OVERVIEW OF MEDI-CAL ELIGIBILITY VERIFICATION PROGRAM

MIS SCREENS

Segment One

1. CLNT – User retrieves the client record Hillary Adams, with SSN 621-44-0000.*
2. EPI2 – User retrieves the Episode Overview Screen. *The Medi-Cal ID number and the effective date fields are blank.*
3. UOFS – User adds unit of service for 12/11/01. *User must enter the default 1234567 in the new field 'Provider PIN.'*
4. MEVM – System takes the user to the MEVM screen for a possible match to a Medi-Cal beneficiary
5. MEVM – User selects the first client as indicated.
6. System takes the user to the UOFS screen. User hits the enter key, retrieves the message: 'Record Added.'
7. CLNT – User retrieves the EPI2 screen. *The Medi-Cal ID number and effective date fields are now populated.*
8. PRES – User adds a prescription. The Medi-Cal number and HMO Plan are also populated.

Segment Two

1. CLNT - User retrieves the client record, Danny Howard with a pseudo social security number*.
2. UOFS – User adds a unit of service record – *User must enter their PIN as assigned by the State or the default 1234567 in the 'Provider PIN' field.* User hits the enter key and retrieves the message: 'EVC Issued.'
3. UOFS – User hits the enter key again and retrieves the message 'Record Added.'
4. MEVD – User retrieves EVC for Service Date from the MEVD Screen. Retrieves the message: 'Medi-Cal Eligible.'

*Fictitious client and SSN

SEGMENT ONE

NXT THIS CLNT 1234567 **CONFIDENTIAL** REPT UNIT 0900E
NEXT CLNT 1234567
DATE: 01-28-02 TIME: 09:12:39 CLIENT IDENTIFICATION SCREEN
LAST ADAMS FIRST HILLARY M
AKA/MAID: LAST FIRST M
SEX F ETHNICITY 01 BIRTHDATE 05171980 AGE 021 DATE OF DEATH
MOTHER MAID LAST NAME VACHTEL SSN 621440000
XREF-ID XREFIDS
ADDR: ST NO 13192 DIRECT NAME HERRICK TYPE AVENUE APT
CITY SYLMAR STATE CA ZIP 91342 COUNTY 19
HOME PHONE 818 - 3679949 BUS PHONE 818 - 3673235 ENG Y PRI LANG 01
HANDICAP 80 EDUC LVL: CLNT 12 VETERAN N APR 7

EMRG NAME IRIT AVIVI RELAT MOTHER PH 818 - 8885810
EMERG ADDR:ST 20122 HATTERAS CITY WOODLAND HILLS STATE CA ZIP 91367
UMDAP DATE: 01012001 RPT UNIT: 7068P
FAM INC 000000872 SOI SS DPNDT 01 ANNL LIAB 0
AMNESTY N AMNESTY NUMBER FINANCE RESP COUNTY: Y S-D/MEDI-CAL: Y
CLIENT/FAM: MEDICARE: CHAMPUS: INSURANCE/THIRD PARTY: HMO/PHP: F
MEDICARE NUM: UNKNOWN: STAFF ADDING RECD CGC4618
SFPR/CoorID: HVC0489 Name L: HEWITT F MICHAEL Ph 818 - 8961161
Prov Num: 7068 Name: HILLVIEW MHC, INC Lv: III CyclDt

MESSAGE: OTHERIA CUTNO TEST

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NXT   THIS  EPI2  1234567,7100A028              * CONFIDENTIAL *    REPT UNIT 0900E
      NEXT  EPI2  1234567,7100A028
DATE: 01-28-02    TIME:  09:17:16   EPISODE INFORMATION CONTINUED
                                                          CLNT LAST NAME  ADAMS
         *******  MEDI-CAL ELIGIBILITY AND DENIAL INFORMATION   *******

  ELIG


                    **********   MEDI-CAL NUMBER   **********    COUNTY FIN. RES   19
      ID NUMBER    EFF DT         ID NUMBER     EFF DT           ID NUMBER    EFF DT
1.                      2.                            3.
4.                      5.                            6.



