



LOUISIANA DEPT. OF HEALTH & HOSPITALS

Medicaid Eligibility Data System

Internal Design: SDX Interface

Table of Contents

DOCUMENT INFORMATION	8
REVISION SUMMARY	8
SDX INTERFACES	10
OVERVIEW	10
VOLUMES/FREQUENCY.....	10
SDX INTERFACE BUSINESS RULES	11
RELEVANT MEDS ENTITIES	11
DETERMINATION OF MEDICAID ELIGIBILITY FROM SDX RECORDS.....	12
<i>Medicaid Eligibility Codes and Associated Fields</i>	12
Medicaid Eligibility Fields	12
Medicaid Eligibility Determination.....	12
<i>State of Residency</i>	14
<i>Death</i>	15
<i>Referrals</i>	15
<i>Reported Eligibility for Manual Determination</i>	16
OTHER ASPECTS OF THE SDX INTERFACE.....	17
<i>Recipient Types</i>	17
<i>Essential Persons</i>	17
<i>Social Security Numbers</i>	18
<i>Person Matching</i>	19
<i>Case Selection Hierarchy</i>	20
<i>Sex Code</i>	20
<i>Citizenship</i>	20
<i>Intrastate Moves</i>	22
<i>Entering the State</i>	22
<i>State and County of Jurisdiction and its Translation in MEDS</i>	22
<i>Mapping of County of Jurisdiction to a MEDS Parish</i>	22
<i>Parish Crosswalk for New Eligibility; Caseload 991</i>	23
<i>Case Ownership by SDX</i>	24
<i>Medicaid Eligibility Start Date</i>	24
<i>Case Closures</i>	24
<i>Renewal</i>	25
<i>Approval</i>	25
<i>Multiple Records for an Individual</i>	25
<i>Relation to Long Term Care Cases</i>	26
EFFECTS ON MEDS CERTIFICATIONS	27
<i>Action Rules</i>	27
If the interface record concerns an open SSI case (open payment status):	28
If the interface record concerns a closed SSI case (non-pay or termination):	30
If the interface record concerns a SSI case whose eligibility requires State Determination (referrals?):	30
<i>Action #1 Create a New SSI Certification</i>	31
<i>Action #2 Update Existing SSI Certification</i>	31
<i>Action #3 Re-certify as SSI</i>	31
<i>Action #4 Ignore the Interface Record</i>	32
<i>Action #5 Close the Certification or Set Renewal Date (a.k.a. Renewal 7)</i>	32
<i>Action #5.5 Close the Certification or Set Renewal Date, Update at Low Level</i>	32

Action #6 Category/Type Case Change 33
Action #11 Close AU Member, Renewal, Open New Case 34
Action #12 Foster Care Category/Type Case Change 35
Action #13 Foster Care Type Case Change..... 36
Action #14 Foster Care Closure Category/Type Case Change 37
Action #15 Foster Care Update..... 37
Action #16 Dual Certification..... 38
Action #17 Update SDX Specific Fields Only 38
Action #18 Update SDX Specific Fields Only and Send a Notification 38
Action #19 Create a Referred Case..... 38
Required Fields on Relevant Entities 39
Application 39
AU Member 39
Case 40
Case Member 40
Certification Period 40
CPTC 41
Person 41
RESOLVED ISSUES 42

SDX UPDATE AND TREASURY INTERFACE (MED0200) 43

VOLUMES AND FREQUENCY 44
MED0200 – SDX Update/Treasury..... 44

SYSTEM TABLES..... 44
Review List (Workflow) Reason Code 44
Run Control MEXPRCL 45

SDX UPDATE/TREASURY & RECONCILIATION – DATA LOAD (MEISDUZ1)..... 47
Program Logic 47

SDX UPDATE/TREASURY & RECONCILIATION – DATA VALIDATION (MEISDUZ2) 48
Program Logic 48

SDX UPDATE/TREASURY & RECONCILIATION – EXTRACT REPORT DATA (MEISDUZ3) 49
Program Logic 49

SDX UPDATE/TREASURY & RECONCILIATION – WRITE REPORTS (MEISDUZ4) 49
Program Logic 49

SDX UPDATE/TREASURY & RECONCILIATION – UPDATE MEDS (MEISDUZ5) 50
Program Logic 50

SDX UPDATE/TREASURY & RECONCILIATION – WRITE REPORTS (MEISDUZ6) 62
Program Logic 62

SDX UPDATE/ RECONCILIATION PERSON MATCHING REPORT– WRITE REPORTS (MEISDUZ7) 62

SDX DAILY/RECON MEDICARE CLAIM NUMBER ERROR REPORT– WRITE REPORTS (MEISDUZ8) 62

SDX REPORTS CREATED DURING UPDATE PROCESSING 63

DISABLED ADULT CHILDREN POTENTIALLY ELIGIBLE FOR EXTENDED MEDICAID (MED0112) 63
Report Layout 63

APPLICANTS WITH PROBLEMS PROVIDING THIRD PARTY LIABILITY DATA (MED0200R3 / MEQ0210R3) 64
Description 64
Report Layout 64

DENIED CASES POTENTIALLY ELIGIBLE FOR RETROACTIVE MEDICAID (MED0200R5) 65
Description 65
Report Layout 65
Report Layout of the Notice 66

NEW SSI CERTS POTENTIALLY ELIGIBLE FOR RETROACTIVE MEDICAID (MED0200R6 / MEQ0210R6) 68
Description 68
Report Layout 68

MANDATORY STATE SUPPLEMENTATION (MEIMSSR).....	70
Description	70
Report Layout.....	70
MONTHLY COUNT OF ACTIVE SSI RECIPIENTS (MEISSIR).....	72
Description	72
Report Layout.....	72
COMMON SDX COORDINATION AND WORKFLOW ROUTINE TIER.....	74
SDX – ACTION/WORKFLOW CREATION (MEISDXN1)	74
SDX – ACTION/WORKFLOW UPDATE (MEISDXN2)	80
SDX – ACTION UPDATE/CREATE EP MEMBERSHIP (MEISDXN3)	84
SDX – CLOSE SUSPENDED AU MEMBERS (MEISDXN8)	84
COMMON SDX INTERFACE ROUTINES ACTION TIER.....	86
SDX – RETRIEVE CASE WORKER (MEISDXNC)	86
SDX – CASE MEMBER CREATION (MEISDXNG).....	86
SDX – APPLICATION CREATION (MEISDXNH)	87
SDX – CERTIFICATION/CPTC CREATION/ALTERATION/CLOSE (MEISDXNI).....	88
SDX – AU MEMBER CREATION/ALTERATION (MEISDXNJ).....	90
SDX – PERSON CREATION/ALTERATION (MEISDXNP)	91
SDX – CASE SUBPROG (MEISDXNQ)	93
SDX – CASE ASSIGNMENT DETERMINATION (MEISDXNR)	95
SDX – CASE ASSIGNMENT WORKFLOW (MEISDXNS)	96
SDX – CASE CREATION/ALTERATION (MEISDXNT)	97
SDX RECONCILIATION INTERFACE (MEQ0210/0211/0212/0213/0214)	98
RECONCILIATION PROCESS	98
VOLUMES AND FREQUENCY	99
<i>MEQ0210/MEQ0211/MEQ0212/MEQ0213/MEQ0214 – SDX Recon.....</i>	<i>99</i>
SYSTEM TABLES.....	99
<i>Review List (Workflow) Reason Codes.....</i>	<i>99</i>
<i>Run Control MEXPRCL.....</i>	<i>100</i>
RECONCILIATION ISSUES	101
<i>Resolved.....</i>	<i>101</i>
SDX REPORTS CREATED DURING RECONCILIATION	102
MEDS / SDX RECONCILIATION DISCREPANCY REPORT (MEQ0210R4)	102
Description	102
Report Layout.....	102
SDX PICKLE ONE INTERFACE (MEA0020).....	103
VOLUMES AND FREQUENCY	104
<i>MEA0020* – SDX Pickle I Update.....</i>	<i>104</i>
SYSTEM TABLES.....	104
<i>Review List Reason Code</i>	<i>104</i>
<i>Run Control MEXPRCL.....</i>	<i>104</i>
SDX PICKLE ONE PROCESS (MEISD5Z)	105
<i>Program Logic</i>	<i>105</i>
Restart Processing	105
Main Program	105
<i>Reports Generated.....</i>	<i>108</i>
SDX PICKLE ONE – RETRIEVE CURRENT CERTIFICATION (MEISD5N1).....	109
REPORT LAYOUTS	110

Manual Action Required Report (MEA0020R2) 110

RESOLVED PICKLE ONE ISSUES..... 111

SDX EXTENDED MEDICAID (PICKLE II) INTERFACE (MEA0030) 112

VOLUMES AND FREQUENCY 113

MEA0030 113

SYSTEM TABLES..... 113

Run Control MEXPRCL 113

Pickle Work-file..... 113

SDX PICKLE INTERFACE (MEISDPZ1)..... 114

Program Logic 114

Reports Generated..... 115

SDX PICKLE REPORTS (MEISDPZ2) 116

Program Logic 116

Reports Generated..... 117

REPORT LAYOUTS 118

Pickle Notice (MEA0030R4) – Front Side..... 118

Pickle Notice – Back Side..... 119

Pickle Control Report 1 Layout (MEA0030R1) 120

Pickle Exception Report Layout (MEA0030R9)..... 120

Pickle Mismatch Report (MEA0030R2)..... 121

Pickle Match Report (MEA0030R3)..... 121

RESOLVED PICKLE ISSUES 122

COMMON MODULES REUSED 123

MEDS MODIFICATIONS NEEDED..... 124

Location Maintenance 124

Case Object Subprogram..... 124

Certification..... 124

Application Object Subprogram..... 124

AU Member 124

Person 124

Citizenship Code 124

Renewal Codes..... 124

Approval Codes 125

Closure Codes 125

Categories of Interest (MERCATL)..... 125

Type Cases of Interest (MERTYPL)..... 125

APPENDIX 1 – SDX GENERAL FILE-LAYOUT MERSDXL..... 126

SDX Update / Treasury / Pickle One / Reconciliation 126

Control Records..... 126

SDX Header Layout..... 127

SDX Trailer Layout..... 128

SDX Detail Layout..... 129

APPENDIX 2 – SDX EXTENDED MEDICAID (PICKLE) FILE (MEISDPL) 140

 SDX Extended Medicaid (Pickle) File Layout (169 bytes) 140

APPENDIX 3 - INTERFACE FIELD CODES 141

Dates..... 141

Alien Indicator..... 141

Appeal Code..... 143

<i>Appeal Flag</i>	143
<i>Appeal Decision Code</i>	143
<i>Appeal Reason Code</i>	144
<i>Competency Code</i>	145
<i>Denial Code</i>	145
<i>Disability Payment Code</i>	146
<i>Drug Addiction or Alcohol Identification Code</i>	147
<i>Essential Person Indicator</i>	147
<i>Federal Living Arrangement Code – (12-73), Regular, and Budget Month</i>	148
<i>Living Arrangement Code, Optional State Supplement</i>	148
<i>Mandatory Eligibility Code</i>	148
<i>Marital Status</i>	149
<i>Medicaid Eligibility Code</i>	149
<i>Medicaid Test Indicator</i>	149
<i>Medicaid – Unpaid Medical Expense Indicator</i>	150
<i>Medicare Entitlement Code</i>	150
<i>Multi-category Indicator</i>	151
<i>Payment Status Code</i>	152
<i>Race</i>	154
<i>Re-accretion Indicator</i>	154
<i>Recipient Type</i>	154
<i>Record Source Code</i>	155
<i>Resource Code</i>	155
<i>Sex</i>	155
<i>SSN Correction Indicator</i>	156
<i>State</i>	156
<i>Third Party Insurance Indicator</i>	157
<i>Transaction Code</i>	157
<i>Transaction Type (Last)</i>	158
<i>Transfer of Resources at Less Than Fair Value</i>	160
<i>Unearned Income Frequency</i>	160
<i>Unearned Income Type Code</i>	160
<i>Unearned Income Verification Code</i>	161
<i>Verification Code – Multiple SSNs</i>	163
<i>Zebley Indicator</i>	163
APPENDIX 4 – FILES RUN OUT OF SEQUENCE	164
<i>Program Logic</i>	164

Document Information

Created for: Louisiana Dept. of Health & Hospitals
Project Name: Medicaid Eligibility Data System
Project Abbreviation: MEDS
Document Title: Internal Design: SDX Interface
Document Subject:
Revision Number: 179 (incremented each time the document is saved)
Status: Final
Last Saved: Dec 29, 2011 10:24:00 AM
Printed: Dec 29, 2011 10:24:00 AM
Comments:
Document Template: RedManeSpec_W2000.dot

Revision Summary

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
5/09/2003	If SDX sends parish 26 but person is in 65 create case in 65	Jennifer Leslie
5/23/2003	Expansion of SDX record from 2000 to 3000 characters	Jennifer Leslie
6/18/2003	Send new eligibility workflows to default caseload supervisor	Jennifer Leslie
6/25/2003	Don't send SDXCLSE, SDXNEW, SDXDUAL workflows or reassign to caseload 991 with an SSI replaces another SSI type case	Jennifer Leslie
9/11/2003	New workflow when SDX sends open eligibility for LTC cases	Jennifer Leslie
9/15/2003	Move Medicare Claim Number errors to Person Matching Report	Jennifer Leslie
9/22/2003	Changes to Case Selection Hierarchy	Jennifer Leslie
11/18/2003	Add Type Case 107 to Case Selection Hierarchy & send workflow if rejection.	Jennifer Leslie
2/27/2004	Add Appendix 4 - process to follow for out of sequence files	Jennifer Leslie
3/1/2004	Allow SDX to replace OCS certification with renewal code 13	Jennifer Leslie
3/8/2004	Remove redundant Release action	Jennifer Leslie

Date	Description of Change	By
3/15/2004	Add SDXMPP workflow when MPP cert is closed – SIR969	Lizette Nel
3/22/2004	Add SSI Application Date to rejection/type case 107 workflow	Jennifer Leslie
9/9/2004	Add new report – Medicare Claim Number error report – SIR1043	Lizette Nel
08/12/2005	Remove hospice code (SIR1186)	Karl Powers
11/22/2006	Add Ethnicity Code and New Race Codes (SIR1184)	Jonathan Go
04/23/2007	Add type case 125 (Disability Medicaid) edits (SIR1389)	Jonathan Go
12/4/2007	Update Application information (SIR1374)	Lauren O'Neil
3/31/2011	Documentation cleanup (SIR1701)	Lauren O'Neil
9/6/2011	Update Citizenship Code Mapping (SIR1668)	Jonathan Go
9/21/2011	Create tracking work flow for sex code unknown	Micha Bittan

SDX Interfaces

Overview

The SDX (State Data Exchange) is the system that passes data from the national SSA (Social Security Administration) to the state Medicaid departments. There are actually five interfaces involved in SDX for MEDS, each handling different sets of data.

The primary interface, SDX updates, is a source of cases that are auto- or potentially eligible for Medicaid benefits. The SSA produces a daily extract of all cases updated during that day. Only the latest version of the case information is passed to MEDS each day. The MEDS SDX interface will use either a daily SSA extract or a concatenated file containing updates for multiple days, depending on the frequency with which it is run. It is currently expected that the interface will run weekly.

Treasury files are created once a month to reflect the actual payments issued to eligible recipients.

Reconciliation files are created quarterly by the SSA. Reconciliation is typically performed in April and October in Louisiana, with January and July being optional months.

Pickle One is produced annually by the SSA along with Pickle (Extended Medicaid) records. This is usually a very small number of records. Notices need to be created as well as updating the MEDS information.

Volumes/Frequency

File	Frequency	Volume
SDX Updates	Weekly	2000
Treasury	Monthly	2000
Reconciliation	Quarterly	300,000
Pickle One	Annually	100
Extended Medicaid (Pickle) Notices	Annually	13,000

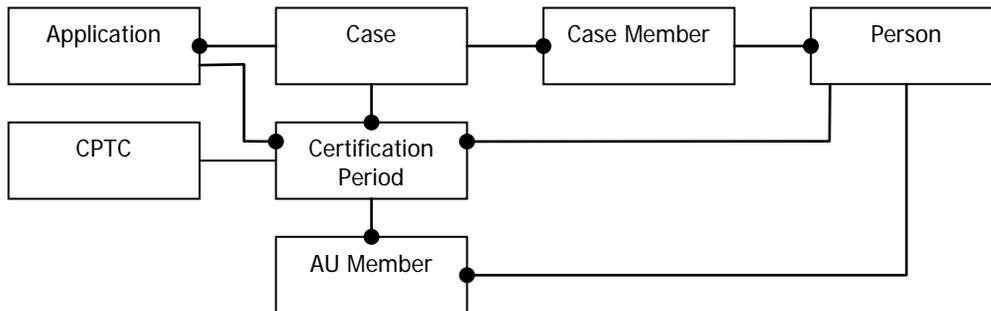
SDX Interface Business Rules

The SDX interface creates and affects records on MEDS. This section discusses which entities are effected by the SDX interface, and how they are effected.

In regards to Reconciliation, Updates, and Treasury files, the high-level process is to read the interface record, determine if it corresponds to an open or closed case, then examine the MEDS files for the corresponding record, and finally execute an action based upon the status of the interface and MEDS record.

Relevant MEDS Entities

The following diagram depicts which entities are directly affected by the SDX Interface.



Determination of Medicaid Eligibility from SDX Records

The key aspect of the SDX interface is to determine eligibility of Medicaid within the State of Louisiana. Eligibility is determined by the current eligibility status from the Medicaid Eligibility Code field and its associated supporting fields.

Two ideas have been identified as grounds for immediately terminating eligibility; the individual has moved out of state, or the individual is dead.

Medicaid Eligibility Codes and Associated Fields

Depending upon the current Medicaid Eligibility code, certifications are either opened or prepared for renewal for closure. In this section, we will discuss where the codes are, and how determinations are made with them.

Medicaid Eligibility Fields

The Medicaid Eligibility Code and its associated fields are stored in interface file positions 1532 to 1697. There are ten occurrences of this field and its associated fields, but only the first one is current. Medicaid eligibility determination will be made using the first occurrence of this data, which is also the occurrence associated with the most recent month of change. The other occurrences are stored for a historical look at the data.

The fields in this group include the Month of Change, Medicaid Eligibility Code, Payment Status Code, Federal Living Arrangement Code, Living Arrangement Code – Optional State Supplement, and State and County/Parish of Jurisdiction.

Medicaid Eligibility Determination

Records from SSI are evaluated as either open or closed in regards to eligibility. Records are considered open if they fit strict criteria. The other records that SSI refers to the state for eligibility determination are considered closed.

The criteria for a record to be considered as an open certification are tabulated and described in the paragraphs to follow. Except for Goldberg/Kelly cases, these eligibility rules are overridden if the recipient has moved out of state. All of these eligibility rules are overridden when the person is reported as dead.

Table of Open Certifications

Medicaid Eligibility Code	Payment Status Code	Other
Y	C01, M01, M02	
C	E01, N01	Medicaid Test Indicator of A, B, or F, Type Case 81
G	Any	
N	N24	Added with SIR 314
P	N10, N11	
R	E02	
R	T30, T33	Re-accretion Indicator of X
Q	C01, M01, M02	

Medicaid Eligibility Code of Y

A current Medicaid Eligibility Code of Y implies the person is eligible for Medicaid. The State of Louisiana has determined that further criteria are needed prior to granting eligibility to the person. Those further criteria are

- The current Payment Status Code has a value of C01 – Current Pay
- Or the current Payment Status Code is M01 – Force Pay or M02

If these criteria are met, the individual is eligible for a SSI Type Case 78 Certification or continuation of their current SSI Certification.

Medicaid Eligibility Code of C

A current Medicaid Eligibility Code of C implies that the Medicaid Eligibility coverage should be continued regardless of the Payment Status Code. The State of Louisiana has determined that further criteria are needed prior to granting eligibility to the person. Those further criteria are

- The current Payment Status Code has a value of E01 – Eligible but no payment is due
- Or the current Payment Status Code has a value of N01 – Non-pay, recipients income exceeds payment standards.

Along with the requirements on the Payment Status Code, it is also required that

- The Medicaid Test Indicator has a value of A – Meets countable income test, no data entered for use and insufficiency of earnings tests.
- Or, the Medicaid Test Indicator has a value of B - Meets countable income, use, and insufficiency of earnings tests
- Or, the Medicaid Test Indicator has a value of F - Meets countable income test, use and insufficiency of earnings tests are pending.

If these criteria are met, the individual is eligible for a SSI Type Case 81 Certification.

Medicaid Eligibility Code of G

A current Medicaid Eligibility Code of G implies that there is a Goldberg/Kelly appeal in progress and the Medicaid Eligibility coverage should be continued. In these Goldberg/Kelly cases, eligibility is granted, regardless of the Payment Status code or any other criteria, as long as Louisiana is the state of responsibility for this person.

Medicaid Eligibility Code of N

A change in SSA policy effective 9/16/2000 treats cases with Eligibility Code N and Payment Status Code N24 as an eligible case. Will be implemented in SIR 314.

Medicaid Eligibility Code of P

A current Medicaid Eligibility Code of P implies the person may be eligible for Medicaid, but is SSI suspended for non-compliance. The State of Louisiana has determined that further criteria must be satisfied prior to granting eligibility to the person. Those further criteria are

- The Payment Status Code is N10 – Recipient has refused treatment for Drug or Alcohol Addiction

- Or the Payment Status Code is N11 - Recipient is currently participating in an Addiction Treatment program.

When these criteria are met the individual is eligible for a SSI Type Case 78 Certification or continuation of their current SSI Certification, otherwise the record is ignored.

Medicaid Eligibility Code of R

A current Medicaid Eligibility Code of R implies the person is Referred to the state for Medicaid eligibility determination. The State of Louisiana has determined that the person may be granted eligibility if further criteria are met. That criteria is

- The current Payment Status Code has a value of E02 – Eligible but no payment is due
- The Payment Status Code is T30 or T33 and the Re-accretion Indicator is X – a change is taking place on the recipients SSI record, but they are still eligible during the change.

If these criteria are met, the individual is eligible for a SSI Type Case 78 Certification.

Medicaid Eligibility Code of Q

A current Medicaid Eligibility Code of Q implies the person may have a Medicaid Qualifying Trust. The State of Louisiana has determined that further criteria are needed prior to granting eligibility to the person. Those further criteria are

- The Payment Status Code has a value of C01 – Current Pay
- Or the Payment Status Code is M01 – Force Pay or M02

If these criteria are met, the individual may be eligible for a SSI Type Case 78 Certification or continuation of their current SSI Certification. However the qualifying trust could make the person ineligible so these cases need to be investigated manually by a worker.

Medicaid Eligibility Code D – Disabled Adult Child

If a Medicaid Eligibility Code of D is received, it is treated as ineligible. However, because of SIR 286, the Extended Medicaid Indic field on the matching Meds Person record must be updated with a 'D' even though the record is treated as ineligible. If no person is matched, then ignore the record.

State of Residency

If the recipient has left the State of Louisiana, they are usually no longer eligible for Medicaid in Louisiana. An individual is considered to have moved out of state if:

- The Transaction Code (0006) on the record is 05 – Individual has moved out of state.

When it is determined that the individual has left the state, their SSI certification is immediately revoked. A workflow notification is sent to the case worker of their old SSI certification stating that the client has left the state. Any dual certifications remain open.

If it is not the recipient who has left the state but rather the essential person, the essential person's eligibility is revoked, but that of the recipient is not. Again, workflow notification is sent to the case worker stating that the essential person of the recipient has left the state and the recipient's eligibility needs to be examined for Special Needs Reduction.

Note that a payee address outside of Louisiana does not constitute grounds for ending the certification. Many people receive payments on behalf of people residing in Louisiana. A report of these non-Louisiana addresses will be created as part of CR29.

Death

If the recipient is dead, they are no longer eligible for Medicaid.

Death of the recipient is to be determined either by the interface record having any one of the following:

- A non-zero Death Date;
- A Payment Status Code of T01;
- A Payment Status Code of S01;
- A Payment Status Code of H60.

When it is determined that the individual is dead, their SSI certification is immediately closed. A workflow notification is sent to the case worker stating that the client is dead. Any dual certifications are also closed.

If the individual is not in an SSI certification and not in a Long Term Care but rather some other type of certification, a death notice from SSA will constitute grounds for immediate closure of this other type case certification. A workflow notification is sent to the case worker stating that the client is dead. For Long Term Care cases, the notification is sent but death must be verified prior to closing the LTC case.

If it is not the recipient that is dead but rather the essential person, the essential person's eligibility is revoked, but that of the recipient is not. Again, workflow notification is sent to the case worker stating that the essential person of the recipient is dead and the recipient's eligibility needs to be examined for Special Needs Reduction

If SSA sends a payment status code of T01, S01 or H60 and there is an active or pending type case 125 whose application date is before the application date sent through the interface, the 125 cert will not be closed and a workflow should be sent out to the worker to review the 125 certification.

Referrals

Initially, all referral records are ignored. This is done before the main MEDS processing. That is, the referred records are not even loaded in the external data file.]

Referral records are distinguished by an 'R' in the Mcaid Elig Code field (1538).

As of November 5, 1999, referrals are to be handled as follows:

1. Referrals with a Payment status of E02 are to be treated as any other open record. That is, add or update a MEDS cert as appropriate based on the Action rules determined later in this document.
2. Referrals with any other Payment status are to be treated as closed records and should follow the same processing rules as any other closed record.

Reported Eligibility for Manual Determination

Some Medicaid Eligibility Codes imply that a manual determination of eligibility is required. These Medicaid Eligibility Codes are D - Disabled Adult Children, and A – Applicant refuses to assign rights for third party insurance. These cases are reported by the interface (SSD0112, SSD0113) but no action is taken.

Other Aspects of the SDX Interface

SDX also sends many other data elements that determine the course of action to be taken with the records. These do not directly affect eligibility, but do determine how the records should be processed. In this section, we discuss these individual ideas.

Recipient Types

SDX sends records concerning people who may be recipients of Medicaid. These people are either eligible individuals or essential persons of the eligible individual. The types of people that are eligible for Medicaid include aged, blind, and disabled. For a discussion of essential persons, see the section entitled Essential Persons.

The determination of the type of person that is on the SDX record is made using the recipient type field on the interface file layout position 0064.

From the recipient type information, the category that should be associated with the MEDS certification is determined. The following chart relates the valid recipient types to a MEDS category. (Note, ineligible spouse records are not considered to have a valid recipient type and will be put on the error report.)

SDX	Description	MEDS Category
AI	Aged individual.	001
AS	Aged spouse.	001
BC	Blind child.	002
BI	Blind individual.	002
DC	Disabled child.	004
DI	Disabled individual.	004
DS	Disabled spouse.	004
EP	Essential person.	Essential Person
XS	Ineligible spouse.	Error

The recipient type information is also stored on the AU Member record of the individual.

Essential Persons

SDX can send records concerning essential persons of the recipient. Essential Person records are indicated by the Recipient Type (0064) of EP - Essential Person. These persons can be Case Members and AU Members for Certifications of the actual eligible individual. Essential Persons are not Clients, nor Probable Clients, and are not auto eligible for Certification of their own, rather their eligibility type and period is contingent on its associated eligible person's record.

Relating Essential Persons to Eligible Persons

The eligible individual and essential person records can be related to each other by using the Essential Person SSN (0631) and the Essential Person WIN (0640), as well as the usual SSN (0043) and usual WIN (0608) of the person on the record, the Recipient Type (0064), and the Essential Person Indicator (0630). The following rules have been determined:

1. Essential person records are distinguished from other records by having a Recipient Type of "EP". The other records will have some other valid Recipient Type.
2. Essential person records can be related to eligible person records by the following rules

SSN on the Essential Persons record = Essential Person's SSN on the Eligible Individuals record
 WIN on the Essential Persons record = Essential Person's WIN on the Eligible Individuals record
 Essential Person's SSN on the Essential Persons record = SSN on the Eligible Individuals record
 Essential Person's WIN on the Essential Persons record = WIN on the Eligible Individuals record

3. Every eligible individual with a non-zero essential person indicator will have one and only one related essential person record and will have a non-zero SSN in the Essential Person's SSN field. Likewise, every essential person will have a non-zero essential person indicator, and one and only one related eligible individual record, and will have a non-zero SSN in the Essential Person's SSN field.

i.e.

	SSN Field	Essential Person's SSN Field	Essential Person Indicator
Eligible Individual's Record	999-99-9999	999-99-9999	1
Essential Person's Record	999-99-9999	999-99-9999	1

4. All necessary relations between an essential person record and an eligible individual record can be determined by examining the Essential Person fields of SSN and WIN. The Eligible Spouse/Parent fields of SSN and WIN are unimportant in determining the any relationships between essential person records and eligible person records.

Making Essential Persons AU Members on the Eligible Persons' Certification

The eligibility of the essential person for MEDS certification is contingent on the eligibility of the eligible individual. Therefore, the essential person is added as an AU Member on the eligible individual's Certification. When the eligible individual is no longer eligible, the MEDS certification is closed and the essential person is no longer eligible for Medicaid.

