

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LOA-REASON

9336

- D** SSI/SSP eligibility approved for a retroactive period
- E** Court order requires that Medi-Cal be issued
- F** A State Hearing or other administrative hearing decision requires that Medi-Cal be provided
- G** The California Department of Health Care Services requests that Medi-Cal be issued
- H** Administrative Error

MEDICAID ELIGIBILITY CODE

0698

- C** Confers 1619B eligibility - free Medicaid
- G** Goldberg-Kelly eligibility - timely appeal with SSA confers both SSI/SSP payment and free Medicaid
- R** Referred to County

MEDICARE

1st Digit = Part A (Hospital) 2nd Digit = Part B (Medical) 3rd Digit = Part D (Prescription Drug)

1st and 2nd Digits

4849

- 0 or Blank** No coverage
- 1** Paid for by beneficiary
- 2** Paid for by State Buy-In
- 3** Free (Part A only)
- 4** Paid by state other than California
- 5** Paid for by Pension Fund
- 7** Presumed eligible
- 9** Aged alien ineligible for Medicare

1st Digit = Part A (Hospital) 2nd Digit = Part B (Medical) 3rd Digit = Part D (Prescription Drug)

3rd Digit

4869

- 0 or Blank** No Coverage
- 1** Approved Low Income Subsidy Status
- 2** Beneficiary is eligible for Part D
- 3** Beneficiary deemed Low Income Subsidy Eligible
- 7** Presumed eligible
- 9** Beneficiary has refused Part D

Note: Medicare Status Values "6" and "8" (for Parts A & B) are no longer valid values. Medicare Status Value "7" will no longer be assigned as of 09/26/2006.

NOA-LANGUAGE-SOURCE

4028

- W** MEDS Written Language
- S** MEDS Spoken Language

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NOA-LANGUAGE-TYPE

4026

- 1 English-Only NOA mailed to the recipient
- 2 English plus 11 languages (booklet) mailed to the recipient

NOA-STATUS

4029*(Notice of Action Status)*

- 1 Mailed
- 2 Undeliverable (Bad Address on MEDS)
- 3 Returned
- 4 Re-mailed

NOA-TYPE

2049/4025*(Notice of Action Type)*

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

Note: NLD/Blind = No Longer Disabled/Blind

OHC

1109*(Other Health Care)*

Pay and Chase OHC / Post Payment Recovery

- A Pay and Chase (applies to any carrier)

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OHC (continued) (Other Health Care)

1109

Cost Avoidance OHC

- C** Military Benefits Comprehensive
- D** Medicare Part D Prescription Drug Coverage
- E** Vision Plans
- F** Medicare Part C Health Plan
- G** Medical Parolee
- H** Multiple Plans Comprehensive
- K** Kaiser
- L** Dental Only Policies
- P** PPO/PHP/HMO/EPO not otherwise specified
- Q** Commercial Pharmacy Plans

- V** Any carrier other than the above (includes multiple coverage)¹
- W** Multiple Plans Non-Comprehensive

Other OHC Related Codes

- N** None
- O** Override - Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) --- changes OHC to A

Effective January 1, 2017, OHC code V will only be used for historical reference. Please use an alternate OHC code listed above.

OHC-SOURCE

1129

(Other Health Care Source)

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

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PAYMENT STATUS CODE

0625

Common SSI/SSP Payment Status Codes

See QX screen under **Payment Status**

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

PICKLE

Identifies Special SSI/SSP Client Status

1st byte - see Pickle Type

2nd byte - see Pickle Status

PICKLE STATUS

4132

*Second digit on QM screen **Pickle***

0	No update received (MEDS generated) (Only records coded with 'C0' are included on 503 Leads Report. When a county reports LTC aid codes or term reasons 01 [death] or 98 [whereabouts unknown], the 'C0' stays on MEDS but the record goes off 503 Leads Report.)
1	Potential Pickle eligible (also posted by MEDS if Pickle aid code reported) (Used with EW60 to remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can change C2's and C3's back to C1.)
2	Recipient requested not to be contacted (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
3	Loss of contact/whereabouts unknown (Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
4	Grandfathered No Longer Disabled (NLD) child
5	Non-Grandfathered No Longer Disabled (NLD) adult or child
7	Remove erroneously reported Potential Pickle (Pickle Type A, M or P)
8	Immediate Need SSI/SSP card issued pending SSA eligibility confirmation (MEDS generated)

