STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

March 18, 1986

All County Welfare Directors
County Administrative Officers

Letter No. 86-15

SDX REPORTS

This is to provide information on the changes the Department will be making in the SDX/MEDS process effective with March, 1986, month of eligibility Medi-Cal card production.

Currently, Medi-Cal cards for SSI/SSP recipients are generated from an SDX Master File which contains eligibility information received from the Social Security Administration. Based upon this file, Medi-Cal cards are produced and SDX reports (magnetic tape, microfiche, and hardcopy) are sent to the counties on a monthly basis.

Effective March, 1986, month of eligibility, the SSI/SSP process will be converted onto MEDS and the SDX Master File processing will be deleted. Medi-Cal cards for SSI/SSP recipients and SDX reports will be generated from the MEDS Database, which will carry only those fields which are required for determination of Medi-Cal card issuance and for other systems which interface with SSI/SSP records. Those fields not used by MEDS will be space-filled on the SDX reports sent to counties.

The format for the microfiche and hardcopy reports is attached as Exhibit 1. The fields to be space-filled are as follows:

Field	Location of Field
STLIVCDE	second row, fourth entry
DRUG-CDE	third row, third entry
MIL-AMT	third row, fifth entry
REP-PAYEE-DTE	third row, seventh entry
STATE-WELFARE-ID	fourth row, first entry
MIL-IND	fourth row, third entry
TOTAL-UINC	fourth row, fourth entry
RES-BEGAN-DTE	fourth row, fifth entry
EINC-PERIOD	fifth row, second entry
RSCC	fifth row, third entry
ELIG-DTE	sixth row, second entry
HOME	sixth row, third entry
*PAYEE-NAME	sixth row, seventh entry

*Only one address field will be shown on the report. If the residence address is on MEDS, the address will be shown in rows 1 - 4, in the 6th column, and the payee name will be blank. If the payee address is on MEDS, the payee name will be shown in row 6, in the seventh entry, and the payee address will be shown in row 1 - 4 in the 7th column.

The record layout for the magnetic tape report format is attached as Exhibit 2. The fields being space-filled are as follows:

Field	Definition of Field
0066 - 0066	First line of Payee's Address Indicator
0134 - 0199	Last three lines in Payee's Name and Address
0205 - 0216	First line of Name
	Eligibility Date
0223 - 0255	Conditional Payment
	Advance Payment
	Federal Eligibility Code (FEC)
	State Eligibility Code (SEC)
	Mandatory Eligibility Code (MEC)
	Budget Month Flag (BMF)
	Budget Month Federal Living Arrangement
	blank
	State Benefit Amount
	Special Needs (Other than Essential Person)
	Concurrent Category
	Food Stamp Input
	Food Stamp Recipient
	Food Stamp Request
	Denial Code
	State Code at Conversion
0265 - 0265	Disability Payment Code
0272 - 0278	Drug Addiction or Alcoholic Identification Code
	Date of Application
0287 - 0287	First line of Residence Address Indicator
0354 - 0397	Last three lines in Residence Address
0403 - 0407	blank
0409 - 0415	Retroactive Medicaid Indicator
	Retrospective Net Countable Earned Income Amount
0417 - 0438	Appeals Flag
	Record Source Code
	Welfare Identification Number
	Record Processing Date
0443 - 0444	Country of Origin
0447 - 0447	blank
0458 - 0494	Welfare ID Number of Eligible Spouse
	SSN of Parent No. 2
0498 - 0498	Competency Code
0514 - 0514	SSN Correction Indicator
0521 - 0549	Individual's Multiple SSN
	Residence Begin Date
	Head of Household Indicator
	State and County Code
	Retrospective Net Countable Unearned Income Amt.
	Type of Last Transaction
0556 - 0561	December 1973 Federal Countable Income

0567 - 0845	Originating Office Code
	Resource Code - House
	Resource Code - Vehicle
	Resource Code - Life Insurance
	Resource Code - Income Producing Property
	Resource Code - Other
	Number of Entries for Unearned Income
	Unearned Income Type Code
	Unearned Income Start Date
	Unearned Income Stop Date
	Unearned Income Amount
	Unearned Income Frequency
	Claim/Identification Number
	Unearned Income Validation Code
	State and County Code of Reimbursement
0847 - 0870	Current Work Expenses
	Current Earned Income Exclusion (Approved Plan)
	Record Establishment Date
0872 - 0882	blank
	Systems Retrospective Deemed Income Amount
0884 - 0884	Student Indicator
0886 - 0886	Rollback Code
0893 - 0898	Denial Date

If you no longer need the SDX reports since the same information will be displayed on the MEDS terminals or if you have any questions regarding this letter, please contact your Medi-Cal Eligibility Branch MEDS liaison.

