

BRANAGH INFORMATION GROUP

Database Management Services

Lodestar Medi-Cal Verification Processing

Revised 4.18.04

Replaces all previous versions

Also available on the web: www.BranaghGroup.com

Section 1 - Overview

*This documentation describes the procedures for using the LodeStar MIS for the data collection and reporting required for calculation of the FFP Medi-Cal factor in accordance with guidelines established for AFLP and ASPPP by MCH. Agencies not participating in the MCH Medi-Cal FFP funding process are **not required** to collect the data associated with it, and hence, may disregard this document.*

Agencies that have chosen to use one month each quarter for the time study, use that same month (1st 2nd or 3rd) for the Medi-Cal matching. Agencies which do continuous time study will use all months. Agencies that **are participating** in the FFP funding process may employ either the automated or manual methodology for gathering and verifying a client's Medi-Cal status, although agencies are strongly encouraged to use the automated verification. **Section 2 - Automated Verification** - this document outlines the procedures for employing MCH's automated Medi-Cal verification process, while **Section 3 – Manual Verification** describes the more time consuming manual methodology for performing local verification of a client's Medi-Cal status.

Automated Verification Process

The Automated Verification Process is the most efficient way to verify your clients' medical status. It saves staff time by using information already entered into LodeStar in the Client ID and Intake to fill in the Medi-Cal Data Matching List and relieves case managers from having to contact each client for status verification. Case managers review this list for accuracy and any needed corrections must be entered before transmitting the list to Branagh Information Group (BIG) via the Internet. BIG accumulates and then submits the statewide data files for batch processing against the DHS MED's database to obtain the matching results. There are two matching runs each month (see schedule in Section 2). Each agency uses the matched data returned for the month or months of their time study to submit to MCH for the final FFP Medi-Cal Factor calculation.

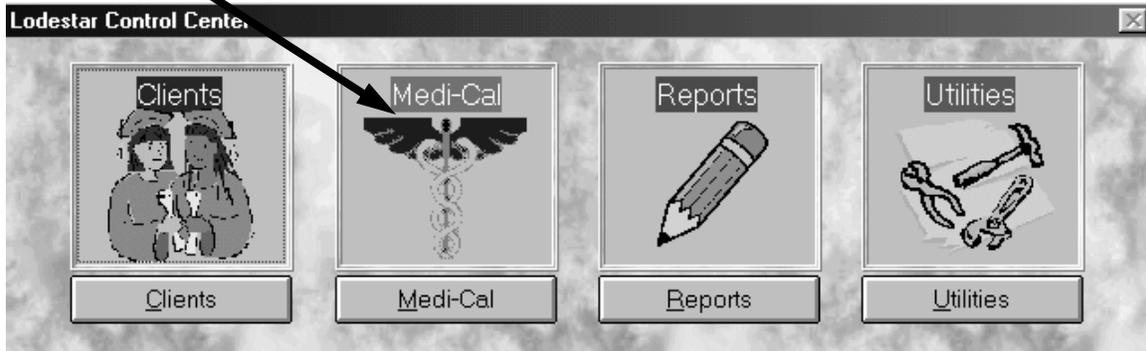
NOTE: All data sent over the Internet is highly encrypted using 512-bit PGP encryption. This is one of the most secure publicly available encryption technologies in use today. (Most credit card transactions on the web are protected with only 128-bit encryption).

