



Attachment B:
EVCOI File Layout

Prefix	Noun	Level	Field ID
Beneficiary		5	OI-REQUEST.
Eligibility Verification Confirmation	Transaction Code	10	OI-TRAN-CODE
Eligibility Verification Confirmation	Status Code	10	OI-STATUS-CODE
Beneficiary	MEDS ID	10	OI-REQ-MEDS-ID-0101
Beneficiary	Cross Index ID	10	OI-REQ-CIN-ID-5071
Beneficiary	ID	10	OI-REQ-BID.
Beneficiary	County Code	15	OI-REQ-BID-COUNTY
Beneficiary	Aid code	15	OI-REQ-BID-AID
Beneficiary	Serial or Family Identifier	15	OI-REQ-BID-SERIAL
Beneficiary	Family Budget Unit	15	OI-REQ-BID-FBU
Beneficiary	ID within the serial	15	OI-REQ-BID-PERSON
Beneficiary	Medicare ID number	10	OI-REQ-HIC
Beneficiary	Department of Motor vehicle ID number	10	OI-DMV-ID
Beneficiary	Date of Service	10	OI-REQ-SERVICE-DATE-1099-Y2K.
Beneficiary	Date of Service (century)	15	OI-REQ-DOS-CC
Beneficiary	Date of Service (Year)	15	OI-REQ-DOS-YY
Beneficiary	Date of Service (Month)	15	OI-REQ-DOS-MM
Beneficiary	Date of service (Day)	15	OI-REQ-DOS-DD
Beneficiary	Share of Cost	10	OI-REQ-SOC.
Beneficiary	Share of Cost Reversal	15	OI-REQ-SOC-REVERSAL
Beneficiary	Share of Cost Amount	15	OI-REQ-SOC-AMOUNT-8945
Beneficiary	Share of Cost Case Number	15	OI-REQ-SOC-CASE-NUM-5071
Beneficiary	Identification Card Issue Date	10	OI-REQ-ISSUE-DATE-Y2K.
Beneficiary	Identification Card Issue century	15	OI-REQ-ISSUE-CC
Beneficiary	Identification Card Issue year	15	OI-REQ-ISSUE-YY
Beneficiary	Identification Card Issue month	15	OI-REQ-ISSUE-MM
Beneficiary	Identification Card Issue day	15	OI-REQ-ISSUE-DD
	Requestor of eligibility request	10	OI-REQ-REQUESTOR

	N/A	10	FILLER
Beneficiary	Chained MEDS ID	5	OI-CHAINED-MEDS-IND
Beneficiary	ID	5	OI-MEDS-ID-0101
Beneficiary	MEDS check digit	5	OI-MEDS-CHK
Beneficiary	Current ID	5	OI-CURRENT-BID.
Beneficiary	County Code	10	OI-CURRENT-COUNTY
Beneficiary	Aid code	10	OI-AID-CODE.
Beneficiary	first character of aid code	15	OI-AID-CODE-TENS
Beneficiary	second character of aid code	15	OI-AID-CODE-UNIT
Beneficiary	Serial or Family Identifier	10	OI-SERIAL-NUMBER
Beneficiary	Family Budget Unit	10	OI-FBU
Beneficiary	ID within the Serrial	10	OI-PERSON-NUMBER
Beneficiary	Client Index Number	5	OI-CIN-5071
Beneficiary	Client Index Number check digit	5	OI-CIN-CHECK-DIGIT
Beneficiary	DMV number	5	OI-CA-DMV-NUMBER
Beneficiary	Name	5	OI-RECIPIENT-NAME.
Beneficiary	Last name	10	OI-LAST-NAME
Beneficiary	First name	10	OI-FIRST-NAME
Beneficiary	Middle name	10	OI-MI
Beneficiary	Date of Birth	5	OI-DOB-0105-Y2K.
Beneficiary	Date of Birth century	10	OI-DOB-CC-1
Beneficiary	Date of Birth century	10	OI-DOB-CENTURY
Beneficiary	Date of Birth year	10	OI-DOB-YY
Beneficiary	Date of Birth month	10	OI-DOB-MM
Beneficiary	Date of Birth day	10	OI-DOB-DD
Beneficiary	Gender	5	OI-SEX
Beneficiary	Identification Card Issue Date	5	OI-CARD-ISSUE-DT-Y2K.

