LOUISIANA DEPT. OF HEALTH & HOSPITALS

Medicaid Eligibility Data System

Internal Design: EDB Interface Updates

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Revision Summary

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

Date	Description of Change	By
9/30/2004	Publish Draft	Lizette Nel
10/27/2004	Publish Final version	Lizette Nel
06/22/2005	Do not bypass BICs T updates for EDB (SIR1193)	Jonathan Go
08/23/2005	Send reduction in coverage workflow only if type case is 60,61, any LTC, MPP or MSP cert else update Mcare Code/Source if coverage is reduced (SIR1198)	Jonathan Go
08/30/2005	Allow EDB to overlay source codes (SIR1202)	Jonathan Go
11/2/2005	Set approval code 34, 35, 44, 45 for Katrina & Rita (SIR1224/1236)	Lizette Nel
03/09/2010	Add type cases 76, 100, 121, 131, 131, 140 & 142 to list of SSI eligible type cases	Guy Fankam

EDB Update Process Overview

The EDB Update Process is an inbound interface.

The State submits to CMS a file of EDBDATA records detailing Medicare information. The EDB system will read this input file and evaluate whether an update to the MEDS system is required. Claims starting the current month or next month can be send to MEDS. If so, EDB will create a work file of records to be processed by MEDS object subprograms to update Social Security Claim Numbers and Medicare Codes and validate and create Dual Eligibility for Assistance Unit Members as required. Person Number on the inbound file is used as the match criteria in this interface.

Update Social Security Claim Number

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

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

Update Medicare Code

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

The EDB Update Process inputs the value from the EDB work file and calls the ME-AU-MEMBER object subprogram to update the value of the AU Member Medicare Code to "A" (Part A Only), "B" (Part B Only) or "X" (Part A and Part B) if the AU Member is active and if updates are allowed. If EDB sends Medicare coverage that would result in a reduction or no coverage in MEDS the Medicare coverage code and source are not updated, except if the source on the AU Member is BENDEX, then the source is blanked out (defaults to 'OL'). A workflow is created and the details written to a report.

If EDB sends a Medicare Coverage code of 'N' (none) and the AU Member Medicare code is blank (Unknown), then the coverage code and source code is left blank on the AU Member.

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

The Medicare Source field holds the source of the Medicare Code field. Sources may be 'ED' (EDB), 'BE' (BENDEX), 'SO' (State Office) and 'OL' (Online). Rules exist based on the value of the Medicare Source

field to determine if EDB can update the value of the Medicare Code. Currently, EDB cannot update a Medicare Code previously updated by the State Office. The EDB Update Process will update the Medicare Source field to 'ED' (EDB) when the Medicare Code is updated. If EDB sends the same coverage that is currently on the AU Member, and the source code is 'SX', 'OL', 'BE' or 'SO' then the source code is overlayed by 'ED'.

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

Update Dual Eligibility

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

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

If an AU Member is receiving Medicare Part A (i.e. EDB sends an A or X), MEDS will check the AU Member to determine if they are also SSI eligible (any active type cases 01, 03, 05, 19, 23, 26, 43, 45, 62, 64, 76, 78, 100, 121, 131, 140, 142). If the AU Member is SSI eligible, they will be checked to determine if they are currently receiving QMB/SLMB (active type case 95/40). If not, a QMB certification is added with the start date the 1st day of the month after the date on the EDB work file and a workflow is sent to the case worker. The approval code is set as follows:

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

Create Workflow Tracking records

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

1. When the EDB update would result in a reduction or removal of Medicare coverage in MEDS (Medicare Code changes from A, B or X to N, or from X to A or B, or from A to B or from B to A), and if the type case is 60, 61, any LTC, MPP or MSP certs. If it's not any of the type cases, the Medicare code and source code is updated and no workflows will be sent.
   The Reason Code and message are:
   CEDB0001   Mcare coverage reduced/removed by EDB

2. When EDB sends through a Medicare Code that verifies Medicare Part A eligibility (code 'X' or 'A'), and MEDS finds that the person is SSI eligible and has an active SLMB certification.
   The Reason Code and message are:
   CEDB0002   EDB sent Mcare Part A (QMB)/review SLMB

3. When EDB indicates Medicare Part A and a QMB is added to an SSI.
   The Reason Code and message are:
   CEDB0003   EDB sent Mcare Part A/QMB cert added.