RESPONS PARTY:    EMER CT     NAME                                    PH
ADDR:  ST                          CITY                          STATE     ZIP

MESSAGE:                                                         OTHERIA   CUTNO   TEST
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```
ADD   THIS  UOFS  1234567,7100A028              * CONFIDENTIAL *     REPT UNIT 0900E
      NEXT  UOFS  1234567,7100A028
DATE: 01-28-02    TIME:  09:23:36
          UNIT OF SERVICE (OTHER THAN 24 HOURS SERVICE)
ACT DATE 12112001                                CLNT LAST NAME   ADAMS

STAFF:            STAFF TIME                     CLAIMABLE UNIT
CODE  SFV9330     HRS   MIN   30                UOFS THIS RECORD
CODE              HRS   MIN                     ENTRY DATE
CODE              HRS   MIN                     LAST CHANGE DATE

ACT CODE   035       NO SHOW   CANCEL      SERV TIME DURATION      SERV LOCATION   O

        TOTAL                          HOURS    MINUTES

MEDI-CAL  Y     LATE CODE      M-CARE BILL  N    INCIDENT TO

NUMBER OF PEOPLE PRESENT        COLLATERALS    CLNTS REPRESENTED   1    SESSION #

                                                PROVIDER PIN   1234567

CROSSOVER FLAG:   AMMOUNT PAID MEDICARE:             OTHER INS:

MESSAGE:                                                     OTHERIA   CUTNO TEST
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```
NXT   THIS  MEVM  1234567,7100A028              **CONFIDENTIAL**    REPT UNIT 7100A
      NEXT  MEVM  1234567,7100A028

DATE: 01-25-02    TIME:  15:23:32   MEDI-CAL ELIGIBILITY - NEAREST MATCHES

                                        MHMIS     DATA
LAST:  ADAMS                                 FIRST: HILLARY                M
SSN    621440000     MEDS 19609621440000     BIRTHDATE   05-17-1980       SEX   F

                                        MEDS      DATA
      LAST                                          FIRST                   M
      SSN   621440000   MEDS   19609621440000         BIRTHDATE   05-17-1980    SEX   F

      LAST                                          FIRST                   M
      SSN               MEDS                           BIERTDATE                SEX

      LAST                                          FIRST                   M
      SSN               MEDS                           BIERTDATE                SEX

      LAST                                          FIRST                   M
      SSN               MEDS                           BIERTDATE                SEX


MESSAGE:  LAMH6040 - X UPDATES MHMIS DATA WITH MEDS PROD    NEISHA      TEST I CASASO
```

```
NXT   THIS  MEVM  1234567,7100A028              **CONFIDENTIAL**    REPT UNIT 7100A
      NEXT  MEVM  1234567,7100A028

DATE: 01-25-02    TIME:  15:23:32   MEDI-CAL ELIGIBILITY - NEAREST MATCHES

                                        MHMIS     DATA
LAST:  ADAMS                                 FIRST: HILLARY                M
SSN    621440000    MEDS 19609621440000     BIRTHDATE   05-17-1980       SEX   F

                                        MEDS      DATA
      LAST                                          FIRST                  M
  X   SSN   621440000   MEDS   19609621440000         BIRTHDATE   05-17-1980    SEX   F

      LAST                                          FIRST                  M
      SSN               MEDS                           BIERTDATE                 SEX

      LAST                                          FIRST                  M
      SSN               MEDS                           BIERTDATE                 SEX

      LAST                                          FIRST                  M
      SSN               MEDS                           BIERTDATE                 SEX


MESSAGE:  LAMH6040 - X UPDATES MHMIS DATA WITH MEDS PROD    NEISHA      TEST I CASASO
```

```
NXT   THIS  UOFS  1234567,7100A028              * CONFIDENTIAL *    REPT UNIT 0900E
      NEXT  UOFS  1234567,7100A028
DATE: 01-28-02    TIME:  09:41:15
          UNIT OF SERVICE (OTHER THAN 24 HOURS SERVICE)
ACT DATE 12172001                                CLNT LAST NAME   ADAMS