In regards to the Essential Person, it is assumed that the individual is not certified in any other Certification, including Category 17 or Type Case Long Term Care, other than that with the Eligible Individual. In fact, to be so would imply an error.

If the essential person is no longer eligible for reasons of death or out-of-state, the essential person's eligibility will be terminated, but that of the eligible individual will not be. The eligible individual's certification is referred to the state for manual determination for Special Needs Reduction via workflow notification. This remains an SDX case.

This method of handling essential persons will be used for the Update, Treasury, and Reconciliation process. No essential persons are expected to be on the Pickle One file or the Pickle file.

Social Security Numbers

Every individual on the SDX interface file will have a Social Security Number. The Social Security Number, along with the last and first name, and date of birth, will be used to match the interface record to a MEDS person record. The interface process will consider these to be required fields. Usually, the Social Security Number of interest is in the SSN field in the file layout position 0043.

Multiple Social Security Numbers

Along with the usual SSN, SDX often sends multiple SSNs for a recipient in the "Multiple SSN" fields. These multiple SSNs are associated with a verification code and are in the interface file layout positions 0977 to 1026. In general, these multiple SSNs and their verification codes are stored on the AU Member record with no further processing. Furthermore, they are not used for searching for an individual's

record. The valid verification codes are listed in the list of code tables and include crossed referenced, pseudo, invalid, terminated, etc. The Multiple SSNs can be zero even though their verification codes are non-blank.

Changes of SSN

On occasion, SDX will send a record to update the SSN. In these situations, finding the matching MEDS record can proceed in one of two ways. The first method to attempt is to use the "old" SSN to find the record. If no matching record is found, then a second attempt to locate the MEDS person record using the "new" SSN should be performed. If neither method of associating the interface record to a MEDS record successfully found the individual, then there is not a corresponding MEDS record for individual. When the record is found (or perhaps added), the SSN on file should reflect the "new" SSN data.

Distinguishing interface records with updated SSNs from the rest can be accomplished using the SSN Correction Indicator. (The SSN Correction Indicator is in position 1027.) If the SSN Correction Indicator is "A", then the SSN is being updated. If the SSN Correction Indicator is "B", then the SSN is not being updated.

In an update situation, the SSN in the usual position (0043) is the "old" SSN. The "new" SSN should be held in a multiple SSN field associated with a verification code of "A" – Affirmed by SA. (If there is no "new" SSN, the record is in error.)

The process to use is:

1. Search for the MEDS Person record using the "old" SSN and update this MEDS record with the "new" SSN held in the multiple SSN field with the verification code of "A".
2. If the first search for the MEDS Person record fails, then search for the record using the "new" SSN and update this record.
3. If both searches fail, then this is a new certification record that must be added if it is determined to be eligible and all eligibility criteria are met.

Person Matching

Persons will be matched by a number of rules that are summarized in the table below. The general rule followed is that if two of more items do not match, then no updating will be done for this record.

SSN	Last Name	First Name	Date of Birth	Update?
Match	Match	Match	Match	Yes
Match	Match	No Match	Match	Yes
Match	No Match	Match	Match	Yes
Match	No Match	No Match	Match	No
No Match (pseudo SSN on Meds)	Match	Match	Match	Yes
No Match	Match	No Match	Match	No
No Match	Match	Match	Match	No
No Match	Match	No Match	Match	No
Match	Match	No Match	No Match	No
Match	No Match	Match	No Match	No
Match	Match	Match	No Match	Yes

- Note that the first or last names do not have to match exactly, owing to the fact that some Person records are created by other interfaces that have data fields too small for the Person's full name.

Thus if the (shortened) MEDS name matches the first seven characters of the first name or the first twelve characters of the last name, the SDX individual is considered matched. They are also considered matched if the SDX last name contains both the MEDS last name and the MEDS suffix.

- Also apostrophes can exist in MEDS first and last names, but SDX does not send apostrophes. Names are considered matches if they are the same without the apostrophes. In this situation, do not overlay the name in MEDS with the name from SDX.
- If the first name, last name, and date of birth all match, but the SSN does not match because Meds has a pseudo-SSN and SDX has a real SSN (or a different pseudo-SSN) then we accept this to be a match. This is the only circumstance where a person match is accepted without a matching SSN.
- If the matching person has been closed due to death with a closure code of 90 an error is output if this person is given a new certification or has an existing certification re-opened.

Case Selection Hierarchy

When adding new eligibility SDX will try to find an appropriate case number to use in the following order:

1. Select an open non-child-related certification with that input SDX person as an AU member.
2. Select a closed non-c-related certification with the SDX person as an AU member, unless there is an active c-related cert on the case.
3. Select a non-c-related pending application with the SDX person as a probable client, unless there is an active c-related cert on the case. If a type case 78 or 107 exists, use that application.
4. Select a non-c-related rejected application with the SDX person as a probable client, unless there is an active c-related cert on the case.
5. Select a case with no applications and with the SDX person as a case member

If no case number is found a new case number will be generated.

Sex Code

SDX will typically update MEDS person information. In the case of sex code, SDX should not update the MEDS value with a sex code of "unknown". Any other values may be applied as usual.

If SDX adds a new person to MEDS and the sex code is Unknown. It will convert the sex code value to 9 and will also create a tracking workflow record, requesting the user to change the sex code to 1 or 2.

Citizenship

SDX sends information concerning Citizenship and Alien status. Prior to adding a person in MEDS, it is required that the person's citizenship is known. The interface process will convert the SSI Alien Indicator into a MEDS Citizenship code, and set the MEDS Date of Entry for the person equal to the SSI Alien Date of Residence.

Because the Alien Date of Residence from SSI does not include a date, but rather just a month, the interface process will always set the date to be the first day of the month of the Alien Date of Residence. If a citizenship code requires a date of entry, and no date is provided, then the record is declared to be in error.

The Alien Indicator code is stored in file layout position 0578. The Alien date of Residence is in file layout position 0579.

The mapping of SSI Alien Indicator codes to MEDS Citizenship codes is defined below.

SDX	Description	MEDS Citizenship Code
A	Proven born in U.S., U.S. citizen.	1
B	Alleged born in U.S., U.S. citizen.	1
C	U.S. citizen born outside of the U.S., this includes naturalized citizens.	1
D	Alleged U.S. citizen – pre Jan 1, 1972 Obsolete code, but still used on thousands and thousands of records	1
E	No citizenship or alien status development undertaken; case denied for reasons other than citizenship/alien status.	5
F	Refugee status – section 207 or 203 (A) (7) of the I.N.A.	<u>72</u>
G	Parole status – section 212 (d) (5) of the I.N.A.	<u>112</u>
H	Silva vs. Levi alien Obsolete code, but still may be sent by SDX	3
I	Obsolete code I – but SDX still sends them	5
J	Deportation has been withheld pursuant to section 243 (h) of the INA, or meets one of the following criteria: <ul style="list-style-type: none"> Deferred action status alien. Residence of U.S. pursuant to an order of supervision Properly filed an application with Immigration & Naturalization Service (INS) for adjustment of status. 	3
K	Alien lawfully admitted to the U.S. for permanent residence.	2
L	Asylum status – section 208 of the I.N.A.	<u>82</u>
M	Resident of Northern Mariana Islands Obsolete code, but still may be sent by SDX	1
N	Identity and citizenship of the individual verified by Numident interface (code was previously B), individual is a U.S. citizen.	1
P	Pre-January 1, 1972 alien, presumed lawfully admitted for permanent residence.	3
Q	Alleged born in the U.S. – allegation corroborated by a U.S. place of birth shown on the on-line Numident.	1
R	Lawful temporary resident – status granted as a result of the Immigration Reform and Control Act of 1986.	3
S	Lawful permanent resident status – status granted as a result of the Immigration Reform and Control Act of 1986.	<u>122</u>
T	Alien granted voluntary departure.	3
U	Unknown.	5
V	Obsolete code V – but SDX still sends them	5
W	Alien granted stay of deportation.	3
X	Cuban/Haitian entrant	<u>92</u>
Y	Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986. Granted permanent resident status.	3
Z	Alien on whose behalf an immediate relative petition has been approved; or has an approved petition, or a petition pending with INS which sets forth a prima facie case for one of the following: <ul style="list-style-type: none"> Status as an immediate relative Classification to immigrant status Suspension of deportation and adjustment to LAPR status. 	3
1	No status alleged	5
2	Valid status alleged, but not proven. N13 being processed.	5
3	Amerasian immigrant	2
4	North American Indian	2

Intrastate Moves

At times, an individual may choose to move about the state of Louisiana. Such a move does not constitute a closure of their current certification, nor does it imply a new case is created to replace their current certification. Other than updating the case information, an intrastate move has no effect on their eligibility.

An intrastate move is detected by comparing the Parish of Jurisdiction on the interface record against that on the MEDS AU Member record for an SSI Certification. The rules for mapping the two codes are defined below in the section titled "*Mapping of County of Jurisdiction to a MEDS Parish*"

When an individual has moved from one parish to another, the following things will occur:

- The Person's Parish of Residence is updated (along with other Person data);
- Their existing case is moved to the new parish;
- A workflow notification is sent to the case worker that was working the case in the old parish;
- A workflow notification is sent to the office supervisor of the new parish requesting her/him to assign a case worker to the case

Entering the State

At times an individual may choose to move from another state into Louisiana and will be requesting to receive Medicaid in Louisiana. Providing the individual meets the eligibility requirement, they will be certified.

A person is determined to have moved into the state by using the Transaction Code (0006). Specifically,

- Transaction Code 03 – New to State, eligible
- Transaction Code 04 – New to State, ineligible.

If the person has moved into the state and is currently eligible for Medicaid, the start date of eligibility is the first day of the month of Residency (1712).

State and County of Jurisdiction and its Translation in MEDS

MEDS will interpret the State and County of Jurisdiction received from SSI. In this five character field on the interface file layout, the first two positions hold the state code, the next two positions hold the county code, and the last position is blank.

All the state codes will be interpreted and stored in the SDX State of Jurisdiction field. Not all County Codes will be interpreted. Only if the State of Jurisdiction is Louisiana will an attempt be made to interpret the County of Jurisdiction as a MEDS Parish.

Mapping of County of Jurisdiction to a MEDS Parish

If the State of Jurisdiction is 19, Louisiana, the MEDS Parish code equals the SSI County of Jurisdiction code plus one. While an SSI County of Jurisdiction 25 could be either MEDS Parish 65 or MEDS Parish 26, the interface process will always default this to MEDS Parish 26, but will not change it from MEDS Parish 65. 65 is a Parish in MEDS only – SSI will always send 26 for those people.

Parish Crosswalk for New Eligibility; Caseload 991

Not all parishes have physical offices. As a result, some parish or regional offices will handle the caseloads of more than one parish. When creating new eligibility, the following table must be followed to assign the correct caseload. The Parish of Residence is in the first column and the Caseload location is the second column.

01- ACADIA	P1	23- IBERIA	P23	45- ST CHARLES	P48
02- ALLEN	P2	24-IBERVILLE	P24	46- ST HELENA	P32
03- ASCENSION	P3	25- JACKSON	P25	47- ST JAMES	P48
04- ASSUMPTION	P29	26- JEFFERSON (WB)	P26	48- ST JOHN	P48
05- AVOYELLES	P5	27- JEFFERSON DAVIS	P27	49- ST LANDRY	P49
06- BEAUREGARD	P6	28- LAFAYETTE	P28	50- ST MARTIN	P50
07- BIENVILLE	R7	29- LAFOURCHE	P29	51- ST MARY	P51
08- BOSSIER	R7	30- LASALLE	P30	52- ST TAMMANY	P52
09- CADDO	R7	31- LINCOLN	P31	53- TANGIPAHOA	P53
10- CALCASIEU	P10	32- LIVINGSTON	P32	54- TENSAS	P54
11-CALDWELL	P11	33- MADISON	P33	55- TERREBONNE	P55
12- CAMERON	P10	34- MOREHOUSE	P34	56- UNION	P56
13- CATAHOULA	P13	35- NATCHITOCHE	P35	57- VERMILION	P57
14- CLAIBORNE	R7	36- ORLEANS	R1	58- VERNON	P58
15- CONCORDIA	P15	37- OUACHITA	P37	59- WASHINGTON	P59
16- DESOTO	P35	38- PLAQUEMINE	P38	60- WEBSTER	R7
17- EAST BATON ROUGE	P17	39- POINTE COUPEE	P39	61- WEST BATON ROUGE	P61
18- EAST CARROLL	P18	40- RAPIDES	P40	62- WEST CARROLL	P62
19- EAST FELICIANA	P19	41- RED RIVER	P35	63- WEST FELICIANA	P19
20- EVANGELINE	P20	42- RICHLAND	P42	64- WINN	P64
21- FRANKLIN	P21	43- SABINE	P35	65- JEFFERSON (EB)	R1
22- GRANT	P22	44- ST BERNARD	R1		

Regardless of the parish location, for all new non-OCS eligibility the caseload number will be 991.

When establishing a case in a new parish, SDX has no way of knowing to which worker the case should be assigned. For this reason, a new "worker" was created in each parish: Caseload/Worker 991, a.k.a. "SDX, Interface." The new case will be assigned to this "worker" and any workflows will be sent to the parish supervisor until the case is assigned to a human worker. When new eligibility is added to an existing non-OCS case the caseload is updated to 991 so the supervisor can reassign it, unless the new and old eligibility are both SSI types of eligibility.

Case Ownership by SDX

When a case is certified by the SDX interface, the case becomes “owned” by SDX so that the MEDS worker cannot alter the data. When the case is “SDX Owned”, the Person and the Certification records are marked.

There is no online way for a worker to assume ownership of an SDX owned record, other than closure. It must be released by the interface. Note: there may be a change request coming to create a “hidden” maintenance screen that would allow selected workers to release SDX owned case and person records. This screen would be available only to selected state office workers.

Medicaid Eligibility Start Date

When it is determined that an individual is eligible, the start date of eligibility is determined by these rules:

If the person has moved into the state (transaction code 03 or 04), the start date of eligibility is either the first day of the month of Residency (1712) or the Medicaid Effective Date (1704), whichever date is later.

If the person is not new to the state and the Payment Status Code for the current or previous month is E02, then it can be anticipated that the Medicaid Effective Date will be zero and the system should use the Month of Change associated with that Medicaid eligibility information. Also, if the Medicaid Effective date is zero, for example the person is being referred, the start date used on the records will be the first day of the Month Of Change associated with the current eligibility data. Also, when replacing eligibility, if the Medicaid Effective Date on the incoming SDX record is earlier than the start date of the current MEDS eligibility, the Medicaid Effective Date will be used as the start date. Otherwise, the start date of eligibility is the Medicaid Effective Date for new eligibility, or if we’re replacing eligibility it’s the day after that eligibility closes.

Replaced eligibility is closed at the end of the current month, or at the end of the next month if after cut-off.

Case Closures

There are three instances when the interface will directly close an AU Member or Certification. Those are

- Death
- Moved out of State
- SDX has removed the AU Member from the current certification and placed in a new SSI certification.

While we have discussed the rules associated with death of the client and moving out of state elsewhere, we have not discussed that associated with the person being removed from one certification and placed in another.

Anytime there is a Category/Type Case forced by the SSI interface, the closure code used on the old records will be 87 – Rectified by SSI and the date of closure will be one day prior to the date the new certification will begin. A workflow notification will be sent to the old case worker stating that the case has been closed by the SDX interface.

For example, if a person is removed from one certification and placed in a SSI certification, the AU Member record for their old certification will be closed by setting the close date to the first day before the SSI Case begins. The Closure code associated with this act will be 87 – Re-certified by SSI.

For ease of reading, all Case Closure Codes used in the SSI interface are listed below.

Code	Description
78	Moved out of State
87	Re-certified as SSI
89	Death with no Date of Death
90	Death with a Date of Death

Renewal

The SDX interface will force a manual renewal of eligibility for a certification when they are no longer auto-eligible. When it does, the

- Renewal Date is set as the cutoff date of the following month
- The Renewal Code of 7 is placed on the record
- A workflow notice is sent to the case worker. If no case worker is provided, it will be sent to the office supervisor.
- The Case ownership will switch over to MEDS

If MEDS has category 01, 02 or 04 and type case 01 or 03, and an open, eligible record is sent from SDX, the following should be used to calculate the renewal on the cert:

- If the SDX record contains a mandatory eligibility code = N (not eligible), there should be no renewal date or renewal code
- If the SDX record contains a mandatory eligibility code = E (eligible) and the state supplemental amount is \$0, there should be no renewal date or renewal code
- If the SDX record contains a mandatory eligibility code = E (eligible) and the state supplemental amount is greater than \$0 and the renewal date is blank, the renewal date should be 12 months from the current date and the renewal code should be 1. If a renewal date has already been entered, only a low level update should be made.

Approval

Whenever SDX is creating or updating an SSI Certification, the approval code of that certification is 10. Note that when SDX modifies an SSI Cert that was created manually (using approval code 9), the approval code should be changed to 10. A workflow will be sent to the parish office as notification for any newly created certification periods.

Multiple Records for an Individual

An Update interface file can contain multiple records for the same individual. All other interface files will have one and only one record for an individual. When the interface has several records for the same individual, all of them will be processed but in the order indicated by the most recent Record Process Date and then the Current Record Indicator.

Relation to Long Term Care Cases

While the interface will update the SDX prefixed fields on the MEDS records in relation to Long Term Care cases, it will not affect their LTC eligibility. SSI eligibility can be created for periods prior to the LTC eligibility from the interface. If the recipient's death or an out-of-state status is reported on the SSI record, workflow will alert the current case worker of the possible reason for closing the case, but the case will not be automatically closed by the interface process.

Effects on MEDS Certifications

Once it has been determined that an individual referred to the State of Louisiana is eligible or ineligible for Medicaid, the MEDS Records must be acted upon accordingly.

The SDX interface has the functionality to create cases, close cases, refer cases for manual renewal, refer cases for manual eligibility determination, remove individuals from existing cases to place them in an SDX case, and update records on cases that may or may not be SDX.

In order to ensure that the correct actions are taken when an SDX record arrives, the State of Louisiana has devised the following set of rules to govern SDX functions.

Action Rules (See MEISDUN2)

Part of the general logic is that Foster Care cases are MEDS owned even though they are SSI type cases. Though SDX can update the records, they cannot update the Person and AU Member Records other than the SDX specific fields.

Another part of the general logic is that Long Term Care cases cannot be altered by SDX. With this said, the State of Louisiana has decided that it is best for the SDX interface to update the SDX specific fields on the AU member and Person records for LTC cases.

NOTE: It is **illegal** for SDX to close a cert *other than in cases of death or moving out of state*. When SDX receives a closure/non payment/termination for a person currently receiving SSI benefits, all SDX can do is place a Renewal date on the cert and a Renewal code = 7. It is then the case worker's responsibility to review the case for any other eligibility, and only the case worker may actually close the cert by placing a close date on the cert.

If the interface record concerns an open SSI case (open payment status):

Logic

If a Person is not on file, then **Create a New SSI Certification, Action #1**.

If a Person is on file, but not in an open Certification, then, starting with the most recently opened Certification which is now closed:

If the old Certification is of Category 1, 2, 4, 6, 8, 15, or 22, and type case is not 40 (SLMB) then **Re-Certify the case as SSI, Action #3**.

If the old Certification is of Category 14, 17, or 20, and only was of Category 14, 17, or 20 respectively, and only has that person as an AU Member, then **Re-Certify the case as SSI, Action #3**.

Otherwise, **Create a New SSI Certification, Action #1**.

If the Person is on file and in an open Certification that is not Long Term Care and/or Waiver, then

If the Type Case is 78 and the Category is anything but 6, 8 or 22, then update the records. **Action #2**

If the Category is 6, 8 or 22 and the Type Case is 78 or 81, or Category is 8 and Type Case is 29 (SSI suspended), and the renewal code is not 13 (OCS closure) then **update the records** at a lower level. **Action #15**

If the Category is 1, 2, or 4 and the Type Case is 1 or 3, then update the records but do not change the Type Case or Category. **Action #2**

If the Category is 1, 2, or 4, and type case is not 40 (SLMB) then do a Type Case Change to 78 and update the Category from the interface record. Update the other records as well. **Action #6**

If the Category is 6, 8, or 22, and the renewal code is not 13 (OCS closure), then **update the records** at a lower level and change Type Case to 78 but keep the original Category. **Action #13**

If the Category is 6, 8, or 22, and the renewal code is 13 (OCS closure), then change the category to 4 and the Type Case to 78. **Action #14**

If the Category is 15 (State Funded), then notify OCS, and change the Category to 6 and the Type Case to 78 and **update the records** at a lower level. **Action #12**

If the Category is 14 or 20 and has only been of Category 14 or 20 respectively, and has only had that person as an AU Member, then replace with new cert period having Type Case 78 and the Category from the interface record. Update the other records as well. **Action #6**

If the Category is 17 or the type case is 40 then add a second Certification to the Case. The person will now be dual certified. **Action #16**

Otherwise, close the AU Member on the current Certification, perform the Renewal Process, and open a New Case. **Action #11**

If the Person is on file and in an open Certification and it is a Long Term Care Type Case, then:

If the interface record suggests a category code the same as the category of the matching record in MEDS, update the SDX additional fields. **Action #17**

Otherwise, update the SDX additional fields and send a workflow notice to the case worker stating that an alternative category is being suggested. **Action #18**

Note: A low level update is defined by updating the SDX specific fields only. Other fields are left unchanged.

If new eligibility is being created and there is a previously suspended AU Member for that person, close the suspended AU Member.

If the interface record concerns a closed SSI case (non-pay or termination):

Logic

If the Person is on file and in an open Certification that is not Long Term Care, then

If the certification is in SSA Appeal status or is 12 Months Continuous Eligibility do not update any eligibility fields, but if the type case is 78 or 81 update the SDX additional fields. **Action 17**

If the Type Case is 1, 3, 78, or 81 and the Category is 1, 2, or 4 (aged/blind/disabled) then update the records, set the renewal date equal to next month's cutoff date, and send a workflow notice to the case worker. **Action 5**

If the Category is 6, 8 or 22 and the Type Case is 78 or 81, then **update the records** at a lower level, set the renewal date equal to next month's cutoff date, and send a workflow notice to the case worker. **Action 5.5**

Otherwise,

If the person is on file and in an open LTC cert

Update the records as if SDX considered the cert open, **Action 17**

Send a workflow to the worker saying that SDX considers the Cert closed; please review

Else

Ignore, **Action 4** (these are non SDX-owned certifications so cannot be closed from SDX)

If eligibility is being closed due to death and there is a previously suspended AU Member for that person, close the suspended AU Member.

If SSA sends a denial and there is a pending type case 107 send a workflow to the worker to review the pending type case.

If SSA sends a denial and there is an active or pending type case 125 whose application date is before the application date sent through the interface, a workflow should be sent out to the worker to review the 125 certification.

If the interface record concerns a SSI case whose eligibility requires State Determination (referrals?):

Logic

If the Person is on file and in an open Certification, then **Ignore the Interface Record, Action 4.**

Otherwise, **Action 19**

Action #1 Create a New SSI Certification

A new Case is created. The Category of the new Certification will be determined by the interface record and the Type case will be 78.

1. Insert/Update the Person
2. Insert the Case
3. Insert the Case Member linking the Person to the Case
4. Insert an Application for the Case
5. Insert a Certification Period and CPTC for that Case and Application
6. Insert the AU Member
7. Send workflow to parish office supervisor
8. If this has Medicaid Eligible code of Q set the renewal code to 10 and the renewal date to 3 months in the future and send a tracking workflow to the caseload worker to review the case.

Action #2 Update Existing SSI Certification

The Certification is updated.

1. Update the Person
2. Update the Case.
3. Update the Certification Period, CPTC. If the Category has changed, or the existing certification is for future eligibility, and the Type case is not 1 or 3, do a Category/Type Case change with a new Application (using original SDX application date). For Type Case 1 or 3 Certifications, neither the Type Case nor the Category is updated, but other aspects of the record are.
4. If existing SSI cert has Medicaid Eligible code of Q and the new eligibility is a non-Q type, overwrite to create non-Q eligibility. If the existing cert does not have Medicaid Eligible code of Q and the new eligibility does, treat as new Q eligibility setting the renewal code to 10, renewal date to 3 months and creating a tracking workflow.
5. Update the AU Member

Action #3 Re-certify as SSI

The Case is re-certified. The Category of the Certification will be determined by the interface record and the Type case will be 78.

1. Update the Person
2. Insert a new Application for the Case
3. Insert a new Certification Period and CPTC for that Case and Application
4. Insert the AU Member
5. Send workflow to the case worker.

6. If this has Medicaid Eligible code of Q set the renewal code to 10 and the renewal date to 3 months in the future and send a tracking workflow to the caseload worker to review the case.

Action #4 Ignore the Interface Record

Action #5 Close the Certification or Set Renewal Date (a.k.a. Renewal 7)

If the person is reported as having moved out of state or as deceased, then

1. Update and Close the AU Member record.
2. Update and Close the Certification and CPTC records.
3. Update the Person
4. Send a workflow notification to the case worker that the case is closed.

Otherwise

1. Update the AU Member record.
2. Update the Certification and CPTC records.
3. Update of the Person
4. Send workflow notice that there is a need to re-determine eligibility.
5. Set the renewal date equal to the SDX next month's cutoff date and set the renewal code to 7.

Action #5.5 Close the Certification or Set Renewal Date, Update at Low Level

This is for Foster Care cases

If the person is reported as having moved out of state or as deceased, then

1. Update and Close the AU Member record.
2. Update and Close the Certification and CPTC records.
3. Update the SDX fields the Person and the Date of Death/Address
4. Send a workflow notification to the case worker that the case is closed and the reason.

Otherwise

1. Update the AU Member record.
2. Update the Certification and CPTC records.
3. Update the SDX fields of the Person
4. Send workflow notice that there is a need to re-determine eligibility in another Category.
5. Set the renewal date equal to the SDX next month's cutoff date and set the renewal code to 7.

Action #6 Category/Type Case Change

The existing Certification is closed and a new one is opened on the same case. The Category of the Certification will be determined by the interface record and the Type case will be 78.

1. Create Eligibility Determination for new SSI cert period
2. If MEDS cert period not currently in progress
 - Create Eligibility Determination for MEDS cert period
3. Close MEDS AU member – both complete and in progress versions
4. If MEDS cert period is not in progress AND has no other AU members
 - If the cert is currently open
 - Close MEDS cert period with closure code of 87 – Re-certified as SSI
 - Else (start date is in the future)
 - Close MEDS cert period with closure code of 27 – Cancel Future Eligibility
 - End If
 - Else
 - Send workflow to case worker to review case for continued eligibility
6. Add new SSI cert period, CPTC, Au Member, Application, Application Type/Case as In-Progress (type case = 78)
7. Certify SSI cert period, close SSI eligibility determination
8. If MEDS cert period closed,
 - Certify MEDS cert period and close MEDS eligibility determination
9. Update the Person

Action #11 Close AU Member, Renewal, Open New Case

For the person on the interface record, their existing AU Member record is closed out. For the associated Certification, a notice is sent to the case worker. For the person on the interface record, a new Case is opened. For the new Case, the Category will be determined by the interface record and the Type Case will be 78.

1. Create new Case, Case Member, Application, Application Type case for new SSI
1. Create Eligibility Determination for new SSI cert period
2. If MEDS cert period not currently in progress
 Create Eligibility Determination for MEDS cert period
3. Close MEDS AU member – both complete and in progress versions
4. If MEDS cert period is not in progress AND has no other AU members
 Send workflow to Office Location supervisor and to case worker
 Else
 Send workflow to case worker to review case for continued eligibility
5. Add new SSI cert period, CPTC, Au Member as In-Progress (type case = 78)
6. Certify SSI cert period, close SSI eligibility determination
7. If old cert period was L'AMI - owned,
 Change to MEDS-owned
8. Update the Person

Action #12 Foster Care Category/Type Case Change

The existing Certification is closed and a new one is opened on the same case. The Category of the new Certification will be 6 and the Type case will be 78. The new cert period will be MEDS-owned.

1. Create Eligibility Determination for new MEDS cert period
 2. If old MEDS cert period not currently in progress
Create Eligibility Determination for old MEDS cert period
 3. Close MEDS AU member – both complete and in progress versions
 4. If MEDS cert period is not in progress AND has no other AU members
Close MEDS cert period with closure code of 87
Send workflow to case worker – Case re-certified as SSI, notify OCS
- Else
- Send workflow to case worker to review case for continued eligibility, Notify OCS
5. Add new MEDS cert period, CPTC, Au Member as In-Progress (type case = 78) and set the renewal date to be that of the closed cert.
 6. If application date has changed,
add application, application type case
 7. Certify new MEDS cert period, close new MEDS eligibility determination
 8. If old MEDS cert period closed,
Certify old MEDS cert period and close old MEDS eligibility determination
 9. Update the Person SDX fields
 10. Send workflow to case worker – individual SSI certified.
 11. If the SDX eligibility has Medicaid Eligible code of Q send a deletable workflow to the caseload worker to review the case.

Action #13 Foster Care Type Case Change

The existing Certification is closed and a new one is opened on the same case. The Category of the new Certification will be that of the old Certification, but the Type case will be 78. The new cert period will be MEDS-owned.