Manual Verification Process

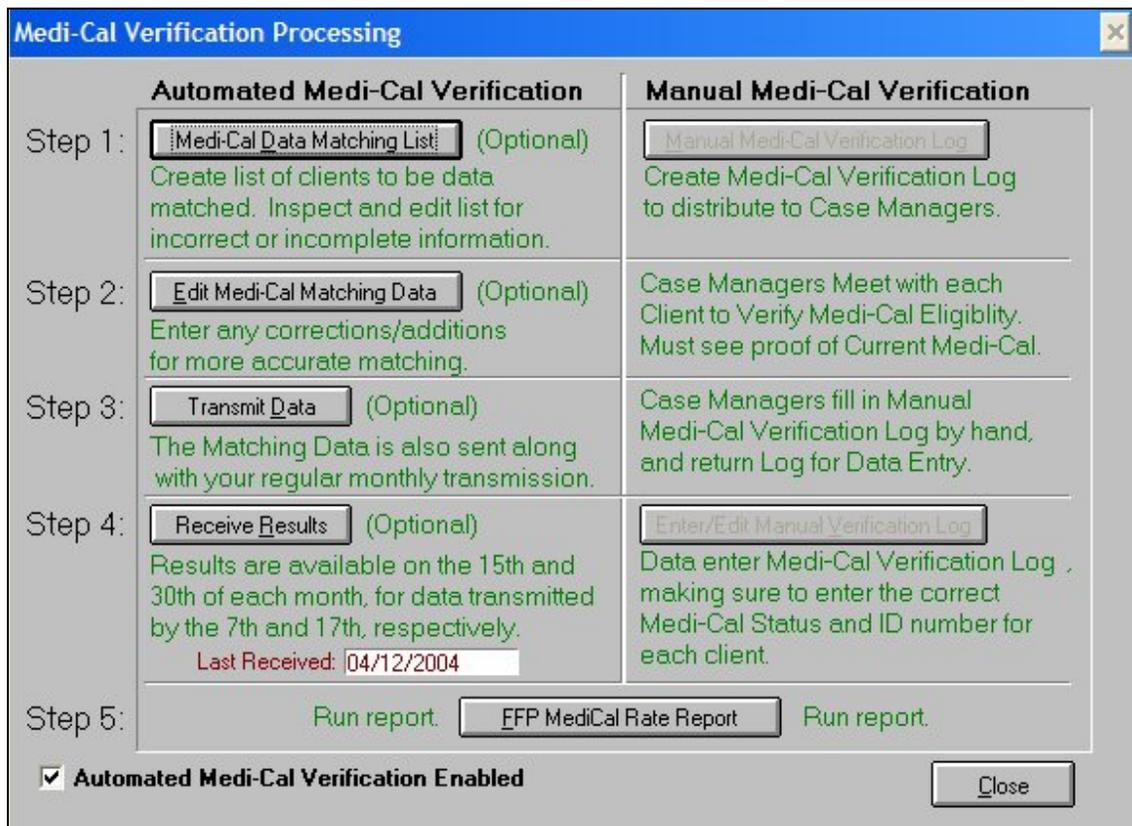
Agencies may continue to use the less efficient manual verification process that was in place prior to the development of the new automated technology. Though the reporting and data entry modules have been consolidated into the Medi-Cal module accessed from LodeStar's main menu, the process remains unchanged. This is further described in Section 3.

Section 2 – Automated Verification

LodeStar's Automated Verification is best described by viewing the modules and reports that have been added to the software for this purpose. The Medi-Cal processing has been consolidated into a single submenu accessed from the Control Center as shown below:



When you click on the Medi-Cal button, the following menu is displayed:



Note that the left side of the menu contains the steps requisite for Automated Medi-Cal Verification, while the right contains those for Manual Medi-Cal Verification (described in Section 3). “Automated Medi-Cal Verification Enabled” **must** be checked to use the automated method.

Step 1: **Medi-Cal Data Matching List**
 Create list of clients to be data matched. Inspect and edit list for incorrect or incomplete information.

Step 1 actually begins with the normal completion of the Client ID and Intake forms. All the data items for the matching process are gathered from those forms. The purpose of the *Medi-Cal Data Matching List* is to show each case manager a list of all their clients that will be matched along with the data items that will be used in the matching.

They may then review the list for accuracy and completeness, making corrections or additions of items not gathered at the time the original Client ID form and Intake were completed. The accuracy of this data will determine whether a student or baby can be matched. Case managers may either write in their corrections/additions on this report and submit it for data entry, or may submit a new Client Id form with the updated information contained therein.

Selecting **Medi-Cal Data Matching List** brings up the following screen;

Note that while you select a month and year for which to run this matching list report, the matching list generated here will show all clients and children active within that quarter of the year. The following report is generated:

**Teen Pregnancy Agency
 Medi-Cal Data Matching List**

All Agency Clients Data Entered as of 09/19/2001
 Sorted By Case Mgr / Client Name

Case Manager: - **Clients to be Matched for the Period: July, 2001 Through September, 2001**

Case Manager Instructions: This report shows the client information that will be data-matched in the subsequent Medi-Cal Verification process. Please review this report, correcting or adding information as needed, then submit for data entry.

