



LOUISIANA DEPT. OF HEALTH & HOSPITALS

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Medicaid Eligibility Data System

Internal Design:  
BENDEX Interface  
Updates



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## Document Information

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## Revision Summary

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The following revisions have been made to the document since it was first published:

Date	Description of Change	By
4/30/2003	Revised with RedMane template	M. Smutko
8/13/2003	Create QMBs for all SSI type cases (except SSI protected) and create them as long as we have Medicare Part A – SIR 907	Jennifer Leslie
11/11/2003	Add report & bypass updates for BIC = T – SIR 977	Jennifer Leslie
08/23/2005	Send reduction in coverage workflow only if type case is 60,61, any LTC, MPP or MSP cert else update Mcare Code/Source if coverage is reduced (SIR1198)	Jonathan Go
11/2/2005	Set approval code 34, 35, 44, 45 for Katrina & Rita (SIR1224/1236)	Lizette Nel
03/01/2006	Change from Monthly to Weekly Run (SIR1344)	Jonathan Go
03/11/2008	Remove Katrina/Rita text (SIR1314)	Lauren O'Neil

# BENDEX Update Process Overview

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The BENDEX Update Process is an inbound interface.

The State submits to Social Security Administration a file of BENDATA records detailing Medicare information. The BENDEX system will read this input file and evaluate whether an update to the MEDS system is required. Claims starting the current month or next month can be send to MEDS. If so, BENDEX will create a workfile of records to be processed by MEDS object subprograms to update Social Security Claim Numbers and Medicare Codes and validate and create Dual Eligibility for Assistance Unit Members as required. Person Number on the inbound file is used as the match criteria in this interface. All updates in MEDS are bypassed for records BENDEX sends with SSN Claim Numbers with BIC suffix T.

## *Update Social Security Claim Number*

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MEDS uses the Social Security Claim Number field (also referred to as the Medicare Claim Number) on the Person object to hold Claim Number information. The BENDEX Update Process inputs the value from the BENDEX workfile and calls the ME-PERSON object subprogram, to update the value of the Social Security Claim Number, if it has changed and if updates are allowed. If BENDEX sends Medicare coverage that would result in a reduction or no coverage in MEDS this update is bypassed.

The Claim Number Source field holds the source of the Social Security Claim Number field. Sources may be 'BE' (BENDEX), 'BI' (Buy-In), 'SO' (State Office) and 'OL' (Online). Rules exist based on the value of the Claim Number Source field to determine if BENDEX can update the value of the Social Security Claim Number. Currently, BENDEX cannot update a Social Security Claim Number previously updated by the Buy-In Interface or by State Office. Also BENDEX cannot overlay a Railroad Retirement Board Claim Number. The BENDEX Update Process will update the Claim Number Source field to 'BE' (BENDEX) when the Social Security Claim Number is updated.

## *Update Medicare Code*

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MEDS uses the Medicare Code field on the AU Member object to identify member Medicare benefits. (When an AU Member is created in MEDS, the initial value will be defaulted to "U" (Unknown) - unless a MEDS worker specifically enters a Medicare Code value.)

The BENDEX Update Process inputs the value from the BENDEX workfile and calls the ME-AU-MEMBER object subprogram to update the value of the AU Member Medicare Code to "A" (Part A Only), "B" (Part B Only), "X" (Part A and Part B), or "N" (No Medicare) if the AU Member is active and if updates are allowed. If BENDEX sends Medicare coverage that would result in a reduction or no coverage in MEDS this update is bypassed and instead a workflow is created and the details written to a report.

Workflow items will ALSO be sent to a worker to review cases where the AU Member is receiving Medicare Part A, is currently SSI Eligible and has SLMB Certification, and these cases will be written to a report.

The Medicare Source field holds the source of the Medicare Code field. Sources may be 'BE' (BENDEX), 'SO' (State Office) and 'OL' (Online). Rules exist based on the value of the Medicare Source field to determine if BENDEX can update the value of the Medicare Code. Currently, BENDEX cannot update a Medicare Code previously updated by the State Office. The BENDEX Update Process will update the Medicare Source field to 'BE' (BENDEX) when the Medicare Code is updated.

If more than one active AU-MEMBER record exists for a person, update them all.

## *Update Dual Eligibility*

---

MEDS uses the combination of overlapping active Cert Period/Type Case records to indicate Dual Eligibility. Business rules exist to determine which Type Cases can be used in combination with other Type Cases.