1. Create Eligibility Determination for new MEDS cert period
2. If old MEDS cert period not currently in progress
Create Eligibility Determination for old MEDS cert period
3. Close old MEDS AU member – both complete and in progress versions
4. If old MEDS cert period is not in progress AND it has no other AU members
Close old MEDS cert period with closure code of 87
Send workflow to case worker - cert closed, individual re-certified in new cert
- Else
Send workflow to case worker to review case for continued eligibility
5. Add new MEDS cert period, CPTC, Au Member as In-Progress (type case = 78) and set the renewal date to be that of the closed cert.
6. Add application, application type case. Certify new MEDS cert period, close new MEDS eligibility determination
7. If old MEDS cert period closed
Certify old MEDS cert period and close old MEDS eligibility determination
8. Update the Person SDX fields
10. Send workflow to case worker – individual SSI certified.
11. If the SDX eligibility has Medicaid Eligible code of Q send a deletable workflow to the caseload worker to review the case.

SIR 265 Changes:

Follow the above procedure, but make the following changes if the person is found on one of the type cases listed below.

Cat Type Case 6-30:

If the person is on an active 6-30 cert with approval code 74, create a new 6-78 cert, but use approval code 74 on the new cert. A 6-30 cert with any other approval code will be converted to a 6-78 with approval code 10.

Cat Type Case 8-29:

If the person is on an active 8-29 cert, regardless of approval code, do not replace the cert. Leave as an 8-29 and merely update the SDX information on the AU member record. This is effectively the same as Action 15.

Cat Type Case 8-31:

If the person is on an active 8-31 cert, replace the cert with an 8-78. The correct approval code for the new cert depends on the approval code of the old cert.

8-31 has Appv Code 74 → new 8-78 should have Appv Code 25

8-31 has Appv Code 75 → new 8-78 should have Appv Code 75

8-31 has Appv Code 79 → new 8-78 should have Appv Code 79

An 8-31 with any other approval code will be converted to an 8-78 with Appv Code 10.

Action #14 Foster Care Closure Category/Type Case Change

The existing Certification is closed and a new one is opened on the same case. The Category of the new Certification will be 4 and the Type case will be 78. The new cert period will be SDX-owned.

1. Create Eligibility Determination for new MEDS cert period
2. If old MEDS cert period not currently in progress
 Create Eligibility Determination for old MEDS cert period
3. Close old MEDS AU member – both complete and in progress versions
4. Close old MEDS cert period with closure code of 87
 Send workflow to case worker - cert closed, individual re-certified in new cert
5. Add new MEDS cert period, CPTC, AU Member as In-Progress (category = 4, type case = 78)
6. Add application, application type case. Certify new MEDS cert period, close new MEDS eligibility determination. Update the caseload to the default SDX caseload.
7. Certify old MEDS cert period and close old MEDS eligibility determination
8. Update the Person SDX fields
9. Send workflow to case worker – individual SSI certified.
10. If the SDX eligibility has Medicaid Eligible code of Q send a deletable workflow to the caseload worker to review the case.

Action #15 Foster Care Update

No Certifications are revoked or created. Records are updated the low level of

1. Update the SDX fields on the Person record.
2. Update the Certification Period and CPTC. The Certification is MEDS Owned in this situation.
3. Update the AU Member
4. If the SDX eligibility has Medicaid Eligible code of Q send a deletable workflow to the caseload worker to review the case.

Action #16 Dual Certification

Dual Certification will be made. No Certification is revoked but one is created.

1. Update the Person
2. Insert an Application for the existing Case
3. Insert a Certification Period and CPTC.
4. Insert the AU Member
5. Send workflow notification to the case worker

Action #17 Update SDX Specific Fields Only

No new Certification is issued. The Category and Type Case is not updated. The records are left as MEDS Owned. This is used for Long Term Care, OCS and SSI cases and those in SSA Appeal status (renewal code 9) or having 12 Months Continuous Eligibility.

1. Update the SDX specific fields on the Person records
2. Update the SDX specific fields on the Certification Period and CPTC record. No certification period changes are made.
3. If this is not an LTC or OCS category type case, not in SSA Appeal status and it's not Q-type eligibility updating existing un-reviewed Q-type eligibility, reset the renewal date and code as SDX is reclaiming this case.
4. Update the SDX specific fields on the AU Member record
5. A workflow notification is sent to the case worker stating that the LTC individual has been approved for SSI.

Action #18 Update SDX Specific Fields Only and Send a Notification

No new Certification is issued. The Category and Type Case is not updated. The records are left as MEDS Owned. A notification is sent through workflow. This is used for Long Term Care, OCS and SSI cases.

1. Update the SDX specific fields on the Person records
2. Update the SDX specific fields on the Certification Period and CPTC record.
3. If this is not an LTC or OCS category type case reset the renewal date and code as SDX is reclaiming this case.
4. Update the SDX specific fields on the AU Member record
5. A workflow notification is sent to the case worker stating that the SDX suggested category is different from that used.

Action #19 Create a Referred Case

The initial implementation of MEDS will not process referrals. They should be treated as action #4 – Ignore until further notice.

Required Fields on Relevant Entities

This section defines where information is stored in non-SDX specific fields on the relevant MEDS entities. It also discusses how certain fields are to be defined from the interface records.

Application

Every new SDX Certification will be associated with its own Application. No specific fields related to the SDX record are stored on the Application. The following general fields are affected by the interface whenever a new Application is inserted by the SDX interface. The Application record is not updated by the SDX interface.

Note: Essential persons are not Probable Clients on the Application in any regards. The Eligible Individual is the only Probable Client.

R	F	Field	Description
R	N13	Case-Num	From the associated Case
R	N3	Appl-Num	System generated when adding the record.
R	N8	Appl-Date	From the interface record
R	N4	Wrkr-Num	Not Used in the Interface record. (Pos. 534-542)
R	N4	Loc-Id	Matching the Case Location Id
R	A4	Loc-Type	Parish
R	N13	Prob-Client	The MEDS Person ID of the person on the interface record

Tech Notes:

The system must allow for the insertion of an Application without a Worker Number for the SDX interface.

AU Member

Every new SDX Certification will be associated with its own AU Member records. There exists several fields specific to the SDX record. The AU Member records are both inserted and updated by the SDX interface. Records are also closed.

Note: Both the Eligible Individual and the Essential Person are AU Members.

R	F	Field	Description
R	N13	Case-Num	From the associated Case.
R	N4	Cert-Period-Num	From the associated Certification Period.
R	N3	AU-Member-Num	System generated when adding the record.
R	N13	Person-Num	From the associated Person.
R	N8	Start-Date	Medicaid Effective Date unless moved in State
O	N8	Close-Date	Only set if moved out of state or death
O	N2	Closure Code	Follow Closure Code Rules
R	A2	Marital Status	On interface record. (Pos. 113-114)
R	A2	Relationship to Client	Derive from record structure.
R	A1	Medicare Code	Default to #Unknown

Case

The Case records can be reused. No specific fields related to the SDX record are stored on the Case. The following general fields are affected by the interface whenever a new Case is inserted by the SDX interface. The Case record can be updated by the SDX interface.

R	F	Field	Description
R	N13	Case-Num	System generated when adding the record.
R	A4	Res-Loc-Type	"P" – Parish.
R	N4	Res-Loc-Id	Where the Case Resides. From interface Record.
R	N4	Case Load Key, Loc-Type	Not assigned by the Interface
R	N4	Case Load Key, Loc-Id	Not assigned by the Interface
R	N3	Case Load Key, CSLD-Num	Not assigned by the Interface

Tech Notes:

The system must allow for the insertion of Case without a Case Load Number for the SDX interface.

When inserting or updating a case without a Case Load Number, a workflow message must be sent to the parish office supervisor to assign the case to an individual case worker.

The location type is always "Parish"

Case Member

The Case Member object relates the Person to the Case. No SDX information is stored on this entity. Both the Eligible Person and the Essential Person are stored as Case Members.

R	F	Field	Description
R	N13	Case-Num	From the associated Case.
R	N13	Person-Num	From the associated Person.

Certification Period

SDX Certifications will be inserted and updated. There are no fields specific to the SDX interface record. Records are also closed. Ownership of the Certification can change between MEDS and SDX without a new certification being issued.

R	F	Field	Description
R	N13	Case-Num	From the associated Case.
R	N3	Appl-Num	From the associated Application.
R	N4	Cert-Period-Num	System generated when adding the record.
R	N13	Client-Num	From the associated Person.
R	N8	Start-Date	See start date rules in Medicaid Eligibility Start Date section
O	N8	Close-Date	See close date rules in Medicaid Eligibility Start Date section
O	N2	Closure-Code	See closure code rules
O	A8	Ext-Sys	#SDX or MEDS, depending on the Category

CPTC

SDX Certifications are associated with one and only one CPTC. The CPTC records will be inserted and updated. There is at least one field specific to the SDX interface record. These records are also closed.

R	F	Field	Description
R	N13	Case-Num	From the associated Case
R	N4	Cert-Period-Num	From the associated Certification Period
R	N3	Category Code	Derived from Interface Record
R	N3	Type-Case	Derived from Interface Record
R	N8	CPTC-Start-Date	See start date rules in Medicaid Eligibility Start Date section
O	N8	CPTC-Close-Date	See close date rules in Medicaid Eligibility Start Date section
R	N2	Appv-Code	10 for SDX owned updated and inserted Certifications
O	N8	Renewal-Date	See Renewal Date Rules
O	N1	Renewal-Code	See Renewal Date Rules
O	N2	Closure-Code	See closure code rules

Person

People on the SDX interface will be inserted and updated on MEDS. There are several fields specific to the SDX interface record. Ownership of a person record can be changed between SDX and MEDS and LAMI and SDX.

R	F	Field	Description
R	N13	Person-Num	System generated when adding the record.
R	N4	Res-Parish	Matching the Case Res Location Id. From the interface record
R	A20	First Name	On interface record. (Pos. 85-95)
7O	A1	Middle-Init	On interface record. (Pos. 95-96)
R	A25	Last-Name	On interface record. (Pos. 66-85)
R	N9	SSN	On interface record. (Pos. 43-52)
O	A12	SSN-Claim-Num	On interface record. (Pos. 52-64)
R	N8	Birth Date	On interface record. (Pos. 102-110)
R	A35	Addr (1)	On interface record. (Pos. 337-512, one of the lines)
O	A35	Addr (2)	On interface record. (Pos. 337-512, one of the lines)
O	A35	Addr (3)	On interface record. (Pos. 337-512, one of the lines)
R	A20	City	
R	A2	State	
R	N5	Zip-Code	On interface record. (Pos. 512-517)
O	N5	Ex-Zip-Code	On interface record. (Pos. 517-521)
O	N10	Phone-Num	On interface record. (Pos. 524-534)
R	N1	Sex-Code	On interface record. (Pos. 110-111)
O	N1	Race-Code	On interface record. (Pos. 111-112)
R	A1	Citizenship	See citizenship rules
O	N8	Date-of-Death	On interface record. (Pos. 561-569)
O	A8	Ext-Sys	"SDX" (except for LTC cases)
		SDX Information	

The State is assumed to be listed as the last non-blank address line on the interface record's Residence Address field. The City is assumed to be listed as the second to last non-blank address line.

Resolved Issues

Question: Will retroactively open/closed cases be added to the system? *Answer:* They will not because of the difficulties associated with determining their existence and the period of retroactive eligibility.

The SDX interface will not use Error Suspense processing but will use the External Data file will be used so that multiple passes at the interface file can be made.

Question: Does the system need to keep track of the numerous obsolete codes (such as the Jan. 73 Payment code)? *Answer:* NO

Question: Zebley Indicator (field 112) what does it imply? Besides storing this data, how is it used? *Answer:* It has been determined that the Zebley indicator is unimportant and will not be stored or used in any way.

SDX can only automatically Close SSI Cases due to death or "moved out state" closure codes. All other case closures are referred to the worker via a MEDS workflow Item. An LDA needs to be created which holds these closure codes so that they do not have to be "hard-coded" into the program (based on closure codes listed in the Closure Code table).

Non-zero date residency began (pos. 1712) determines the RME date for Transaction Codes (pos. 0006) of 03. 03 – New to State, eligible for SSI/Supplementation. There is no field called RME Date. RME Date is for Retroactive-Medicaid-Eligibility and is used for a start date that is in the past. The Start date could be that of the CPTC, Cert Period, Case, etc. In all other cases, the SSI Effective Date is moved to the RME Date. Where is the so-called "SSI Effective Date" field on the interface file layout? *Answered in the above discussions on Medicaid Eligibility Date and Intrastate Moves.*

SDX Update and Treasury Interface (MED0200)

The Update and Treasury interface files are processed in the same manner. MEDS records are updated to reflect current SSI status. Reports will be generated for detected errors and program statistics. Workflow notifications will be sent regarding necessary actions to be taken by the MEDS case workers and office supervisors. See the above business rules for further clarification.

The process of updating MEDS based on SDX data can be broken into the following phases:

- Insert the SSI data into the MEDS External Data file
- Validate and sift the interface records
 - Ensure the field formats are correct
 - Ensure the field code values correspond to those recorded in the interface reference tables
 - Ensure the necessary information for creating/closing a Certification of Eligibility for an individual is in the record. This includes all needed Person information.
 - If the record has an associated essential person record, ensure the essential person record exists. Likewise if an essential person record exists, ensure it has an associated client record on the interface file.
- Apply all valid SSI cases against the MEDS cases
 - With eligible individual records (recipient types of Aged, Blind and Disabled), apply the records against MEDS.
 - Update the SSN if necessary.
 - Sift the data to process versions of a person's SSI record in the order received according to the Record Processing Date and Current Record Indicator.
 - Determine if the interface record reflects an open, closed, or referred period of eligibility.
 - Determine the appropriate action to take against the MEDS records according to the Heuristics of Actions.
 - Get a second view of the External Data file if any Essential Person records exist associated with the client. Treat Essential Person and Eligible Individual records in tandem against the MEDS records, applying the same rules for the Essential Person record as for the client, but driving the action determination from the client record.

Volumes and Frequency

22,000 records are processed weekly.

MED0200 – SDX Update/Treasury

System Tables

Review List (Workflow) Reason Code

Standard Request	Description
SDXAPPL	SSI certified; review pending application
SDXCERT	Individual SSI certified
SDXCLSE	The Current Certification has been closed and the AU Member has been re-certified under a new Case.
SDXDCT	The individual is now dual certified with SDX.
SDXDEAD	The individual has been reported as dead. Eligibility has been revoked.
SDXEP	The Essential Person is no longer eligible. Special Needs Reduction should occur.
SDXLSTAU	Last AU mem removed; cert closed by SDX
SDXLTC	The Category/Type Case on a Long Term Care case does not reflect that suggested by SDX. The worker may wish to update the Category.
SDXLTCAP	LTC Individual approved for SSI
SDXLTCCL	SDX considers a Long Term Care case closed. The worker may wish to review the Case.
SDXMOVEN	The individual has moved within the state. The case is now assigned to this parish.
SDXMOVEO	The individual has moved within the state. The case has been reassigned to another parish.
SDXMOVEW	The individual has moved within the state. The case has should be assigned to a new parish, but it is not an SDX case so it won't be moved.
SDXNEW	Office supervisor is to assign the case to a case worker.
SDXOOST	The individual is Out of the State. Eligibility has been revoked.
SDXQREV	Must Review – Qualifying Trust may exist
SDXREAPV	SDX has re-approved cert; renewal removed
SDXREDTR	An individual has been reassigned to an SSI Certification. Renew Eligibility of the existing Certification without this member.
SDXREDTS	Case worker is notified to Renew eligibility of an existing SDX certification. The individual is no longer auto-eligible for SSI Medicaid.
SDXSTATE	SDX State/Parish of Jurisdiction not LA
SDXSLMB	Review SLMB – Active SSI
SDXREASL	SDX has re-approved cert; review SLMB
	SSI app MM/DD/YY (SSI Application date) denied-rvw pending 107
SDXMPP	New SDX cert added;stop MPP Payment
HSPCREPL	Type Case changed: add Hospice to new cert

Run Control MEXPRCL

Standard Request	Name	Description
SDXUPDT	#SDX-UPDATE-TREAS	SDX Update/Treasury (SSN 000000000 - 999999999)

Parameters

These can be found under NATURAL.PARMLIB(MED0200*)

Update/Treasury uses the same programs as Reconciliation, so each member requires an input Process ID parameter of SDXUPDT. To speed up the Reconciliation process, Step5 (MEISDUZ5 - MEDS Update) is split into three jobs, each requiring parameters of Process ID and starting and ending SSNs. This does not apply to Update/Treasury, but the SSN parameters must still be set (as above).

Redefinition of Restart-Data (MEISDUZL)

Some steps have specific restart data indicating the number of records processed so that figures are correctly reported in the event of a restart.

Name	Format	Description
Status	A1	Process Step. (See MEIISCL2) 1 – Load; 2 – Validate and Sift; 3- Extract report files; 4 – Extract complete; 5– Print complete; 6 – Update.
Run Date	N8	Run Date or Date of Last Run.
Record Count	N9	Number of detail records processed.

Step1

SSR Run Num	A13	Run Number on the last interface file being processed (A7).
File Date	A6	Date of the last interface processed. <i>(No Century Available)</i>
	N8	L'AMI data load use only
	N6	L'AMI data load use only
Dtl Rec Count	N9	Number of detail records read.
Referrals Ignored	N9	Recs of Med Elig Code 'R' which were not loaded to Ext Data
EXT-DATA errs	N9	Errors loading ME-EXT-DATA records
EXT-DATA recs created	N9	ME-EXT-DATA records successfully created
Dtl recs on Reel	N9	From file header
Hdr Reel Num	A2	From file header
Reel recs Total	N9	Program counter

Step 2

EXT-DATA errs	N9	Errors updating ME-EXT-DATA records
EXT-DATA recs in error	N9	ME-EXT-DATA records found to contain errors

Step5

EXT-DATA recs ignored	N9	ME-EXT-DATA records which do not update MEDS
EXT-DATA recs creating MEDS	N9	ME-EXT-DATA records which create MEDS cases
EXT-DATA recs updating MEDS	N9	ME-EXT-DATA records which update MEDS cases

EXT-DATA errs	N9	Errors updating ME-EXT-DATA records
Match by SSN	N9	MEDS records matching SSN of SDX Person
Match by Name	N9	MEDS records matching Name of SDX Person

SDX Update/Treasury & Reconciliation – Data Load (MEISDUZ1)

This program will read the SDX file and insert each record into file ME-EXTERNAL-DATA.

Program Logic

Restart Processing

Complete this process only if the Restart Status is 1 – Load or if this is a new run.

Restart processing consists of reading the Record Number off of the restart-data of the run-control record, and starting the process of reading data in the interface file from the first record after the last processed. Check the file header record File Identification field to ensure that the exact same interface file is used when restarting the process. Also, be sure detail record type is not RF or BJ (Recon, Pickle One files).

Upon successful completion of the step, the run control status should be marked as 2 – Validate.

Processing

Read SDX Interface File

Move field values from SDX Interface File according to the LDA to the ME-EXTERNAL-DATA view (At conversion, all referral records [Medicaid Eligibility Code(1) of 'R'] are ignored – the number of such records is reported on the Control report)

ZIP+4 can not contain a value of 9999, if present, reset to 0000.

Store ME-EXTERNAL-DATA with Status = 'B' ("Base" – see MEIISCL)

Check ET counter; update ME-RUN-CNTL and issue ET if necessary

End-Read

Update ME-RUN-CNTL

Issue final ET

SDX Update/Treasury & Reconciliation – Data Validation (MEISDUZ2)

This program will read the SDX data from ME-EXTERNAL-DATA and prepare the data for updating MEDS. Validations include validating field values, record integrity, and file integrity.

Program Logic

Restart Processing

Complete this process only if the Restart Status is 2 – Validate.

Restart processing consists of reading the Run Number off of the restart-data of the run-control record, and starting the processes.

Upon successful completion of the step, the run control status should be marked as 3 – Extract report files.

Processing

Read ME-EXTERNAL-DATA by Status ('B'), Process ('SDXUPDT'), Run # (from run control)

 Perform data value validations

 Perform logical condition validations for fundamentally necessary data existence

 Perform checks to ensure that essential person and eligible person records can be correlated.

 If no errors,

 Update record to status 'V' ("Validated" – see MEIISCL)

 Else

 Remove the record from the External Data file and report the error. (Blank out the record status.)

 End If

End Read

Update ME-RUN-CNTL

Issue final ET

SDX Update/Treasury & Reconciliation – Extract report data (MEISDUZ3)

This program will read the SDX data from ME-EXTERNAL-DATA and extract data for reports.

Program Logic

Restart Processing

Complete this process only if the Restart Status is 3 – Extract report files.

Restart processing consists of reading the Run Number off of the restart-data of the run-control record, and starting the processes.

Upon successful completion of the step, the run control status should be marked as 4 - Extract Complete.

Processing

Read ME-EXTERNAL-DATA by Status ('V'), Process ('SDXUPDT'), Run # (from run control)
 Perform data extract
End Read

SDX Update/Treasury & Reconciliation – Write Reports (MEISDUZ4)

This program will read the SDX data from ME-EXTERNAL-DATA and extract data for reports.

Program Logic

Restart Processing

Complete this process only if the Restart Status is 4 – Extract complete.

Restart processing consists of reading the Run Number off of the restart-data of the run-control record, and starting the processes.

Upon successful completion of the step, the run control status should be marked as 5 - Print complete.

Processing

Read extract files created in MEISDUZ3
 Write reports
End Read

SDX Update/Treasury & Reconciliation – Update MEDS (MEISDUZ5)

This program will read the SDX update data from ME-EXTERNAL-DATA and update the appropriate files in the MEDS database

Program Logic

Restart Processing

Complete this process only if the Restart Status is 5 – Print complete.

Restart processing consists of reading the Run Number off of the restart-data of the run-control record, and starting the processes.

Upon successful completion of the update step, the run control record should be marked as 6 – Update Complete.

Processing

If records are created, extract details for reports (see CR#24)

Read ME-EXTERNAL-DATA by Status ('V'), Process ('SDXUPDT'), Run # (from run control)

Process the records in order of the Record Process Date and Current Record Indicator. Do not process Essential Person Records initially. (Recipient type of ES) The Essential Person records will be processed after eligibility determination has been made and the effects of the SDX records on the MEDS system have been determined.

Reset Passed Logicals to False of

- Long Term Care
- Foster Care
- Dual Certified
- SLMB
- Use Existing Case
- SDX Closed
- Referral
- Out Of State
- Dead
- AU Member Suspended

Reset Program Internal Logicals to False

- Renewal Logical

Determine the case status of the Interface record – Open, Renewal, Closed or Referred.

If the Person is Dead, set the Dead Logical to True

If the Person moved out of State, set Out Of State Logical True (unless Goldberg/Kelly appeal exists)

If the Interface record is Referred, set the Referral Logical to True. (NB: at conversion, all referral records [Medicaid Eligibility Code(1) of 'R'] are ignored – see MEISDUZ1)

If the Interface Case is not auto-eligible and not Referred, set the Renewal Cert Logical to True

Determine the Suggested Category and Type Case from the Recipient Type and Medicaid Eligibility Rules. Note, if the case is not auto-eligible, set the Type Case to 78.

If the interface record is not open
 Set SDX Closed logical to true
End If

If the record indicates the existence of an Essential Person
 Set the Essential Person Indicator to True
 Perform Find SDX Essential Person
 Perform Find SDX Essential Person on MEDS
 On error, report it and perform Mark External Data Record as Processed
End If

Find the individual's Person Record

Attempt to match the person on the interface file with a person on the MEDS system. If the SSN update indicator is marked, then search for the person with the old SSN. If this fails, attempt to search for the individual with the new SSN.

If the Person does not exist on MEDS, then
 If the Out-of-State, Dead, or Renewal Cert Logical is True
 Perform Mark External Data Record as Processed
 Else, SDX is referring or opening a case
 If the EP Existence Indicator is True

Got to here in regards to using the Essential Person Processing

 Callnat Action/Workflow Creation Subprogram (MEISDXN1)
 Passing an Action Code of A – Create a New Case
 Perform Mark External Data Record as Processed
 End if
 Escape top to get the next record.
End If.

Set Current Person Number to that returned by the search.

The Person has been found on the MEDS files and the Person ID has been determined. Further determinations are made prior to taking action.

Retrieve Their Open AU Member record and its associated CPTC

Read AU Member by Close Date 9c, Claims Suspend Date 9c, Person Num, Case Num Cert Num
Starting from Run Date 9c, Run Date 9c, Current Person Num

If the AU Member is suspended
 Set AU Member Suspended Logical to True
 Escape top to get the next AU Member
End If

Histogram (1) the CPTC file to retrieve the most recent CPTC for this AU Member. The AU Member Record has been determined to be open, therefore so should the CPTC record.
Move the found records to the Current Case, Cert, AU Member, Category, Type Case, Renewal Code and Approval Code

End Read

Perform Determine Existence of Dual Certification
If Current Category = 17 (QMB) or Type Case = 40 (SLMB)
 Move the Current Case Number to the Dual Certified Case Num
 Set the Dual Certified Logical to true If Type Case = 40
 Set SMLB Logical to true
 End If
 If Alt Case Num GT Zero
 Move the Alt Case, Cert, AU, Category and Type Case to the Current Category and Type Case
 End If
Else
 If Alt Case Num is Greater than Zero
 Move Alt Case Num to Dual Certified Case Num
 Set Dual Certified Logical to True
 If Type Case = 40
 Set SMLB Logical to true
 End If
 End If
End If

If Current Case Num Greater than Zero

Type Case Long Term Care

If the CPTC.Type Case is Long Term Care
 Set the Long Term Care Logical to True

Out of State or Death

If the Out of State or Death Logical is True
 Perform Out of State or Death
 Escape top to get the next record.
End If

Set the Action Code to G – Update existing Person, Case, and AU Member records
Callnat Action/Workflow Update Subprogram (MEISDXN2)
Perform Mark External Data Record as Processed
Escape top to get the next record.

End if

Category 1, 2, or 4, Open AU Member

If the CPTC.Category is 1, 2, or 4 and CPTC.Type Case is not 40

Out of State or Death

If the Out of State or Death Logical is True
 Perform Out of State or Death
 Escape top to get the next record.
End If

Renewal or Referral

If Renewal or Referral logical is True
 Perform Renewal or Referral
 Escape top to get the next record.
End If

Open

If the Type Case is 1 or 3

Or (the CPTC.Category = Suggested Category

And the CPTC.Type Case = Suggested Type Case

And the Cert.State Date < current date) /* this is not future eligibility

Set Action Code to G – Update existing Person, Case, and AU Member records.

Callnat Action/Workflow Update Subprogram (MEISDXN2)

Else

Perform Determine Existence of Other AU Members on Current Certification

If Existence of Others Logical is True

Set Action Code to D – Remove the AU Member from the Existing Certification and

Create a New Case for that AU Member

Else

Set Action Code to C – Replace Certification with a new Certification on the Existing

Case

End If

Callnat Action/Workflow Creation Subprogram (MEISDXN1)

End If

Perform Mark External Data Record as Processed

Escape top to get the next record.

End If

Category 6, 8, 22 – Foster Care, Open AU Member

If the CPTC.Category is 6, 8, or 22

Set the Foster Care Logical to True

Out of State or Death

If the Out of State or Death Logical is True

Perform Out of State or Death

Escape top to get the next record.

End If

Renewal or Referral

If Renewal or Referral logical is True and renewal code not = 13

Perform Renewal or Referral

Escape top to get the next record.

End If

Open

If the CPTC.Type Case is 78 or 81

Set the Suggested Category = Current Category

Set Action Code to G – Update existing Person, Case, and AU Member records.

Callnat Action/Workflow Update Subprogram (MEISDXN2)

Else

Set the Suggested Type Case = 78

If Renewal Code = 13 /* OCS Closure Renewal Code

Set the Foster Care Logical to False

Set the Suggested Category = Category 4

Else

Set the Suggested Category = Current Category

End If
Perform Determine Existence of Other AU Members on Current Certification
If Existence of Others Logical is True
 Set Action Code to D – Remove the AU Member from the Existing Certification and
 Create a New Case for that AU Member
Else
 Set Action Code to C – Replace Certification with a new Certification on the Existing
 Case
End If
Callnat Action/Workflow Creation Subprogram (MEISDXN1)
End If
Perform Mark External Data Record as Processed
Escape top to get the next record.

End If

Category 15, Type Case Not SSI – Foster Care, Open AU Member

If the Category is 15
 Set the Suggested Category = 6
 Set the Suggested Type Case = 78
 Set the Foster Care Logical to True

 Out of State or Death
 If the Out of State or Death Logical is True
 Perform Out of State or Death
 Escape top to get the next record.
 End If

 Renewal or Referral
 If Renewal or Referral logical is True
 Perform Mark External Data Record as Processed
 Escape top to get the next record.
 End If

 Open
 Perform Determine Existence of Other AU Members on Current Certification
 If Existence of Others Logical is True
 Set Action Code to D – Remove the AU Member from the Existing Certification and Create
 a New Case for that AU Member
 Else
 Set Action Code to C – Replace Certification with a new Certification on the Existing Case
 End If

 Callnat Action/Workflow Creation Subprogram (MEISDXN1)
 Perform Mark External Data Record as Processed
 Escape top to get the next record.