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PICKLE STATUS (continued)

4132

Second digit on QM screen Pickle

- 9** Deceased
(Adds Death Source=P and populates Death Date with the date of death posted, doesn't change Pickle Status)
- L** Terminated SSI/SSP recipient in Long Term Care

NOTE:

- PICKLE STATUS 4 and 5 are associated only with PICKLE TYPE D.
- PICKLE TYPE S, R, Q, and V will only show PICKLE STATUS 0.
- ⊛ 503 Leads - Includes persons who are terminated from SSI/SSP at the end of December due to the Title II COLA

PICKLE TYPE

4131

First digit on QM screen Pickle

Potential Pickle Eligibles

- A** Potential Pickle based on aid code
- C** COLA terminated SSI/SSP eligible
- M** Potential Pickle moved into state
- P** Potential Pickle identified by county

(Continued on next page)

- T** Terminated SSI/SSP recipient also receiving Title II benefits

SSP Reduction Eligibles

- S** 5.8% beneficiaries 1992
- R** 2.7% beneficiaries 1993
- Q** 2.3% beneficiaries 1994
- V** 4.9% beneficiaries 1995

No Longer Disabled (NLD) Eligibles

- D** No Longer Disabled (NLD) adult or child

Exception Eligibles

- I** Terminated IHSS recipient
- T** Terminated SSI/SSP recipient – Disabled Adult Child
- W** Terminated SSI/SSP recipient – Disabled Widow(er)s
- X** Terminated SSI/SSP recipient

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).

- ⊛ Pickle Tickler – Persons who must be tracked for future Pickle eligibility

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REASON-FOR-ISSUANCE**9055**

- 01** Initial card for new eligible or Immediate Need eligible
- 02** BIC not received

- BIC Replacement
- 21** Lost, Stolen, Mutilated, or Incorrect Card

RECV-REF**3049***Received from / Referred to Entity*

- CO** County Welfare Department
- CP** Other County Medical programs
- FS** Food Stamps
- HX** CalHEERS/Covered California
- 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-stepparent
- 5** Sponsored Dependent
- 6** Trustee
- 7** Court Appointed Guardian
- 8** Other Unrelated
- 9** Child of domestic partner
- A** Aunt/Uncle
- B** Stepchild
- 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

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REL-TO-APP

3053

Relationship to Applicant

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.

RESTRICT

1229/9129

1st and 2nd digits = State-Assigned Restricted Service Status

3rd digit of '1' = County Limited Inquiry Access

1st and 2nd digits of '0' with 3rd digit greater than '1' = Minor Consent

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

Minor Consent Services (assigned by aid code) related to:

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

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RESTRICT (continued)

1229/9129

1st and 2nd digits = State-Assigned 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

Service Restrictions

010/011	Prior authorization required for drugs
050/051	Prior authorization required for scheduled drugs
110/111	Prior authorization required for M.D. visits
120/121	Prior authorization required for M.D. visits and drugs
140/141	Prior authorization required for all Services, except emergencies
150/151	Restricted to primary M.D. and prior authorization required for drugs
200/201	Prior authorization required for Dental visits
210/211	Prior authorization required for Dental visits and drugs
220/221	Prior authorization required for Physician visits and Dental visits
230/231	Prior authorization required for Physician visits, Dental visits & drugs
240/241	Restricted to primary M.D. & prior authorization required for Dental visits & drugs
400/401	Letter of Authorization (LOA) approved
410/411	Letter of Authorization (LOA) overlaid S/URS restriction
600/601	For claims payment, BIC Id number and issue date required
800	Full month of incarceration
801	Full month of incarceration/limited access
810	Full month of incarceration/SURS overlaid
811	Full month of incarceration/limited access/SURS overlaid
820	Partial month of incarceration
821	Partial month of incarceration/limited access
830	Partial month of incarceration/SURS overlaid
831	Partial month of incarceration/limited access/SURS overlaid
840	LOA approved with partial month incarceration
841	LOA approved with both partial month incarceration and limited access
850	LOA with S/URS Restriction and Partial Month Incarceration
851	LOA with Limited Access, S/URS Restriction and Partial Month Incarceration
900/901	Hospice services only
910/911	Hospice services overlaid previous S/URS restriction
920/921	Hospice services posted retroactively
930/931	Hospice services retroactively overlaid previous S/URS restriction
950/951	Long Term Care (LTC) restriction due to transfer of assets
960/961	Long Term Care restriction overlaid previous S/URS restriction
970/971	Medi-Cal ineligible due to non-cooperation in medical support enforcement
980/981	Medi-Cal ineligible due to non-cooperation in medical support enforcement overlaid previous S/URS restriction