Beneficiary	Identification Card Issue Date (2 digit Century)	10	OI-CARD-ISSUE-DT-CC
Beneficiary	Identification Card Issue Date (2 digit Year)	10	OI-CARD-ISSUE-DT-YY
Beneficiary	Identification Card Issue Date (2 digit Month)	10	OI-CARD-ISSUE-DT-MM
Beneficiary	Identification Card Issue Date (2 digit Day)	10	OI-CARD-ISSUE-DT-DD
Beneficiary	Chained MEDS ID	5	OI-CHAINED-MEDS-ID-0101
Beneficiary	Prior ID	5	OI-PRIOR-MEDS-ID-0101
Beneficiary	Alien Code	5	OI-ALIEN-CODE

Beneficiary

Ethnicity Code

501-ETHNIC-CODE

Beneficiary	Language Code	5 OI-LANGUAGE-CODE
Beneficiary	Medicare Number	5 OI-HIC-NUMBER
Beneficiary	Date of Death	5 OI-DATE-OF-DEATH-Y2K.
Beneficiary	Century of Date of Death	10 OI-DOD-CC
Beneficiary	Year of Date of Death	10 OI-DOD-YY
Beneficiary	Month of Date of Death	10 OI-DOD-MM
Beneficiary	Day of Date of Death	10 OI-DOD-DD

Beneficiary	Death Date posted to MEDS	5 OI-DOD-POSTED-TO-MEDS-Y2K.
Beneficiary	Century of posting of Date of Death to MEDS	10 OI-DOD-POSTED-CC
Beneficiary	Year of posting of Date of Death to MEDS	10 OI-DOD-POSTED-YY
Beneficiary	Month of posting of Date of Death to MEDS	10 OI-DOD-POSTED-MM
Beneficiary	Day of posting of Date of Death to MEDS	10 OI-DOD-POSTED-DD
MEDS	Renewal Date	5 OI-CURRENT-RENEWAL-DT-Y2K.
MEDS	Renewal Century	10 OI-CURR-REN-CC
MEDS	Renewal Year	10 OI-CURR-REN-YY
MEDS	Renewal Month	10 OI-CURR-REN-MM
MEDS	Last modification date	5 OI-LAST-MOD-DT-Y2K.
MEDS	Last modification century	10 OI-LAST-MOD-DT-CC
MEDS	Last modification year	10 OI-LAST-MOD-DT-YY
MEDS	Last modification month	10 OI-LAST-MOD-DT-MM
MEDS	Last modification day	10 OI-LAST-MOD-DT-DD
Beneficiary	Eligibility Data	5 OI-ELIG-DATA.
Beneficiary	County code	10 OI-COUNTY-CODE
Beneficiary	Primary aid code	10 OI-PRIMARY-AID-CODE

Beneficiary	Eligibility Status on Primary aid code	10 OI-PRIMARY-ELIG-STATUS
Beneficiary		10 OI-SPECIAL-PROGRAMS .
Beneficiary	First Special aid code	15 OI-FIRST-AID-CD

Beneficiary	Eligibility Status of 1st special aid code	15 OI-FIRST-SP-ELIG-STAT
Beneficiary	Second Special aid code	15 OI-SECOND-AID-CD
Beneficiary	Eligibility Status of 2nd special aid code	15 OI-SECOND-ELIG-STAT
Beneficiary	Third Special aid code	15 OI-THIRD-AID-CD
Beneficiary	Eligibility Status of 3rd aid code	15 OI-THIRD-ELIG-STAT
Beneficiary	Share of Cost amount	10 OI-SOC-AMOUNT-8945
Beneficiary	Share of Cost certification day	10 OI-SOC-CERT-DAY
Beneficiary	Percentage obligation	10 OI-PERCENT-OBLIG
Beneficiary	Other health Coverage indicator	10 OI-OHC-INDICATOR
Beneficiary	Medicare Status Code	10 OI-MCARE-STATUS
Beneficiary	Service Restriction	10 OI-RSTRCT-SVC.