End If

Category 14 and 20, Type Case Not SSI, Open AU Member

If the Category is 14 or 20

Out of State or Death

If the Out of State or Death Logical is True
 Perform Out of State or Death
 Escape top to get the next record.
End If

Renewal or Referral

If Renewal or Referral logical is True
 Perform Mark External Data Record as Processed
 Escape top to get the next record.
End If

Open

Perform Determine Existence of Other AU Members on Current Certification
If Existence of Others Logical is True
 Set Action Code to D – Remove the AU Member from the Existing Certification and Create
 a New Case for that AU Member
Else
 Perform Determine Existence of Historical Alternative Categories on the Case
 If Other Historical Category Logical is False
 Perform Determine Existence of Historical Alternative AU Members on the Case
 End If
 If Other Historical Category is True
 Or Historical AU Members is True
 Set Action Code to B – Replace Certification with a new Certification on a New Case
 Else
 Set Action Code to C – Replace Certification with a new Certification on the Existing
 Case
 End If
End If
Callnat Action/Workflow Creation Subprogram (MEISDXN1)
Perform Mark External Data Record as Processed
Escape top to get the next record.

End If

Category 17 or Type Case 40, Open AU Member, no other certifications exists

If the Category is 17 or Type Case is 40

Out of State or Death

If the Out of State or Death Logical is True
 Perform Out of State or Death
 Escape top to get the next record.
End If

Renewal or Referral

If Renewal or Referral logical is True
 Perform Mark External Data Record as Processed
 Escape top to get the next record.
End If

Open

Set Action Code to A – Create a new Case
Set Use Existing Case Logical to True
Callnat Action/ Workflow Creation Subprogram (MEISDXN1)
Perform Mark External Data Record as Processed
Escape top

End If

All Other Open AU Member Records*Out of State or Death*

If the Out of State or Death Logical is True
Perform Out of State or Death
Escape top to get the next record.

End If

Renewal or Referral

If Renewal or Referral logical is True
Perform Mark External Data Record as Processed
Escape top to get the next record.

End If

Open

Perform Determine Existence of Other AU Members on Current Certification
If Existence of Others Logical is True
Set Action Code to D – Remove the AU Member from the Existing Certification and Create a
New Case for that AU Member
Else
Set Action Code to B – Replace Certification with a new Certification on a New Case
End If
Callnat Action/Workflow Creation Subprogram (MEISDXN1)
Perform Mark External Data Record as Processed
Escape Top

End If on the existence of an open AU Member Record

No Open AU Member Records

If the Out of State, Death, or Renewal Logical is True
Perform Mark External Data Record as Processed
Escape top to get the next record.

End If

Open

Set Action Code of A – Create a New Case and the Determined Person Number
Read AU Member to retrieve the most recently opened AU member record (its status should be
closed.)
If returned
Read the CPTC of this AU Member record to retrieve the most recent Category/Type Case.
If Category is not 3, 5, 13 or 16; /* (C-related cases)
Set the Use Existing Case Logical to True
Set the Current Case Num to the AU Member Case Num
End if

```
End If
End If

Read Case Member by person-num-case-num
  If a case is found
    Read Application by case-num-appl-num
      If person is probable client and an application is pending or rejected
        If Current Case Num = 0      /* no open or closed AUM found
          Move the existing Case Num into the Current Case Num
          Set the Use Existing Case Logical to True
        End If
        If application is pending
          Send a workflow of SDXAPPL to the Application Worker notifying
            them there is a pending application to complete.
        End If
      End If
    End Read
    If no applications are found    /* this is lowest in the hierarchy finding a case to use
      Move the existing Case Num into the Current Case Num
      Set the Use Existing Case Logical to True
    End If
  End If
End Read

Callnat Action/Workflow Creation Subprogram (MEISDXN1)
Perform Mark External Data Record as Processed

End Read
```

Subroutine: Determine Existence of Dual Certification

Input: Case Num, Cert Num, AU Num, Category, Person Num, Min Close

Output: Alt Case Num, Alt Cert Num, Alt Category/Type Case, Alt AU Num, Internal Error Handler

Purpose: The person has been determined to exist in a current Category 17 or Type Case 40, which allows dual certification. The question is: Does the person have an active status in an alternative certification? If it is found to be true, the Alternative Case is returned.

Or

The person has been determined to exist in a current Certification. The question is: Does the person have an active status in Dual Certifiable case. If it is found to be true, the Dual Certified Case is returned.

Process

Reset the Output Alternative Certification Numbers

Read (1) AU Member by Close Date 9c, Claims Suspend Date 9c, Person Num, Case Num Cert Num
Starting from Input Min Close 9c, Input Min Close 9c, Input Person Num

Accept if Case Num NE Input Case Num
And Cert Num NE Input Cert Num

Histogram (1) CPTC for the relevant record corresponding to that found
Move the discovered Case Num to Alt Case Num and Cert Num to Alt Cert Num and AU Num to Alt
AU Num and Category/Type Case to Alt Category/Type Case

End Read

Error Checking

If Current Case Category is 17

 If Alt Category is 17
 Return an error

 End If

Else

 If Alt Category is not 17
 Return an error

 End If

End If

Subroutine: Determine Existence of Historical Alternative Categories on the Case

Input: Case Num, Category

Output: Other Historical Category Logical

Purpose: The person has been determined to have had or currently have a Category 14, 17, or 20. The question is whether this case has ever had activity under another Category besides the current Category, or of Category 1, 2, or 4 and Type Case SSI.

Histogram the CPTC for all other CPTCs of this Case

```
If CPTC.Category NE Input Category and
(Category is not 1, 2, or 4 OR Type Case is not SSI)
  Set the Other Historical Category Logical to True
  Escape Routine
End if
```

End Histogram

Subroutine: Determine Existence of Historical Alternative AU Members on the Case

Input: Case Num, Person Num 1, Person Num 2,

Output: Others Historical AU Members Logical

Purpose: To determine if any other people have ever been on this certification.

Histogram AU Member by Case-Person-Cert Descriptor Starting with Case Num

```
If AU-Member.Person Num NE Person-Num-1
And AU-Member.AU Member Num NE Person-Num-2
  Set Others Historical AU Members Logical to True
End If
```

End histogram

Subroutine: Determine Existence of Other AU Members on Current Certification

Input: Case Num, Cert Num, Person Num 1, Person Num 2, Min Close

Output: Existence of Others Logical

Purpose: To determine if any other people are active on this Certification.

Histogram AU Member by Close Date 9c, Claims Suspend Date 9c, Person Num, Case Num Cert Num Starting from Input Min Close 9c, Input Min Close 9c

```
If AU-Member. Person-Num NE Person-Num-1
And AU-Member. Person-Num NE Person-Num-2
  Set Existence of Others Logical to True
End If
```

End Histogram

Subroutine: Find SDX Essential Person

Input: Eligible Person's SDX record

Output: Essential Person's SDX Record, Local Error handler

Read-2 (1) ME-EXTERNAL-DATA by Status ('V'), Process ('SDXUPDT'), Run # (from run control) for the Essential Person Record

 Accept if the Record Process Date is the same as that of the Eligible Individual

 And the Current Record Indicator is the same as that of the Eligible Individual

 And the Recipient Type is "EP" – Essential Person

 And the SSN of the Essential Person = Essential Person's SSN on the Eligible Individual's Record

 And the WIN of the Essential Person = Essential Person's WIN on the Eligible Individual's Record

End If

If the SSN of the Eligible Person NE SSN of the Essential Person on the Essential Person Record

Or the WIN of the Eligible Person NE WIN of the Essential Person on the Essential Person Record

 Return an error

End If

Escape Routine

Subroutine: Find SDX Essential Person on MEDS

Input: Eligible Person's SDX record, Case Num, Cert Period Num

Output: Person Num, Case Num, AU Member Num, Error handler

Purpose: Find the person and their current certification status

Attempt to match the essential person on the interface file with a person on the MEDS system. If the SSN update indicator is marked, then search for the person with the old SSN. If this fails, attempt to search for the individual with the new SSN.

If no Person Record is found

 Escape Program

End If

Subroutine: Out of State or Death

Input: Case Num, Cert Num, AU Num, Category, Person Num, etc.

Perform Determine Existence of Other AU Members on Current Certification

If Existence of Others Logical is True and Type Case is not 1, 3, 78 or 81

 Set the Action Code to H – Close existing AU Member for Out of State or Death

Else

 Set the Action Code to E – Close existing Certification for Out of State or Death

End If

Callnat Action/Workflow Update Subprog (MEISDXN2)

Perform Mark External Data Record as Processed

Subroutine: Renewal or Referral

Input: Case Num, Cert Num, AU Num, Category, Type Case, Person Num, etc.

If Type Case is 1, 3, 78, or 81

 Set Action F – Renew Eligibility of an Existing Case because they are no longer auto-eligible

 Callnat Action/Workflow Update Subprog (MEISDXN2)

End if

Perform Mark External Data Record as Processed

Mark External Data Record as Processed

For the External Data Record given as input, passed

 Set the Status of the External Data Record to "Blank" – Processed /Deleted

 Validate and Update the External Data Record.

 If Essential Person Logical is True

 Read-2 (1) ME-EXTERNAL-DATA by Status ('V'), Process ('SDXUPDT'), Run # (from run control)

 for the Essential Person Record

 Accept if the Record Process Date is the same as that of the Eligible Individual

 And the Current Record Indicator is the same as that of the Eligible Individual

 And the Recipient Type is "EP" – Essential Person

 And the SSN of the Essential Person = Essential Person's SSN on the Eligible Individual's Record

 And the WIN of the Essential Person = Essential Person's WIN on the Eligible Individual's Record

 Set the Status to Blank

 Call the Validation and Update object Subprograms

 End Read

End If

Escape Routine

SDX Update/Treasury & Reconciliation – Write Reports (MEISDUZ6)

This program will read the SDX data from ME-EXTERNAL-DATA and extract data for reports.

Program Logic

Restart Processing

Complete this process only if the Restart Status is 6 – Update complete.

Restart processing consists of reading the Run Number off of the restart-data of the run-control record, and starting the processes.

Processing

Read extract files created in MEISDUZ5

Write reports

End Read

Upon successful completion of the step, the run control record should be set to complete.

SDX Update/ Reconciliation Person Matching report– Write Reports (MEISDUZ7)

A daily Update Report (MED0200R2) and Monthly Recon Report (MED0210R2) are produced using a dataset created in MEISDUZ5. The reports are identical, and consist of 3 sections:

1. Exceptions where there is Open Certification on the input record.
2. Exceptions where there is a non-pay closure. This is determined if the client input record has a Medicaid Eligibility Code of 'R' and a Payment Status Code starting with 'N'.
3. Exceptions with any other combination of Medicaid Eligibility Code/Payment Status Code than stated in 1 and 2 above.

In addition to person matching errors, Medicare Claim Number validation errors are included on this report.

SDX Daily/Recon Medicare Claim Number Error report– Write Reports (MEISDUZ8)

A daily Update Report (MED0200R1) and Monthly Recon Report (MED0210R1) are produced using a dataset created in MEISDUZ5. The reports are identical, and contain Medicare Claim Number validation errors. If a Person record is updated and the only validation error is an incorrect Medicare Claim Number, then the error will print on this report. If the Medicare Claim Number is incorrect but other errors exist as well, the record will print on the appropriate error report and not on this report.

SDX Reports Created During Update Processing

The following reports are produced during the Update and Treasury processes. Since the Reconciliation process also performs updates, it will produce these reports as well as those defined specifically for the reconciliation.

Disabled Adult Children Potentially Eligible for Extended Medicaid (MED0112)

This report lists cases identified by the Social Security Administration to be DACs that may be eligible for Extended Medicaid. The report will be sorted by Parish and Social Security number. Previous designation was SSD0112.

Report Layout

1 2 3 4 5 6 7 8
 1234567890123456789012345678901234567890123456789012345678901234567890

MEISDUZ4	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS		MM/DD/YYYY
MED0200	BUREAU OF HEALTH SERVICES FINANCING		HH:MM PM
Job Number	DAC POTENTIALLY ELIGIBLE FOR EXTENDED MEDICAID		Page: 0001
Parish 99 - Acadia			
			Unearned Income
			Prior 1
SSN	Name	Address	Current Prior 2
-----	-----	-----	-----
999999999	Doe, Julie X.	9999 Main St. Baton Rouge, LA 99999	99,999.99 99,999.99 99,999.99
999999999	Doe, Jonathan	9999 Washington Blvd. Baton Rouge, LA 99999	99,999.99 99,999.99 99,999.99
Parish 99 - Acadia Total : 999			
State Total : 999			
*** End of Report ***			

MEISDUZ3 Processing:

Retrieve records from ME-EXTERNAL-DATA for the current run number where Medicaid Eligibility Code = 'D' and status = 'V'
 Sort by Parish and SSN

MEISDUZ4 Processing:

Format the record and write the detail line.
 Show subtotal for each parish and grand total at report end.

Denied Cases Potentially Eligible for Retroactive Medicaid (MED0200R5)

Description

This program generates the report (SSD0523) on cases denied by the Social Security Administration and the notice notifying the Client that he may be eligible for retroactive Medicaid. The report will be sorted by parish, application date and Social Security number.

Report Layout

1 2 3 4 5 6 7 8
 1234567890123456789012345678901234567890123456789012345678901234567890

MEISDUZ4	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS	MM/DD/YYYY			
MED0200	BUREAU OF HEALTH SERVICES FINANCING	HH:MM AM			
Job Number	MED0200R5 Rejected SSI Retroactive Medicaid Eligible	Page: 0001			
Parish 1 - Acadia					
SSN	Name	Cat Appl Date	Earned Income	Unearned Income	Deemed Unearned
999999999	Doe, Jackie X.	999 10-05-1999	N	Y	Y
999999999	Doe, Jonathan X	999 10-12-1999	N	Y	N
999999999	Doe, Julie X.	999 10-18-1999	N	N	Y
999999999	Doe, Joanne X.	999 10-22-1999	N	Y	Y
:					
:					
:					
*** End of Report ***					

Report Layout of the Notice

Note: The fields underlined will be populated by the program.

1 2 3 4 5 6 7 8
1234567890123456789012345678901234567890123456789012345678901234567890

<u>Jefferson B.H.S.F</u>	<u>Month DD,YYYY</u>
<u>9999 Westbank Express</u>	MED0200R8
<u>Harvey, LA 70058</u>	

<u>Ms. Julie X. Doe</u>	Parish <u>1 - Acadia</u>
<u>9999 Main St.</u>	SSN <u>999-99-9999</u>
<u>Kenner, LA 70062</u>	Denial Code : <u>N01</u>

We have been notified that you applied for Supplemental Security Income (SSI) on Month DD, YYYY.

If you have any unpaid bills for Medical services received in the three months prior to the month you applied for SSI, Medicaid may be able to help pay these bills.

To be eligible for Medicaid, you must meet the same disability and resource requirements used by the Social Security Administration to determine your eligibility. You must also meet Medicaid income criteria.

If you wish to apply, contact a Medicaid worker at the local Office of the Bureau of Health Services Financing in your parish by Month DD, YYYY. You must bring this letter and your SSI denial notice with you.

Sincerely yours,

John Doe
Director
Bureau of Health Services Financing

Processing:

Workfile Record:

residence location id,
application date,
SSN,
#name,
street address,
city,
state code,
zip code,
category code,
denial code,
earned income indicator,

*unearned income indicator,
deemed income indicator*

Read the Daily SDX file. Consider only records which have been denied SSI i.e. satisfying the following:

*Transaction code = '02' and unpaid-medicaid-ind (retro-med) = 'Y'
where transaction code '02' means "new claim - currently ineligible".*

Write to the workfile

End-read. (Read SDX file)

Sort the workfile by residence location id, application date, and SSN.

Read the sorted workfile. For each record, generate the notice and write the detail line:

Compute the cutoff date when the individual can apply as current date + 1 month.

Call the object subprogram to retrieve the parish office address from the Location File.

Write the detail line and create the notice.

End-read. (Read sorted SDX file)

Note: The rejected report and notice print are bypassed in the reconciliation process.

New SSI Certs Potentially Eligible for Retroactive Medicaid (MED0200R6 / MEQ0210R6)

Description

This program generates the report on new certifications that are potentially eligible for retroactive Medicaid. The report will be sorted by parish, application date and Social Security number.

Report Layout

1 2 3 4 5 6 7 8
 1234567890123456789012345678901234567890123456789012345678901234567890

MEISDUZ4	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS						MM/DD/YYYY
MED0200	BUREAU OF HEALTH SERVICES FINANCING						HH:MM AM
Job Num	MED0200R7	New SSI Certs Potentially Eligible for Retro Mcaid				Page:	
	0001						
Parish 1 - Acadia							
						Earned	Unearned
Deemed							
SSN	Name	Birth Date	Cat	Appl Date	Income	Income	
Unearned							

999-99-9999	DOE, JACK X	99-99-9999	004	01-06-1999	N	N	N
999-99-9999	DOE JR, JACOB	99-99-9999	004	08-23-2001	N	N	N
999-99-9999	DOE, JOHN X	99-99-9999	004	06-04-2002	N	Y	N
999-99-9999	DOE, JESUS X	99-99-9999	004	12-09-2002	N	N	N
999-99-9999	DOE, JULIA X	99-99-9999	004	04-22-2002	N	N	N
999-99-9999	DOE, JULICEA X	99-99-9999	004	01-23-2003	N	N	N
*** End of Report ***							

Processing:

- Workfile Record:*
- residence location id,*
- application date,*
- SSN,*
- #name,*
- street address,*
- city,*
- state code,*
- zip code,*
- category code,*
- denial code,*
- earned income indicator,*

*unearned income indicator,
deemed income indicator*

*Read the Daily SDX file. Consider only open, active records with retroactive Medicaid indicator set for the 1st time:
with Medicaid eligibility code and payment status codes as in the table of open certifications (page 4), and with unpaid-medicaid-ind = 'Y' on SDX file and not currently 'Y' in MEDS.*

Write to the workfile

End-read (Read SDX file)

Sort the workfile by residence location id, application date, and SSN.

Read the sorted workfile. For each record, write the detail line of the report:

Call the object subprogram to retrieve the parish office address from the Location File.

Write the detail line.

End-read (Read sorted SDX file)

Mandatory State Supplementation (MEIMSSR)

Description

This report (SSM0300) provides the number of cases receiving Mandatory State Supplement in the Old Age Assistance (OAA), Aid to Needy Blind (ANB), and Disability Assistance programs. It also gives the total MSS amount under each category. The report will be sorted by category code.

Report Layout

1	2	3	4	5	6	7	8
1234567890123456789012345678901234567890123456789012345678901234567890							
MEIMSSR	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS					MM/DD/YYYY	
Job Name	BUREAU OF HEALTH SERVICES FINANCING					HH:MM AM	
Job Number	SSM0300 - MANDATORY STATE SUPPLEMENTATION					Page: 0001	
		Category		Recipients		Amount	
		-----		-----		-----	
		01 - Old Age Assistance		999		\$9,999.99	
		02 - Aid to Needy Blind		999		\$9,999.99	
		03 - Disability Assistance		999		\$9,999.99	
				-----		-----	
			Total :	999		\$9,999.99	
							*** End of Report ***

Processing:

Retrieve all the active AU Members that receive Mandatory State Supplement (MSS):

Read AU Member File using mandatory eligibility code / state benefit amount

With mandatory eligibility code = #Eligible {'E'}

Accept if close date = 0 and

Claims suspend date = 0

Reject if close date <= Current date OR

start date > current date OR

claims suspend date <= current date

Call the common routine to get the current category code and type case for the certification.

Evaluate category code

case #OAA {01}

Increment #OAA-recipient

Add State Supplement Gross Payable Amount to #OAA-amount

case #ANB {02}

Increment #ANB-recipient

Add State Supplement Gross Payable Amount to #ANB-amount

case #DA {04}

Increment #DA-recipient

Add State Supplement Gross Payable Amount to #DA-amount

End-evaluate

Write the detail lines.

Calculate the state totals and write the total line.

Monthly Count of Active SSI Recipients (MEISSIR)

Description

This report (SSM0310) provides the number of active SSI and SSI-LTC cases in each parish.

Report Layout

1	2	3	4	5	6	7	8
1234567890123456789012345678901234567890123456789012345678901234567890							
MEISSIR	LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS					MM/DD/YYYY	
Job Name	BUREAU OF HEALTH SERVICES FINANCING					HH:MM AM	
Job Number	SSM0310 - MONTHLY COUNT OF ACTIVE SSI RECIPIENTS					Page: 0001	
	Parish		SSI	SSI-LTC			
	-----		-----	-----			
	1 - Acadia		99,999	9,999			
	2 - Allen		99,999	9,999			
	:						
	:						
			-----	-----			
		Total :	999,999	99,999			
	*** End of Report ***						

Processing:

Sort Record:

*Case.residence location id,
#type (A3)*

Include copycode MERGPDC

Retrieve all the active SSI and SSI LTC certifications:

*Read Cert Period Type Case
using Type Case / Category Code / Appv Code*

Accept if

*type case = 1, 3, 78, 81, 4, 5, 10, 11, 16, 18, 19, 23, 24, 25, 26, 27, 41, 42, 43,
44, 45, 46, 62, 63, 64, 65, 82, 90, 91, 92, 97, 98, or 99*

AND close date = 0 or > process-date

Call the object subprogram to determine the parish of residence from the Case File

```
    If type cases 1, 3, 78 or 81
      Move #SSI to #type
    Else
      Move #LTC to #type
    End-if
  End-read (read CPTC)
```

Sort the records by residence location id and #type.

Accumulate the counters:

```
  If #type = #SSI
    Add 1 to #SSI-counter
  Else
    Add 1 to #LTC-counter
  End-if
```

```
  At break in residence location id
    Write the report detail line
    Add #SSI-counter to #SSI-total
    Add #LTC-counter to #LTC-total
    Initialize #SSI-counter and #LTC-counter
```

At end of data, perform at break in residence location id for the last time and write the state total.

Common SDX Coordination and Workflow Routine Tier

These routines are used for the Update, Treasury, and Recon processes. They coordinate actions against the database files, such as opening a Certification versus opening an AU Member, and direct workflow messages.

Most workflow messages are generated at this level. The exceptions are those associated with assigning and reassigning a case to a parish, which is enacted through a Case Subprogram.

SDX – Action/Workflow Creation (MEISDXN1)

Inputs

Action Codes

- A Create a new Case
- B Replace Certification with a new Certification on a New Case
- C Replace Certification with a new Certification on the Existing Case
- D Remove the AU Member from the Existing Certification and Create a New Case for that AU Member

Logicals

- Foster Care
- Dual Certified
- Referral Logical
- AU Member Suspended
- Dual Cert Exists
- SLMB

Record Identifiers

- Person Num
- Current Case Num
- Current Certification
- Current AU Member
- Current Category
- Current Type Case

- Dual Certified Case Num
- Suggested Category
- Suggested Type Case
- Suspended Case Num
- Suspended Cert Period Num

Other

- SDX Interface Record

Input / Output

- Use Existing Case
- Suggested Case Num
- Suggested Certification

Output

- Error Handler

Routine

Dual Certified Workflow

If the Dual Certified Logical is True and we are not replacing 1 SSI type case with another SSI type case
Callnat Retrieve Case Worker (MEISDXNC) using the Dual Certified Case Num

Send a workflow of SDXDCT to the Case Worker/Office Supervisor notifying them that the individual
Person (by Person Number) is currently Dual Certified with and SSI Certification.

Else

D – Remove the AU Member from the Existing Certification and Create a New Case

If Action D

Perform Determine Close Date

Perform Check if AU Member Workflow Required

Callnat Retrieve Case Worker (MEISDXNC) using the Current Case Num

Send a workflow of SDXREDTR to the returned Case Worker notifying them that the AU Member has
been reassigned to a new SSI Certification and the eligibility of the existing Certification needs to be
renewed.

Callnat AU Member Creation/Alteration (MEISDXNJ)

Passing in the Person Number, Current Case, Certification, AU Member, Closure Code of SSI Re-
certified, Closure Date, Close Allowed Logical of True, and SDX Update Allowed Logical of False

Callnat Certification/CPTC Creation/Alteration/Close

Passing in the Person Number, Current Case, Certification, Category, Type Case, Renewal Date,
Renewal Logical at True

If Last AU Member logical is True

Set input close date to Close Date and closure code to SSI Re-certified

End If

Set Use Existing Case to False

Perform Check C-Related Cases

Set Referral Logical to False

Send a workflow to the Supervisor if the AU member to be closed and added to the SSI cert is
sanctioned now or in the future.

Send a workflow to the Supervisor if the AU Member to be closed and added to the SSI cert is a
LASES referred child.

End if

C – Replace Certification with a new Certification on the Existing Case or B – Replace Certification with a new Certification on a New Case

If Action B or C

Perform Determine Close Date

Callnat Retrieve Case Worker (MEISDXNC) using the Current Case Num
 Send a workflow of SDXCLSE to the returned Case Worker notifying them that the Case is closed to be re-opened in a new SSI Certification, unless we are replacing 1 SSI type case with another SSI type case. For MPP type case (88) send SDXMPP workflow if the MPP Premium is greater than 0 informing the analyst that the MPP premium must be stopped.

Callnat Certification/CPTC Creation/Alteration/Close (MEISDXNI)
 Passing in the Person Number, Current Case, Certification, Category, Type Case, Closure Code of SSI Re-certified, Closure Date and Close Logical.

Perform Check if AU Member Workflow Required

If Action B

Set Use Existing Case to False

Perform Check C-Related Cases End If

If Action C

Set Use Existing Case to True

End If

Set Referral Logical to False

Send a workflow to the Supervisor if the AU member to be closed and added to the SSI cert is sanctioned now or in the future.

Send a workflow to the Supervisor if the AU Member to be closed and added to the SSI cert is a LASES referred child.

End if

A - Create a new case

If Action = A, B, C, D

Perform Determine Start Date

Update/Create Person Record

Set SDX Owned Logical to True

Set MEDS Fields Logical to True

If the Person Num is Greater than Zero

And Foster Care is True

Set SDX Owned Logical to False

Set MEDS Field Logical to False

Else

If Medicaid Eligibility Code = Q

Set SDX Owned Logical to False

Set MEDS Field Logical to True

End If

End If

Callnat Person Creation/Alteration (MEISDXNP)

Update/Create Case Record

If Use Existing Case is True

If Category Code = 6, 8, 15, 22 /* OCS cases

and renewal code not = 13 /* OCS Closure

Set OCS Case logical to True

Set Case Reassignment Allowed Logical to False

```
Else
    Set Case Reassignment Allowed Logical to True
End If
If we are replacing 1 SSI type case with another SSI type case
    Set SSI Replacing SSI Logical to True
End If
Callnat Case Subprogram with the Suggested Case Num (MEISDXNQ)

Else
    If Category Code = 6, 8, 15, 22 /* OCS cases
        and renewal code not = 13 /* OCS Closure
            Create a new case with the same properties as the existing OCS case
            Set OCS Case logical to True
            Set Create From OCS Case number to Suggested Case Num
            Set Case Worker to Current Case Worker
            Set Case Reassignment Allowed Logical to False
        End If
        Callnat Case Subprogram with Suggested Case Num
        Callnat Case Member Creation passing in the Suggested Case Num (MEISDXNG)
    End if

    Write work file for incorrect Medicare Claim Numbers
    If we need to write the record to the report (#MEISDXPP-OUT.#MCARE-REPORT )
        Find the Case
            Set up the work file (#MEISDRL8)
            Write work file 4 #MEISDRL8
        End Find
    End If

    Create the Application, Application Type Case, Eligibility Determination
    Callnat Application Creation (MEISDXNH)
        Passing in the Person Id, Suggested Case Num, Suggested Category/Type Case, Application Date
        from the SDX Record, and Parish Id Returned from the Case Subprogram

    Create the Certification and Certification Type Case

    Set the Create Certification Logical to True
    Callnat the Certification/CPTC Creation/Alteration/Close (MEISDXNI)
        Passing in the Person Number, Suggested Case, Category, Type Case, Returned Application
        Number and Eligibility Number, Determined Start Date, SDX Ownership Logical, and Medicaid
        Eligibility Code
    If Q type Medicaid Eligibility is added send a workflow of SDXQREV to the Case Worker/Office
    Supervisor notifying them that this eligibility must be reviewed.

    Create the AU Member
    Set the SDX Update Allowed Logical to True
    Callnat AU Member Creation/Alteration (MEISDXNJ)
    Callnat the subprogram to perform the Certify Function
    If SLMB logical is True and new SSI cert is not SSI Protected type case
        Send a workflow of SDXSLMB to the Case Worker/Office Supervisor notifying them that SSI
        eligibility has been added to a SLMB cert, unless we are replacing 1 SSI type case with another
        SSI type case.
    Else
```

If Dual Cert Exists logical is True

Send a workflow of SDXDCT to the Case Worker/Office Supervisor notifying them that SSI eligibility has been added to a dual cert, unless we are replacing 1 SSI type case with another SSI type case.