RETRO

9169

(Was PRE/POST CD)

Three Month Retroactive Eligibility

0	Retroactive month(s)
1	1st month prior
2	2nd month prior
3	3rd month prior
4	1st and 2nd months prior
5	1st and 3rd months prior

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RETRO (continued)**9169***(Was PRE/POST CD)**Three Month Retroactive Eligibility*

- | | |
|----------|-------------------------------|
| 6 | 2nd and 3rd months prior |
| 7 | 1st, 2nd and 3rd months prior |

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

SEX**0110***(Gender)*

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

SSN-VER**0106**Valid User Input

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

MEDS Generated

- | | |
|----------|---|
| 7 | No valid SSN verification status reported by entity reporting the SSN to MEDS |
| A | SSN verified via SSA NUMIDENT data match – SSA birthdate exactly matches MEDS |
| B | SSN verified via SSA NUMIDENT data match – SSA birthdate exactly matches MEDS/ Surname did not match |
| C | SSN verified via SSA NUMIDENT data match – SSA birthdate does not exactly match MEDS |
| D | SSN verified via SSA NUMIDENT data match – SSA birthdate does not exactly match MEDS/Surname did not match |
| E | SSN verified via SSA NUMIDENT data match – SSA birthdate not available for exact MEDS match check |
| F | SSN verified via SSA NUMIDENT data match – SSA birthdate not available for exact MEDS match check/Surname did not match |
| H | SSN verified via Title II and Title XVI data match - failed SSA NUMIDENT data match |
| I | SSN verified via Title II data match - failed SSA NUMIDENT data match |
| J | SSN verified via Title XVI data match - failed SSA NUMIDENT data match |

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SSN-VER (continued)

0106

K	SSN verified via Title II and Title XVI data match - SSN not recognized as an SSN issued by SSA in NUMIDENT data match
L	Verification request pending for SSN reported as sight verified
M	Verification request pending for SSN reported as not sight verified
N	SSN verification failed SSA NUMIDENT data match on birthdate
O	SSN verification failed SSA NUMIDENT data match on birthdate and failed Title XVI data match
P	SSN verification failed SSA NUMIDENT data match on birthdate and failed Title II data match
Q	SSN verification failed SSA NUMIDENT data match on birthdate and failed Title XVI and Title II data match
S	SSN verification failed SSA NUMIDENT data match on surname or given name
T	SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title XVI data match
U	SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title II data match
V	SSN verification failed SSA NUMIDENT data match on surname or given name and failed Title XVI and Title II data match
W	SSN identified as verified via prior SSN verification process
X	SSN identified as verified via prior SSN verification process, but SSN verification subsequently removed
Y	SSN identified as unverified via prior SSN verification process
Z	SSN reported verified by Federal HUB, pending SVES SSN verification
%	SSN verification failed SSA NUMIDENT data match – probable transcription error Identified
&	SSN verification failed SSA NUMIDENT data match – SSN not recognized as an SSN issued by SSA
*	SSN identified as verified via SVES SSN verification process but SSN verification code subsequently removed by worker
#	SSN identified as verified via SVES SSN verification process but SSN verification code subsequently removed by SSI/SSP update
@	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.
!	SSN failed SSA NUMIDENT data match; given name missing

TERM REAS

0185

Note: '#' Indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards). The only Term Reasons requested to be consistently used by all counties are those preceded by '#' or ''.*