The BENDEX Update Process will call MEDS object subprograms to validate and create Dual Eligibility (QMB Certification Period/Type Case records). In the MEDS core system, there is no one specific process for creating Dual Eligibility – the workers use successive processes to create the necessary Certification Period, CPTC and AU Member records. However, in the case of the batch BENDEX Update process that invokes MEDS subprograms, one object will be created to perform the several separate validation and update procedures required.

If an AU Member is receiving Medicare Part A (i.e. BENDEX sends an A or X), MEDS will check the AU Member to determine if they are also SSI eligible (any active type cases 01, 03, 05, 19, 23, 26, 43, 45, 62, 64, 78, 82). If the AU Member is SSI eligible, they will be checked to determine if they are currently receiving QMB/SLMB (active type case 95/40). If not, a QMB certification is added with the start date the 1<sup>st</sup> day of the month after the date on the BENDEX workfile and a workflow is sent to the case worker. The approval code is set as follows:

- 17 – for all AU Member's (via SIR1314, Katrina and Rita approval codes have been removed)

## *Create Workflow Tracking records*

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Workflow tracking records will be created in the following 4 cases:

1. When the BENDEX update would result in a reduction or removal of Medicare coverage in MEDS (Medicare Code changes from A, B or X to N, or from X to A or B, or from A to B or from B to A), and if the type case is 60, 61, any LTC, MPP or MSP certs. If it's not any of the type cases, the medicare code and source code is updated.  
The Reason Code and message are:  
CBEN0001                      Mcare coverage reduced/removed by Bendex
2. When BENDEX sends through a Medicare Code that verifies Medicare Part A eligibility (code 'X' or 'A'), and MEDS finds that the person is SSI eligible and has an active SLMB certification.  
The Reason Code and message are:  
CBEN0002                      BNDX sent Mcare Part A (QMB)/review SLMB
3. When BENDEX indicates Medicare Part A and a QMB is added to an SSI.  
The Reason Code and message are:  
CBEN0003                      BNDX sent Mare Part A/QMB cert added.
4. When death is reported by BENDEX (value "D") in the Medicare Code.  
The Reason Code and message are:  
CBEN0004                      BNDX reports death/review.

## Job Detail/Frequency

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### *MEW0012 – BENDEX Update Batch Process*

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Update – weekly run or when BENDEX file received. Approximately 10, 000 records expected.

## System Tables

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### *Run Control*

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Process ID	Description
BENDXUPD	BENDEX interface (BENDEX to MEDS).