End If

End If

Escape Program

End If on Action A

If the input AU Member Suspended logical is true

Callnat Close Suspended AU Member routine passing in Person Num, Suspended Case Num, Suspended Cert Period Number

End If

Subroutine Determine Start Date

If Transaction Code = Moved In State (03 or 04)

Assign Start Date = 1st day of month following month of SDX.Date of Residency

If SDX.Medicaid Effective Date greater than Start Date

Assign Start Date = SDX.Medicaid Effective Date

End if

Else

If Payment Status Code(2) = E02

Assign Start Date = 1st day of Month of Change(2)

Else

If Payment Status Code(1) = E02 or SDX.Medicaid Effective Date = 0

Assign Start Date = 1st day of Month of Change(1)

Else

If Action = A /* adding a new case

Or Action = B or C or D and replaced cert was a future cert

Start Date = SDX.Medicaid Effective Date

Else

Start Date = Close Date on replaced AU Member + 1

End If

End if

End If

End if

Subroutine Determine Close Date

Find the cut-off date for the current month

If current date < or = cut-off

Cert Close Date = last day of current month

Else

Cert Close Date = last day of next month

End if

Subroutine Check C-Related Cases

Read AU Member to retrieve the most recently opened AU member record (its status should be closed.)

If returned

```
    Read the CPTC of this AU Member record to retrieve the most recent Category/Type Case.
      If Category is not 3, 5, 13 or 16; /* (C-related cases)
        Set the Use Existing Case Logical to True
        Set the Current Case Number to the AU Member Case Number
      End if
    End If
  End If
```

Subroutine Check if AU Member Workflow Required

Read AU Member and flag if:

1. The AU member is a LASES referred child (LASES-MESSAGE-CODE = 0)
2. The AU Member is sanctioned now or in the future

SDX – Action/Workflow Update (MEISDXN2)

Inputs

Action Codes

- E Close an Existing Certification for Out of State or Death
- H Close an Existing AU Member for Out of State or Death
- F Renew Eligibility of an Existing Case because they are no longer auto-eligible
- G Update existing Person, Case, and AU Member Records

Logicals

- Foster Care
- Long Term Care
- Out of State Logical
- Dead Logical
- AU Member Suspended

Record Identifiers

- Person Num
- Current Case Num
- Current Certification
- Current AU Member
- Current Category
- Current Type Case

- Suggested Category
- Suspended Case Num
- Suspended Cert Period Num

Other

- SDX Interface Record

Output

- Error Handler

Routine

Callnat Retrieve Case Worker (MEISDXNC)

E Close an Existing Certification for Out of State or Death

H Close an Existing AU Member for Out of State or Death

If Action = E or H

Update Person Record

Set SDX Owned Logical to False

Set MEDS Fields Logical to True

If Foster Care is True

Or Long Term Care is True

 Set MEDS Field Logical to False

End If

Callnat Person Creation/Alteration (MEISDXNP)

Workflow Notification and Closure Code Determination

Set the Close Date = Run Date

If Out of State Logical is True

 Issue Workflow of SDXOOST to the Current Case Worker that and individual is dead.

 Set the Closure Code to Moved Out Of State

End If

If Dead Logical is True

 Issue Workflow of SDXDEAD to the Current Case Worker that and individual is dead.

 If the SDX.Date Of Death is Blank

 Set the Closure Code to Death without Date

 Else

 Set the Closure Code to Death with Date

 End If

End If

If Action E

Update Existing AU Member Record

(do not set close date/code; the record will be closed in the certification period closure Callnat)

 Set the SDX AU Member Update Allowed Logical to True

 Set the Close Allowed Logical to False

 Callnat AU Member Creation/Alteration (MEISDXNJ)

Certification Closure

 Set Close Logical to True

 Callnat Certification/CPTC Creation/Alteration/Close (MEISDXNI)

End If

If Action H

Update Existing AU Member Record, (it will be closed in the certification period closure callnat.)

 Set the SDX AU Member Update Allowed Logical to True

 Set the Close Allowed Logical to True

 Callnat AU Member Creation/Alteration (MEISDXNJ)

End If

Escape Program

End If

If the input AU Member Suspended logical is true

 Callnat Close Suspended AU Member routine passing in Person Num, Suspended Case Num,
 Suspended Cert Period Number

End If

F *Renew Eligibility of an Existing Case because they are no longer auto-eligible*

If Action = F (can't be LTC)

Send a Workflow for Renewal

Issue Workflow of SDXREDTS to the Current Case that and individual is no longer SSI auto-eligible.

Person Logicals

Set SDX Owned Logical to False

Set MEDS Fields Logical to True

If Foster Care is True

Set MEDS Field Logical to False

End If

AU Member Logical

Set the SDX AU Member Update Allowed Logical to True

Case Subprog Logical

Set Case Reassignment Allowed Logical to False

If Category Code = 6, 8, 15, 22 /* OCS cases

Set OCS Case logical to True

End If

Set Renewal on Certification/CPTC

Set the Renewal Date to One Month Hence of Run Date

Set the Renewal Logical to True

Callnat Certification/CPTC Creation/Alteration/Close (MEISDXNI)

End If

G *Update existing Person, Case, and AU Member Records*

If Action = G

If Long Term Care is True

Send a Workflow if open eligibility is received for LTC Certifications

If Current Category NE Suggested Category

Issue Workflow of SDXLTC to the Case Worker/Office Supervisor that the category may be incorrect.

Else

Issue Workflow of SDXLTCAP to the Case Worker/Office Supervisor that the case has been approved for SSI.

End If

Person Logicals

Set SDX Owned Logical to False

Set MEDS Fields Logical to False

AU Member Logical

Set the SDX AU Member Update Allowed Logical to True

Case Subprog Logical

Set Case Reassignment Allowed Logical to False

Else

Person Logicals

Set SDX Owned Logical to True

Set MEDS Fields Logical to True

If Foster Care is True or Medicaid Eligibility code is Q and existing cert is not already approved Q eligibility

 Set SDX Owned Logical to False

 Set MEDS Field Logical to False

End If

AU Member Logical

Set the SDX AU Member Update Allowed Logical to True

Case Subprogram Logical

Set Case Reassignment Allowed Logical to True

If Category Code = 6, 8, 15, 22 /* OCS cases

 Set OCS Case logical to True

 Set Case Reassignment Allowed Logical to False

End If

If Q type Medicaid Eligibility is added send a workflow of SDXQREV to the Case Worker/Office Supervisor notifying them that this eligibility must be reviewed.

End If

End If

Update Current Records

Callnat Person Creation/Alteration (MEISDXNP)

After the Person has been created / altered, write work file for incorrect Medicare Claim Numbers

If we need to write the record to the report (#MEISDXPP-OUT.#MCARE-REPORT)

Find the Case

 Set up the work file (#MEISDRL8)

 Write work file 4 #MEISDRL8

End Find

End If

Callnat AU Member Creation/Alteration (MEISDXNJ)

Callnat Cert/CPTC Creation/Alternation (MEISDXNI)

Callnat Case Subprogram (MEISDXNQ)

SDX – Action Update/Create EP Membership (MEISDXN3)

Input: Eligible Person's SDX record, Person Num, Case, Cert, AU Num, Start Date

Output: Error handler

Purpose: Create the membership on the Certification tendered

Person Logicals

Set SDX Owned Logical to True

Set MEDS Fields Logical to True

If Foster Care is True

 Set SDX Owned Logical to False

 Set MEDS Field Logical to False

End If

AU Member Logical

Set the Relationship to Client to 13 – SSI Related

Set the SDX AU Member Update Allowed Logical to True

Update Current Records

Callnat Person Creation/Alteration (MEISDXNP)

Callnat AU Member Creation/Alteration (MEISDXNJ)

SDX – Close Suspended Au Members (MEISDXN8)

Input: Person Num, Suspended Case Num, Suspended Cert Period Num

Output: Error handler

Purpose: Close suspended AU Members when new certifications are created, or person is closed for death.

Read AU Member by Case Cert AU Member Number

 Starting from Input Suspended Case Num and Suspended Cert Period Num

 If Person Num = Input Person Num

 Assign AU Member Close Date = Suspended Date

 End If

 If AU Member Closed and Close Date > Latest Close Date /* find most recently closed AUM

 Assign Latest Close Date = AU Member Close Date

 End If

End If

If this is last open AUM /* all AUMs will be closed so we need to close the cert

 Callnat the Cert Period object subprogram to retrieve the Cert Period

 Callnat the Cert Period object subprogram to update the Cert Period with Close Date = Latest Close Date and Closure Code = SSI re-certified

End If

If open AUMs exist /* close the suspended AU Member only

 Callnat the Application object subprogram to retrieve the current Application

Callnat the Eligibility Determination object subprogram to add a new Determination with reason code
= change
Callnat the AU Member In Progress object subprogram to retrieve the AU Member IP record
Callnat the AU Member In Progress object subprogram to update the AU Member IP with Close Date
= Suspended Date and Closure Code = SSI re-certified
Callnat the Cert Period Decision Key Validation object to check the Determination can be completed
Callnat the Close Determination Routine to complete the certify process
End If

Common SDX Interface Routines Action Tier

These routines actually take action against the MEDS files, creating, updating, and closing Certifications, Person Records, etc.

The Case subprogram, which manages the assignment of a case to parishes, is also at this conceptual tier.

SDX – Retrieve Case Worker (MEISDXNC)

Input

- Case Num

Output

- Case Worker ID

Routine

Call Case Object Subprogram to retrieve the Case
Call Caseload Object Subprogram to retrieve the Case worker

SDX – Case Member Creation (MEISDXNG)

Action: An Case Member Record is created

Input

- Case Num
- Person Num

Output

Error Handler

Routine

Give value to the two fields on the Case Member Record.
Call the Validation Program and Object Subprogram to add the record

SDX – Application Creation (MEISDXNH)

Action: An Application, Application Type Case, and Eligibility Determination are created.

Input

- Person Id
- Case Num
- Category
- Type Case
- Application Date
- Parish Id

Output

- Application Number
- Eligibility Number
- Error Handler

Routine

Give value to the required fields on the Application Record.
Call the Validation Program and Object Subprogram to create the record

Give value to the required fields on the Application Type Case Record.
Call the Validation Program and Object Subprogram to create the record

Give value to the required fields on the Eligibility Determination Record.
Call the Validation Program and Object Subprogram to create the record

SDX – Certification/CPTC Creation/Alteration/Close (MEISDXNI)

Creation Action: A Certification and CPTC is created.

Close Action: A Certification, CPTC, and all AU Members are closed.

Renewal Action: The Renewal Date on a CPTC is updated and ownership is released from MEDS to SDX

Input:

- Person Number, Required
- Case Number, Required
- Category, Required
- Type Case, Required
- Application Number, Required for creation
- Elig Deter Number, Required for creation
- Start Date, Required for creation
- Renewal Date
- Closure Code
- Close Date
- Create Logical – to create a Certification and CPTC
- Renewal Logical – to set a Renewal Date on the CPTC
- Close Logical – to close all related Certification CPTC and AU Member records
- SDX Owned Logical
- Medicaid Eligibility Code

Input/Output:

- Certification Number

Output:

- Error Handler

Routine

Retrieve the SSI Approval Code from the common LDA

Retrieve the SSI Renewal Code from the common LDA

If Create Logical is True

Find any future eligibility for that person

If non-QMB/SLMB future eligibility does exist

Close the future eligibility with close date = start date and closure code 27

End If

Assign the Required Certification Period Fields

If the SDX Owned Logical is True

Set the Certification Ownership to SDX

Else

Set the Certification Ownership to MEDS

End If

If Medicaid Eligibility Code is Q and Category not OCS

Set the Certification Ownership to MEDS

Set the Renewal Date to 3 months from today

Set the Renewal Code to 10

End If

Add the Certification with the Validation and Object Subprogram

Assign the Required CPTC fields, use the Start Date, New Category, New Type Case given
Add the CPTC with the Validation and Object Subprogram

Perform Escape Subprogram

End If

If Close Logical is True

With the Object Subprogram, display the Certification Period Record

Update the Certification Close Date and Closure Code

If the eligibility is future dated

Update the close date to the start date and closure code to 27

End if

Set the External System Indicator to MEDS

Call the Validation Program and Object Subprogram to update the record

With the object Subprogram, display the CPTC Record

Update the CPTC Close Date and Closure Code

Call the Validation Program and Object Subprogram to update the record

Call the common routine MECAUCN to close all the AU Members of the Certification

Perform Escape Subprogram

End If

If Renewal Logical is True

With the object Subprogram, display the CPTC Record

Update the CPTC Renewal Date and Renewal Code

Update the Certification External System indicator to MEDS

Call the Validation Program and Object Subprogram to update the record

End If

SDX – AU Member Creation/Alteration (MEISDXNJ)

Action: An AU Member on the Certification given is created or updated.

(The only fields affected on the AU Member record by the SDX interface are those pertaining to closure, and those that are required. Thus, when updating the AU Member record, no other fields are affected.)

Input:

SDX Interface Record

- Person Number, Required always
- Case Number, Required always
- Certification Number, Required always
- Relationship to the client, Required for AU member creation
- Start Date, Required for AU Member creation
- Close Date, Required if Close Only Logical is true
- Closure Code, Required if Close Only Logical is true and Close Date is greater than zero
- SDX Update Allowed Logical *(If it is not desired to update the record beyond a close date, set this logical to false. When creating a record, this logical should be true.)*
- Close Allowed Logical

Input/Output

- AU Member Number - For updating records, required. For creating records, not returned.

Output:

- Error Handler

Routine

```

If AU Member Number is greater than zero
    Call the Object Subprogram to retrieve the record
    Set the action to Update
    If Close Allowed Logical is True
        Update the Close Date and Closure Code
        If the Start Date is in the future
            Update the Close Date to the Start Date
        End If
    End If
Else
    Set the action to Add
    Assign the Required AU Member fields
End If
If SDX Update Allowed is True
    Update the SDX Prefixed fields on the record in a Move Subroutine
End If
Call the Validation Program and Object Subprogram to enact the file changes

```

SDX – Person Creation/Alteration (MEISDXNP)

Action: A Person Record is created or updated.

Input:

- SDX Interface Record
- SDX Owned Logical - Prevents MEDS users from altering the data.
- MEDS Fields Logical - Populates MEDS fields and SDX prefixed fields except for the date of death.

Input/Output

- Person Id - For updating records, required. For creating records, not allowed but is returned.

Output

- MEDS Person Residential Parish

Output:

- Error Handler

Routine

If Person Id greater than zero

 Call the Object Subprogram to retrieve the record

 Set the Action to Update

 If the MEDS Fields Logical is True

 Give value to the non-SDX prefixed fields except for the Date of Death.

 If the Medicare Claim Number is blank or the Medicare Source is 'SDX' and the SSN Claim Number from SDX is non-blank, check if the SSN Claim number from SDX is valid. If it is valid, set to the SSN Claim Number input from SDX and set the Medicare Source to 'SDX', if the Medicare Entitlement Code = A, B or C. If the SSN Claim number from SDX is invalid, set flag to report this error, keep the current SSN Claim Number on Meds and continue updating the Person record.

 If existing Parish = Jefferson Parish 65

 And new SDX Parish = Jefferson Parish 26

 Assign Parish = 65 /* do not change from 65 to 26

 End If

 End If

Else

 Set Action to Add

 Give value to the non-SDX prefixed fields except for the Date of Death.

 Set the Medicare Claim Number to the SSN Claim Number input from SDX and set the Medicare Source to 'SDX', if the Medicare Entitlement Code = A, B or C.

End if

Give value to the SDX prefixed fields.

Give value to the Date of Death.

If the SDX Owned Logical is True

 Update Person Ownership to SDX

Else

 Update Person Ownership to MEDS

End if

Call the Validation Program
Call the Object Subprogram to create the record
Set the MEDS Person Residential Parish to the Persons Parish

Note: In subroutine ASSIGN-PERSON-FIELDS, assign the new race codes/ethnicity code according to the table as defined in **Error! Reference source not found.** The original race code is derived in the Person object update (MECPERU).

SDX – Case Subprog (MEISDXNQ)

Action for Updates: The need to reassign the case is assessed. Workflow is sent as necessary. The case is reassigned if possible.

Action for Creation: Workflow is sent. The case is created.

Input:

- SDX Parish of Jurisdiction
- Reassignment Allowed Logical
- OCS Case
- New Cert
- Create from OCS Case number
- MEDS Person Residential Parish
- SSI Replacing SSI Logical

Input/Output:

- Case Id. Required for Updates. Not allowed for Creations.
- Case Worker

Output:

- Worker Id to which further workflow might be sent
- Parish Id to which the case is assigned
- Error Handler

Routine

If Case Id is zero

 If OCS Case logical is not true

 Callnat Case Assignment Determination, MEISDXNR

 End If

 New Case Logical to True

 Callnat Case Creation/Alteration, MEISDXNT

 Callnat Case Assignment Workflow, MEISDXNS

Else

 If OCS Case logical is true

 If New Cert logical is true

 Call the Object Subprogram to retrieve the Case record

 Callnat Case Assignment Workflow, MEISDXNS

 End If

 Else

 Callnat Case Assignment Determination, MEISDXNR

 If Reassignment Suggested Logical is True

 If Reassignment Allowed is True

 Callnat Case Creation/Alteration, MEISDXNT

 End If

 Callnat Case Assignment Workflow, MEISDXNS

```
Else
  If New Cert logical is true
    Find the existing case
    If SSI Replacing SSI is not True
      Callnat Case Creation/Alteration, MEISDXNT /* to set caseload 991
    End If
    Callnat Case Assignment Workflow, MEISDXNS
  End If
End If
End If
End if
```

SDX – Case Assignment Determination (MEISDXNR)

Action: Cases assignment is determined, both the suggested location and the determination of whether the case needs reassignment.

If the case needs reassignment, reassign to a new parish if needed and if possible. No new case is created

Input:

- SDX Parish of Jurisdiction.
- Case Id - Required for existing cases. Not allowed for new cases.
- MEDS Person Residential Parish

Output:

- Suggested MEDS Parish
- Current Case Worker
- Reassignment Suggested Logical
- Error Handler

Routine

Create a Jefferson Parish constant of 65 and 26 (Jefferson Parish has two Parish Ids).

Default Reassignment Suggested Logical to False

Assign Set Suggested-Parish = SDX.Parish of Jurisdiction + 1

If MEDS Residential Parish = Jefferson Parish 65 and SDX.Parish of Jurisdiction = Jefferson Parish 26

Set Suggested Parish to Jefferson Parish 65

End If

If Case Id greater than zero

Call the Object Subprogram to retrieve the Case record

If Case.Loc-Type Not Equal to Parish

Set Reassignment Suggested Logical to True

Else

If Case.Loc-Id Not Equal Suggested-Parish

And (Case.Loc-Id Not Equal Jefferson Parish 65

Or Suggested Parish Not Equal Jefferson Parish 26)

Set Reassignment Suggested Logical to True

End If

End If

End If

SDX – Case Assignment Workflow (MEISDXNS)

Action: Workflow messages in regards to the Parish of Responsibility are sent. They include messages to the case worker relieving them of responsibility, messages to the default caseload supervisor requesting the assignment of a case worker, and messages to a case worker suggesting that the case should be reassigned if auto-reassignment is not possible.

Input:

- Suggested Parish Id, Required always
- Case Id, Required always
- Current Case Worker id, Required for existing cases
- Reassignment Allowed Logical
- Reassignment Suggested
- New Case Logical
- OCS Case Logical
- New Cert
- SSI Replacing SSI Logical

Output:

- Error Handler

Routine

If New Case Logical is True

If Reassignment Allowed Logical = True Issue Workflow of SDXNEW to the Office Supervisor of the Suggested Parish that the case is becoming their responsibility

Else

If OCS Case Logical = True

Issue Workflow of SDXCERT to the case worker of the persons original OCS case

End If

End If

Else

If Reassignment Suggested = True and Reassigned Allowed Logical = False

Issue Workflow of SDXMOVEW to the Current Case Worker of the need to move the case to the Suggested Parish

End If

If New Cert logical is True

If OCS Case Logical = True

Issue Workflow of SDXCERT to the case worker of the persons original OCS case

End If

Else

If SSI Replacing SSI is not True

Issue Workflow of SDXNEW to the default caseload Supervisor of the Suggested Parish that the case is becoming their responsibility

End If

End If

End if

(The workflow should allow the worker to "pop" to the case from the workflow screen.)

SDX – Case Creation/Alteration (MEISDXNT)

Action: A Case record is created or altered.

Input:

- Suggested Parish Id
- Create from OCS Case number

Input/Output:

- Case Id - For updating records, required. For creating records, not allowed but is returned.

Output:

- Parish ID
- Location Type
- Error Handler

Routine

```

If Case Id greater than zero
    Call the object subprogram to display the current record
    Set the action to update
    Reset the Case Load Num, to clear out the old Case Worker
    Assign Case.Loc-Type to Parish
    Assign Case.Loc-Id to Suggested Parish Id
Else
    If Case Id = 0
        If Create from OCS Case number = 0
            Set the action to Add
            Give value to the required fields on the Case Record except the Parish.
            Assign Case.Loc-Type to Parish
            Assign Case.Loc-Id to Suggested Parish Id
        Else
            Call the Object Subprogram to retrieve the OCS Case record
            Set the action to Add
            Set the required fields on the Case Record to be the values on the OCS Case record
        End If
    End If
End if
Call the Validation Program
Call the Object Subprogram to create the record

```

SDX Reconciliation Interface (MEQ0210/0211/0212/0213/0214)

Quarterly, the SSA creates a reconciliation file listing all persons currently identified as receiving SSI benefits.

The reconciliation records are a picture of the SSI master record and are as current as the treasury record of the first month of the calendar quarter. In order for the process to be successful, it should be ran against State files that are current and as soon after the State receives the file as possible. The transaction code on these records is "RF" and the records will be transmitted using the same file-layout as that used in the Update process.

The reconciliation process compares this list to current SSI clients in MEDS, creates reports, and updates records as needed. Reports are generated include:

- An Error Report – for interface records that cannot be processed
- An Eligibility Discrepancy Report – for discrepancies in eligibility between the SDX and MEDS records. Note, recipients eligible for SSI certification but currently in a LTC certification are not considered to be in error.

People included in the Eligibility Discrepancy Report are those who do not have open SSI cases according to the SDX tape but do have open SSI cases according to the MEDS records and those who have closed SSI cases according to the SDX tape and the MEDS records indicated a closure came from SDX but they have not yet been closed (these are records with renewal code 7).

The reconciliation process is:

- Add individuals from the SDX-supplied reconciliation file to ME-EXTERNAL-DATA
- Perform a comparison process between existing open MEDS SSI cases and the reconciliation data
 - If an SSI case not found on the reconciliation file, report discrepancy.
 - If a closed SSI case is found on the reconciliation file and the MEDS SSI case is still open and has a renewal code of 7, report discrepancy.
- The reconciliation file is then run to update the MEDS files.

Reconciliation Process

Understanding of the process:

Read the Reconciliation File into the External Data file.

Compare the Open Reconciliation Records to those of Open MEDS SSI records.

If a MEDS record is not on the Reconciliation file, then put this record on the Discrepancy report.

Update MEDS with the Reconciliation data.

The Reconciliation interface files are processed in the same manner as the Update/Treasury files, with one additional report being generated

Volumes and Frequency

330,000 records are processed quarterly.

MEQ0210/MEQ0211/MEQ0212/MEQ0213/MEQ0214 – SDX
Recon

System Tables

Review List (Workflow) Reason Codes

See codes for SDX Update/Treasury

Run Control MEXPRCL

Standard Request	Name	Description
SDXRECON	#SDX-RECON	SDX Reconciliation (SSN 000000000 - 435213830)
SDXRECN2	#SDX-RECON-2	SDX Reconciliation (SSN 435213831 - 437771891)
SDXRECN3	#SDX-RECON-3	SDX Reconciliation (SSN 437771892 - 999999999)

Parameters

These can be found under NATURAL.PARMLIB(MEQ021*)

Reconciliation uses the same programs as Update/Treasury, so each member requires an input Process ID parameter of SDXRECON. To speed up the Reconciliation process, Step5 (MEISDUZ5 - MEDS Update) is split into three jobs (MEQ0211, MEQ0212 & MEQ0213). Each requires a different process ID parameter (SDXRECON, SDXRECN2 & SDXRECN3 respectively). Each processes approximately one-third of all SDX Reconciliation records loaded onto External Data. To this end, each requires two further parameters indicating a starting and ending SSN. Obviously, these should fit without any gaps (as in the above examples).

Job dependencies

MEQ0210 must complete; MEQ0211, MEQ0212 & MEQ0213 can then be run simultaneously. All three must complete before MEQ0214 can be submitted.

Redefinition of Restart-Data (MEISDUZL)

See Update/Treasury section.

Reconciliation Issues

Resolved

Question: Any discrepancies are reported and a query file can be sent to the SSA in Baltimore to double check the eligibility of the out-of-sync individuals. Is this true? Or does the system just update the records? Can this interface add certifications?

Answer: The interface mostly acts like the Update and Treasury process. Records are updated, added, and so forth. With this said, the main difference of the Reconciliation process from the other processes is the number of reports generated. The Recon produces a report listing all discrepancies between the SDX files and the MEDS files. No query tape is produced largely because any replies from SSI to the MEDS query would not be any different from the information sent in the Recon tape – thus making a query superfluous.

SDX Reports Created During Reconciliation

MEDS / SDX Reconciliation Discrepancy Report (MEQ0210R4)

Description

This report lists open SSI cases in MEDS without a corresponding case or with a closed case on the SDX Reconciliation file. This report will be sorted by Case number. Note: this report is produced in addition to all reports produced for SDX Update/Treasury.

Report Layout

1 2 3 4 5 6 7 8
 1234567890123456789012345678901234567890123456789012345678901234567890

```
MEISDUZ4      LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS      MM/DD/YYYY
MEQ0210      BUREAU OF HEALTH SERVICES FINANCING      HH:MM AM
Job Number    MEDS/SDX RECONCILIATION DISCREPANCY REPORT      Page: 0001
```

Case Num	Cert	SSN	Name	Address
999999999999	0001	999999999	Doe, Julia X.	999 Main St. Baton Rouge, LA 99999
999999999999	0002	999999999	Doe, Jonathan	9999 Washington Blvd. Baton Rouge, LA 99999
*** End of Report ***				

MEISDUZ3 Processing:

Retrieve SDX cases (Type Cases 1, 3, 78, 81) from ME-CPTC

Find matching SDX case in ME-EXTERNAL-DATA with the current run number and status = 'V'

If not found, or if a closed SDX record is found and the MEDS cert has renewal code 7, write the detail to an output file.

Sort by Case Number

MEISDUZ4 Processing:

Format the record and write the detail line.

SDX Pickle One Interface (MEA0020)

Electronic "503-Leads" are received once a year from the Social Security Administration following the computation of Title II cost of living adjustment (COLA) to identify individuals eligible for Medicaid continuation under the provision of Section 503, Title V of P.L. 94-566. These recipients are eligible for continued Medicaid, changing their type case from a "78" (SSI) to a "50" (Extended Medicaid).

The 503 Lead Process is:

- Read each record from the SDX Pickle I file.
 - Ensure the format of the Pickle I record can be processed, for instance the Title II amount is numeric. If the format is incorrect, report the record on the exception report.
 - Attempt to find the individual in the MEDS Person file. If not found, report mismatch on "Manual Action Required" report.
 - Search for the Certifications and AU Member records of the person on the interface file. The Person is either placed in a new Certification of Type Case 50 – Extended Medicaid; or else they are reported on the "Manual Action Required" report.
 - The following conditions imply the person is reported on the "Manual Action Required" report.
 - The person is not in an open AU Member record
 - The person's AU Member record is "Sanctioned"
 - The person is not in an open Certification,
 - The Certification does not have an open CPTC record.
 - The Certification is of Type Case Long Term Care (LTC)
 - The Certification is currently "Pended" according to the eligibility indicator on the Certification Period
 - The Current Certification is not of Type Case 1, 3, 78 or 81 – SSI Type Cases
 - If the person was not reported on the "Manual Action Report", then the Certification of this person's case can be "replaced" with an Extended Medicaid Certification. The following actions are required.
 - Replace the current Certification with a new one of Type Case 50 – Extended Medicaid, with Approval Code 56 (Pickle). The new Certification is to become effective on the first day of the next year. This interface process is required to be run in December.
 - Change the Certification and Person ownership to MEDS
 - Create a Workflow message to the Case Worker and the Parish Office Supervisor to set a renewal date
 - Preset the Renewal date to December 31 of the following year.

Process Note: If the process is run late, set the run control run date to the right year (the year which the process should have been run), change the status to "restart" and set the record count to zero, update the run control file date and SSR run number to that on the interface file. Then run the interface process.

File Note: The Transaction Code on the detail records should be "BJ" for 503-leads.

Volumes and Frequency

100 records are processed annually in the month of December.

MEA02020* – SDX Pickle I Update

System Tables

Review List Reason Code

Standard Request	Description
SD503Lead	Set a re-determination date for the CPTC. The workflow entry should send the worker to the Certification Maintenance screen when activated.

Run Control MEXPRCL

Standard Request	Name	Description
SDX503	#SDX-503-LEADS	SDX 503-Leads Process.