4. When death is reported by EDB (value "D") in the Medicare Code.
   The Reason Code and message are:
   CEDB0004   EDB reports death/review.

Job Detail/Frequency

MEM0022 – EDB Update Batch Process

Update – Once monthly run or when EDB file received. Approximately 100, 000 records expected.

System Tables

Run Control

Process ID	Description
EDBUPD	EDB interface (EDB to MEDS).

EDB/MEDS Record Layout (MEIBUPL1)

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

Note: The HI and SMI dates are used to update the PART A/B Dates in the AU-MEMBER file.

Note: This layout is the same as BENDEX/MEDS record layout.

EDB Medicare Code; LDA (METMEDL)

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

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

MEDS does not accept code "U" from EDB.

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

EDB Medicare Source and Claim Number Source; LDA (METMSCL)

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

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

Process EDB Work file (MEIBUPZ)

Description

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

Six reports are produced from this job:

> MEM0022R1 – EDB Update Control Report (used to produce program statistics)
> MEM0022R2 – EDB Medicare Part A with SSI/SLMB Cert Exception Report (in worker location id order)
> MEM0022R3 – State Office No Medicare - EDB has Medicare (in SSN order)
> MEM0022R4 – EDB Report Medicare Reduced Report (in worker location id order)
> MEM0022R5 – EDB Sent SSN Claim Number with BIC=T (in worker location id order)
> MEM0022R9 – EDB Update Exception Report (used to report all errors encountered during the update process).

Report Layout for EDB Update Control Report (MEM0022R1)

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MEIBUPZ           LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS    MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING         HH:MM AM
Job Number        MEM0022R1 – EDB UPDATE CONTROL REPORT          Page: 0001


 Process Date: MM/DD/YYYY
 -----------------------


 Number of EDB records read                9,999,999


 Duplicates found:
      Person & Claim Number                9,999,999
      Person                               9,999,999
 Errors found                             9,999,999


 Updates performed                         9,999,999
      SSN Claim Number Updates             9,999,999
      MCare Code Updates
         - Unknown to None                 9,999,999
         - Lost Coverage                   9,999,999
         - Coverage reduced                9,999,999
         - All other changes               9,999,999
      Dual Eligibility Certs Created       9,999,999
      Worker Notifications                 9,999,999
      Persons EDB reported dead            9,999,999
      Persons with SDX certs & Claim Nbr
           different in MEDS & EDB         9,999,999
      AU Members with Medicare in EDB
           And no Medicare in MEDS         9,999,999


                   *** End of Report ***
```

Report Layout for Medicare Part A & SSI/SLMB Exception Report (MEM0022R2)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
MEIBUPZ  - MEM0022R2              LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                        MM/DD/YYYY
Job Name                             BUREAU OF HEALTH SERVICES FINANCING                             HH:MM AM
Job Num                          MCARE PART A & SSI/SLMB EXCEPTION REPORT                            Page: 0001

Location : R0007 SHREVEPORT REGION
Caseload 421

  PERSON        SSN CLAIM    MCARE              SSI                            SLMB
  NUMBER         NUMBER      CODE    DATE    CASE NUMBER     CERT  START DATE  CASE NUMBER     CERT  START DATE
-------------  -----------  ----  ----------  -------------  ----  ----------  -------------  ----  ----------
9999999999999  XXXXXXXXXXX   X    01/30/2002  9999999999999  999   02/01/2002  9999999999999  999   01/01/2002
9999999999999  XXXXXXXXXXX   N    01/30/2002  9999999999999  999   02/01/2002  9999999999999  999   01/01/2002
9999999999999  XXXXXXXXXXX   A    01/30/2002  9999999999999  999   02/01/2002  9999999999999  999   01/01/2002

                                          *** End of Report ***
```