The information contained in this letter will be included in the MEDS User Manual within the next three to four months.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
MEDS Liaisons

Expiration Date: June 30, 1986

RECIPIENT-NAME / AID / SSN / STATE-WELFARE-ID / DOB / SEX	PAYSTAT / LIVCDE / INDOCD / TITLE-II-CLAIM-NO / EINC-PERIOD / ELIG-DTE / HOME	STLIVCDE / DRUG-CDE / ASCC / OPT-PYMNT	NSTLIVCDE / AREIM-CDE / MEDEFFDT	MS / SSI-AMT / SSP-AMT / MIL-AMT / MIL-IND / MEDICAID / TRANCODE	NET-CHRG-UINC / NET-CHRG-EINC / DEEMED-UINC / TOTAL-UINC / SPECIAL-ELIG / PAYEE-NAME	PAYEE-TYP-CDE / REP-PAYEE-CDE / REP-PAYEE-DTE / RES-BEGAN-DTE	RESIDENCE ADDRESS	PAYEE ADDRESS
ABRAMS		IRENE	1	$0000.00	$0277.50			1606 KENT PL
AI T01	A	1	A	$0000.00	$0000.00			ROSEVILLE CA
144-12-8194	D		O	$0237.65	$0000.00	00/00/00		
06-00-7100021-3-95		144-12-8195-B			$0000.00	00/00/00		
06/04/98			00000	Y	NOT			
F 00/00/00	I	AGE	01/01/83	07	IRENE ABRAMS			95678
ABRAMS		JOHN	3	$0000.00	$0380.00			NO 11
AI C01	A	1	A	$0124.00	$0000.00			1606 KENT PL
144-12-8195	D		O	$0248.65	$0000.00	00/00/00		ROSEVILLE CA
06-00-7100021-3-96		144-12-8195-A			$0400.00	00/00/00		
05/06/97			00000	Y	NOT			
M 04/01/84	I	AGE	06/01/84	05	JOHN ABRAMS			95678
ABT III		EDWARD	C 3	$0049.34	$0275.66			205 CHERRY AVI
AI C01	A	4	A	$0179.00	$0000.00			APT 9
554-80-4026	U	N	O	$0000.00	$0000.00	00/00/00		AUBURN CA
00-00-0000000-0-00		554-80-4026-A			$0295.66	00/00/00		
10/31/51			00000	Y	YES-A			
M 01/01/78	I	DIS	01/01/78	06	EDWARD C ABT III			95603
ACEVEDO		MATTHEW	D 3	$0136.67	$0188.33	MTM		MATTHEW D ACEV
BC C01	C	4	E	$0074.00	$0000.00	PYE		3743 SAPPHIRE
567-75-4642	A		O	$0000.00	$0000.00	00/00/00		NO 3
00-00-0000000-0-00		- - -			$0200.00	00/00/00		AUBURN CA
05/14/83			00000	Y	YES-A			
M 07/01/85	I	DIS	07/01/85	06	BEATRIZ ACEVEDO FOR			95603
ACHTEL		HELEN	3	$0000.00	$0062.00		ROSEVILLE CONV HOSP	1865 BERRY RD
AI T01	D	1	Z	$0000.00	$0000.00		ROSEVILLE CA	RIO OSO CA
417-68-9109	K		O	$0000.00	$0000.00	00/00/00		
00-00-0000000-0-00		417-68-9109-T		X	$0082.00	07/01/83		
05/13/00			00000	R	NOT			
F 00/00/00	I		07/01/83	07	HELEN ACHTEL		95661	95674
ACITO		RUBY	3	$0010.00	$0315.00			701 AUB RAV RD
AI C01	A	1	A	$0179.00	$0000.00			NO 406
565-18-2768	A		O	$0376.80	$0000.00	00/00/00		AUBURN CA
36-10-001812 - -		565-18-2768-A			$0335.00	02/01/79		
12/18/02			00000	Y	YES-A			
F 01/01/79	I	AGE	01/01/79	06	RUBY ACITO			95603
ACORD		VIOLA	M 3	$0000.00	$0437.00			756 AUBURN RAV
AI C01	A	3	A	$0071.50	$0000.00			NO 102
553-18-6327	A		O	$0000.00	$0000.00	00/00/00		AUBURN CA
00-00-0000000-0-00		547-07-8488-D			$0457.00	02/01/85		
10/29/00			00000	Y	YES-A			
F 01/01/85	A	BLD	01/01/85	06	VIOLA M ACORD			95603
ADAIR		JANE	3	$0325.00	$0000.00			22235 FORESTHI
DI C01	A	4	A	$0179.00	$0000.00			SP 73
457-60-5741	U	N	O	$0340.90	$0000.00	00/00/00		FORESTHILL CA
43-01-8326900-0-1		- - -			$0000.00	00/00/00		
11/23/38			00000	Y	YES-A			
F 01/01/81	I	DIS	01/01/81	08	JANE ADAIR			95631