Redefinition of Restart-Data

Name	Format	Description
Run Date	N8	Run Date or Date of Last Run.
File Date	N6	Date of the last interface processed. <i>(No Century Available)</i>
SSR Run Num	A7	Run Number on the last interface file being processed.
Record Count	N9	Number of detail records processed.
SSN	A9	Unique record identifier (file integrity verification)

SDX Pickle One Process (MEISD5Z)

This program will read the SDX Pickle I file and process the records.

Program Logic

Restart Processing

Restart processing consists of reading the Record Number off of the restart-data of the run-control record, and starting the process of reading data in the interface file from the first record after the last processed. Checks are done to ensure that the exact same interface file is used when restarting the process.

If there is a need to restart the process, but with a new interface file, the run-control for this loading process must be set to complete.

Periodic End of Transactions should update the Run Control Information.

Main Program

First Record

Read the interface file once for the header record using the SDX interface file layout LDA MEISDXL

If no records found, create an error message and abort.

Add 1 to number of records read

Perform Determine Record Type. If an error was found, report and abort.

If the record type is not that of a header record, prepare an error message and abort.

Perform Validate-Header. If an error is returned, then report and abort.

Write the Header Record information to the control report.

If this is a Restarted job, then validate that the header information on this file matches that stored in the run control information. Specifically the date and SSR run numbers should match. Abort if a problem is noted.

If this is a new run and the last run completed, then validate that the date on this header file is later than the date stored in run control as the last Pickle I file's date. If it is not, abort. Store the file identifier, date, and SSR run numbers on the run control record.

Perform Issue Periodic ET to update the run control information. (This should be the first place in the program that Run Control is updated because it records which file is being processed.)

Determine the last year in which the person is to receive SSI benefits. The Type Case Change is to be effected on the first day of the New Year after the current year. Use the current run year as the last year of SSI benefits. Use the run control run date. If the process is run late, change the run control run date to the prior year to ensure the changes are recorded as becoming effective on the correct date.

Rest of the File

Read the interface file.

Add 1 to number of records read

If the number of records read is less than or equal to the record count stored in the run control, escape top. This should fast-forward the tape to the appropriate record.

Reset the local error handler

If the last record processed was a trailer record – report an error and escape bottom

Perform Determine Record Type. If an error was found, report and abort.

Decide on the record type

If Header

Report and abort.

If Trailer

Perform Validate Trailer Record. If a local error is returned, report the local error message.

Perform Write Trailer to Control Report.

If Detail

Perform Validate Detail Record. If a local error is returned, report the local error message.

Move the Interface file to the similar PDA and call the subprogram that returns the Certification to be replaced. If no Certification can be replaced, write an entry on the "Manual Action Required" report.

Set Action Code to C – Replace Certification with a new Certification on the Existing Case
Call Action/Workflow Creation Subprogram (MEISDXN1) to replace the Certification with an Extended Medicaid Type Case

If None

Report and abort. Note that this error should not be found since the record type has already been determined.

End Decide

End Read

If the current record type is not that of a trailer record was found, report the error.

Determine Record Type

If the first four characters on the record are numeric and the Transaction Code (col. 6) is "BJ".

Assign the Record type = Detail

Escape Routine

End if

If the first second through fourth characters on the record are equal to "SDX"

Decide on first

If Control record type = "H"

Assign the Record type = Header

Escape Routine

If Control Record Type = "T"

Assign the Record type = Trailer

Escape Routine

If None

Ignore
End decide
End if
Set local error equal to true and return an error message that the record type is unknown

Validate-Header

Validate that the header file format is legible.

Validate-Trailer

Validate that the trailer file format is legible.

Validate Detail

Validate that the detail record layout is legible, i.e. numeric fields where a numeric field should be.

Reports Generated

Exception Report

Report all errors

Control Report

Number of records on the file

Number of control records found

Number of detail records found

Number of detail records unprocessable due to errors, bad format, etc.

Number of detail records on the "Manual Action Required" report

Number of detail records resulting in a Certification Replace

Manual Action Required Report

MEDS Person Number

Last Name, First Name and Middle Initial

SSN

Title II amount

Reason the Certification could not be replaced.

SDX Pickle One – Retrieve Current Certification (MEISD5N1)

In conjunction with the SDX interface routines, this subprogram will find the correct Certification for the Person on the interface record that needs to be replaced.

Input

Person number of the Pickle One record that has been validated by the calling program and matched in MEDS.

Output

Case Number (N13)

Certification Period Number (N4)

Category/Type Case (N6)

Person Number (N13)

AU Member Number (N3)

Success/Failure indicator (L)

Failure Reason (A50)

Common Error Handler (CXXGNLP)

Main Program

Having the person number passed from the main Pickle I processing object (MEISD5Z),

Read ME-AU-MEMBER by PERSON-START-DATE-9C

Accept if the record is not closed or suspended.

For every active AU Member record that is found, having the case number and Cert period number, find the CPTC record that has Category 1, 2, or 4 (Aged, blind, or disabled), and type case 1, 3, 78 or 81 (SSI).

If the AU member is in an open certification of SSI type case, flag the record for further processing, else flag for manual action.

Return to the calling program.

Report Layouts

Manual Action Required Report (MEA0020R2)

This report includes all people on the SDX Pickle One Interface file whose Type Case could not be changed and whose case requires manual action.

The Person Number will be that on the MEDS records. The Name, SSN, and Title II Amount will be that on the SDX Pickle One record.

PERSON NUMBER	NAME	SSN	TITLE II AMOUNT	REASON FOR NOT RECERTIFYING
1234567890123	1234567890123456789, 1234567890 1	123456789		
9999999999999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXX X	999999999		

*** End of Report ***

Resolved Pickle One Issues

Question: If the Type Case of the current Certification is not SDX, should we still change the Type Case to 50 – Extended Medicaid? What about QMB or other cases? *Answer:* If the type case is not SSI, then the record should be referred for manual action.

Question: When changing the Type Case of the Certification, the system must close a current Certification and open a new one. What Closure Code should we use in doing this Certification Replace action? *Answer:* The individual's eligibility should be closed with the closure code of 87 – SSI Re-certified.

Technical Question: Does the process require the addition of an Application Type Case and Eligibility Determination. *Answer:* Users do not require them, but system integrity does. They will be added. Make sure the Eligibility Indicator is set to 'Y' and the MMIS run number is stamped on the records.

Question: Should the Renewal Date be March 1st or February 28th/ 29th? *Answer:* The renewal date is set for December of the New Year, twelve months after Extended Medicaid was granted.

Question: Where is this Title II Amount? *Answer:* The Title II amount is the most recent Unearned Income amount associated with an Unearned Income Type "A" – Social Security. It is in an interface file field between positions 1063 and 1369.

SDX Extended Medicaid (Pickle II) Interface (MEA0030)

The purpose of this interface process is to create Pickle notifications and to produce reports of who has been notified, and who could not be notified.

The extended Medicaid (or Pickle) notices are sent to Title II beneficiaries who have lost SSI benefits eligibility for a reason other than COLA, but may be eligible for Medicaid under the Pickle Amendment.

Pickle notices are processed once a year and have a volume of approximately 13,000.

The Pickle process is divided into an interface step where records are marked for reporting and a reporting step where appropriate reports are created.

Pickle Interface Process

- Read each individual from the SDX-supplied Pickle file and find their record on the Person File. The Person records will be identified by the Social Security Number and either first or last name. Place SDX Persons not found in the work-file as "Mismatch".
- Determine whether the individual is in an open non-Medicare Savings Program Certification on MEDS.
 - If they are not, place the record in a work-file as "Mismatched". They will receive a Pickle Notice. If their Extended Medicaid Indicator on the Persons file is blank, update it to 'P (pickle).
 - Otherwise, place the record in a work-file as "Matched". If the Extended Medicaid Indicator on the Persons file is blank, mark the Pickle Eligibility indicator on the Persons file as Y, and the Extended Medicaid Indicator as 'P' (pickle).

Pickle Report Process

- Read the Pickle work-file for records to be reported in a "Mismatch" status. Sort the records by Parish and Recipient's Last Name, First Name, and Middle Initial.
 - Write a line on the "Mismatch" report.
 - Write a Pickle Notice, both front and back.
- Read the Pickle work-file for records to be reported in a "Match" status. Sort the records by Parish and Recipient's Last Name, First Name, and Middle Initial.
 - Write a line on the "Match" report.

Volumes and Frequency

Volume 13,000 records annually

MEA0030

- Step 1 - SDX Pickle Interface
- Step 2 – Sort by Parish & Name
- Step 3 - SDX Pickle Reports

System Tables

Run Control MEXPRCL

Standard Request	Name	Description
SDXPCLI	#SDX-PKL-IF	SDX Pickle Interface Process.
SDXPCLR	#SDX-PKL-RP	SDX Pickle Reporting Process.

Pickle Work-file

Name	Format	Description
Status	N1	1 – Mismatched 2 – Matched
Parish Id	N4	Location Id on the associated MEDS Person record.
Person Number	N13	Person Number on the associated MEDS Person record.
Pickle Record	A167	The SDX Interface Pickle record in its native format.

SDX Pickle Interface (MEISDPZ1)

This program will read the SDX Pickle interface file and associate them to a MEDS Person record. The record is then placed on a work-file for either a "Match" or "Mismatch" report line entry. "Mismatched" persons receive a Pickle Notice.

Program Logic

Restart Processing

Process will not be restartable – it will be rerun in its entirety.

Main Program

Pickle Match

Determines if the Person on the SDX interface record is in an open Certification of any type. It returns a Match Status, a Local Error and a Local Error Message.

1. Find the matching person record in MEDS, using the common SDX Person matching object (MEISDUN6).
If No Records Found, Write an output entry, Escape Routine.
If a record was found, using the person number find out the Parish of residence, using the common Person maintenance object subprogram (MECPERU).
2. Find out whether the person is in any open certification, other than those with MSP type cases (QMB, SLMB, QI1 & QI2), using SDX Pickle object (MEISD5N1).

If the persons Extended Medicaid Indicator is blank, call the person object subprogram (MECPERU) and set the PICKLE-ELIG-FLAG for that person to 'Y' and the EXT-MED-INDIC to 'P'. In all cases, write the record to the output dataset for reports. Each output record will have a Match Status. The Match Status for records that are found in an open certification is "Matched", and for all other records it is "Unmatched".

The record layout of the output dataset is as follows:

Insert-Work-file-Record

On the output work-file, insert a record using the local Match Status, local Parish Id, local Person Number, and SDX Pickle Record.

Reports Generated

Control Report Statistics

Number of records on the interface file

Number of records that could be processed (i.e. to the match or mismatch level)

Number of records that could not be processed

Number of records in the "Match" status

Number of records in the "Mismatch" status

Exception Report

Report for data integrity errors, record format errors, and other errors

SDX Pickle Reports (MEISDPZ2)

This program will read the work-file, print a Pickle Notice for "Mismatched" records and either enter a line on the "Match" or "Mismatch" report.

Program Logic

Main Program

Perform Retrieve-Parish-Offices-and-Phone-Numbers

Read the work-file and Sort Parish Id, Last Name, First Name, and Middle Initial.

 If the Status is 1 – "Mismatched" Perform Print-Mismatch Report.

 If the Status is 2 – "Matched" Perform Print-Match Report.

 Otherwise, abort and report the error

End Read

Retrieve Parish Offices and Phone Numbers

Read the Location file to retrieve the all the locations of type "P" - Parish. Insert the Location Description and Office Phone Number into the map fields. Retrieve the Location Descriptions in alphabetical order.

Print a Print-Match Report

Print an entry on the Matching Person Record. Include the Person Number.

Print a Print-Mismatch Report

Print an entry on the Mismatch report. Include the Person Number.

Print a Pickle Notice for this individual, both front and back side.

Reports Generated

Exception Report

Report errors

Mismatch Report

Report all people on the interface file who could not be located in an open non-MSP Certification.

Match Report

Report all people on the interface file who could be located in an open non-MSP Certification.

Pickle Notice

Print the front and back side of a Pickle Notice. This letter is prepared for each person on the Mismatch report using the address given on the SDX interface file.

Report Layouts

Pickle Notice (MEA0030R4) – Front Side

The front side of the notice is “hard-coded” except for the Name and Address of the notice recipient. The name and the address of the recipient will come from the SDX file. The Zip Code will appear on the same line as the last non-blank address line. Map name: MEISDPM1

1 2 3 4 5 6 7 8
1234567890123456789012345678901234567890123456789012345678901234567890

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
PICKLE NOTICE

First Name	Middle Initial	Last Name	MM/DD/YYYY
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
Address Line 5 ZIP			

IMPORTANT NOTICE ABOUT YOUR MEDICAID ELIGIBILITY

If you once received SSI benefits, you should read this important notice concerning your eligibility for MEDICAID benefits

If you have never received SSI; or
if you currently receive SSI or FITAP; or
if you live in a Long Term Care facility,
then this notice does not apply to you.

A federal law called the Pickle Amendment applies to people who:

- (1) currently receive Social Security Benefits; and
- (2) once received SSI benefits but do not receive them now; and
- (3) received both a Social Security check and an SSI check in the same month, in at least one month since April, 1977.

If you meet these three tests, you may be eligible to receive the same MEDICAID benefits you received when you were getting SSI. To find out if you are eligible, you (or someone on your behalf) should call your local MEDICAID office for more information and an application.

Be sure to say you believe you may be eligible under the Pickle Amendment.

Please note that to apply for MEDICAID under the Pickle Amendment, you or your representative must apply through your local MEDICAID Office.

The telephone number of each local MEDICAID office is listed on the reverse side of this notice for your convenience. You may also write to:

Bureau of Health Services Financing
Attention: Field Operations - Pickle
P.O. Box 91030
Baton Rouge LA 70821-9030

Be sure to list your return address.

Pickle Control Report 1 Layout (MEA0030R1)

```

1      2      3      4      5      6      7      8      9      0      1      2      3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MEISDPZ1 - MEA0030R1          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS          MM/DD/YYYY
MEA0230                        SDX PICKLE CONTROL REPORT                          HH:MM AM
Job Number                      Page: 0001

SDX Pickle Interface Run Number: 00000014
Process Date                    : 1999/02/09
-----
SDX Pickle II records read.....      113
SDX Pickle II records with errors...   4
Record not matched to a MEDS person..  2
Records not matched to an open cert..  4
Records matched to an open cert.....  1

*** End of Report ***

```

Pickle Exception Report Layout (MEA0030R9)

```

1      2      3      4      5      6      7      8      9      0      1      2      3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MEISDPZ1 - MEA0030R1          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS          MM/DD/YYYY
MEA0230                        SDX PICKLE EXCEPTION REPORT                          HH:MM AM
Job Number                      Page: 0001

SDX Pickle Interface Run Number: 00000014
Process Date                    : 1999/02/09
-----
Person: DOE, JULIS
      Invalid (non-numeric) SSN: X99999999
Person: DOE, JONATHAN
      Invalid (non-numeric) Current Benefit: X3480
Person: DOE, JENNIFER
      Invalid Term Date: 14/97 - should be in MM/YY format
Person: DOE, JULIA
      Invalid (non-numeric) Term Benefit: X7280

*** End of Report ***

```

Pickle Control Report 2 Layout (MEA0030R4)

```

1      2      3      4
5      6      7      8      9      0      1      2      3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MEISDPZ2 - MEA0030R1          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS          MM/DD/YYYY
MEA0230                        SDX PICKLE CONTROL REPORT                          HH:MM AM
Job Number                      Page: 0001

SDX Pickle Interface Run Number: 00000014
Process Date                    : 1999/02/09
-----
SDX Pickle II records read.....      109
SDX Pickle II records with errors...   0
Records not matched to an open non-MSP cert.. 108
Records matched to an open non-MSP cert..... 1

*** End of Report ***

```


Resolved Pickle Issues

How will the Person Matching be conducted? By SSN alone. Once the person is found, the records are not said to "Match" until it is determined that the person is in an open Certification. See Executive Bulletin 1542 dated June 20, 1985, from DHH.

Which group of people receives the Pickle Notices, the matched or mismatched people, or both? The mismatched people. See Executive Bulletin 1542 dated June 20, 1985, from DHH.

The address lines on the notice must be appropriately aligned so that they appear through a cellophane envelope.

There are no header or trailer records associated with the Pickle file.

Pickle records found to be in error are not placed into error suspense, but rather are reported in an exception report.

The Location Descriptions and associated Phone numbers will be printed on the reverse side of the Pickle Notice. These are to be dynamically determined by reading all locations on the Location file of type "P"-Parish.

Will the Name and Address on the Pickle Notice be that of recorded on MEDS or that recorded on the interface file? The notices will be sent to the addresses on the Pickle records.

Common Modules Reused

SCERLC Terminate the program with a message
MEXJOBEO - Job Information
MERCERN - Text centering
MERGHDM1 - 132 Column Report Heading Map
MERGTRM1 - 132 Column Report Trailer Map
External Data Validate Subprogram
External Data Object Subprogram
Run Control common modules for Issue-Periodic-ET and Call-Run-Control

MEDS Modifications Needed

Location Maintenance

Need to select a supervisor who will receive workflow from SDX interface for all unassigned MEDS cases.

Case Object Subprogram

Skip edit check for Caseload Loc Type, Caseload Loc, and Caseload Number if SDX is updating the Case.

Certification

Users must be able to change the ownership of a record from MEDS to SDX.

Application Object Subprogram

Skip edit check for Application Worker if SDX is adding the Application.

AU Member

The file must have a PE that can hold five occurrences of a Multiple SSN and its associated Verification Code.

The file must have a PE that can hold ten occurrences of SDX Unearned Income information, including Type Code, Start Date, Stop Date, Amount, Frequency, Claim Id Number, and Verification Code.

Person

The person record will have only one SSN Claim Number position - it will not have an SDX CLAIM ID NUM field.

Must have a Pickle Eligibility Field – not user defined. Valid Values include Y – Yes. If it is marked, then anytime an AU Member Record is closed for that person, a message appears for the user stating that the person might be eligible for Medicaid under the pickle ruling. However, do not send this workflow if the AUM is being closed because of death (determined by a non-zero Date of Death on the Person record and/or Closure-code = 90. SIR 272)

Users must be able to change the ownership of a record from MEDS to SDX.

Citizenship Code

Citizenship code 5 must be added. Description – irrelevant, Entry Date Required – no.

Renewal Codes

Format XX

Code	Description
------	-------------

Code	Description
7	SDX referred, manual renewal needed

Approval Codes

Format N2

Code	Description
10	SSI Approved

Closure Codes

Format N2

Code	Description
78	Moved out of State
87	Re-certified as SSI
89	Death with no Date of Death
90	Death with a Date of Death

Categories of Interest (MERCATL)

Number	MERCATL	Description
1	#OAA	Aged
2	#ANB	Blind
3	#AFDC	Aide to Families with Dependent Children
4	#DA	Disability
6, 8, 22		Foster Care
15		Foster Care, State Funded
1,2,4	#AGED-BLIND-OR-DISABLD	Aged, Blind, Disability
6, 8, 22	#FOSTER-CARE-VI-OR-XIX	Foster Care
15	#FOSTER-CARE-ST	Foster Care, State Funded

Type Cases of Interest (MERTYPL)

Number	MERTYPL	Description
1,3,78,81	#SSI	Social Security Administration
78	#SDX	State Data Exchange Case.
...	#LTC	Long Term Care Type Cases.

Appendix 1 – SDX General File-layout MERSDXL

SDX Update / Treasury / Pickle One / Reconciliation

SDX Update interface files have three types of records, Header, Trailer and Detail. The format of these records is documented below. This file-layout is used for Update, Treasury, Pickle One, and Reconciliation files.

See SDX documentation for full field descriptions.

Control Records

- Control Record: The run date on the current interface file should be greater than the run date on the last interface file. There are no plans to add century to the header date, therefore, the program must allow for a year of 1999 as well as 2000-2098.
- Control Record: Combined, the file identifier, date, and SSR run number should be enough to uniquely define a file, but I am not sure of this.
- Control Record: Header records are defined by the file identifier and/or record type. Update files have file ids of format: yymmU..., Treasury files have file ids of format: yymmTRES, Pickle One have records of type BJ only, Reconciliation files have records of type RF only. Pickle files have their own format and header.

- For each Header record in the loading process:

- Report: The Tape identifier, State Code, Header Run Date, File Identifier, File Type, and SDX Run Number.

- Check

Tape identifier = "SDX".

File type = "SSA-STATE"

Perhaps the State Identifier code = 19 which means "LA"

- For each Trailer Record in the load process:

- Report:

Number of state id accretions, state id changes, state id deletions, query records, mismatched records, records no found in file, record accretions, record deletions, ineligible cases, change of records, and number of records on the reel, and the number of records in the file.

Use the end of reel/file indicator to report if the processes should be restarted with the next reel, or if all records have been loaded.

- Check:

Trailer Tape Identifier = Header Tape Identifier

Trailer State Identifier = Header State Identifier

Cut off date = Run Date

Control Record code = "T"

Trailer Reel number = Header Reel Number

Trailer file type = Header file type

- Control records start with “_SDX” and detail records start with 1“2000” this can be used as a differentiation.

SDX Header Layout

This record is 2000 bytes long.

Name	Format	Description
Control Record Info		
Blank	A1	
Tape Identifier	A3	A constant value of “SDX”
Blank	A1	
State Identifier Code	A2	A constant value denoting the SSA State code for Louisiana
Blank	A1	
Date	N6	MMDDYY, Run Date
Blank	A1	
Control Record Code	A1	A constant value of “H” for header
Blank	A1	
Reel Number	N2	Counter for tape reels, a sequential number for each file.
Blank	A1	
Control record detail:		
File Identifier	A8	SSA File identifier (example: “0185U4LZ”)
Blank	A113	
File Type	A9	A constant value of “SSA-State”
Blank	A3	
SSR Run numbers	A7	E.g. 511-512
Blank	A1	
SDX Record	A1	(Option 5)
Blank	A1838	

SDX Trailer Layout

This record is 2000 bytes long.

Name	Format	Description
Control Record Info		
Blank	A1	
Tape Identifier	A3	A constant value of "SDX"
Blank	A1	
State Identifier Code	A2	A constant value denoting the SSA State code for Louisiana
Blank	A1	
Date	N6	MMDDYY, Cut off date
Blank	A1	
Control Record Code	A1	A constant value of "T" for trailer
Blank	A1	
Reel Number	N2	Counter for tape reels
Blank	A1	
Control record detail:		
Nbr of State Id Accretions	N8	
Nbr of State Id Changes	N8	
Nbr of State Id Deletions	N8	
Nbr of Query Records	N8	
Nbr of Mismatched Records	N8	
Nbr of Records Not Found in File	N8	
Nbr of Accretions	N8	
Nbr of Deletions	N8	
Nbr of Ineligible Cases	N8	
Nbr of Change Records	N8	
Nbr of Records on This Reel	N8	
Blank	A1	
Total Nbr of Records on File	N8	
Blank	A1	
End of Reel/File	A1	R = end of reel, F = end of file
Blank	A22	
File Type	A9	"SSA-State"
Blank	A1850	

SDX Detail Layout

The SDX Detail record contains many fields. MEDS is interested in a small number of these fields. While all fields are listed, only the fields marked "Use" in the MEISDXL file layout are processed and all other fields are ignored.

The Record Length field should be equal to 2000. This can be used to distinguish control record from a detail record.

F – format, L – Length, P – Position in file, C – Code or date conversion required. In column C, values of D implies date conversion, A implies an amount format is assumed, T implies a code translation, L implies the value should be in a file.

This record is 2000 bytes long.

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Record Information							
Record Length	N	4	0001				
Record ID code	A	1	0005				
Transaction Code	A	2	0006	Use	AU-Member	SDX-TRANS-CODE	L
Record Establish Date (MMDDYYYY)	N	8	0008	Use	AU-Member	SDX-REC-EST-DATE	D
Record Process Date (MMDDYYYY)	N	8	0016	Use	AU-Member	SDX-REC-PROCS-DATE	D
Renewal Date (MMYYYY)	N	6	0024	Use	AU-Member	SDX-RENEWAL-DATE	D
Re-accretion Indic, T-30 Close Indic.	A	1	0030	Use	AU-Member	SDX-RE-ACCRES-CODE	L
Current Record Indic	N	1	0031				
Transaction Type	A	2	0032				
Transaction Date (MMDDYYYY)	N	8	0034				
Record Source Code	A	1	0042				
Record Detail:			0043				
Recipient Information							
SSN	N	9	0043	Use	Person	SSN	
SSN Claim Number	A	12	0052	Use	Person	SSN-CLAIM-NUM	
Recipient Type Code	A	2	0064	Use	AU-Member	SDX-RECIPIENT-TYPE-CODE	L
Blanks	A	30	0066				
Other Name	A	6	0096				
Date of Birth (MMDDYYYY)	N	8	0102	Use	Person	BIRTH-DATE	D
Sex Code	A	1	0110	Use	Person	SEX-CODE	T
Race Code	A	1	0111	Use	Person	RACE-CODE	T
Zebley Indicator	A	1	0112				
Marital Status	N	1	0113	Use	AU-Member	MARITAL-STAT	T
Blank	N	1	0114				

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Recipient Mailing Address – Number of lines	N	1	0115				
Recipient Mailing Address (6 x 35)	A	21 0	0116	Use	Person	ADDR (3 x 35), CITY, STATE-CODE	
Recipient Mailing Zip Code	A	5	0326	Use	Person	ZIP-CODE	
Recipient Mailing Zip+4	A	4	0331			EX-ZIP-CODE	
Blank	A	1	0335				
Residence Address - Number of Lines	A	1	0336				
Residence Address (5 x 35)	A	17 5	0337	Use	Person	RES-ADDR (3 x 35), RES-CITY, RES-STATE-CODE	
Residence Zip	A	5	0512	Use	Person	RES-ZIP-CODE	
Residence Zip+4	A	4	0517	Use	Person	RES-EX-ZIP-CODE	
DO Code	A	3	0521				
Telephone Number	N	10	0524	Use	Person	PHONE-NUM	
Application Date (MMDDYYYY)	N	8	0534	Use	AU-Member Application	SDX-SSI-APPL-DATE APPL-DATE	D
Application Filing Date (MMDDYYYY)	N	8	0542				
Denial Code	A	3	0550				
Denial Date (MMDDYYYY)	N	8	0553				
Death Date (MMDDYYYY)	N	8	0561	Use	Person	DATE-OF-DEATH	D
Death Date Source Code	N	1	0569				
SSI/Opt. SSP Eligible Date (MMDDYYYY)	N	8	0570	Use	AU-Member	SDX-SSI-OPT-SSP-ELIG-DATE	D
Alien Indicator	A	1	0578	Use	Person	SDX-ALIEN-CODE CITIZENSHIP-CODE	L
Alien Date of Residence (MMYYYY)	A	6	0579	Use	Person	ALIEN-ENTRY-DATE	
Country of origin	A	2	0585				
Resource Code – House	A	1	0587	Use	AU-Member	SDX-HOUSE-RESR-CODE	L
Resource Code – Vehicle	A	1	0588	Use	AU-Member	SDX-VEHICLE-RESR-CODE	L
Resource Code – Life Insurance	A	1	0589	Use	AU-Member	SDX-LIFE-INS-RESR-CODE	L
Resource Code – Income Producing Property	A	1	0590	Use	AU-Member	SDX-INC-PROD-PROP-RESR-CODE	L
Resource Code – Other	A	1	0591	Use	AU-Member	SDX-OTHER-RESR-CODE	L
Third Party Insurance Indicator	A	1	0592	Use	AU-Member	SDX-TP-INS-CODE	L
Medicaid – Unpaid Med. Indic	A	1	0593	Use	AU-Member	SDX-MCAID-UNPAID-MD-EA-INDIC	L
Third Party Event Liability. Date (MMYYYY)	N	6	0594	Use	AU-Member	SDX-TP-EVENT-LIAB-DATE	D
Food Stamp Input Date	N	6	0600				
Food Stamp Recipient Status	A	1	0606				
Food Stamp Application	A	1	0607				
WIN of Recipient	A	22	0608	Use	AU-Member	SDX-WIN-RECIPIENT	
Essential Person Indic	A	1	0630	Use	AU-Member	SDX-ESNT-PERSON-INDIC	L