NOTE: It may not be possible to gather all data items for each client. At a minimum, ensure that the Client and Index Child's name, DOB, and gender are correct. Having a correct Medi-Cal # and/or Sec. Sec. # greatly enhance the chance of matching.

Client ID	First	MI Last	DOB	Sex	Medi-Cal Insurance #	Sec. Sec #	CWD Case #	Last Checked	Last Known Status
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Please review this list carefully and make corrections. Assuring that you have sent accurate data for matching is crucial to a good match rate. We find that slight differences in spelling, incorrect birthdates and social security numbers are the most common reasons that a Medi-Cal client will not be matched.

Step 2: (Optional)
Enter any corrections/additions
for more accurate matching.

If corrections were made from the report generated in Step 1, you may use the **Edit Medi-Cal Matching Data** module to rapidly enter the data. If the corrections

are made via an updated Client ID form, you may use either this module or the standard Clients data entry module to make the corrections to the data. Selecting **Edit Medi-Cal Matching Data** will bring up the following screen:

Quick MediCal Entry

Choose a Month, Year and Case Manager
Then Press Retrieve

While editing you can press the "+" key to skip to the Child's info
Pressing "+" again will take you to the beginning of the next Client

Name Order
 Client ID Order

Month: August Year: 2001 CM: []

Like the Medi-Cal Data Matching List generated in Step 1, this data entry module will bring up all clients who were active in the quarter for which the report is generated.

Step 3: (Optional)
The Matching Data is also sent along
with your regular monthly transmission.

After the data have been reviewed and corrected in Steps 1 and 2, the next step is to transmit the data to the Branagh Information Group in time for one of the two match runs. (See schedule below.)

If the checkbox located at the bottom of the Medi-Cal screen is checked, your data will be included in the appropriate match run.

Automated Medi-Cal Verification Enabled

LODESTAR MEDI-CAL MATCH SCHEDULE:

- Data must be transmitted via the Internet no later than the first business day after the 6th (usually the 7th) of each month in order to be included for the first matching process and no later than the first business day after the 16th (usually the 17th) for the second run. Data not received by that time will be submitted with the following month's data matching run.
- Branagh Information Group submits that data to MCH on the 8th and the 18th.
- Results are available for the first run on the 15th and for the second run on the last day of the month.

Note: MCH has structured the automated verification process so that ASPPP and AFLP clients (along with their index child), who were active at any time from the beginning of the previous quarter through the quarter chosen are included in the Medi-Cal Matching Process and in the final FFP Medi-Cal Factor calculation in order to give you the best chance of matching your clients.

Step 4:	<input type="button" value="Receive Results"/> (Optional)
Results are available on the 15th and 30th of each month, for data transmitted by the 7th and 17th, respectively.	
Last Received: <input type="text" value="04/12/2004"/>	

When results are available you have two methods to use to retrieve your data. You may transmit again, or you can click the **Receive Results** button. Either of these options will download the results to your LodeStar so that you can run your Medi-Cal Rate Report. When you download your results, the date will appear as Last Received.

The final step in the process is to produce your FFP Medi-Cal report. Note that this report needs be submitted to MCH on a quarterly basis, but may be run monthly for monitoring purposes.

Step 5:	<input type="button" value="Run report."/> <input type="button" value="FFP MediCal Rate Report"/> <input type="button" value="Run report."/>
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Selecting **FFP Medi-Cal Rate Report** yields the following screen:

FFP Medi-Cal Factor Report

Report Dates:
Produce FFP Medi-Cal Factor Report
For the Month/Year of:
From: / / Through: / /

Report Output:
 FFP Summary Report
 Audit Detail Listing
 Export Detail to... Excel

Data to Use in Creating Report
 Automated Verification Data
Last Received: / /
 Manual Verification Data

Detail Listing Sort Order:
 Client Name
 Client ID
 Case Manager
 Display Insurance # / Name

Preview Print Close

Report Dates:

- Select a date range for the single month of your time study or for the entire quarter if you do continuous time study.