Beneficiary

Service Restriction Code

15 OI-RSTRCT-SVC-CODE

Beneficiary		15 OI-COUNTY-SNS-CODE
Beneficiary	is Ineligible or has a Responsible Relative	10 OI-MULTI-SOC-IND
Beneficiary		10 OI-HCP-INFO

Beneficiary

Health Care Plan Code

15 OI-HCP-PLAN-CODE

Beneficiary	Health Care Plan Enrollment Status	15 OI-HCP-ENROL-STAT
Beneficiary	Health Care Plan in/out plan days.	15 OI-HCP-IN-OUT-DAYS
Beneficiary	Federal Funding Percentage Indicator	10 OI-STATE-FEDERAL-IND
Beneficiary	Health Family effective day for the month	10 OI-HF-IN-DAYS
Beneficiary	Health Family ending day for the month	10 OI-HF-OUT-DAYS

Beneficiary	Medicare Part D status	10	OI-MCARE-STATUS-PART-D
Beneficiary		10	FILLER
Beneficiary	Share of Cost Spend down	10	OI-SOC-SPEND-DOWN-SEGMENT.
Beneficiary	Share of Cost amount applied during spend down	15	OI-SOC-AMT-APPLIED
Beneficiary	Share of Cost Case Number	15	OI-SOC-CASE-NBR-USED
Beneficiary	Counters	10	OI-COUNTERS.
Beneficiary	Medicare Case Count	15	OI-MCARE-CASE-COUNT
Beneficiary	Health Insurance Case Count	15	OI-HIS-CASE-COUNT
Beneficiary	Share of Cost Case Count	15	OI-SOC-CASE-COUNT
Beneficiary	Health Access Program Case Count	15	OI-HAP-COUNT
Beneficiary		10	OI-MCARE-SEGMENT
Beneficiary	Medicare Plan Number	15	OI-PLAN-NUMBER
Beneficiary	Medicare Plan Services	15	OI-PLAN-SERVICES
Beneficiary	Medicare Plan Type	15	OI-PLAN-TYPE
Beneficiary	Medicare Plan Phone Number	15	OI-PLAN-PHONE-NUMBER
Beneficiary		10	OI-HIS-SEGMENT
Beneficiary	Other Health Coverage Code	15	OI-CARRIER-CODE
Beneficiary	Other Health Coverage policy number	15	OI-POLICY-NUMBER
Beneficiary	Other Health Coverage scope of coverage	15	OI-SCOPE-OF-COVERAGE
Beneficiary	Other Health Coverage Policy Start Date	15	OI-POLICY-START-DT-Y2K.
Beneficiary	Other Health Coverage Century of Policy Start Date	20	OI-POLICY-START-CC
Beneficiary	Other Health Coverage Year of Policy Start Date	20	OI-POLICY-START-YY
Beneficiary	Other Health Coverage Month of Policy Start Date	20	OI-POLICY-START-MM
Beneficiary	Other Health Coverage Day of Policy Start Date	20	OI-POLICY-START-DD
Beneficiary	Other Health Coverage Policy End Date	15	OI-POLICY-STOP-DT-Y2K.
Beneficiary	Other Health Coverage Century of Policy End Date	20	OI-POLICY-STOP-CC

Beneficiary	Other Health Covergae Year of Policy End Date	20	OI-POLICY-STOP-YY
Beneficiary	Other Health Covergae Month of Policy End Date	20	OI-POLICY-STOP-MM
Beneficiary	Other Health Covergae Day of Policy End Date	20	OI-POLICY-STOP-DD
Beneficiary	Other Health Covergae policy holder's Social Security Numbr	15	OI-POLICY-HLDR-SSN
Beneficiary		10	OI-SOC-SEGMENT DEPENDING On
Beneficiary	Share of Cost Case number	15	OI-SOC-CASE-NUMBER
Beneficiary	Share of Cost remaining	15	OI-SOC-BALANCE
Beneficiary	Enrolled in Health Access Program (FPACT)	10	OI-HAP-SEQMENT DEPENDING ON OI-HAP-COUNT .
Beneficiary	Health Access Status code	15	OI-HAP-STATUS-CODE
Beneficiary	Health Access Program aid code	15	OI-HAP-AID-CD
Beneficiary	Health Access End Date	15	OI-HAP-END-DATE-Y2K .
Beneficiary	Health Access Program Century End Date	20	OI-HAP-END-DATE-CC
Beneficiary	Health Access Program Year End Date	20	OI-HAP-END-DATE-YY
Beneficiary	Health Access Program Month End Date	20	OI-HAP-END-DATE-MM
Beneficiary	Health Access Program Day of End Date	20	OI-HAP-END-DATE-DD
Beneficiary	County code	15	OI-HAP-COUNTY-CD
		15	FILLER
Beneficiary	Procedure code or National Drug Code	5	OI-REQ-PROCEDURE-NDC-CODE
Other intermediary	Provider ID	5	OI-PROVIDER-ID-0201
Beneficiary	Eligibility Verification Number	5	OI-EVC-NUMBER
Beneficiary	Eligibility Verification Number Creation Date	5	OI-CREATION-DATE .
Beneficiary	Eligibility Verification Number Creation year	10	OI-CREATION-YY
Beneficiary	Eligibility Verification Number Creation Month	10	OI-CREATION-MM
Beneficiary	Eligibility Verification Number Creation Day	10	OI-CREATION-DD
Beneficiary	Eligibility Verification Number Creation Time	5	OI-CREATION-TIME .
Beneficiary	Eligibility Verification Number Creation Hour	10	OI-CREATION-HOURS
Beneficiary	Eligibility Verification Number Creation Min	10	OI-CREATION-MIN