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
SSN of Essential. Person. Of Elig Individual.	N	9	0631	Use	AU-Member	SDX-SSN-ESNT-PERSON-ELIG-INDIV	
WIN of Essential. Person.	A	22	0640	Use	AU-Member	SDX-WIN-ESNT-PERSON	
SSN of Eligible Spouse/Parent	N	9	0662	Use	AU-Member	SDX-SSN-ELIG-SPOUSE-PARENT	
WIN of Eligible Spouse	A	22	0671				
Ineligible Spouse or Parent			0693				
Inelig S/P Indic (1)	A	1	0693				
Name of Inelig. S/P (1)	A	30	0694				
SSN of Inelig S/P (1)	A	9	0724				
CAN of Inelig S/P (1)	A	12	0733				
WIN of Inelig S/P (1)	A	22	0745				
Earned Inc Wage Est – Inelig S/P (1)	N	5.2	0767				
Net Self-Employ Inc Est – Inelig S/P (1)	N	5.2	0774				
Unearned Inc. Type Code - Inelig. S/P (1,1)	A	1	0781				
Unearned Inc. Amt – Inelig S/P (1,1)	N	5.2	0782				
Unearned Inc Freq. – Inelig S/P (1,1)	A	1	0789				
Unearned Inc. Type Code - Inelig. S/P (1,2)	A	1	0790				
Unearned Inc. Amt – Inelig S/P (1,2)	N	5.2	0791				
Unearned Inc Freq. – Inelig S/P (1,2)	A	1	0798				
Unearned Inc. Type Code - Inelig. S/P (1,3)	A	1	0799				
Unearned Inc. Amt – Inelig S/P (1,3)	N	5.2	0800				
Unearned Inc Freq. – Inelig S/P (1,3)	A	1	0807				
Inelig S/P Indic (2)	A	1	0808				
Name of Inelig. S/P (2)	A	30	0809				
SSN of Inelig S/P (2)	A	9	0839				
CAN of Inelig S/P (2)	A	12	0848				
WIN of Inelig S/P (2)	A	22	0860				
Earned Inc Wage Est – Inelig S/P (2)	N	5.2	0882				
Net Self-Employ Inc Est – Inelig S/P (2)	N	5.2	0889				
Unearned Inc. Type Code – Inelig. S/P (2,1)	A	1	0896				
Unearned Inc. Amt – Inelig S/P (2,1)	N	5.2	0897				
Unearned Inc Freq. – Inelig S/P (2,1)	A	1	0904				
Unearned Inc. Type Code – Inelig. S/P (2,2)	A	1	0905				
Unearned Inc. Amt – Inelig S/P (2,2)	N	5.2	0906				
Unearned Inc Freq. – Inelig S/P (2,2)	A	1	0913				
Unearned Inc. Type Code – Inelig. S/P (2,3)	A	1	0914				
Unearned Inc. Amt – Inelig S/P (2,3)	N	5.2	0915				
Unearned Inc Freq. – Inelig S/P (2,3)	A	1	0922				
			0923				

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Representative Payee Selection Date	N	8	0923				
Custody Code	A	3	0931				
Competency Code	A	1	0934				
Type of Payee Code	A	3	0935				
Disability Payment Code	A	1	0938	Use	AU-Member	SDX-DISAB-PAYMENT-CODE	L
Onset Date of Disability/Blindness (MMDDYYYY)	N	8	0939	Use	AU-Member	SDX-DISAB-BLIND-ONSET-DATE	D
Drug Addiction or Alcohol Id Code	A	1	0947				
Rollback Code	N	1	0948				
Federal Countable Inc. Code	A	1	0949				
Fed. Countable Inc.	N	5.2	0950				
Fed. Living Arrange. Code (12-73)	A	1	0957	Use	AU-Member	SDX-CONV-FED-LIV-ARRANGE-CODE	L
State Code at Conversion	N	2	0958				
Welfare Office Code 12/73 Conversion Only	A	4	0960				
Direct Deposit Savings/Ck Acct Indic	A	1	0964				
Appeals Flag	A	1	0965	Use	AU-Member	SDX-APPEALS-FLAG	L
Appeal Code	A	1	0966	Use	AU-Member	SDX-APPEAL-CODE	L
Appeal Date (MMDDYYYY)	N	8	0967	Use	AU-Member	SDX-APPEAL-DATE	D
Multiple SSN			0975				
SSN Cross Ref Indic (Values 1-5)	N	1	0975				
SSN Multiple SSN Indic	N	1	0976				
SSN – List of Multiple SSNs (1)	N	9	0977	Use	AU-Member	SDX-SSN-LIST-MULTIPLE-SSNS (1)	
Verification Code – Multiple SSNs (1)	A	1	0986	Use	AU-Member	SDX-MULTIPLE-SSNS-VERIFIC-CODE (1)	L
SSN – List of Multiple SSNs (2)	N	9	0987	Use	AU-Member	SDX-SSN-LIST-MULTIPLE-SSNS (2)	
Verification Code – Multiple SSNs (2)	A	1	0996	Use	AU-Member	SDX-MULTIPLE-SSNS-VERIFIC-CODE (2)	L
SSN – List of Multiple SSNs (3)	N	9	0997	Use	AU-Member	SDX-SSN-LIST-MULTIPLE-SSNS (3)	
Verification Code – Multiple SSNs (3)	A	1	1006	Use	AU-Member	SDX-MULTIPLE-SSNS-VERIFIC-CODE (3)	L
SSN – List of Multiple SSNs (4)	N	9	1007	Use	AU-Member	SDX-SSN-LIST-MULTIPLE-SSNS (4)	
Verification Code – Multiple SSNs (4)	A	1	1016	Use	AU-Member	SDX-MULTIPLE-SSNS-VERIFIC-CODE (4)	L
SSN – List of Multiple SSNs (5)	N	9	1017	Use	AU-Member	SDX-SSN-LIST-MULTIPLE-SSNS (5)	
Verification Code – Multiple SSNs (5)	A	1	1026	Use	AU-Member	SDX-MULTIPLE-SSNS-VERIFIC-CODE (5)	L
SSN Correction Indic.	A	1	1027				
			1028				
Qualified Medicaid Beneficiary	A	1	1028	Use	AU-Member	SDX-QUALIFIED-MCAID-BENEFICIARY	
Head of Household Indicator	A	1	1029				
Student Indicator	A	1	1030				
Earned Inc Period	A	2	1031				
Earned Inc Wage Estimate	N	5.2	1033				

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Earned Inc Excl (Achieve Self Support)	N	5.2	1040	Use	AU-Member	SDX-EARNED-INC-EXCL-AMT	A
Earned Inc – Net Self-Employ Estimate	N	5.2	1047				
Blind Work Exp Exclusion	N	5.2	1054	Use	AU-Member	SDX-BLIND-WORK-EXP-EXCL	A
Unearned Income			1061				
Unearned Inc – Number of Entries	N	1	1061	Use	AU-Member	SDX-UNEARNED-INC-NUM-ENTRIES	
Unearned Inc Overflow Indicator	N	1	1062				
Unearned Inc Type Code (1)	A	1	1063	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (1)	L
Unearned Inc Start Date (1) (YYYYMM)	N	6	1064	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (1)	D
Unearned Inc Stop Date (1) (YYYYMM)	N	6	1070	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (1)	D
Unearned Inc Amt (1)	N	5.2	1076	Use	AU-Member	SDX-UNEARNED-INC-AMT (1)	A
Unearned Inc Freq (1)	A	1	1083	Use	AU-Member	SDX-UNEARNED-INC-FRQN (1)	L
Claim Id Number (1)	A	12	1084	Use	AU-Member	SDX-CLAIM-ID-NUM (1)	
Unearned Inc Verification Code (1)	A	1	1096	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (1)	L
Unearned Inc Type Code (2)	A	1	1097	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (2)	L
Unearned Inc Start Date (2) (YYYYMM)	N	6	1098	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (2)	D
Unearned Inc Stop Date (2) (YYYYMM)	N	6	1104	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (2)	D
Unearned Inc Amt (2)	N	5.2	1110	Use	AU-Member	SDX-UNEARNED-INC-AMT (2)	A
Unearned Inc Freq (2)	A	1	1117	Use	AU-Member	SDX-UNEARNED-INC-FRQN (2)	L
Claim Id Number (2)	A	12	1118	Use	AU-Member	SDX-CLAIM-ID-NUM (2)	
Unearned Inc Verification Code (2)	A	1	1130	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (3)	L
Unearned Inc Type Code (3)	A	1	1131	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (3)	L
Unearned Inc Start Date (3) (YYYYMM)	N	6	1132	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (3)	D
Unearned Inc Stop Date (3) (YYYYMM)	N	6	1138	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (3)	D
Unearned Inc Amt (3)	N	5.2	1144	Use	AU-Member	SDX-UNEARNED-INC-AMT (3)	A
Unearned Inc Freq (3)	A	1	1151	Use	AU-Member	SDX-UNEARNED-INC-FRQN (3)	T
Claim Id Number (3)	A	12	1152	Use	AU-Member	SDX-CLAIM-ID-NUM (3)	
Unearned Inc Verification Code (3)	A	1	1164	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (3)	L
Unearned Inc Type Code (4)	A	1	1165	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (4)	L
Unearned Inc Start Date (4) (YYYYMM)	N	6	1166	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (4)	D
Unearned Inc Stop Date (4) (YYYYMM)	N	6	1172	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (4)	D
Unearned Inc Amt (4)	N	5.2	1178	Use	AU-Member	SDX-UNEARNED-INC-AMT (4)	A
Unearned Inc Freq (4)	A	1	1185	Use	AU-Member	SDX-UNEARNED-INC-FRQN (4)	L
Claim Id Number (4)	A	12	1186	Use	AU-Member	SDX-CLAIM-ID-NUM (4)	
Unearned Inc Verification Code (4)	A	1	1198	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (4)	L
Unearned Inc Type Code (5)	A	1	1199	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (5)	L
Unearned Inc Start Date (5) (YYYYMM)	N	6	1200	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (5)	D
Unearned Inc Stop Date (5) (YYYYMM)	N	6	1206	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (5)	D
Unearned Inc Amt (5)	N	5.2	1212	Use	AU-Member	SDX-UNEARNED-INC-AMT (5)	A

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Unearned Inc Freq (5)	A	1	1219	Use	AU-Member	SDX-UNEARNED-INC-FRQN (5)	L
Claim Id Number (5)	A	12	1220	Use	AU-Member	SDX-CLAIM-ID-NUM (5)	
Unearned Inc Verification Code (5)	A	1	1232	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (5)	L
Unearned Inc Type Code (6)	A	1	1233	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (6)	L
Unearned Inc Start Date (6) (YYYYMM)	N	6	1234	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (6)	D
Unearned Inc Stop Date (6) (YYYYMM)	N	6	1240	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (6)	D
Unearned Inc Amt (6)	N	5.2	1246	Use	AU-Member	SDX-UNEARNED-INC-AMT (6)	A
Unearned Inc Freq (6)	A	1	1253	Use	AU-Member	SDX-UNEARNED-INC-FRQN (6)	L
Claim Id Number (6)	A	12	1254	Use	AU-Member	SDX-CLAIM-ID-NUM (6)	
Unearned Inc Verification Code (6)	A	1	1266	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (6)	L
Unearned Inc Type Code (7)	A	1	1267	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (7)	L
Unearned Inc Start Date (7) (YYYYMM)	N	6	1268	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (7)	D
Unearned Inc Stop Date (7) (YYYYMM)	N	6	1274	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (7)	D
Unearned Inc Amt (7)	N	5.2	1280	Use	AU-Member	SDX-UNEARNED-INC-AMT (7)	A
Unearned Inc Freq (7)	A	1	1287	Use	AU-Member	SDX-UNEARNED-INC-FRQN (7)	L
Claim Id Number (7)	A	12	1288	Use	AU-Member	SDX-CLAIM-ID-NUM (7)	
Unearned Inc Verification Code (7)	A	1	1300	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (7)	L
Unearned Inc Type Code (8)	A	1	1301	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (8)	L
Unearned Inc Start Date (8) (YYYYMM)	N	6	1302	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (8)	D
Unearned Inc Stop Date (8) (YYYYMM)	N	6	1308	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (8)	D
Unearned Inc Amt (8)	N	5.2	1314	Use	AU-Member	SDX-UNEARNED-INC-AMT (8)	A
Unearned Inc Freq (8)	A	1	1321	Use	AU-Member	SDX-UNEARNED-INC-FRQN (8)	L
Claim Id Number (8)	A	12	1322	Use	AU-Member	SDX-CLAIM-ID-NUM (8)	
Unearned Inc Verification Code (8)	A	1	1334	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (8)	L
Unearned Inc Type Code (9)	A	1	1335	Use	AU-Member	SDX-UNEARNED-INC-TYPE-CODE (9)	L
Unearned Inc Start Date (9) (YYYYMM)	N	6	1336	Use	AU-Member	SDX-UNEARNED-INC-START-DATE (9)	D
Unearned Inc Stop Date (9) (YYYYMM)	N	6	1342	Use	AU-Member	SDX-UNEARNED-INC-STOP-DATE (9)	D
Unearned Inc Amt (9)	N	5.2	1348	Use	AU-Member	SDX-UNEARNED-INC-AMT (9)	A
Unearned Inc Freq (9)	A	1	1355	Use	AU-Member	SDX-UNEARNED-INC-FRQN (9)	L
Claim Id Number (9)	A	12	1356	Use	AU-Member	SDX-CLAIM-ID-NUM (9)	
Unearned Inc Verification Code (9)	A	1	1368	Use	AU-Member	SDX-UNEARNED-INC-VERIFIC-CODE (9)	L
			1369				
Blanks	A	57	1369				
Institutionalization Determination Code	A	1	1426				
SSI Monthly Assistance Amt (0)	N	5.2	1427	Use	AU-Member	SDX-SSI-AMT	A
SSI Gross Payable Amt	N	5.2	1434	Use	AU-Member	SDX-SSI-GROSSAMT	A
State Supplement Amt (0)	N	5.2	1441	Use	AU-Member	SDX-ST-SUPL-AMT	A
State Supplement Gross Payable Amt	N	5.2	1448	Use	AU-Member	SDX-ST-SUPL-GROSS-AMT	A

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Payment Date (1) (MMDDYYYY)	N	8	1455	Use	AU-Member	SDX-PAY-DATE-HIST (1)	D
SSI Monthly Assistance Amt (1)	N	5.2	1463	Use	AU-Member	SDX-SSI-AMT-HIST (1)	A
State Supplement Amt (1)	N	5.2	1470	Use	AU-Member	SDX-ST-SUPL-AMT-HIST (1)	A
Payment Date (2) (MMDDYYYY)	N	8	1477	Use	AU-Member	SDX-PAY-DATE -HIST (2)	D
SSI Monthly Assistance Amt (2)	N	5.2	1485	Use	AU-Member	SDX-SSI-AMT -HIST (2)	A
State Supplement Amt (2)	N	5.2	1492	Use	AU-Member	SDX-ST-SUPL-AMT-HIST (2)	A
Payment Date (3) (MMDDYYYY)	N	8	1499	Use	AU-Member	SDX-PAY-DATE -HIST (3)	D
SSI Monthly Assistance Amt (3)	N	5.2	1507	Use	AU-Member	SDX-SSI-AMT HIST (3)	A
State Supplement Amt (3)	N	5.2	1514	Use	AU-Member	SDX-ST-SUPL-AMT-HIST (3)	A
Adv Pay Amt	N	5.2	1521				
Conditional Payment Amt	A	1	1528				
			1529				
Multi-category Indicator	A	1	1529				
Special Needs Code (other than Essential Person)	A	1	1530				
Concurrent State Payment Code	A	1	1531				
Medicaid Eligibility, Current and Historical							
Month of Change (1) (MMYYYY)	N	6	1532	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (1)	A	1	1538	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (1)	A	3	1539	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (1)	A	1	1542	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (1)	A	1	1543	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (1)	N	5	1544	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (2) (MMYYYY)	N	6	1549	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (2)	A	1	1555	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (2)	A	3	1556	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (2)	A	1	1559	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (2)	A	1	1560	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (2)	N	5	1561	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (3) (MMYYYY)	N	6	1566	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (3)	A	1	1572	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (3)	A	3	1573	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (3)	A	1	1576	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (3)	A	1	1577	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (3)	N	5	1578	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (4) (MMYYYY)	N	6	1583	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (4)	A	1	1589	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (4)	A	3	1590	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Federal Living Arrange Code (4)	A	1	1593	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (4)	A	1	1594	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (4)	N	5	1595	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (5) (MMYYYY)	N	6	1600	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (5)	A	1	1606	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (5)	A	3	1607	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (5)	A	1	1610	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (5)	A	1	1611	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (5)	N	5	1612	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (6) (MMYYYY)	N	6	1617	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (6)	A	1	1623	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (6)	A	3	1624	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (6)	A	1	1627	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (6)	A	1	1628	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (6)	N	5	1629	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (7) (MMYYYY)	N	6	1634	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (7)	A	1	1640	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (7)	A	3	1641	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (7)	A	1	1644	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (7)	A	1	1645	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (7)	N	5	1646	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (8) (MMYYYY)	N	6	1651	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (8)	A	1	1657	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (8)	A	3	1658	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (8)	A	1	1661	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (8)	A	1	1662	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (8)	N	5	1663	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (9) (MMYYYY)	N	6	1668	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (9)	A	1	1674	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (9)	A	3	1675	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (9)	A	1	1678	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (9)	A	1	1679	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L
St and County Code of Jurisdiction (9)	N	5	1680	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
Month of Change (10) (MMYYYY)	N	6	1685	Use	AU-Member	SDX-MONTH-CHANGE	D
Medicaid Eligibility Code (10)	A	1	1691	Use	AU-Member	SDX-MCAID-ELIG-CODE	L
Payment Status Code (10)	A	3	1692	Use	AU-Member	SDX-PAYMENT-STAT-CODE	L
Federal Living Arrange Code (10)	A	1	1695	Use	AU-Member	SDX-FED-LIV-ARRANGE-CODE	L
Living Arrange Code - Opt St Supple (10)	A	1	1696	Use	AU-Member	SDX-LIV-ARRANGE-OSS-CODE	L

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
St and County Code of Jurisdiction (10)	N	5	1697	Use	AU-Member	SDX-ST-COUNTY-JURSIDIC-CODE	L
			1702				
Medicare Entitlement Code	A	1	1702	Use	AU-Member	SDX-MCARE-ENTITLE-CODE	L
Medicaid Test Indic	A	1	1703	Use	AU-Member	SDX-MCAID-TEST-CODE	L
Medicaid Effective Date (MMDDYYYY)	N	8	1704	Use	AU-Member	SDX-MCAID-EFFCT-DATE	D
Date Residency Began (MMDDYYYY)	N	8	1712	Use	AU-Member	SDX-DATE-RES-BEGAN	D
Federal Eligibility Code	A	1	1720				
Optional State Eligibility Code	A	1	1721				
Mandatory Eligibility Code	A	1	1722	Use	AU-Member	SDX-MANDATORY-ELIG-CODE	L
Budget Month Flag	A	1	1723				
Federal Living Arrangement Code – Bud Mon	A	1	1724	Use	AU-Member	SDX-FED-LIV-ARRANGE-BUDG-MNTH-CODE	L
Unearned Inc – Retrospective Net Count Amt	N	5.2	1725				
Earned Inc – Retrospect Net Count Amt	N	5.2	1732				
Deemed Inc Amt (Retrospect)	N	5.2	1739				
Earned Inc – Net Count Amt	N	5.2	1746				
Unearned Inc – Net Count Amt	N	5.2	1753				
Deemed Inc Amt	N	5.2	1760				
State Benefit Amt	N	5.2	1767	Use	AU-Member	SDX-STATE-BEN-AMT	A
IAR Status Code	N	1	1774				
St and County Code of Reimbursement	N	5	1775				
Overpayment/Underpayment Indic	A	1	1780				
Overpayment Balance	N	5.2	1781				
Current Month's Recovery Amt	N	5.2	1788				
Overpayment Waiver Date (MMDDYYYY)	N	8	1795				D
Overpayment Waiver Amt	N	5.2	1803				
Converted Railroad Board Number	A	12	1810				
Alien Sponsor Code	A	1	1822				
Alien Eligibility Code	A	1	1823				
Direct Deposit Routing	A	13	1824				
Bank Account Number	A	17	1837				
Foreign Language Code	A	2	1854	Use	Me-Person	PREF-LANG-CODE	T
Appeal Decision Code	A	2	1856	Use	AU-Member	SDX-APPEAL-DECISION-CODE	L
Appeal Decision Code Date (MMDDYYYY)	N	8	1858	Use	AU-Member	SDX-APPEAL-DECISION-DATE	D
Appeal Reason Code	A	2	1866	Use	AU-Member	SDX-APPEAL-REASON-CODE	L
Transfer of Resources at Less than Fair Value	A	2	1868	Use	AU-Member	SDX-TRANS-RESOURCE-LT-FAIR-VALUE	T
Date of Transfer of Resources	N	8	1870	Use	AU-Member	SDX-TRANS-RESOURCE-DATE	D
Blanks	A	4	1878				
Food Stamp Heating	A	1	1882				

Interface File Field Name	F	L	P	MERSDXL	MEDS File	MEDS Field	C
Food Stamp – Shelter	A	1	1883				
Blanks	A	11 6	1884				
Reserved for Wire Transmission Char	A	1	2000				
First Name	A	15	2001	Use	Me-Person	FIRST-NAME	
Middle Name	A	15	2016	Use	Me-Person	MIDDLE-INIT (1 st character only)	
Last Name	A	20	2031	Use	Me-Person	LAST-NAME	
Suffix	A	4	2051	Use	Me-Person	SUFFIX	T
Representative Payee Agency Name	A	40	2055	Use	Me-Person	SDX-REP-PAYEE-AGENCY-NAME	
Representative Payee First Name	A	15	2095	Use	Me-Person	SDX-REP-PAYEE-FIRST-NAME	
Representative Payee Middle Name	A	15	2110	Use	Me-Person	SDX-REP-PAYEE-MIDDLE-NAME	
Representative Payee Last Name	A	20	2125	Use	Me-Person	SDX-REP-PAYEE-LAST-NAME	
Representative Payee Suffix	A	4	2145	Use	Me-Person	SDX-REP-PAYEE-SUFFIX	
Representative Payee Address	A	14 0	2149	Use	Me-Person	SDX-REP-PAYEE-ADDR	
Representative Payee City	A	22	2289	Use	Me-Person	SDX-REP-PAYEE-CITY	
Representative Payee State	A	2	2311	Use	Me-Person	SDX-REP-PAYEE-STATE-CODE	
Representative Payee Zip	N	5	2313	Use	Me-Person	SDX-REP-PAYEE-ZIP-CODE	
Representative Payee Zip + 4	N	4	2318	Use	Me-Person	SDX-REP-PAYEE-EX-ZIP-CODE	
Representative Payee Foreign Country	A	35	2322				
Representative Payee Foreign Zone	A	15	2357				
Representative Payee Consul Code	N	3	2372				
Representative Payee Legend Choice	N	1	2375				
Representative Payee Legend Free Form	A	35	2376				
Blanks	A	59 0	2411				

Appendix 2 – SDX Extended Medicaid (Pickle) File (MEISDPL)

The file-layout for the Pickle file is described below.

SDX Extended Medicaid (Pickle) File Layout (169 bytes)

Name	F	L	P	Description
State Code	N	2	0001	Value of 19, Louisiana
SSN	N	9	0003	
Claim	A	2	0012	
First Name	A	10	0014	
Middle Initial	A	1	0024	
Last Name	A	12	0025	
Current Benefit	N	4.1	0037	
Term Month	N	2	0042	
Term Year	N	4	0044	
Term Benefit	N	4.1	0048	
Zip Code	N	5	0053	
Address 1	A	22	0058	
Address 2	A	22	0080	
Address 3	A	22	0102	
Address 4	A	22	0124	
Address 5	A	22	0146	
Years Sent Code	A	2	0168	

Appendix 3 - Interface Field Codes

Several fields on the Update interface file layout have codes associated with them. This section describes the field codes and identifies those field codes translated between SDX and MEDS values.

Dates

Several date fields on the interface file may be in a different format from the standard MEDS date format. In these cases, the interface process will convert the format of the dates between the MEDS format of YYYYMMDD or YYYYMM and SDX format of MMDDYYYY or MMYYYY.

Alien Indicator

File layout position 0578.

SDX	Description
A	Proven born in U.S., U.S. citizen.
B	Alleged born in U.S., U.S. citizen.
C	U.S. citizen born outside of the U.S., this includes naturalized citizens and U.S. citizens born abroad to U.S. citizen parents.
E	No citizenship or alien status development undertaken; case denied for reasons other than citizenship/alien status.
F	Refugee status – section 207 or 203 (A) (7) of the I.N.A.
G	Parole status – section 212 (d) (5) of the I.N.A.
J	Deportation has been withheld pursuant to section 243 (h) of the INA, or meets one of the following criteria: <ul style="list-style-type: none"> • Deferred action status alien • Residence of U.S. pursuant to an order of supervision • Properly filed an application with Immigration & Naturalization Service (INS) for adjustment of status.
K	Alien lawfully admitted to the U.S. for permanent residence.
L	Asylum status – section 208 of the I.N.A.
N	Identity and citizenship of the individual verified by Numident interface (code was previously B), individual is a U.S. citizen.
P	Pre-January 01, 1972 alien, presumed lawfully admitted for permanent residence.
Q	Alleged born in the U.S. – allegation corroborated by a U.S. place of birth shown on the on-line Numident.
R	Lawful temporary resident – status granted as a result of the Immigration Reform and Control Act of 1986.
S	Lawful permanent resident status – status granted as a result of the Immigration Reform and Control Act of 1986.
T	Alien granted voluntary departure.
U	Unknown.
W	Alien granted stay of deportation.
X	Cuban/Haitian entrant
Y	Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986. Granted permanent resident status.

SDX	Description
Z	Alien on whose behalf an immediate relative petition has been approved; or has an approved petition, or a petition pending with INS which sets forth a prima facie case for one of the following: <ul style="list-style-type: none">• Status as an immediate relative• Classification to immigrant status• Suspension of deportation and adjustment to LAPR status.
1	No status alleged
2	Valid status alleged, but not proven. N13 being processed
3	Amerasian immigrant
4	North American Indian

Appeal Code

File layout position 0966.

SDX	Description
A	Appeals Council review
C	Court Activity
H	Hearing
O	Class Action
R	Reconsideration

Appeal Flag

File layout position 0965.

SDX	Description
" "	No actual or potential Goldberg/Kelly involvement or notice of planned action has been sent, but no appeal has been filed or the potential appeals period has expired.
I	In payment maintenance, but independent intervening event is applicable, Goldberg/Kelly applies.
S	In payment maintenance, but eligibility exceeds PPL, Goldberg/Kelly applies.
P	Notice of planned action has been sent and appeal has been filed.
T	Notice of planned action has been sent, but could not be sent timely; thereafter the higher payment has been maintained.

Appeal Decision Code

File layout position 1856

SDX	Description
AD	Dismissed/abandoned
FA	Favorable/SSA appealed
FC	Fully/partially favorable (converted records only)
FF	Fully favorable
FN	Favorable/SSA not appealed (court case only)
OT	Closed; Other
PF	Partially favorable
T1	Dismissed; Claimant deceased
UA	Unfavorable/appealed by recipient (court case only)
UF	Unfavorable
UN	Unfavorable/Not appealed by recipient (court case only)
WC	Dismissed/withdrawn (converted records only)
WD	Dismissed: Withdrawn
1D	Dismissed: Cannot be appealed
2D	Dismissed: Filed by improper requestor
3D	Dismissed: Filed late without good cause
4D	Dismissed: Withdrawn

Appeal Reason Code

File layout position 1866

SDX	Description
AG	Age
CZ	Citizenship
DI	Initial Disability
DR	Age 18 Disability Redetermination
IN	Income
LA	Living Arrangement
MA	Marital Relationship
MC	Medical Disability
OP	Overpayment
PA	PASS
RE	Resources
SG	SGA
WA	Denied Waiver
OT	Other

Competency Code

File layout position 0934.

SDX	Description
A	Recipient is competent and the representative payee is the legal guardian.
B	Recipient is competent and there is no legal guardian.
C	Recipient is competent and the legal guardian is someone other than the representative payee.
D	Recipient is incompetent and the representative payee is the legal guardian.
E	Recipient is incompetent and there is no legal guardian.
F	Recipient is incompetent and the legal guardian is someone other than the representative payee.
L	Representative Payee is a financial institution with whom the recipient has entered in a living trust agreement.
N	There is no legal guardian.
O	Someone other than the representative payee is the legal guardian.
Y	The representative payee is the legal guardian.

Denial Code

File layout position 0550.