County reported Term Reasons

#	01	Discontinuance due to death
#	03	Discontinuance at recipient request (MC only, CalWORKs/MC)
#	04	Failure to cooperate (MC only)
	05	Increased earnings of father
	06	Increased earnings of mother
	07	Increased earnings of child
	08	Increased earnings of stepfather
	09	Other increased earnings in home

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TERM REAS (continued)

0185

*Note: '#' indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards).
The only Term Reasons requested to be consistently used by all counties are those preceded by '#' or '*'.*

#	10	Discontinued due to IEVS-Asset Report (Over Property)
#	11	Discontinued due to IEVS-Asset Report (Failure to Respond)
#	12	Discontinued due to IEVS-Asset Report (Other)
	17	Increased support - absent parent return
	18	Increased support - remarriage of parent
	19	Increased support - absent father
#	20	Term Medi-Cal (allegation of disability)
	21	Increased support - other outside source
	22	Increased income from OASDI
	23	Increased income from other Federal program
	24	Increased income from Veterans benefits
	27	Increased income - Unemployment/Disability 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
	41	End Date for Exception PPCE Period.
	42	No longer eligible due to age
#	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 & 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
	71	COV/CA Annual Eligibility Termination
	72	End of extended services period

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TERM REAS (continued)

0185

Note: '#' indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards). The only Term Reasons requested to be consistently used by all counties are those preceded by '#' or ''.*

County reported Term Reasons (continued)

*	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	Internal SAWS use only
	G1	Disenrollment due to Non-Payment of Premiums

MAXIMUS reported Term Reasons

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

MEB reported Term Reasons

G1	Disenrollment due to Non-Payment of Premiums
MB	State only Breast Cancer (time-limited)
MC	State only Cervical Cancer (time-limited)
MD	MEB OOS (Out of State)
ME	MEB SDX (No SDX over a year)
MF	MEB COLA (Not included in last COLA)
MG	MEB Suppression of SSI/SSP Medi-Cal

MEDS Generated Term Reasons

#	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

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TERM REAS (continued)

0185

Note: '#' indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards). The only Term Reasons requested to be consistently used by all counties are those preceded by '#' or ''.*

MEDS Generated Term Reasons (continued)

A4	Application determined – Medi-Cal denial reported
A5	Application determined – Healthy Families denial reported
A6	Application Determined – Healthy Families Gateway terminated on Medi-Cal denial because no Healthy Families referral
A7	Application determined – Covered California eligibility reported – MAGI Medi-Cal
A8	Application determined – Covered California eligibility reported (non Medi-Cal)
A9	Covered California application denied
A0	Covered California unsubsidized or non-applying member application reported
CC	CMSP companion without corresponding primary eligibility
C1	Death removed via EW03
D1	Death reported via returned card
D2	Death reported by MEB
D3	Death reported by Vital Statistics
D4	Death reported by SDX
D5	Death reported by CWD
D6	Death reported on Buy-In update
D7	Death reported by CalHEERS
D8	Death reported on SSN Verification
D9	Death reported on BENDEX update
D0	Death reported via returned IRS mailing
EE	Exception eligible
FF	Terminated by state via a File Fix
IN	Eligibility reported via Immediate Need trans
MA	Accelerated BCCTP (time-limited)
M1	Terminated by MEB
M2	Death removed by MEB, no eligibility
M3	Gateway initial enrollment period
MR	Moved out of State per Beneficiary
MV	Failed to confirm CA residency
OA	Residence outside of California
OB	Moved out of state per Buy-In/BENDEX
OS	Moved out of state per SDX
PP	Pregnancy/FPL/Percentage program expired
RR	On MEDS Not County – Recon termination
RT	Recon Data Discrepancy – Closed period ESAC on Legacy trans – Recon Term Date/Reason used
SR	Exceeds 8-month RMA/EMA or RCA/ECA eligibility
SN	Failure to Provide Verifiable SSN
SS/S	Renewal terminated after 2 months hold
TT	CMSP aid code/non-CMSP county
VV	Pickle presumptive termination
WW	Renewal terminated current aid code invalid
X1	Cessation of Disability - NOA type 23
X2	Cessation of Disability - NOA type CO
ZZ	Terminated by MEDS – transitional exceeded maximum months
Z1	MEDS established time-limited eligibility