## BENDEX/MEDS Record Layout (MEIBUPL1)

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```

01 #MEIBUPL1
  02 #RECORD                (A68)
  02 Redefine #RECORD
    03 #PERSON-NUM-A        (A13)
    03 redefine #PERSON-NUM-A
      04 #PERSON-NUM        (N13)
    03 #SSN-CLAIM-NUM       (A12)
    03 #MCARE-CODE          (A1)
    03 #BENDEX-DATE         (N8) Format YYYYMMDD
    03 #PAY-STATUS-CODE     (A2)
    03 #HI-START-DATE       (A8) HI - Hospital Insurance (Part A)
    03 #HI-END-DATE         (A8)
    03 #SMI-START-DATE      (A8) SMI - Supplemental Medical Insurance (Part B)
    03 #SMI-END-DATE        (A8)

```

NOTE: The HI and SMI dates are not used in this process.

## *BENDEX Medicare Code; LDA (METMEDL)*

---

The Medicare Code field on the AU-MEMBER file in MEDS will be populated with the following Medicare Codes from BENDEX:

Medicare Code	Description
A	Part 'A' only
B	Part 'B' only
X	Both Part 'A' and Part 'B'
N	No Medicare

MEDS does not accept code "U" from BENDEX.

BENDEX can send code "D" in this field to indicate death. This value is not added to AU Member.

## *BENDEX Medicare Source and Claim Number Source; LDA (METMSCL)*

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The Medicare Source field refers to the source of the Medicare Code on the AU-MEMBER file, and the Claim Number Source field refers to the source of the SSN/Medicare Claim Number on the PERSON file in MEDS. These two source fields will be populated with the following codes:

Source Code	Description
BE	BENDEX last updated this field. Only Buy-In, the State Office or BENDEX can update this field in future.
BI	BUY-IN last updated this field. Only Buy-In can update this field in future. This is only relevant for SSN Claim Numbers.
OL (spaces will default to OL)	This field was last updated ONLINE. Buy-In, BENDEX, State Office or Online updates to this field are allowed.
SO	The State Office last updated this field. Only Buy-In or State Office can update this field in future.

# Process BENDEX Workfile (MEIBUPZ)

## Description

This program reads the sorted workfile of BENDEX data from the BENDEX system. Records will be sorted into Person Number and Claim Number sequence. For each record, this program calls the BENDEX Update suite of object subprograms. This program is dependant on the BENDEX job that creates the BENDEX update file.

Six reports are produced from this job:

- MEM0012R1 – BENDEX Update Control Report (used to produce program statistics)
- MEM0012R2 – BENDEX Medicare Part A with SSI/SLMB Cert Exception Report (in worker location id order)
- MEM0012R3 – State Office No Medicare - BENDEX has Medicare (in SSN order)
- MEM0012R4 – BENDEX Report Medicare Reduced Report (in worker location id order)
- MEM0012R5 – BENDEX Sent SSN Claim Number with BIC=T (in worker location id order)
- MEM0012R9 – BENDEX Update Exception Report (used to report all errors encountered during the update process).

## Report Layout for BENDEX Update Control Report (MEM0012R1)

1 2 3 4 5 6 7 8  
 1234567890123456789012345678901234567890123456789012345678901234567890

MEIBUPZ	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS	MM/DD/YYYY
Job Name	BUREAU OF HEALTH SERVICES FINANCING	HH:MM AM
Job Number	MEM0012R1 - BENDEX UPDATE CONTROL REPORT	Page: 0001
Process Date: MM/DD/YYYY		
-----		
Number of BENDEX records read	9,999,999	
Duplicates found:		
Person & Claim Number	9,999,999	
Person	9,999,999	
Errors found	9,999,999	
Updates performed		
SSN Claim Number Updates	9,999,999	
MCare Code Updates		
- Unknown to None	9,999,999	
- All other changes	9,999,999	
Dual Eligibility Certs Created	9,999,999	
Worker Notifications	9,999,999	
Persons BENDEX reported dead	9,999,999	
Persons with SDX certs & Claim Nbr different in MEDS & BENDEX	9,999,999	
AU Members with Medicare in BENDEX And no Medicare in MEDS	9,999,999	
*** End of Report ***		



# Report Layout for BENDEX Sent SSN Claim Number with BIC=T (MEW0012R5)

1 2 3 4 5 6 7 8 9 0 1 2 3  
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

MEIBUPZ - MEM0012R4	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS	MM/DD/YYYY