SDX	Description
" "	Applicant was not denied.
N01	Non-pay – Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard.
N02	Non-pay – Recipient is inmate of public institution. (Incarcerated)
N03	Non-pay – Recipient outside of the U.S. (Abroad)
N04	Non-pay – Recipient non-excludable resources exceed title XVI limitations
N05	Non-pay – Unable to determine if eligibility exists.
N06	Non-pay – Recipient failed to file for other benefits.
N07	Non-pay – Cessation of the recipient's disability.
N08	Non-pay – Cessation of the recipient's blindness.
N09	Non-pay – Recipient refused vocational rehabilitation without good cause.
N10	Non-pay – Recipient refused treatment for drug addiction.
N11	Non-pay – Recipient refused treatment from alcoholism.
N12	Non-pay – Recipient voluntarily withdrew from program.
N13	Non-pay – Not a citizen or an eligible alien.
N14	Non-pay – Aged claim denied for age.
N15	Non-pay – Blind claim denied. Applicant not blind.
N16	Non-pay – Disability claim denied. Applicant not disabled.
N17	Non-pay – Failure to pursue claim by the applicant.
N19	Non-pay – Recipient has voluntarily terminated participation in the SSI program.
N20	Non-pay – Recipient fails to furnish a required report.
N27	Non-pay – Disability terminated due to SGA.
N30	Non-pay – Slight impairment – medical consideration alone - no visual impairment.
N31	Non-pay – Capacity for SGA – customary past work - no visual impairment.
N32	Non-pay – Capacity for SGA – other work - no visual impairment.
N33	Non-pay – Engaging in SGA despite impairment - no visual impairment.
N34	Non-pay – Impairment is no longer severe at time of adjudication and did

SDX	Description
	not last twelve months - no visual impairment.
N35	Non-pay – Impairment severe at time of adjudication but not expected to last twelve months - no visual impairment.
N36	Non-pay – Insufficient or no medical data furnished - no visual impairment.
N37	Non-pay – Failure to submit to consultative examination - no visual impairment.
N38	Non-pay – Applicant does not want to continue development of the claim - no visual impairment.
N39	Non-pay – Applicant willfully fails to follow prescribed treatment - no visual impairment.
N40	Non-pay – Impairment does not meet or equal listing (disabled child under 18 only) - no visual impairment.
N41	Non-pay – Slight impairment – medical condition alone - visual impairment.
N42	Non-pay – Capacity for SGA – customary past work - visual impairment.
N43	Non-pay – Capacity for SGA – other work - visual impairment.
N44	Non-pay – Engaging in SGA despite impairment - visual impairment.
N45	Non-pay – Impairment is no longer severe at time of adjudication and did not last twelve months - visual impairment.
N46	Non-pay – Impairment severe at time of adjudication but not expected to last twelve months - visual impairment.
N47	Non-pay – Insufficient or no medical data furnished – visual impairment.
N48	Non-pay – Failure to submit to consultative examination - visual impairment.
N49	Non-pay – Applicant does not want to continue development of the claim - no visual impairment.
N50	Non-pay – Applicant willfully fails to follow prescribed treatment - visual impairment.
N51	Non-pay – Impairment does not meet or equal listing (disabled child under 18 only) - visual impairment.
N52	Non-pay – Deleted from the State rolls before Jan. 1973 payment.
N53	Non-pay – Deleted from the State rolls after Jan. 1973 payment.
N54	Non-pay – DO unable to locate applicant.

Disability Payment Code

File layout position 0938.

SDX	Description
F	Final determination – allowance.
P	Presumptive finding.
R	Referred to State agency code - indicates pending determination or final determination denied.
S	State determination (conversion cases only) – allowance.
T	Presumptive finding – state conversion record.
X	No disability determination made (claim denied on basis of non-disability issues).
" "	Not applicable.

Drug Addiction or Alcohol Identification Code

File layout position 0947. These values are not displayed on MEDS dialogs.

SDX	Description
A	Disabled individual is an alcoholic.
B	Disabled individual is a drug addict and an alcoholic.
D	Disabled individual is a drug addict.
N	Individual is neither a drug addict nor an alcoholic.
Q	Individual may or may not be a drug addict or an alcoholic. (Not determined)
" "	No code transmitted.

Essential Person Indicator

File layout position 0630. Corresponds to MEDS relation-to-client code.

SDX	Description	MEDS
0	None	00
1	Essential person is an ineligible spouse.	02
2	Essential person is a living-with father.	01
3	Essential person is a living-with mother.	01
4	A non-relative is in the SSN of Eligible Spouse or Parent.	N/A
5	A non-relative is in the SSN of Other Parent.	N/A
A	An ineligible spouse and at least one other person are both essential persons.	N/A
B	A living-with father and at least one other person are both essential persons.	N/A
C	A living-with mother and at least one other person are both essential persons.	N/A
D	There are at least two essential persons, one of which is in SSN of Eligible Spouse or Parent.	N/A
E	There are at least two essential persons, one of whom is in SSN of Other Parent.	N/A
F	A living-with parent is the essential person (applicable in pipeline cases only.)	N/A

Federal Living Arrangement Code – (12-73), Regular, and Budget Month

File layout position 0957 for Federal Living Arrangement Code (12-73)

File layout positions 1542, 1559, 1576, 1593, 1610, 1627, 1644, 1661, 1678 and 1695 for Federal Living Arrangement Code

File layout position 1724 for Federal Living Arrangement Code – Budget Month

SDX	Description
A	Own household.
B	Another's household.
C	Parent's household (for child cases only).
D	Title XIX institution.
E	No Federal Living Arrangement applicable in Dec 1973, or if applicable, mandatory supplementation is not payable.
" "	Individual is in a non-Title XIX institution, living arrangement change in progress or outside the U.S.
*	Initial Claims Surface Edit

Living Arrangement Code, Optional State Supplement

File layout positions 1543, 1560, 1577, 1594, 1611, 1628, 1645, 1662, 1679, 1696

SDX	Description
Z	Pay zero amount of state supplementation
B	Unknown
A	Unknown
E	Unknown

Mandatory Eligibility Code

File layout position 1722

SDX	Description
E	Eligible for mandatory State supplementation.
N	Not eligible for mandatory State supplementation.
" "	Not applicable.

Marital Status

The SDX codes must be translated into MEDS codes.

File layout position 0113

SDX	Description	MEDS
1	Married and living with (ceremonial, common law, "holding out", or de-facto).	M
2	Obsolete	O
3	Single, widowed or divorced.	S
4	Married and separated.	SP

Medicaid Eligibility Code

File layout positions 1538, 1555, 1572, 1589, 1606, 1623, 1640, 1657, 1674, 1691

SDX	Description
A	Refused to assign rights to third party medical payments or individual refuses to provide third party liability information. Referred to State, Federal determination not possible.
B	Deeming waived; Child state homecare plan
C	Federally administered Medicaid coverage should be continued regardless of payment status code.
D	Disabled adult child (1634 States).
F	Title VIII Recipient
G	Goldberg/Kelly payment.
N	????? Waiting for SIR 314 response
P	Suspended for non-compliance
Q	Medicaid Qualifying Trusts may exist.
R	Referred to State for determination (1634 States), Federal determination not possible.
S	State determination – not SSA responsibility.
W	Widow(er) (1634 States).
Y	Eligible for Medicaid (1634 States only).

Medicaid Test Indicator

File layout position 1703

SDX	Description
A	Meets countable income test; no data entered for use and insufficiency of earnings tests.
B	Meets countable income test; also meets use and insufficiency of earnings tests.
C	Meets countable income test; does not meet use test.
D	Meets countable income test; does not meet insufficiency of earnings test.
E	Meets countable income test; does not meet use and insufficiency of earnings test.
F	Meets countable income test; use and insufficiency of earnings test decisions pending.
G	Does not meet countable income test; no data entered for use and insufficiency of earnings tests.
H	Does not meet countable income test; meets use and insufficiency of

	earnings tests.
J	Does not meet countable income test; does not meet use test.
K	Does not meet countable income test; does not meet insufficiency of earnings test.
L	Does not meet countable income test; does not meet use and insufficiency of earnings test.
M	Does not meet countable income test; use and insufficiency of earnings test decisions pending.
N	No prerequisite 1611 month available for 1619 eligibility – set by system.
P	No prerequisite 1611 month available for 1619 eligibility – set by FO input.
" "	Not applicable.

Medicaid – Unpaid Medical Expense Indicator

File layout position 0593

SDX	Description
Y	Unpaid medical bills do exist. (1634 States only)
N	Unpaid medical bills do not exist. (1634 States only)
" "	Not applicable.

Medicare Entitlement Code

File layout position 1702

SDX	Description
A	The individual is covered for Hospital Insurance, but not for Supplementary Medical Insurance.
B	The individual is covered for Supplementary Medical Insurance, but not for Hospital Insurance.
C	The individual is covered for both Hospital Insurance and Supplementary medical Insurance.
N	The individual is not covered for either Hospital or Supplementary Medical Insurance.

Multi-category Indicator

File layout position 1529

SDX	Description
1	Aged eligibility
2	Blind eligibility
3	Aged and blind eligibility
4	Disabled eligibility
5	Aged and disabled eligibility
6	Blind and disabled eligibility
7	Aged, blind and disabled eligibility
D	Disabled Special Section 1619a payment due
E	Aged and disabled Special Section 1619a pmt due
F	Blind and disabled Special Section 1619a pmt due
G	Aged/blind/disabled Special Section 1619a pmt due
H	Disabled, and SGA involvement No Sec 1619a pmt due
J	Aged/disabled, and SGA involvmt No 1619a pmt due
K	Bld/Dsabld and SGA involvmt Spec Sec 1619a pmt due
L	Aged,blind and disabled, and SGA involvement
M	Dsabld - prereq month for 1619a elig, 1611 pmt due
N	Age/dsabld-prereq mth for 1619a elig, 1611 pmt due
O	Bld/dsabld-prereq mth for 1619a elig, 1611 pmt due
P	Age/bld/dsabld-prereq mth-1619a elig, 1611 pmt due
Q	Disabled - prerequisite 1611 payment not made
R	Aged and blind- prerequisite 1611 payment not made
S	Blind and disabled- prerequisite 1611 pmt not made
T	Aged/blind/disabld- prerequisite 1611 pmt not made
W	Disabled-pmt status "S05" applies,SGA decn requird
X	Aged and disabled - payment status "S05" applies
Y	Blind and disabled - payment status "S05" applies
Z	Aged,blind and disabled - pmt status "S05" applies

Payment Status Code

File layout positions 1539, 1556, 1573, 1590, 1607, 1624, 1641, 1658, 1675, 1692

SDX	Description
C01	Current pay
E01	Eligible for Federal/State benefits based on the eligibility computation, but no payment is due based on the payment computation.
E02	Month of eligibility prior to first payment month.
H10	Living arrangement change is in progress.
H20	Marital Status change is in progress.
H30	Resource change is in progress.
H40	Student Status change is in progress.
H50	Head of household change is in progress.
H60	Hold pending receipt of date of death.
H70	Hold pending transmission of one-time payment data.
H80	Early input.
H90	Systems Limitation involved. DO must manually compute and input payment amounts (no longer applicable).
M01	Force Payment – Recipient may be in payment or non-payment status.
N01	Non-pay – Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard.
N02	Non-pay – Recipient is inmate of public institution. (Incarcerated)
N03	Non-pay – Recipient outside of the U.S. (Abroad)
N04	Non-pay – Recipient non-excludable resources exceed title XVI limitations
N05	Non-pay – Unable to determine if eligibility exists.
N06	Non-pay – Recipient failed to file for other benefits.
N07	Non-pay – Cessation of the recipient's disability.
N08	Non-pay – Cessation of the recipient's blindness.
N09	Non-pay – Recipient refused vocational rehabilitation without good cause.
N10	Non-pay – Recipient refused treatment for drug addiction or alcoholism.
N11	Non-pay – Currently in a drug or alcohol abuse treatment program.
N12	Non-pay – Recipient voluntarily withdrew from program.
N13	Non-pay – Not a citizen or an eligible alien.
N14	Non-pay – Aged claim denied for age.
N15	Non-pay – Blind claim denied. Applicant not blind.
N16	Non-pay – Disability claim denied. Applicant not disabled.
N17	Non-pay – Failure to pursue claim by the applicant.
N18	Non-pay – Failed to Cooperate
N19	Non-pay – Recipient has voluntarily terminated participation in the SSI program.
N20	Non-pay – Recipient fails to furnish a required report.
N24	????? Waiting for SIR 314 response
N27	Non-pay – Disability terminated due to SGA.
N30	Non-pay – Slight impairment – medical consideration alone - no visual impairment.
N31	Non-pay – Capacity for SGA – customary past work - no visual impairment.
N32	Non-pay – Capacity for SGA – other work - no visual impairment.
N33	Non-pay – Engaging in SGA despite impairment - no visual impairment.
N34	Non-pay – Impairment is no longer severe at time of adjudication and did not last twelve months - no visual impairment.
N35	Non-pay – Impairment severe at time of adjudication but not expected to last twelve months - no visual impairment.

SDX	Description
N36	Non-pay – Insufficient or no medical data furnished - no visual impairment.
N37	Non-pay – Failure to submit to consultative examination - no visual impairment.
N38	Non-pay – Applicant does not want to continue development of the claim - no visual impairment.
N39	Non-pay – Applicant willfully fails to follow prescribed treatment - no visual impairment.
N40	Non-pay – Impairment does not meet or equal listing (disabled child under 18 only) - no visual impairment.
N41	Non-pay – Slight impairment – medical condition alone - visual impairment.
N42	Non-pay – Capacity for SGA – customary past work - visual impairment.
N43	Non-pay – Capacity for SGA – other work - visual impairment.
N44	Non-pay – Engaging in SGA despite impairment - visual impairment.
N45	Non-pay – Impairment is no longer severe at time of adjudication and did not last twelve months - visual impairment.
N46	Non-pay – Impairment severe at time of adjudication but not expected to last twelve months - visual impairment.
N47	Non-pay – Insufficient or no medical data furnished – visual impairment.
N48	Non-pay – Failure to submit to consultative examination - visual impairment.
N49	Non-pay – Applicant does not want to continue development of the claim - no visual impairment.
N50	Non-pay – Applicant willfully fails to follow prescribed treatment - visual impairment.
N51	Non-pay – Impairment does not meet or equal listing (disabled child under 18 only) – visual impairment.
N52	Non-pay – Deleted from the State rolls before Jan. 1973 payment.
N53	Non-pay – Deleted from the State rolls after Jan. 1973 payment.
N54	Non-pay – DO unable to locate applicant.
S01	Suspended – Suspension of payments due to report of death by Treasury, potential automated death case.
S04	Suspended – System is awaiting disability determination (system generated).
S05	Suspended – SGA decision pending.
S06	Suspended – Recipient address unknown.
S07	Suspended – Returned check for other than death, address, payee change, or death of representative payee.
S08	Suspended – Representative payee development pending.
S09	Suspended – Miscellaneous suspense code.
S10	Suspended – Adjudicative suspension (system generated).
S20	Suspended – Potential rollback case or disability made prior to July 1973, inactive.
S21	Suspended – The recipient is presumptively disabled or blind and has received three months payments.
T01	Terminated – Death of the recipient.
T20	Terminated – Received payment under two different account numbers.
T22	Terminated – Received payment under two different accounts, termination resulted from electronic screening.
T30	Terminated – Manual termination (payment previously made). Change in record composition requires termination of existing record.
T31	Terminated – System generated termination (payment previously made).
T50	Terminated – Manual termination (no previous payment made).
T51	Terminated – System generated termination (no previous payment made).

Race

The SDX code must be converted into a MEDS code.

File layout position 0111

SDX Race Code	Original MEDS "Race" Code	New MEDS Race Code / Ethnicity
A – Asian	4 – Asian	4 (ethnicity = 'U')
B – Black	2 – Black	2 (ethnicity = 'U')
H – Hispanic	5 – Hispanic	Ethnicity = 'Y'
I – North American Indian	3 – American Indian/Alaskan	3 (ethnicity = 'U')
N – Negro	2 – Black	2 (ethnicity = 'U')
O – Other	9 - Unknown	Ethnicity = 'U'
U – Not determined	9 - Unknown	Ethnicity = 'U'
W - White	1 – White	1 (ethnicity = 'U')

Note: Ethnicity is a required field and defaults to 'U'known.

Re-accretion Indicator

File layout position 0030

SDX	Description
T	Record being terminated, will not be re-accreted.
X	Record being terminated, will be re-accreted.
" "	Not applicable.

Recipient Type

File layout position 0064

SDX	Description
AI	Aged individual.
AS	Aged spouse.
BC	Blind child.
BI	Blind individual.
BS	Blind spouse
DC	Disabled child.
DI	Disabled individual.
DS	Disabled spouse.
EP	Essential person.
XS	Ineligible spouse.

Record Source Code

File layout position 0042

SDX	Description
C	Initial State conversion case.
D	Conversion case that may or may not have been properly identified as a State deletion.
N	DO new claim.
P	DO pipeline case.
" "	DO new claim.

Resource Code

File layout position 0587 – House

File layout position 0588 – Vehicle

File layout position 0589 – Life Insurance

File layout position 0590 – Income Producing Property

File layout position 0591 – Other

SDX	Description
A	Possession of a home – principal place of residence.
B	Owns a vehicle – either over or under the limit.
C	Life insurance – face value is over \$1500.00.
D	Income producing property is under or over the limit.
E	Owns other resources over the limit.
K	Individual is required to dispose of the vehicle.
L	Individual is required to dispose of the life insurance.
M	Individual is required to dispose of the income producing property.
N	Individual is required to dispose of the other resources.
S	Equity in a non-excludable property is expected to increase in value.
T	Home and equity in non-excludable property.
Z	None.
" "	Not determined.

Sex

File layout position 0110

SDX	Description	MEDS
M	Male	1
F	Female	2
U	Unknown	9

SSN Correction Indicator

File layout position 1027

SDX	Description
A	A pseudo, or invalid, SSN appears in the SSN and a valid SSN in the last nine positions of the SSN-List of Multiple SSNs is being initially transmitted to the State.
B	A valid SSN appears in the SSN and the pseudo, or invalid SSN is shown in one of the slots of the SSN- List of Multiple SSNs

State

SDX	Description	MEDS
01	Alabama	AL
02	Alaska	AK
03	Arizona	AZ
04	Arkansas	AR
05	California	CA
06	Colorado	CO
07	Connecticut	CT
08	Delaware	DE
09	District of Columbia	DC
10	Florida	FL
11	Georgia	GA
65	Guam	GU
12	Hawaii	HI
13	Idaho	ID
14	Illinois	IL
15	Indiana	IN
16	Iowa	IA
17	Kansas	KS
18	Kentucky	KY
19	Louisiana	LA
20	Maine	ME
21	Maryland	MD
22	Massachusetts	MA
23	Michigan	MI
24	Minnesota	MN
25	Mississippi	MS
26	Missouri	MO
27	Montana	MT
28	Nebraska	NE
29	Nevada	NV
30	New Hampshire	NH
31	New Jersey	NJ
32	New Mexico	NM
33	New York	NY
34	North Carolina	NC
35	North Dakota	ND
36	Ohio	OH
37	Oklahoma	OK
38	Oregon	OR

SDX	Description	MEDS
39	Pennsylvania	PA
40	Puerto Rico	PR
41	Rhode Island	RI
64	American Samoa	AS
42	South Carolina	SC
43	South Dakota	SD
44	Tennessee	TN
45	Texas	TX
46	Utah	UT
47	Vermont	VT
48	Virgin Islands	VI
49	Virginia	VA
50	Washington	WA
51	West Virginia	WV
52	Wisconsin	WI
53	Wyoming	WY

Third Party Insurance Indicator

File layout position 0592

SDX	Description
A	Applicant refuses to assign rights for third party insurance.
N	Third party liability does not exist.
Q	Medicaid qualifying trust may exist.
R	Applicant refuses to cooperate in providing third party liability data.
Y	Third party liability does exist and applicant agrees to assign rights.
" "	Not applicable.

Transaction Code

File layout position 0006

SDX	Description
00	No Action has been taken since last SDX record.
0P	Pending record.
0W	T30 termination action.
0X	T30 re-accretion, potentially ineligible.
0Y	T30 re-accretion, potentially eligible.
0Z	T30 new/replacement record.
01	New claim – currently eligible. If Payment Status = E01, no SSI payment made.
02	New claim, currently ineligible.
03	New to state, eligible for SSI / Supplementation in new State.
04	New to state, ineligible in new State.
05	Individual moved to another State.
06	Change, other than a change of address.
07	Nonpayment, termination transaction, or change to an ineligible record that does not affect eligibility.
08	Intrastate change of address.
09	Intrastate change of address and change in amount paid.
10	State identification number accreted.

SDX	Description
16	Combination codes 06 and 10.
17	Combination codes 07 and 10.
20	State identification number not accreted due to mismatch.
30	State identification number changed.
36	Combination codes 06 and 30.
37	Combination codes 07 and 30.
40	State identification number not changed due to mismatch.
50	State identification number deleted.
56	Combination codes 06 and 50.
60	State identification number not deleted due to mismatch.
70	Requested SDX record provided in response to State query.
80	No requested SDX data provided due to mismatch.
90	No requested SDX data provided due to mismatch, the State requested a pending record and no record is in file.
A0	State cross-reference WIN updated.
A6	Combination codes 06 and A0.
A7	Combination codes 07 and A0.
B0	IAR transaction processed.
C0	IAR transaction rejected.
RF	Identifies a reconciliation file.
BJ	Identifies a Pickle I file.

Transaction Type (Last)

File layout position 0032

SDX	Description
A1	Eligible individual name change
AD	Address change or correction
BC	Direct deposit
CC	Folder involvement
CF	Conserved funds
CG	Case characteristics
CH	Returned check
CM	Multi-categories
CO	Overpayment information
CP	Refund amount
D1	Death notice from DO
D3	Death notice from MBR interface
D4	Death notice from Treasury
DA	Diary code and date
DD	Direct deposit change
DL	Deletion
DM	Deemed income
DN	Date of overpayment notice
DO	Date of disability onset
DT	Drug/Alcohol addiction
DY	Selected for diary action
EM	Earned Income
EN	Earned Income
EP	Advance Payment
FL	Dec 1973 Federal Living Arrangement

SDX	Description
FS	Food Stamp
FV	Foreign language notice
GA	Grant Amount
GC	Goldberg-Kelly notice date
GF	Adverse action
GM	Minimum benefit level
IC	Initial Claims accretion
IF	MBR or Master Earning File interface reply
IR	IRS interface select
LA	Federal Living Arrangement
LT	Last Transaction
M1	Cross-reference number
M3	Cross-reference number
MA	Title II payment
MB	MBR change, other than death activity
MC	IRS data
MD	Medical data
MG	Medical recovery
MI	Title II C.P.S.
MM	Misused money
MP	Manual payment
MS	Internal Revenue Service Data
NC	Non-receipt of check (Treasury)
ND	Date of overpayment notice
NM	Accounting done
NP	Notice – paragraphs
NV	Numident reply
OL	Overpayment sequence number
ON	Automated one-time payment
OQ	Overpayment sequence number
PC	SF-1184 of deletion of a returned check
PL	Appeals request
PN	Payee's name
PR	Prior error input
PS	Payment status
RA	Residence address
RB	Rollback
RC	Returned check for other than death (Treasury)
RD	Resource disposal
RE	Resources
RF	1619(b) renewal selection
RG	Renewal diary
RI	Limited issue renewal selection
RP	Representative payee
RR	Remittance register refund
RS	Data Operation Center
RT	Selected for renewal
RV	Renewal pending indicator deleted
RW	Renewal established on start date record
RX	Renewal transfer (high response record)
RY	Renewal transfer
RZ	Renewal
SB	Suspend billing

SDX	Description
SC	State/County of conversion
SE	Summary earnings record enforcement
SI	Title XIX Status
SO	Systems override
ST	State and County Code
SZ	Special action code
TL	Telephone number
TP	Type of claim
TR	Transmission router
UC	Un-negotiated check (credit)
UD	Un-negotiated check (debit)
UM	Unearned income
VA	VA interface
VB	RRB interface
VC	Federal civil service interface
W	Welfare number
WA	Waiver
WI	Windfall offset data
ZC	Zip code (residence address)
ZP	Zip code (mailing address)
Z4	IRS interface reply

Transfer of Resources at Less Than Fair Value

File layout position 1868

SDX	Description	MEDS
MN	Transfer of resources at less than fair value	Y
""	Transfer of resources not at less than fair value	N

Unearned Income Frequency

File layout positions 1083, 1117, 1151, 1185, 1219, 1253, 1287, 1321, 1355

SDX	Description
C	Continuous monthly payment, or uninsured (Title II claim number suffix "T" and "M"), or Title II benefits in non-pay status.
N	One-time payment
R	Used in conjunction with type "A" income to indicate recent retirement, survivors, and disability insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit.
T	Termination of continuous monthly payment.
U	Used only in conjunction with a type "D" entry to indicate RRB has jurisdiction of the Title II (Type "A") payment and that recipient's entitlement to a RRB annuity has not been determined.
" "	Initialized value

Unearned Income Type Code

File layout positions 1063, 1097, 1131, 1165, 1199, 1233, 1267, 1301, 1335

SDX	Description
-----	-------------

SDX	Description
A	Social Security
B	Black Lung
C	VA (not based on need)
D	RRB
E	VA (based on need)
F	Assistance based on need and not excluded from unearned income.
G	Title II income used to offset SSI
H	Income in-kind (support and maintenance)
I	Ineligible child allocation
J	Value of one-third reduction
K	Blind countable income
L	Military pension
M	Federal Civil Service pension
N	Support payments received from absent parent
O	Income based on need from private sources
P	Employment-related pension (state or local government retirement, private pension)
Q	Worker's compensation
R	Rents, interest, dividends, royalties
S	Other
T	Alaska longevity bonus
U	Concurrent and title II only attorney's fees allocated over months where Type A, G or W unearned income is present.
V	Net deemed income (See deemed income amount and deemed income amount retrospective)
W	Title II income used in windfall offset computations
X	Minimum income level amount
Y	Special needs reduction (applies to a federal countable minimum income level)
Z	State countable income (State of Vermont only)
" "	Initialized value

Unearned Income Verification Code

File layout positions 1096, 1130, 1164, 1198, 1232, 1266, 1300, 1334, 1368

SDX	Description
0	Number and income amount have not been verified.
1	Number has been verified, amount has not been verified.
2	Number and income amount have been verified.
3	Number and income amount have not been verified. Title II IMPACC/A payment made.
4	Number has been verified, amount has not been verified. Title II IMPACC/A payment made.
5	If Unearned Income Type Code is equal to "A", number and income amount have been verified for IMPACC/A payment. If Unearned Income Type Code is equal to "X", the Federal Countable minimum income level has been transmitted to the new record following a "T30" /"T50" action.
6	If Unearned Income Type Code is equal to "A", IMPACC/A payment has been made. If Unearned Income Type Code is equal to "X", systems generated one-time Title II payment was received in the first quarter of 1974.
7	Federal countable income, applies only to Unearned Income Type Code "X"

SDX	Description
	and "Z", no longer generated.
8	The information has been supplied by the State; applies only to Unearned Income Type codes equal to "X" and "Z" (State of Vermont only).
9	The system adjusted a prior code of "8" or "Z" entries; codes "0", "1", or "2" apply to Unearned Income Type Codes equal to "A", "B", "C", "D", or "E"; codes "6", "7", "8" or "9" apply to Unearned income Type codes equal to "X" or "Z" (State of Vermont conversion cases only).
" "	Initialized value.

Verification Code – Multiple SSNs

File layout positions 0986, 0996, 1006, 1016, 1026

SDX	Description
A	Affirmed by SSA DO.
I	Incorrect SSN, change has been processed.
N	SSN has not been verified.
P	Pseudo SSN.
T	Cross-reference number terminated
X	Cross-reference SSN.
Y	A verified multiple account number.

Zebley Indicator

File layout position 0112

Currently, MEDS does not use the Zebley indicator for any process.

SDX	Description
Z	Individual has been identified by SSA FO as a potential Zebley case.
D	Case has been denied for any Zebley payments.
F	Final Zebley payment has been made to the individual.

Appendix 4 – Files Run out of Sequence

This process was used in response to SIR 946 and SIR 1024. The program is named ZZS1024A.

When an SDX file is run out of sequence we create a report of persons who are on both the file that was incorrectly run out of sequence, and the file that should have been run. The report contains name, SSN and key eligibility fields from both the files.

Had the files run in the correct order updates from the newer file (the file run out of sequence) would overlay updates from the older file (the missed file). Assuming the missed file will run next we must remove the persons who are on both files, so that older updates will not overlay more recent updates.

All SDX files are in SSN order.

Program Logic

Read the missed interface file using the SDX interface file layout LDA MEISDXL

 Add 1 to number of records read

 If the record is not the header or trailer

 Read the out of sequence file

 If out of sequence file SSN = missed file SSN

 Assign Duplicate Found = True

 Add 1 to number of duplicates

 Perform routine Compare Fields

 Write line to report

 Escape Bottom /* out of sequence file read

 Else

 If out of sequence file SSN > missed file SSN /* we've read past the record we want

 Escape Bottom /* out of sequence file read

 End If

 End If

 End Read /* out of sequence file

 Close out of sequence file

End If

If not duplicate found

 Write work file /* without duplicates

 Add 1 to new file record count

End If

End Read

Write file totals to report

Subroutine Compare Fields

/*The key fields that determine action are: Medicaid Eligibility Code, Payment Status Code, Transaction
/* Code, Recipient Type Code and Date of Death.

/* Look at the key fields on the missed file first

If missed file Date of Death > 0 or Payment Status Code indicates death /* T01, S01, H60

 Assign Death = True

End If

If missed file transaction code = Individual moved to another state /* 05

 Assign Out Of State = True

End If

If not Death or Out Of State

 Determine the Suggested Category and Type Case from the missed file Recipient Type and
 Medicaid Eligibility Rules.

 If the interface record is not open

 Set SDX Closed logical to true

 End If

End If

/* Look at the key fields on the out of sequence file

If out of sequence file Date of Death > 0 or Payment Status Code indicates death /* T01, S01, H60

 Assign Death = True

End If

If out of sequence file transaction code = Individual moved to another state /* 05

 Assign Out Of State = True

End If

If not Death or Out Of State

 Determine the Suggested Category and Type Case from the out of sequence file Recipient Type
 and Medicaid Eligibility Rules.

 If the interface record is not open

 Set SDX Closed logical to true

 End If

End If