Report Layout for State Office No Medicare – EDB has Medicare Report (MEM0022R3)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
MEIBUPZ  - MEM0022R3              LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                        MM/DD/YYYY
Job Name                             BUREAU OF HEALTH SERVICES FINANCING                             HH:MM AM
Job Num                          STATE OFFICE NO MEDICARE – EDB HAS MEDICARE                         Page: 0001

Process Date: MM/DD/YYYY
------------------------

  Person                                          SSN Claim  EDB       MEDS
  Number      Name                      SSN       Number     Mcare Cd  Mcare Cd  Srce  Date
-------------  -------------------------  -----------  ---------  --------  --------  ----  ----------
9999999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX    A        N       SO   01/01/2002
9999999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX    X        N       SO   01/01/2002
9999999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX    A        N       BI   01/01/2002

                                          *** End of Report ***
```

Report Layout for EDB Reports Reduced Medicare Report (MEM0022R4)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
MEIBUPZ  - MEM0022R4              LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                        MM/DD/YYYY
Job Name                             BUREAU OF HEALTH SERVICES FINANCING                             HH:MM AM
Job Num                          EDB REPORTS REDUCED MEDICARE REPORT                                 Page: 0001

Location : R0007 SHREVEPORT REGION
Caseload 421

  Person                                          SSN Claim  EDB       MEDS
  Number      Name                      SSN       Number     Mcare Cd  Mcare Cd  Srce  Date
-------------  -------------------------  -----------  ---------  --------  --------  ----  ----------
9999999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX    B        X       SO   01/01/2002
9999999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX    B        A       SO   01/01/2002
9999999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX    N        A       OL   01/01/2002

                                          *** End of Report ***
```

Report Layout for EDB Sent SSN Claim Number with BIC=T (MEM0022R5)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
 MEIBUPZ  - MEM0022R4                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                  MM/DD/YYYY
 Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                        HH:MM AM
 Job Num                                 EDB SEND SSN CLAIM NUMBER WITH BIC=T                        Page: 0001

 Location : R0007 SHREVEPORT REGION
 Caseload 421

   Person                                            SSN Claim   EDB
   Number      Name                       SSN         Number     Mcare Cd  Date
 -------------  ----------------------  -----------  -----------  ---------  ----------
 9999999999999  XXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX      B     01/01/2002
 9999999999999  XXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX      B     01/01/2002
 9999999999999  XXXXXXXXXXXXXXXXXXXXXXX  999-99-9999  XXXXXXXXXX      N     01/01/2002

                                         *** End of Report ***
```

Report Layout for EDB Update Exception Report (MEM0022R9)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
 MEIBUPZ  - MEM0022R9                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                  MM/DD/YYYY
 Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                        HH:MM AM
 Job Num                                      EDB UPDATE EXCEPTION REPORT                            Page: 0001

 Process Date: MM/DD/YYYY
 -----------------------

   PERSON       SSN CLAIM    MCARE
   NUMBER        NUMBER      CODE    DATE     ERROR MESSAGE
 -------------  -----------  ----  --------  ------------------------------------------------------------------------
 9999999999999  XXXXXXXXXXX    X   01/30/02  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999999  XXXXXXXXXXX    N   01/30/02  Medicare Code is required for Type Case 17 - 95; MECAUMV; MEIBUPN
 9999999999999  XXXXXXXXXXX    A   01/30/02  No active AU Member records found for Person; MEIBUPN
 9999999999999  XXXXXXXXXXX    X   01/30/02  In progress AU member exists that has not been certified; MECAUMV; MEIBUPN

                                         *** End of Report ***
```