Report Output:

- The *FFP Summary Report* option is used to produce your agency's Medi-Cal rate. Include the rate(s) generated in the *Report* into the proper Excel spreadsheet for the FFP calculation.
- The *Audit Detail Listing* option shows the individual clients that comprise the Medi-Cal rate grouped by their Medi-Cal status.
- The *Export Detail to...* option allows you to create a database or spreadsheet file containing the Medi-Cal status of the clients in the Audit Detail Listing.

Data to Use in Creating Report

- Selecting the *Automated Verification Data* option will utilize the returned "matched data" to produce the report. Note that the date of your most recent receipt of matched data is displayed
- If you have opted to maintain a manual system of Medi-Cal verification select the Manual Verification Option.

It is very important that you save a printed copy of your final version of these reports in the event of an MCH or HCFA audit.

Section 3 – Manual Verification

The following procedures are recommended if you choose to maintain a manual system of Medi-Cal verification whereby your agency obtains and verifies each client's Medi-Cal status

1. Determine the period in which to measure the Medi-Cal factor for your agency.

The FFP Medi-Cal factor is to be computed (and the associated survey data collected) over the **same period of time as your agency has chosen to conduct the time study** portion of the FFP process. If your agency time studies for a single month each quarter, the FFP Medi-Cal survey must take place during the same month. If you are performing continuous FFP time study, you must conduct the Medi-Cal survey over the entire quarter. The survey must be performed **strictly within the time study period**, though the actual data entry into LodeStar may occur outside the survey period. Failure to survey a client, within the survey month results in that client being counted as “Not Medi-Cal” in the FFP Medi-Cal factor calculation.

2. Understand which clients to include in the Medi-Cal Survey

You must survey **each and every client who is active at any time during the survey period** within the program(s) you have chosen to participate (AFLP, ASPPP, or both).

3. Understand what data must be collected in the Medi-Cal Survey

There are two **required** data items that must be collected each survey month from both the client and the Index Child. The first is to ask the client if they, or their *index child*, are active in Medi-Cal that month. The second required data element is a “verification” of the answer “Yes” to the previous question. Verification is defined by MCH as obtaining, and maintaining on file, the client's (and/or index child's) Medi-Cal number. (See the discussion of the data collection forms below for further information).

4. Use the Medi-Cal Log to collect data

To collect FFP Medi-Cal data manually use the *LodeStar Medi-Cal FFP Log* produced by the *LodeStar Reports* module. (The old Medi-Cal Status Form is no longer in use.) Run this report at the beginning (or just before) the survey period to create a list for each case manager containing all of their active clients **known to Lodestar on the date the list is created**. **Since this report is run just before the survey period, it will not include clients not yet active and entered into LodeStar.** To capture data on clients who become active within the survey period (or who have yet to be entered into LodeStar), write-in the new client's ID numbers and survey data at the end of the LodeStar Medi-Cal FFP Log. For more specifics regarding the usage of this form, see the next section titled *LodeStar FFP Operation*.

5. Create a production schedule

Unlike much of the other data collected within LodeStar, the data collected for Medi-Cal FFP is very time sensitive, and has a direct impact on your reimbursement rate. As such, it would be in everyone's best interest for you and your staff to know exactly what must happen and when. The following *Sample Production Schedule* may serve as a basis for your FFP operations.

When	Activities
At the beginning of the selected Medi-Cal Data Collection Period	1. Produce and distribute the <i>LodeStar Medi-Cal FFP Log</i> to case managers just before (or as) the period begins.
Within the Medi-Cal FFP Data Collection Period	2. Case managers should contact each client and ask if they, or their <i>index child</i> , are active in Medi-Cal that month. 3. “Verify” those clients answering yes to either of the above questions. 4. Case managers should submit their completed Medi-Cal Log report for data entry at the end of the month.
Immediately following the Medi-Cal Data Collection Period	5. Data enter the completed <i>Medi-Cal FFP Logs</i>
Following completion of the data entry.	6. Produce and check the <i>LodeStar FFP Medi-Cal Rate Report</i> for completeness and accuracy
Before creation of your invoice to MCH	7. Include the <i>LodeStar FFP Medi-Cal Rate(s)</i> generated in the <i>Report</i> into the proper Excel spreadsheet contained on the FFP calculation diskette provided by MCH
When creating your invoice to MCH	8. Include the dollar values generated by the Excel spreadsheet contained on the FFP calculation diskette provided by MCH