SDX Tape Layout

FIELD	RECORD POSITION	COMMENTS
9-FILLER	0001 - 0001	value '9'
Social Security Number	0002 - 0010	
Claim Number	0011 - 0022	
Master File Type Code	0023 - 0024	formerly named 'AID'
Record ID Code	0025 - 0025	
County	0026 - 0027	
Last Name	0028 - 0046	up to 15 positions
First Name	0047 - 0056	
Initial	0057 - 0057	
Sex Code	0058 - 0058	'M', 'F', or 'N' (unknown)
Race	0059 - 0059	
Date of Birth	0060 - 0065	format is MMDDYY
Filler	0066 - 0066	
Number of Address Lines	0067 - 0067	
Payee Name and Address first occurrence	0068 - 0089	present if residence address is not presen
Payee Name and Address second occurrence	0090 - 0111	present if residence address is not presen
Payee City/State	0112 - 0133	present if residence address is not presen
Filler	0134 - 0199	Payee Name and Address is reduced to 3 lines
Payee Zip Code	0200 - 0204	present if residence zi code is not present
Filler	0205 - 0216	
SSI Paid Amount	0217 - 0222	
Filler	0223 - 0255	
Medicaid Effective Date	0256 - 0261	format is MMDDYY

Payment Status Code	0262 - 0264	
Filler	0265 - 0265	
Date of Disability Onset	0266 - 0271	format is MMDDYY
Filler	0272 - 0278	
Living Arrangement Code	0279 - 0279	
Date of Death	0280 - 0285	format is MMDDYY
Marital Status	0286 - 0286	
Filler	0287 - 0287	
Residence Address Line 1	0288 - 0309	present if payee address is not present
Residence Address Line 2	0310 - 0331	present if payee address is not present
Residence City/State	0332 - 0353	present if payee address is not present
Filler	0354 - 0397	
Residence Zip Code	0398 - 0402	present if payee zip code is not present
Filler	0403 - 0407	
Third Party Liability	0408 - 0408	other insurance coverage
Filler	0409 - 0415	
Medicaid Eligibility Code	0416 - 0416	
Filler	0417 - 0438	
Alien Date of Residence	0439 - 0442	format is MMDDYY
Filler	0443 - 0444	
Transaction Code	0445 - 0446	
Filler	0447 - 0447	
Optional Pay Codee	0448 - 0448	
Eligible Spouse/Parent SSN	0449 - 0457	
Filler	0458 - 0494	
Custody Code	0495 - 0497	
Filler	0498 - 0498	
Type of Payee Code	0499 - 0501	

Earned Income Amount	0502 - 0507	
Unearned Income Amount	0508 - 0513	
Filler	0514 - 0514	
Deemed Income Amount	0515 - 0520	
Filler	0521 - 0549	
Date of Last Transaction	0550 - 0555	format is MMDDYY
Filler	0556 - 0561	
SSI Eligibility Amount	0562 - 0566	
Filler	0567 - 0845	
Assistance Reimbursement Status Code	0846 - 0846	
Filler	0847 - 0870	
Alien Indicator	0871 - 0871	
Filler	0872 - 0882	
Medicaid Test Indicator	0883 - 0883	
Filler	0884 - 0884	
Optional Living Code	0885 - 0885	
Filler	0886 - 0886	
SSP Paid Amount	0887 - 0892	
Filler	0893 - 0898	
Eligibility Character 1	0899 - 0899	
Eligibility Character 2	0900 - 0900	