Job Name	BUREAU OF HEALTH SERVICES FINANCING	HH:MM AM
Job Num	BENDEX SEND SSN CLAIM NUMBER WITH BIC=T	Page: 0001

Location : R0007 SHREVEPORT REGION  
Caseload 421

Person Number	Name	SSN	SSN Claim Number	BENDEX Mcare Cd	Date	Pay Status
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	XXXXXXXXXX	B	01/01/2002	CP
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	XXXXXXXXXX	B	01/01/2002	T1
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	XXXXXXXXXX	N	01/01/2002	CP

\*\*\* End of Report \*\*\*

# Report Layout for BENDEX Update Exception Report (MEW0012R9)

1 2 3 4 5 6 7 8 9 0 1 2 3  
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

MEIBUPZ - MEM0012R9	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS	MM/DD/YYYY
Job Name	BUREAU OF HEALTH SERVICES FINANCING	HH:MM AM
Job Num	BENDEX UPDATE EXCEPTION REPORT	Page: 0001

Process Date: MM/DD/YYYY

PERSON NUMBER	SSN CLAIM NUMBER	MCARE CODE	DATE	PAY STATUS	ERROR MESSAGE
999999999999	XXXXXXXXXX	X	01/30/02	T1	XX
999999999999	XXXXXXXXXX	N	01/30/02	CP	Medicare Code is required for Type Case 17 - 95; MECAUMV; MEIBUPN
999999999999	XXXXXXXXXX	A	01/30/02	CP	No active AU Member records found for Person; MEIBUPN
999999999999	XXXXXXXXXX	X	01/30/02	X5	In progress AU member exists that has not been certified; MECAUMV;

MEIBUPN

\*\*\* End of Report \*\*\*

*BENDEX Workfile Layout**Workfile Record (A68):*

*#Person-number (A13),*  
*#SSN-Claim-Number (A12),*  
*#Mcare-Code (A1)                    {May have values 'N', 'A', 'B', 'X' or 'D'}*  
*#BENDEX-Date (N8)                    {format YYYYMMDD}*  
*#Pay-Status-Code (A2)*  
*#HI-Start Date (N8)*  
*#HI-End-Date (N8)*  
*#SMI-Start-Date (N8)*  
*#SMI-Start-Date (N8)*

*Processing:**Restartability processing;*

*Retrieve Run Control information (Copycode MEXRUNC0)*

*Read the BENDEX workfile*

*If Run Control key indicates a 'Restart'*

*Reject records until first unprocessed record*

*End-if*

*Add 1 to #Record-read-count, #Run-control-count*

*If this is the 1<sup>st</sup> record read (all records on file will have the same BENDEX Date)*

*Calculate the Dual Cert Start Date as the 1<sup>st</sup> day of the month after the BENDEX Date*

*End-if*

*If Person Number = next record Person Number and Claim Number = next record Claim Number*

*Add 1 to duplicate-person-claim-number count*

*Reject record*

*End-if*

*If Person Number = next record Person Number and Claim Number not next record Claim Number*

*Add 1 to duplicate-person-number count*

*Reject record*

*End-if*

*If SSN Claim Number BIC = T*

*Write a line to the BENDEX BIC = T report*

*Reject record*

*End-if*

*For each unique record read, call the subprogram (MEIBUPN) to process BENDEX updates*

*The required (input) PDA fields will be;*

*Person Num,  
SSN Claim Num  
Medicare Code and  
Dual Cert Start Date*

*Output fields will indicate what updates were successfully performed (Claim Num; Medicare Code; Dual Eligibility created, Worker Notified, SDX Claim Number, no Medicare in MEDS, State Office no Medicare, Medicare reduced by BENDEX, death reported by BENDEX), the matching MEDS case numbers for the person and the nature of any errors encountered (in standard error PDA CXXGNLP).*

*If Error (Check PDA CXXGNLP)*

*Perform Subroutine Write-Error-Report  
Add 1 to #Record-Err-count*

*End-if*

*Accumulate Totals for Control Report;*

*Check flags returned from MEIBUPN;  
Evaluate*

*If #CLAIM-NUM-UPDATE-PERFORMED*

*Add 1 to #Claim-update-count*

*If #MCARE-CODE-U/N-UPDATE-PERFORMED*

*Add 1 to #Mcare-U/N-update-count*

*If #MCARE-CODE-UPDATE-PERFORMED*

*Add 1 to #Mcare-update-count*

*If #DUAL-ELIG-CREATED*

*Add 1 to #Dual-update-count*

*If #WORKER-NOTIFIED*

*Add 1 to #Worker-update-count*

*If #SDX-CLAIM-NUM-UPDATE-PERFORMED*

*Add 1 to #SDX-claim-update-count*

*If #MEDS-NO-MCARE-UPDATE-PERFORMED*

*Add 1 to #MEDS-no-mcare-count*

*If #DEATH-REPORTED*

*Add 1 to #death-reported-count*

*End-Evaluate*

*Write details to the relevant reports;*

*If SLMB Case Number and SSI Case Number are set*

*Write a line to the SSI/SLMB exception report*

*If #STATE-OFFICE-NO-MEDICARE*