Beneficiary	Eligibility Verification Number Creation second	10	OI-CREATION-SEC
Beneficiary	Automated Eligibility Verficiation System Information	5	OI-AEVS-INFO.
Provider	Type	10	OI-PROVIDER-TYPE
Other Intermediary	Code	10	OI-OTHER-INTER-CODE
Beneficiary		10	OI-INFO-CODE
Beneficiary	Eligibility Indicator	10	OI-ELIG-IND

Eligibility	Inquiry Method	10 OI-INQ-METHOD
Beneficiary	Request type	10 OI-RQST-TYPE

Picture Clause	Start at	Length	End at	Field Description
EVCOIYDD				
PIC X(01).	1	1	2	Indicates the type of transaction being sent for eligibility. From MRI110, valid values are 0 (Elig), 1 (SOC), A, U, D, R and F
PIC X(05).	2	5	7	Indicates the status of the eligibility request
PIC X(09).	7	9	16	Indicates recipient ID
PIC X(09).	16	9	25	Indicates recipient cross index ID
				Indicates recipient Beneficiary ID
PIC X(02).	25	2	27	Indicates the county the resides in
PIC X(02).	27	2	29	Indicates the recipient aid code
PIC X(07).	29	7	36	Indicates the Serial or Family Identifier
PIC X(01).	36	1	37	Indicates the family budget Unit
PIC X(02).	37	2	39	Indicates the Person ID within the Serial
PIC X(12).	39	12	51	Indicates the Recipient Identifier assigned by Medicare
PIC X(08).	51	8	59	Indicates the DMV ID
				Indicates the date of service
PIC 9(02).	59	2	61	
PIC 9(02).	61	2	63	
PIC 9(02).	63	2	65	
PIC 9(02).	65	2	67	
PIC X(01).	67	1	68	Indicates a Share of Cost Reversal, "Y" is reversal, "N" is no reversal.
PIC 9(5)V99.	68	7	75	Amount of the Share of Cost Transaction (spend down or reversal)
PIC X(12).	75	12	87	Indicates Share of Cost Identifier
				Indicates Beneficiary Identification Card (BIC) Issue date
PIC 9(02).	87	2	89	
PIC 9(02).	89	2	91	
PIC 9(02).	91	2	93	
PIC 9(02).	93	2	95	
PIC X(01).	95	1	96	SDN 0047C added this field, it's defined in the SDN as the "Source of eligibility request (EDS = blank, Delta = 'D')"

PIC X(02).	96	2	98	Not used.
PIC X(01).	98	1	99	Indicates a chained MEDS ID
PIC X(09).	99	9	108	Indicates recipient ID
PIC X(01).	108	1	109	Indicates the MEDS ID Check digit
				Indicates recipients current Beneficiary ID.
PIC X(02).	109	2	111	Indicates the recipient's current county
				Indicates the recipient's current aid code
PIC X(01).	111	1	112	Indicates the first character of the recipient aid code
PIC X(01).	112	1	113	Indicates the second character of the recipient aid code
PIC X(07).	113	7	120	Indicates the Serial or Family Identifier
PIC X(01).	120	1	121	Indicates the family budget Unit
PIC X(02).	121	2	123	Indicates the Person ID within the Serial
PIC X(09).	123	9	132	Indicates the recipients Client Index Number
PIC X(01).	132	1	133	Indicates the Check Digit assigned to the CIN.
PIC X(08).	133	8	141	Indicates the Recipient's DMV Identifier
				Indicticates the recipient's name.
PIC X(20).	141	20	161	Indicates the recipient's last name.
PIC X(15).	161	15	176	Indicates the recipient's first name.
PIC X(01).	176	1	177	Indicates the recipient's middle name.
				Indicates the recipient's date of birth.
PIC X(01).	177	1	178	
PIC X(01).	178	1	179	
PIC X(02).	179	2	181	
PIC X(02).	181	2	183	
PIC X(02).	183	2	185	
PIC X(01).	185	1	186	Indicates the recipient's gender. F Female M Male U Unborn N Not known - Federal (SDX) input only - SDX record had sex code of 'U' meaning Unknown
				Indicates the recipient's beneficiary identification care issue date