LodeStar Manual FFP Operation

The Medi-Cal Manual FFP data processes required can be divided into 3 steps as described below. See the *Sample Production Schedule* above for a suggested overview of the timing of the FFP data collection and reporting process.

STEP 1: Produce the list of clients to be Medi-Cal surveyed

Each case manager should receive a list of the clients for which they must ascertain the Medi-Cal status of during the survey month. This should be done **just prior** to the survey period and after the normal LodeStar data entry for the previous month has been completed. To produce the list for each case manager, use the *Manual FFP Medi-Cal Verification Log*. This report is accessed from the Medi-Cal menu shown below by clicking on the **Manual Medi-Cal Verification Log** button.

Medi-Cal Verification Processing	
Automated Medi-Cal Verification	Manual Medi-Cal Verification
Step 1: <input type="button" value="Medi-Cal Data Matching List"/> (Optional) Create list of clients to be data matched. Inspect and edit list for incorrect or incomplete information.	<input type="button" value="Manual Medi-Cal Verification Log"/> ← Create Medi-Cal Verification Log to distribute to Case Managers.
Step 2: <input type="button" value="Edit Medi-Cal Matching Data"/> (Optional) Enter any corrections/additions for more accurate matching.	Case Managers Meet with each Client to Verify Medi-Cal Eligibility. Must see proof of Current Medi-Cal.
Step 3: <input type="button" value="Transmit Data"/> (Optional) The Matching Data is also sent along with your regular monthly transmission.	Case Managers fill in Manual Medi-Cal Verification Log by hand, and return Log for Data Entry.
Step 4: <input type="button" value="Receive Results"/> (Optional) Results are available on the 15th and 30th of each month, for data transmitted by the 7th and 17th, respectively. Last Received: 04/12/2004	<input type="button" value="Enter/Edit Manual Verification Log"/> Data enter Medi-Cal Verification Log, making sure to enter the correct Medi-Cal Status and ID number for each client.
Step 5: <input type="button" value="Run report."/> <input type="button" value="FFP MediCal Rate Report"/> <input type="button" value="Run report."/>	
<input type="checkbox"/> Automated Medi-Cal Verification Enabled:	
<input type="button" value="Close"/>	

Clicking on the **Manual Medi-Cal Verification Log** button will bring up the FFP Log as follows:

FFP Log	
Report Dates: Create FFP Insurance Log for the month/year of: <input type="text" value="05/2000"/> MM/YYYY (Four Digit Years Required)	Case Managers: <input checked="" type="radio"/> All <input type="radio"/> From: <input type="text"/> To: <input type="text"/> <input type="radio"/> <input type="text"/>
Pay Source: <input checked="" type="radio"/> All <input type="radio"/> Some <input type="checkbox"/> AFLP <input type="checkbox"/> Sibling	Sort Order: <input checked="" type="radio"/> Client Name <input type="radio"/> Client ID
<input type="button" value="Preview"/> <input type="button" value="Print"/> <input type="button" value="Close"/>	

Enter the survey month/year, select the desired pay source(s) and report listing sort order. The following report will be produced:

Insurance Status:	Insurance Code:
1. Medi-Cal	1. Medi-Cal Verified
	2. Medi-Cal Not yet Verified
	<u>Not Medi-Cal because:</u>
Not Medi-Cal:	3. Other Insurance
2. Uninsured	4. Not eligible
3. Other insur.	5. Referred to Medi-Cal
9. Unknown	6. Not needed/wanted
	7. Other/Unknown

Case Manager: AC35 - Liz Manager

Client	Date	Client					
		Insur. Status	Insur. Code	Insurance Name/Number	Free. MS1	Free. MS2	Free. Other
980000127 Mcannason, Anna							
544914795 Mcaprilson, April							

Note that there are six blank rows at the end of each report to allow case managers to add any new clients who enter the program or for some other reason are not included on the list. (This can happen if you were not up-to-date on the data entry for the month preceding the data collection period.)