*Write a line to the State Office/Buy In No Medicare report*

*If #MEDICARE-REDUCED*

*Write a line to the BENDEX Reduced Medicare report*

*Set a restartability point after every record;*

*Move key fields to Run Control key*

*Perform Subroutine Issue-Periodic-ET (Copycode MEXRUNC1)*

*End-Read*

*Reset Run Control fields*

*Perform final update of Run Control information (Copycode MEXRUNC0)*

*Write all accumulated totals to the Control report:*

*Write MEM0012R1 -Bendex Update Control Report*

*Subroutine Write-Error-Report*

*Write current record and error message to the Exception report:*

*Write MEM0012R9 - BENDEX Update Exception report*

## *BENDEX Update Subprogram (MEIBUPN)*

### *Description*

This subprogram processes one BENDEX Person record. All the object subprograms are called from this subprogram to perform the following updates:

SSN Claim Number – This field is updated on the ME-Person file

Claim Number Source – This field is updated on the ME-Person file when SSN Claim Number is updated

Medicare Code – This field is updated on the AU Member file

Medicare Source – This field is updated on the AU Member file when Medicare Code is updated

Dual Eligibility – Where relevant, QMB eligibility is created

Workflow records – Where relevant, these are created for the Workers to review eligibility

### *Processing*

*The required (input) PDA fields will be Person Num, SSN Claim Num and Medicare Code. Output fields will indicate what updates were successfully performed (Claim Num; Medicare Code; Dual Eligibility created, Worker Notified, SDX Claim Number, no Medicare in MEDS, State Office/Buy In no Medicare, Medicare reduced by BENDEX, death reported by BENDEX), the matching MEDS case numbers for the person and the nature of any errors encountered (in standard error PDA CXXGNLP).*

*This subprogram will access the relevant MEDS validation and object subprograms for MEDS database updates*

*e.g. ME-PERSON, ME-AU-MEMBER etc.*

*An END TRANSACTION occurs after each BENDEX person record is processed. If any errors occur in any of the processes all updates for that person are backed out.*

*Perform Validate Input*

*Perform Find Active AU Members*

*Perform Compare Medicare Codes*

### Validate Input

*Validate input PDA fields:*

*Person Num (required),  
Medicare Code (required).*

### Find Active AU Members

*First, find all active and future active AU Member records and their associated active Type Cases in order to determine existing Eligibility:*

*Note: Multiple active AU Members are mainly a result of Dual Certification (QMB/SLMB):*

*Reset #Active-AU-MEMBER table (\*)*

*Read AU-MEMBER file by Person-Num / Start-Date-9C  
where Person-Num = BENDEX.Person-Num*

*Determine if this record relates to an active AU-MEMBER:*

*If Close-date = 0 or >= today  
and Claims-Sus-date = 0 or >= today  
and Start-date LE today  
Move AU-MEMBER to #Active-AU-MEMBER table (\*)*

*Determine active Type Case for the active AU-MEMBER record.*

*Find CPTC with Case-Num/Cert-Period-Num = AU-MEMBER.CASE-NUM  
and AU-MEMBER.CERT-PERIOD-NUM  
Move CPTC.CERT-PERIOD-NUM to #Active-AU-MEMBER-table  
Move CPTC.TYPE-CASE to #Active-AU-MEMBER-table  
End find (CPTC)  
End if  
End Read (AU-MEMBER)*

### Compare Medicare Codes

*Compare Medicare Codes in MEDS and BENDEX to determine if the BENDEX update would reduce or increase Medicare coverage. Bypass the update if it would be a reduction.*

*Technical Note: Although hard-coded values are displayed here, values should be validated against the Medicare Code LDA (METMEDL)*

*Get #Active-AU-MEMBER record(s). If a QMB/SLMB exists compare to that AU Member, otherwise compare to the one with the most Medicare coverage.*

*If BENDEX Medicare Code = A*

*If AU-MEMBER.MCARE-CODE = X or B /\* reduction – no update (claim # or mcare cd)  
Perform subroutine Notify-Worker*

*Perform subroutine Check for Dual Eligibility*  
*If AU-MEMBER.MCARE-CODE = A       /\* no change*  
*Perform subroutine Update SSN Claim Num*  
*Perform subroutine Check for Dual Eligibility*  
*If AU-MEMBER.MCARE-CODE = N or U   /\* increase*  