PIC X(02).	186	2	188	
PIC X(02).	188	2	190	
PIC X(02).	190	2	192	
PIC X(02).	192	2	194	
PIC X(09).	194	9	203	Indicates a Chained MEDS ID
PIC X(09).	203	9	212	Indicates the Prior MEDS ID
PIC X(01).	212	1	213	A Proven U.S. citizen B Alleged U.S. citizen C Conditional entrant admitted under INA section 203(a) (7) D Deportation withheld admitted under INA section 243(h) or 241(b) (3) E Amerasian refugee admitted under INA sec 207 * F Refugee admitted under INA sec 207 or 203(a) (7) * G Parolee admitted under INA section 212(d) (5) * H Silva vs. Levi alien K Lawful permanent resident (LPR) L Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee * M Residents of the Northern Mariana Islands * N Identity and citizenship of the individual verified by the Numident interface (code was previously A or B) O Victim of Severe Forms of Trafficking who have been certified by ORR or who has been granted a T Visa * P Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence) * Q Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident R Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee S Other aliens (not a temporary visa holder) T Alleged PRUCOL U Undocumented alien V Visitor / Student / VISA and other aliens with temporary documentation W Parolee admitted under INA section 212(d) (5) with a period of parole over one year X Indochinese refugee admitted under INA sec 207 Y Parolee admitted under INA section 212(d) (5) with a period of parole less than one year

PIC X(01).

213

1

214 Indicates the recipient's ethnicity.

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

PIC X(01).	214	1	215	Indicates the recipient's language. 0 American Sign Language (ASL) 1 Spanish 2 Cantonese 3 Japanese 4 Korean 5 Tagalog 6 Other Non-English 7 English 8 No Valid Data Reported (MEDS generated) 9 No response, client declined to state A Other Sign Language B Mandarin C Other Chinese Languages D Cambodian E Armenian F Ilocano G Mien H Hmong I Lao J Turkish K Hebrew L French M Polish N Russian P Portuguese Q Italian R Arabic S Samoan T Thai U Farsi V Vietnamese
PIC X(12).	215	12	227	Indicates the recipient's Medicare number
				Indicates the recipient's date of death.
PIC X(02).	227	2	229	
PIC X(02).	229	2	231	
PIC X(02).	231	2	233	
PIC X(02).	233	2	235	

				Indicates the date the date of death was posted to MEDS.
PIC X(02).	235	2	237	
PIC X(02).	237	2	239	
PIC X(02).	239	2	241	
PIC X(02).	241	2	243	
				Indicates the Recipients Renewal Date.
PIC X(02).	243	2	245	
PIC X(02).	245	2	247	
PIC X(02).	247	2	249	
				Indicates the date of the last modification to the recipient record.
PIC X(02).	249	2	251	
PIC X(02).	251	2	253	
PIC X(02).	253	2	255	
PIC X(02).	255	2	257	
				Recipient Eligibility Data.
PIC X(02).	257	2	259	Indicates the recipient's county code
PIC X(02).	259	2	261	Indicates the recipient's primary aid code