STAFF:            STAFF TIME                     CLAIMABLE UNIT        0030
CODE  SFV9330     HRS   MIN   30                UOFS THIS RECORD       001
CODE              HRS   MIN   00                ENTRY DATE        01282002
CODE              HRS   MIN   00                LAST CHANGE DATE  01282002

ACT CODE   035      NO SHOW   CANCEL      SERV TIME DURATION      SERV LOCATION   O

        TOTAL                          HOURS 00   MINUTES  30

MEDI-CAL  Y     LATE CODE      M-CARE BILL  N    INCIDENT TO

NUMBER OF PEOPLE PRESENT        COLLATERALS    CLNTS REPRESENTED   001  SESSION #

                                                PROVIDER PIN   1234567

CROSSOVER FLAG:   AMMOUNT PAID MEDICARE:             OTHER INS:

MESSAGE:  LAMH0032-RECORD ADDED                                OTHERIA   CUTNO  TEST
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NXT   THIS  EPI2  1234567,7100A028              * CONFIDENTIAL *    REPT UNIT 7100A
      NEXT  EPI2  1234567,7100A028
DATE: 01-28-02    TIME: 09:43:16    EPISODE INFORMATION CONTINUED
                                                      CLNT LAST NAME  ADAMS
         ******* MEDI-CAL ELIGIBILITY AND DENIAL INFORMATION *******

  ELIG



                    ********** MEDI-CAL NUMBER **********   COUNTY FIN. RES   19
     ID NUMBER          EFF DT       ID NUMBER    EFF DT          ID NUMBER   EFF DT
1.  19609621440000      122001  2.                      3.
4.                              5.                      6.



RESPONS PART:     EMER  CT    NAME                                    PH
ADDR:  ST                          CITY                          STATE      ZIP