*Perform subroutine Update SSN Claim Num*  
*Perform subroutine Update AU Member Medicare Codes*  
*Perform subroutine Check for Dual Eligibility*

*If BENDEX Medicare Code = B*  
*If AU-MEMBER.MCARE-CODE = X or A   /\* reduction – no update*  
*Perform subroutine Notify-Worker*  
*If AU-MEMBER.MCARE-CODE = B       /\* no change – no update*  
*Perform subroutine Update SSN Claim Num*  
*If AU-MEMBER.MCARE-CODE = N or U   /\* increase*  
*Perform subroutine Update SSN Claim Num*  
*Perform subroutine Update AU Member Medicare Codes*

*If BENDEX Medicare Code = X*  
*If AU-MEMBER.MCARE-CODE = X       /\* no change*  
*Perform subroutine Update SSN Claim Num*  
*Perform subroutine Check for Dual Eligibility*  
*If AU-MEMBER.MCARE-CODE = A, B, N or U   /\* increase*  
*Perform subroutine Update SSN Claim Num*  
*Perform subroutine Update AU Member Medicare Codes*  
*Perform subroutine Check for Dual Eligibility*

*If BENDEX Medicare Code = N*  
*If AU-MEMBER.MCARE-CODE = X, A or B   /\* reduction – no update*  
*Perform subroutine Notify-Worker*  
*If AU-MEMBER.MCARE-CODE = N       /\* no change – no update*  
*Ignore*  
*If AU-MEMBER.MCARE-CODE = U       /\* increase*  
*Perform subroutine Update Medicare Codes*

*If BENDEX Medicare Code = D   /\* death reported by BENDEX*  
*Perform subroutine Notify-Worker*

#### Update SSN Claim Num

*Find ME-PERSON with Person Num*

*If not BENDEX.SSN-Claim-Num = ME-PERSON.SSN-CLAIM-NUM*  
*and not ME-PERSON.Claim-Num-Source = 'BI' or 'SO'   /\* Do not update if 'BI' or 'SO'*  
*and not ME-PERSON.SSN-Claim-Num = Mask (A.....) /\* Railroad Retirement format*  
*Update ME-PERSON.SSN-CLAIM-NUM with BENDEX.SSN-Claim-Num*  
*ME-PERSON.CLAIM-NUM-SOURCE WITH 'BE'*

*End if*  
*End Find*

Update AU Member Medicare Codes

*Get #Active-AU-MEMBER record(s)*

*If not AU-MEMBER.MCARE-Source = 'SO' /\* Do not update if 'SO'*

*Update AU-MEMBER.MCARE-CODE with BENDEX.Medicare Code*  
*AU-MEMBER.MCARE-SOURCE WITH 'BE'*

*End if*

Check for Dual Eligibility

*Use the tables of active AU-MEMBER and type case data to update MEDS info:*

*If #Active-AU-MEMBER Type Case (\*) = 78, 01, 03, 05, 19, 23, 26, 43, 45, 62, 64, 82/\*SSI Eligible*

*If #Active-AU-MEMBER Type Case (\*) = 95 or = 40 /\* existing QMB/SLMB*

*If #Active-AU-MEMBER Type Case (\*) = 40 /\* SLMB*

*Set RL-REASON-CODE = 'CBEN0002' /\* message to worker to review*  
*case*

*Perform Subroutine Notify-Worker*

*Write BENDEX record and MEDS information to report 2*

*End-if*

*Else*

*Create Dual Eligibility - requires updates to several files:*

*Add QMB Application (automatically adds a QMB APTC)*

*Add QMB Eligibility Determination with reason of 'A'pplication*

*Add QMB Cert Period (based on the SSI Cert Period;*  
*with a QMB CPTC of CATEGORY-CODE = 17; TYPE CASE = 95*  
*using input dual cert start date)*

*Add QMB AU-MEMBER (based on the SSI AU Member)*

*Complete the Certification process (cf. MECCKPN)*

*Set Elig Indicators; Complete the Determination*

*Update the APTC created to a status of 'Done'*

*End if /\* not existing QMB/SLMB*

*End if /\* SSI*

Notify Worker

*Notify Worker via Workflow:*

*Technical Note: Refer to the Workflow Tracking (Review List) Subsystem Application Programmers' Guide in the Common Facilities External Design – Part 5.*

*Populate CNXCREL:*

*Purpose: to notify the worker to*

- a) *Review the Medicare coverage as the BENDEX system has reduced or no Medicare coverage for the AU Member. Reason code: CBEN0001*
- b) *Review for change - Medicare Part A eligibility indicated in BENDEX, the Person is SSI eligible and has active SLMB certification. Reason code: CBEN0002*
- c) *Review the QMB eligibility added for the AU Member. Reason code: CBEN0003*
- d) *Review the person and their eligibility as BENDEX reports this person has died. Reason code: CBEN0005*

RL User ID: the worker responsible for the case.

*Find CASE*

*with Case Num = AU-MEMBER.Case-Num*

*Find CASELOAD with Loc-Type / Loc-Id / CslD-Num = CASE.CSLD-KEY*

*Move CASELOAD.WORKER-NUM to RL-USER-ID*

*End Find (CASELOAD)*

*End Find (CASE)*

*Callnat 'CNXCREN' ##PROGRAM #RL-ENTRY*