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TERM REAS (continued)

0185

*Note: '#' indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards). The only Term Reasons requested to be consistently used by all counties are those preceded by '#' or '**'*

MEDS Generated Term Reasons (continued)

- J1** No longer expected to be released within 90 days
- J2** Does not meet the 90-Day Pre-Release Services health care criteria
- J3** The member was transferred from a county correctional facility to a state hospital for a mental health assessment
- J4** The Medi-Cal aid code was discontinued while the 90-Day Pre-Release Services aid code was still active

MEDS Generated Hold Reasons

- B** Hold, questionable eligibility
- J** MEDS Hold due to rejected eligibility status update in the daily batch process
- K** Recon Hold – On MEDS, not on County
- L** Recon Hold – Key field discrepancy in County-ID or Birthdate
- M** Recon Hold – Critical eligibility errors on county transaction
- N** Recon Hold – Duplicate County records received
- P** MEDS Hold due to end of Postpartum period

WELFARE-PGM *

0195

(a.k.a. Global Program Indicator)

MEDS current or history Welfare program(s) recipient eligible for:

- 001** Health Program without CalWORKs cash grant
- 003** Health Program and CalWORKs cash grant
- 004** Food Stamps only
- 005** Health Program and Food Stamps
- 007** Health Program, CalWORKs cash grant and Food Stamps

*NOTE: Health Program may include **Medi-Cal, CMSP, Healthy Families, CCS, GHPP, BCCTP**, etc.*

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MEDS TRANSACTION CODES



Indicates a Function key is available for the transaction code

State, Federal and Other Transactions


BE30	BENDEX Update
BINQ	Buy-In Update Request
BI30	Buy-In Update Part B
BI31	Buy-In Update closed period
BI35	Buy-In Update Part A
BI37	Buy-In Update Medicare Status Code
BI60	Buy-In Exception Deletion Part B
BI65	Part A Accretion/Deletion
BR30	BRU SOC Certification for Individual
DP30	Returned Card/Deceased
EW50	Elig over 12 months prior
EW51	Letter of Authorization (LOA) Request
GZ10	MEDS-ID Number Change (CCS/GHPP)
GZ11	MEDS Record Consolidation (CCS/GHPP)
GZ12	Update Client Information (CCS/GHPP)
GZ20	Add New CCS/GHPP Client
IH05	Transfer County of Responsibility
IH12	Update Client Information
IH18	Report New Application
IH20	Add New Client Record
IH34	Modify Application/Appeal Information
IH40	IHSS/PCSP Termination
MB10	MEDS-ID Number Change (MEB)
MB11	MEDS Record Consolidation (MEB)
MB12	Modify Client Information (MEB)
MB13	Update NOA Information
MB20	Add New Client Eligibility (MEB)
MB30	MEB Update
MB40	Termination - Out of State Resident
MB50	SSI Elig over 12 months prior
MB51	SSI LOA Request
MB55	SSI/SSP Modify/ID Card Request
MW18	Pending Application (MEB)
MW19	Citizenship status/identity verification (MEB)
MW20	Add New Client Eligibility (MEB)
MW32	Medical Parole Client Update (MEB)
MW34	Modify Application/Appeal Information (MEB)
MW40	Termination (MEB)
MW50	Elig over 12 months prior
OC30	Modify OHC/ID Card Request (Health Insurance Section)
PE15	Report Immediate Need Accelerated Enrollment (AE) (Provider)
PE18	Report New Application (Provider)
PE20	Add New Client AE Eligibility (Provider)
PH30	Modify HCP Enrollment Record
PH40	HCP Disenrollment
RB30	Returned BIC

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MEDS TRANSACTION CODES (continued)

 Indicates a Function key is available for the transaction code

State, Federal and Other Transactions (continued)













RB31	Returned BIC/Deceased
SD10	SDX Recipient MEDS-ID Number Change
SD20	SDX Recipient Add/Update
SD21	Extended Eligibility
SP20	Report Accelerated Enrollment
SS10	SSN Referral Update
SS30	SSN Validation Update
SU30	S/URS Status Change (Service Restrictions, i.e. hospice, restricted doctor visits, etc.)