MESSAGE:                                                         OTHERIA    CUTNO  TEST
```

NXT THIS PRES 1234567,7100A0028,P0053 * CONFIDENTIAL * REPT UNIT 0900E
NEXT PRES 1234567,7100A0028,P0053
DATE: 01-28-02 TIME: 09:47:20

PRESCRIPTION DATA SCREEN

PRESCR CARD NUMBER: 0000277 PATIENT LAST NAME:
PRESCR FORM NUMBER: 1234567 PRESCRIPTION DATE: 01122002

NAME (GENERIC/TRADE): RISPERIDONE/RISPERDAL
DRUG CODE: RPD3 STRENGTH: 3 MG QUANTITY: 60

DIRECTIONS: (A) 1.0 (B) TABLET (C) BID
(D)

*
DOCTOR: HVC9070 BARG MEDI-CAL NUMBER: 19609621440000
H. M. O. NAME: UNITED PLAN
PAPER PRESCRIPTION: N (Y/N) PRESCRIPTION TYPE: (P/S)

DATE FILLED: PHARMACY NUMBER:
MEDI-CAL DENY DT: REASON CODE:

LOST/DISCONTINUED: (L/D)

MESSAGE: APPROVED OTHERIA CUTNO TEST

NXT THIS CLNT 0987654 **CONFIDENTIAL** REPT UNIT 0900E
NEXT CLNT 0987654
DATE: 01-28-02 TIME: 10:41:01 CLIENT IDENTIFICATION SCREEN
LAST HOWARD FIRST DANNY M
AKA/MAID: LAST FIRST M
SEX F ETHNICITY 02 BIRTHDATE 12271991 AGE 010 DATE OF DEATH
MOTHER MAID LAST NAME SSN 11106240P
XREF-ID XREFIDS
ADDR: ST NO 8955 DIRECT W NAME GOLD CREEK TYPE RD APT
CITY SYLMAR STATE CA ZIP 91342 COUNTY 19
HOME PHONE 818 - 8962474 BUS PHONE - ENG Y PRI LANG 01
HANDICAP 00 EDUC LVL: CLNT 04 VETERAN N APR 1

EMRG NAME JOYCE TALLEY RELAT GRANDMOTHER PH 323 - 7557738
EMERG ADDR:ST 711 E.91ST STREET CITY LOS ANGELES STATE CA ZIP 90002
UMDAP DATE: 09062001 RPT UNIT: 7336D
FAM INC 000000302 SOI PA DPNDT 01 ANNL LIAB 0
AMNESTY N AMNESTY NUMBER FINANCE RESP COUNTY: S-D/MEDI-CAL: Y
CLIENT/FAM: MEDICARE: CHAMPUS: INSURANCE/THIRD PARTY: HMO/PHP:
MEDICARE NUM: UNKNOWN: STAFF ADDING RECD 0415191
SFPR/CoorID: 00CV143 Name L: STEINER F KELLY Ph 818 - 8962474
Prov Num: 7336 Name: HATHAWAY CH & FAM (LV 12 GH) Lv: II CyclDt

MESSAGE: OTHERIA CUTNO TEST

)D THIS UOFS 0987654 ,7171L014 * CONFIDENTIAL * REPT UNIT 0900E
NEXT UOFS 0987654,7171L014
ATE: 01-24-02 TIME: 07:26:46
UNIT OF SERVICE (OTHER THAN 24 HOURS SERVICE)
CT DATE 01042002 CLNT LAST NAME HOWARD

TAFF: STAFF TIME CLAIMABLE UNIT 0120
)DE E424347 HRS 02 MIN UOFS THIS RECORD 001
)DE HRS MIN ENTRY DATE
)DE HRS MIN LAST CHANGE DATE

CT CODE 00300 NO SHOW CANCEL SERV TIME DURATION 000 SERV LOCATION F

TOTAL STAFF TIME HOURS 00 MINUTES 00

EDI-CAL Y LATE CODE M-CARE BILL N INCIDENT TO

UMBER OF PEOPLE PRESENT COLLATERALS CLNTS REPRESENTED 001 SESSION #

PROVIDER PIN 1234567

ROSSOVER FLAG: AMOUNT PAID MEDICARE: OTHR INS:

ESSAGE: LAMH6036-EVC ISSUED OTHERIA CUTNO TEST

NXT THIS UOFS 0987654,7171L014 * CONFIDENTIAL * REPT UNIT 0900E
NEXT UOFS 0987654,7171L014
DATE: 01-28-02 TIME: 10:13:23
UNIT OF SERVICE (OTHER THAN 24 HOURS SERVICE)

ACT DATE 01052002 CLNT LAST NAME HOWARD

STAFF:	STAFF TIME	CLAIMABLE UNIT	0120
CODE E424347	HRS 02 MIN	UOFS THIS RECORD	001
CODE	HRS MIN	ENTRY DATE	01282002
CODE	HRS MIN	LAST CHANGE DATE	01282002

ACT CODE 00300 NO SHOW CANCEL SERV TIME DURATION 000 SERV LOCATION F

TOTAL STAFF TIME HOURS 02 MINUTES 00

MEDI-CAL Y LATE CODE M-CARE BILL N INCIDENT TO

NUMBER OF PEOPLE PRESENT COLLATERALS CLNTS REPRESENTED 001 SESSION #

PROVIDER PIN 1234567

CROSSOVER FLAG: AMOUNT PAID MEDICARE: OTHR INS:

MESSAGE: LAMH0032-RECORD ADDED OTHERIA CUTNO TEST

NXT THIS MEVD 0907654,01242002 **CONFIDENTIAL** REPT UNIT 0900E
NEXT MEVD 0907654,01242002
DATE: 01-24-02 TIME: 07:28:48 MEDI-CAL ELIGIBILITY VERIFICATION DETAIL

MHMIS DATA

LAST HOWARD FIRST DANNY M
BIRTHDATE 12-27-1991 SSN 11106240P

MEDS DATA

LAST: SSN 11106240P
CNTY 02 AID 30 STATUS EVC # C888222555 MEDS DATE 01-04-2002

MEDI-CAL ELIG

ENTER DISPLAY HISTORY F5 GET EVC F7 NEWER EVC F8 OLDER EVC
MESSAGE: LAMH6036-EVC ISSUED OTHERIA CUTNO TEST