PIC X(03).	261	3	264	<p>From MEDS Quick Reference ELIG 0190 (Identifies a 3-position code as follow: 1st Digit = Medi-Cal/CMSP/Other Eligible Status</p> <p>0 Full Scope Medi-Cal Eligible (includes zero SOC)with no conditions (refer to 3 below for conditions) 1 Full Scope Medi-Cal LTC/SOC Eligible (i.e., Share of Cost to be met by LTC claim) 2 LTC/SOC Eligible with one or more conditions(refer to 3 below for conditions) 3 Eligible with one or more conditions - Certified SOC, Restricted Services, Minor Consent, CMSP Coverage, Limited Scope Medi-Cal Coverageand/or Partial Health Care Plan (HCP) Coverage 4 Medi-Cal Eligible with Full Service Medi-Cal HCP Coverage 5 Medi-Cal or CMSP Client with an Unmet Share of Cost Obligation (Uncertified SOC) 6 Eligible for a Health or Welfare Program other than Medi-Cal or CMSP services (i.e., SLMB,QDWI, Out-of-State Foster Care, Unborn, Healthy Families, County MI Program, CHDP State Only,MCE State and County, HCCI Existing, HCCI New,and AIM Pregnant Mother) 7 Hold 8 QMB pending Medicare part A & B confirmation 9 Ineligible</p> <p>2nd Digit = Normal/Exception Eligibility</p> <p>0 Normal eligible 1 Unconfirmed Immediate Need eligible reportedmore than 1 month prior 2 Unconfirmed Immediate Need eligible reported 1 month prior 3 Unconfirmed Immediate Need eligible reported in current month 4 Forced eligible due to late termination 5 Partial Month Eligibility (Healthy Families, etc.)</p> <p>This section indicates the recipient's enrollment in other Medi-Cal programs. Typically, when the recipient has dual Medi-Cal benefits, the subsequent aid code would be in this segment.</p>
PIC X(02).	264	2	266	<p>Indicates the recipient's aid code enrollment in the first special program.</p>

PIC X(03).	266	3	269	Indicates the recipient's eligibility status of the first special program aid code. Refer to row 89 for eligibility status code definitions.
PIC X(02).	269	2	271	Indicates the recipient's aid code enrollment in the second special program.
PIC X(03).	271	3	274	Indicates the recipient's eligibility status of the second special program aid code. Refer to row 89 for eligibility status code
PIC X(02).	274	2	276	Indicates the recipient's aid code enrollment in the third special program
PIC X(03).	276	3	279	Indicates the recipient's eligibility status of the third special program. Refer to row 89 for eligibility status code definitions.
PIC 9(05).	279	5	284	Indicates the amount or percentage that the recipient must obligate or pay for medical services before medi-Cal will authorize benefits. Recipients are obligated to meet a share of
PIC 9(02).	284	2	286	Indicates the recipient's share of cost certification day.
PIC 9(02).	286	2	288	Indicates the recipient's percent of the share of cost obligation.
PIC X(01).	288	1	289	Indicates the Other Health Care Plan code
PIC X(02).	289	2	291	Indicates the Medicare Status
				Indicates the service retraction.

PIC X(02).

291

2

293

The restricted service status code identifies a 3 position code that includes COUNTY-SNS-Code (as the 3rd position).
1st and 2nd digits = restricted service status
3rd digit of '1' = County Limited Inquiry Access
1st and 2nd digits of '0' with 3rd digit greater than '1' = Minor Consent. 000 = Restriction or limited inquiry access removed.
001 = County confidential case-limited access.
Service Restrictions:
010/011 Prior authorization required for drugs
050/051 Prior authorization required for scheduled drugs
110/111 Prior authorization required for M.D. visits
120/121 Prior authorization required for M.D. visits and drugs
140/141 Prior authorization required for all services, except emergencies
150/151 Restricted to primary M.D. and prior authorization required for drugs
200/201 Prior authorization required for Dental visits
210/211 Prior authorization required for Dental visits and drugs
220/221 Prior authorization required for Physician visits and Dental visits
230/231 Prior authorization required for Physician visits, Dental visits, and drugs
240/241 Recipient is restricted to primary Physician with prior authorization required for drugs and Dental visits
600/601 For claims payment, BIC Id number and issue date required
900/901 Hospice services only
910/911 Hospice services overlaid previous S/URS restriction
920/921 Hospice services posted retroactively
930/931 Hospice services retroactively overlaid previous S/URS restriction
950/951 Long Term Care (LTC) restriction due to transfer of assets
960/961 Long Term Care restriction overlaid previous S/URS