Health Insurance Database Transactions

These transactions update the Health Insurance System (HIS) database

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

County Transactions

AP18	Report New Application
AP19	Citizenship Status/Identity Verification
AP20	Report New Application (IEVS or batch)
AP22	Save Inquiry (IEVS or batch)
AP34	Modify Application/Appeal Information
EW03	Exception Correction Update
 EW05	Transfer County of Responsibility [F1]
 EW10	MEDS-ID Number Change [F2]
 EW11	MEDS Record Consolidation [F14]
 EW12	Update Client Information [F10]
 EW15	Report Immediate Need Eligibility [F3]
 EW20	Add New Client Record [F4]
 EW25	Modify - Whole Case [F5]
 EW30	Modify Current/Future (Individual) [F6]
 EW31	Modify History/Miscellaneous (Individual) [F18]
EW32	Institutionalized Client Update
EW34	Modify Application/Appeal Information (now AP34)
 EW35	Termination or Hold - Whole Case [F7]
 EW40	Termination/Hold Status Change (Individual) [F8]
 EW45	Request Replacement ID Card [F9]

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MEDS TRANSACTION CODES (continued)

 Indicates a Function key is available for the transaction code

County Transactions (continued)

	EW50	Eligibility Over 12 Months Prior
	EW51	LOA Request
	EW55	SSI/SSP Modify/ID Card Request [F15]
	EW60	Modify Pickle Status Information
	FR20	Reconcile Food Stamp (batch only)
	FX05	Transfer County of Responsibility (batch only)
	FX10	MEDS-ID Number Change (Food Stamp Only Recipient)
	FX20	Add New Food Stamp Recipient Record [F16]
	FX30	Modify Food Stamp Record (Individual) [F17]
	FX31	Modify Food Stamp Record (allows for ABAWD indicator removal)
	FX40	Food Stamp Termination (batch only)
	FX60	ABAWD Food Stamp 36-Month Calendar
	HA20	Report New Homeless Client (HOME or batch)
	RC20	Reconcile Non-Food Stamp (batch only)

MAXIMUS (MAXe2) Generated Transactions (Batch and Online Services)

	HF10	MEDS-ID Number Change)
	HF11	MEDS Record Consolidation (ONLINE ONLY TRANSACTION FOR MAXIMUS)
	HF12	Modify Client Information
	HF18	Report a New Application
	HF20	Add New Client Eligibility (Batch Only)
	HF34	Modify Existing Application
	HF40	Termination (Individual)
	HF50	Elig Over 12 Months Request

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


(California Healthcare Eligibility, Enrollment, and Retention System/Covered California)

	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)

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MEDS TRANSACTION CODES (continued)


 Indicates a Function key is available for the transaction code

MEDS Generated Reconciliation Transactions

- 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
- IN95** IRS 1095-B Inquiry Request
-  **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

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MEDS TRANSACTION CODES (continued)

 Indicates a Function key is available for the transaction code

Inquiry Transactions (continued)

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

-  **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
-  **INQR** Client Inquiry Request [F12]
- ILIS** LIS Client Inquiry Request
- IN95** IRS 1095-B Inquiry Request
- ISDX** SDX File

INQS Client Inquiry Summary

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.

Detail MEDS screens available within INQS:


- QA** Address Information
- QB** Buy-In and BENDEX
- QC** Other Health Coverage
- QD** Change Dates and Auth Rep Information
- QE** Other Client Eligibility Information
- QF** Food Stamp
- QG** Food Stamp ABAWD Calendar
- QH** Health Care Plans 1 through 3
- QI** Health Care Plans 4 and 5
- QJ** Health Care Plans -- 13-15 months prior
- QK** Health Care Plans Capitation Information
- QL** Notice of Action (NOA) Information
- QM** Medi-Cal/CMSP - Primary

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MEDS TRANSACTION CODES (continued)

 Indicates a Function key is available for the transaction code

Inquiry Transactions (continued)

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

Detail MEDS screens available within INQS (continued):

QP	Pending/Denied Applications & Appeals
QQ	Transaction History Info
QT	BENDEX Title II Information
QU	Incarceration and Suspension Information
QV	Date-Specific Aid Codes Inquiry
QX	Title XVI - SSI/SSP
Q1	Medi-Cal/CMSP - Special Program 1
Q2	Medi-Cal/CMSP - Special Program 2
Q3	Medi-Cal/CMSP - Special Program 3
Q4	Medi-Cal/CMSP - Pending
Q5	Medi-Cal/CMSP - Future Pending
Q6	Medi-Cal/CMSP - 13-15 Months Prior
Q7	Eligibility by Month (all eligibility for one month, default is current MEDS MOE, can select from future pending to 36 months prior)
Q8	Food Stamp History (current & 36 months prior)
XB	BIC - ID - Cross Reference (Xref)
XC	County – ID Cross Reference (Xref)
XH	Medicare ID Xref Rpt
XM	MEDS – ID Previously Used
XN	Name - Cross Reference (Xref)
XX	Client Index Cross Reference (Xref)
HD	Hold Alerts
WA	Worker Alerts
HE	HAP Inquiring
HI	Health Insurance System (HIS)

MEDS Inquiry Screen Program Line Information

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

Programs:

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

Status:

(The presence of the value indicates information is available.)


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

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MEDS TRANSACTION CODES (continued)

 Indicates a Function key is available for the transaction code

MEDS Inquiry Screen Program Line Information

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

Special Program Segment Types:

	ACCEL	Accelerated Enrollment
**	APPLCN	Application
	BCCTP	Breast and Cervical Cancer Treatment Program
**	CCSGHP	California Children Services / Genetically Handicapped Persons Program
	CCSONL	California Children Services ONLY – no Medi-Cal
	CHDP	Child Health Disability & Prevention Program
	CHILD	Children Programs
	CMSP	County Medical Services Program
	COV/CA	Covered California
	DI/TPN	Dialysis/TPN
	FOSTER	Foster Care
	GR/CAP	General Relief/Cash Assistance Program for Immigrants
	HFAMILY	Healthy Families
**	IE/RR	Ineligible/Responsible Relative
	IH/PCS	In Home Supportive Services / Personal Care Services Program
	INMATE	County Jail or State Prison Inmate
	MEDICR	Medicare (QMB, SLMB, QDWI)
	PAROLE	County Compassionate Release or State Medical Parole
	PREMIM	Premium Payment
	TB	Tuberculosis
	T-XXI	Title 21

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

1095-B TYPE CODE

O	Original Form 1095-B
C	Correction (due to change in MEC or SSN)
M	Current MEDS Mailing Address
N	Notice for Requested Action (NFRA) – sent as a result of IRS error matching MEDS name and/or SSN
R	Reprint mailing request (historical only-no longer valid request type. Use “M” or “T” as appropriate)
T	Reprint mailing request sent to tax filer (mailing address was over-ridden)
U	Undeliverable (No valid mailing address available at time of Form 1095-B mailing request)
A	Address update (used for MCAP/CCHIP only)

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IMPORTANT PHONE NUMBERS




MEDS CONTROL DESK (DATA GUIDANCE)


Contact the ETS 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 ETS 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 ETS Service Desk (see above)

Use this number for MEDS security or for problems with passwords, unable to sign on, 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) 345-8072

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

CalSAWS Help Desk

 **(866) 828-3054**

LA County DPSS LRS (CSBI) Help Desk

 **(562) 345-7888**

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IMPORTANT PHONE NUMBERS (continued)



CMIPS User Help Desk information


 **(877) 844-5844**

HOURS


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

EMAIL: CGI.CMIPS.ServiceDesk@cgi.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

 **(916) 673-4602**

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

SPE Liaison

E-mail address: SPELiaisons@maximus.com

 **(916) 673-4602**

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

Maximus 1095-B Liaison

 **(800) 433-2611**

1095-B questions for Maximus-managed programs should be directed to the phone number shown above.


TPLRD (Third Party Liability & Recovery Division)

Beneficiary Buy-In Problems: <http://dhcs.ca.gov/buyin>

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

Other Health Coverage (OHC)

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

 **(800) 541-5555**

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

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COUNTY MEDS PROGRAM STATUS

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

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

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