PIC X(01).	293	1	294	<p>Used by Medi-Cal with 2 character field on claim for restricted services and minor consent.</p> <p>I found this in searching the RFF035 file documentation on the web. I believe this to be the last character of the restricted services field on FAME.</p> <p>53.0 MINOR CONSENT SERVICE CODE This is required on EDS claims and comes from MEDS/FAME. The minor consent code is the last byte of the 3-digit restricted services code on the FAME file. A leading zero is dropped on the RFF035-file because it used to be a two-byte field in the old days.</p> <p>When a record is identified as a minor consent, MEDS inquiry access by CRT operators is limited based on password authorization to access minor consent records. If an unauthorized person attempts to view a minor consent case on MEDS, the message will say that no record has been found. It happens that many times the child will have a record under their own SSN based on a family's eligibility and a minor consent record. This insures that the adult/guardian/family member involved in the case doesn't have access to this information. The recipient ID used is a pseudo MEDS ID. No address is stored with this record as the Medi-Cal card is issued at the Medi-Cal office for the child.</p>
PIC X(02).	294	2	296	Indicates multiple Share of Cost cases.
OCCURS 5 TIMES				

PIC X(03).	296	3	299	MRI306 defines these (include MCAREHCP)
				W-MCARE-HCP-CODE PIC X(03) VALUE SPACES.
			88	VALID-HCP-CODES VALUE
				'039' '068' '094' '130' '150' '166' '167'
				'304' '351' '352' '353' '355' '356' '506'.
			88	VALID-LACARE-HCP VALUE
				'039' '094' '304'.
			88	VALID-CALOPTIMA-HCP VALUE
				'506'.
				FOUNDATION = HEALTHNET
			88	VALID-FOUNDATION-HCP VALUE
				'068' '150' '351' '352' '353'.
			88	VALID-MOLINA-HCP VALUE
				'130' '355' '356'.
			88	VALID-CARE1ST-HCP VALUE
				'166' '167'.

PIC X(02).	299	2	301	From MEDS Quick Reference: HCPn-STAT (HCP Status) 1019 00 Voluntary disenrollment - No capitation paid 01 Active enrollment - Capitation paid 05 HCP hold due to recipient Medi-Cal ineligibility -No capitation paid 09 Mandatory disenrollment - No capitation paid 10 Voluntary disenrollment - Capitation recovery required 19 Mandatory disenrollment - Capitation recovery required 40 Voluntary disenrollment occurred before enrollment became effective 49 Mandatory disenrollment occurred before enrollment became effective 51 Enrollment activated from HCP hold or unmet SOC - Supplemental capitation to be paid at end of month 55 Potential plan member - unmet SOC 59 HCP hold due to HCP coverage limits - No capitation paid (see HCP Reason) P4 Pending enrollment - Application accepted S0 Voluntary disenrollment - Capitation recovery processed S1 Active enrollment - Supplemental capitation paid S9 Mandatory disenrollment - Capitation recovery processed
PIC X(04).	301	4	305	Indicates Health Care Plan in/out of plan days.
PIC X(01).	305	1	306	Indicate the type of funding of the recipient's aid.
PIC X(02).	306	2	308	Indicates the day the recipient was eligible for in Healthy Families Program.
PIC X(02).	308	2	310	Indicates the day the recipient was inactive for in the Healthy Families Program.

PIC X(01).	310	1	311	0 or Blank No Coverage 1 Approved Low Income Subsidy Status 2 Beneficiary is eligible for Part D 3 Beneficiary deemed Low Income Subsidy eligible 7 Presumed eligible 9 Beneficiary has refused Part D
PIC X(10).	311	10	321	Not used
PIC 9(05)V99.	321	7	328	Spend down amount applied to share of cost.
PIC X(12).	328	12	340	Share of cost case number the spend down applied to.
PIC 9(02).	340	2	342	Count of Medicare cases (for county)
PIC 9(02).	342	2	344	Count of Health Insurance cases (for county)
PIC 9(02).	344	2	346	Count of Share of Cost cases (for county)
PIC 9(02).	346	2	348	Count of HAP cases (for county)
OCCURS 0 to 5 times				
PIC X(03).	348	3	351	Medicare Plan Number
PIC X(16).	351	16	367	Medicare Plan Service Description or Title
PIC X(01).	367	1	368	Medicare Plan Type
PIC X(10).	368	10	378	Medicare Plan Phone Number
OCCURS 0 to 10 times				
PIC X(04).	378	4	382	Health Insurance Carrier Code
PIC X(30).	382	30	412	Recipients Other Health Insurance Policy Number
PIC X(16).	412	16	428	The scope of coverage provided by the Recipients Other Health Insurance
				Other Health Insurance Policy Start Date
PIC X(02).	428	2	430	
PIC X(02).	430	2	432	
PIC X(02).	432	2	434	
PIC X(02).	434	2	436	
				Other Health Insurance Policy Stop Date
PIC X(02).	436	2	438	

PIC X(02).	438	2	440	
PIC X(02).	440	2	442	
PIC X(02).	442	2	444	
PIC X(09).	444	9	453	
OCCURS 0 to 25 times OI-SOC-				
PIC X(12).	453	12	465	Indicates case number of Share of Cost.
PIC 9(05)V99.	465	7	472	Indicates the remaining Share of Cost.
OCCURS 0 to 5 times				
PIC X(01).	472	1	473	Indicates the Health Access Program Status
PIC X(02).	473	2	475	Indicates the Health Access Program aid code
				Indicates the Health Access Program aid code end date
PIC X(02).	475	2	477	
PIC X(02).	477	2	479	
PIC X(02).	479	2	481	
PIC X(02).	481	2	483	
PIC X(02).	483	2	485	Indicates the Health Access Program County Code
PIC X(02).	485	2	487	Not used
PIC X(19).	487	19	506	I think this is the requested procedure/NDC code.. MRI306 moves the incoming procedure/NDC code for transactions requesting a SOC clear, a SOC reversal, a Medi Reservation or a Medi-Reversal.
PIC X(10).	506	10	516	Other Intermediary Provider ID
PIC X(10).	516	10	526	Indicates the eligibility verification confirmation number.
				Indicates the creation date of the eligibility verification number.
PIC 9(02).	526	2	528	
PIC 9(02).	528	2	530	
PIC 9(02).	530	2	532	
				Indicates the Creation time in hours, mins, and secs of the eligibility verification number.
PIC 9(02).	532	2	534	
PIC 9(02).	534	2	536	

PIC 9(02).	536	2	538	Identifies the provider and the application used to perform the eligibility verification.
PIC X(03).	538	3	541	Indicates the provider type, performing the elig. Verification.
PIC 9(02).	541	2	543	Other Intermediary Code (00-Delta Dental, 01-Short/Doyle Mental Health, 02-Short/Doyle Alcohol and Drug Abuse, 03-County Operated Health System (COHS), 04-PCCMs Managed Care, 05-Developmental Centers (State), 06-DMH State Hospitals, 07-Department of Aging, 08-CHDP Only, 09-Regional Centers 11-SM-County (San Mateo?) 12-SO-County (Solano?) 15-OC-County (Orange?) 16-SC-County (Santa Cruz?) I found this in the Enhancement 50 documentation from 1992, don't know how complete it is. I found the items in red defined in MPD100Y.
PIC X(01).	543	1	544	MCD236 uses to bypass evc records where value is equal to 9 = No FAME Record found MRI306 moves the CEM-RESP-EV-STATUS-CODE-BYTE-1 to this field when building the EVC - valid values are: "0" eligible for requested month, "1" recipient on FAME, not eligible, "6" recipient status pending and eligible, "9" recipient not found, "H" HWDC down.
PIC X(01).	544	1	545	Elig passed (values Y or P), N is eligibility not passed.

PIC X(01).	544	1	545	MRI306 moves this field to the EVC.
				I-TXN-PATH-INDICATOR PIC X(01).
			88	INTERNET VALUE 'I'.
			88	TELEPHONE-AEVS VALUE 'T'.
			88	POS VALUE 'S'.
			88	POS-4010 VALUE 'U'.
			88	POS-4010A1 VALUE 'V'.
			88	POS-5010 VALUE 'W'.
			88	POS-5010A1 VALUE 'X'.
			88	BATCH VALUE 'B'.
			88	NCPDP VALUE 'N'.
			88	POS-HCFA VALUE 'H'.
			88	POS-NETWORK VALUE 'S' 'B' 'H'
				SPACES
				LOW-VALUES.
			88	POS-U-V VALUE 'U' 'V'.
			88	POS-W-X VALUE 'W' 'X'.
PIC X(01).	545	1	546	MRI306 moves the following: 'm' for MEDS, 'c' for CIN, 'b' for BID

 Intentionally not converted