It is important to note that the *Date*, *Insurance Status*, and *Insurance Code* are required fields. The FreeCode fields (MS1, MS2, Free Other.) are not sent to MCH, and are for local use only. You should decide which, if any of the optional fields you will use. Once decided, it is recommended that you create a one page instructional sheet for each of the case managers. See the attached Coding Instructions for the *LODESTAR MEDI-CAL FFP LOG / MEDI-CAL STATUS FORM*. Note that for each “client” data item, there is a corresponding data item for the index child.

As mentioned elsewhere, it is imperative that the survey of Medi-Cal status takes place **during** your agency’s time study period. (This may be a single month of the quarter, or over the entire quarter if your agency has elected to perform continuous time study). Note that in addition to asking the client their (and their child’s) Medi-Cal status, MCH requires that you “verify” a response of “Yes – Medi-Cal” by obtaining the client’s and/or child’s Medi-Cal beneficiary number within a reasonable amount of time following the survey. Use the ***Insurance Code*** field to note the verification status. Note that field values 3-7 are of no interest to MCH, they were included at the request of AFLP regional representatives for local tracking use. MCH is only concerned with Insurance Codes 1 and 2.

Insurance Code:

1. Medi-Cal Verified
2. Medi-Cal Not yet Verified
- Not Medi-Cal because:
3. Other Insurance
4. Not eligible
5. Referred to Medi-Cal
6. Not needed/wanted
7. Other/Unknown

You may elect to enter the client's Medi-Cal number in the *Insurance Name/Number* field. (MCH does not currently ask for this field in their monthly gathering of data.), or you may choose to enter the name of an alternate type of insurance in this field if the client is not Medi-Cal.

Two specified Freecodes and one unspecified Freecode were selected for the Medi-Cal Log. As stated before, these are for local use only and are optional. #MS1 has two spaces and #MS2 has nine spaces. They may be a character or numeric. Free Other is fully user defined and

STEP 2: Enter Medi-Cal Verification Log

To enter client information or edit the *FFP Medi-Cal Log*, you should use the rapid data entry program provided for this purpose in the Medi-Cal module.



Selecting this option brings up the following screen:

A screenshot of a software window titled "Quick MediCal Entry". The window contains the following text and controls:

Choose a Month, Year and Case Manager
Then Press Retrieve

While editing you can press the "+" key to skip to the beginning child's info
Pressing "+" again will take you to the beginning of the next client

Name Order Month: March Year: 2000 CM: AC35 - Liz Manager
 Client ID Order

Retrieve Save Changes Cancel Changes Exit

Choose the month, year, and case manager for which data is to be entered. Then press the *Retrieve* key to begin data entry.

Name	Date	CI Status	Cli Code	Cli Ins #/	Cli Free1	Cli F	Name	980000127
980000127 McAnnason, Anna	//						Date	//
544914795 McAprilon, April	//						CI Status	
980000143 McBertason, Berta	//						Cli Code	
980000209 McBobison, Bobi	//						Cli Ins #/Name	
619126077 McCandysen, Candy	//						Cli Free1	
990000079 McCesiasen, Cesia	//						Cli Free2	
980000113 McDeycison, Deyci	//						Cli Free3	
980000161 McDollyson, Dolly	//						Cli Free4	
516028112 McEmmason, Emma	//						Cli Free5	
990000072 McEnicason, Enica	//						Cli Free6	//
551836054 McHelenson, Helen	//						Ch Status	
980000144 McIdason, Ida	//						Ch Code	
980000191 McIreneson, Irene	//						Ch Ins #/Name	
980000034 McIselason, Isela	//						Ch Free1	
980000192 McJamieson, Jamie	//						Ch Free2	
990000136 McJoannson, Joann	//						Ch Free3	
980000185 McJoseson, Jose	//						Ch Free4	
990000064 McKerison, Keri	//						Ch Free5	
							Ch Free6	//

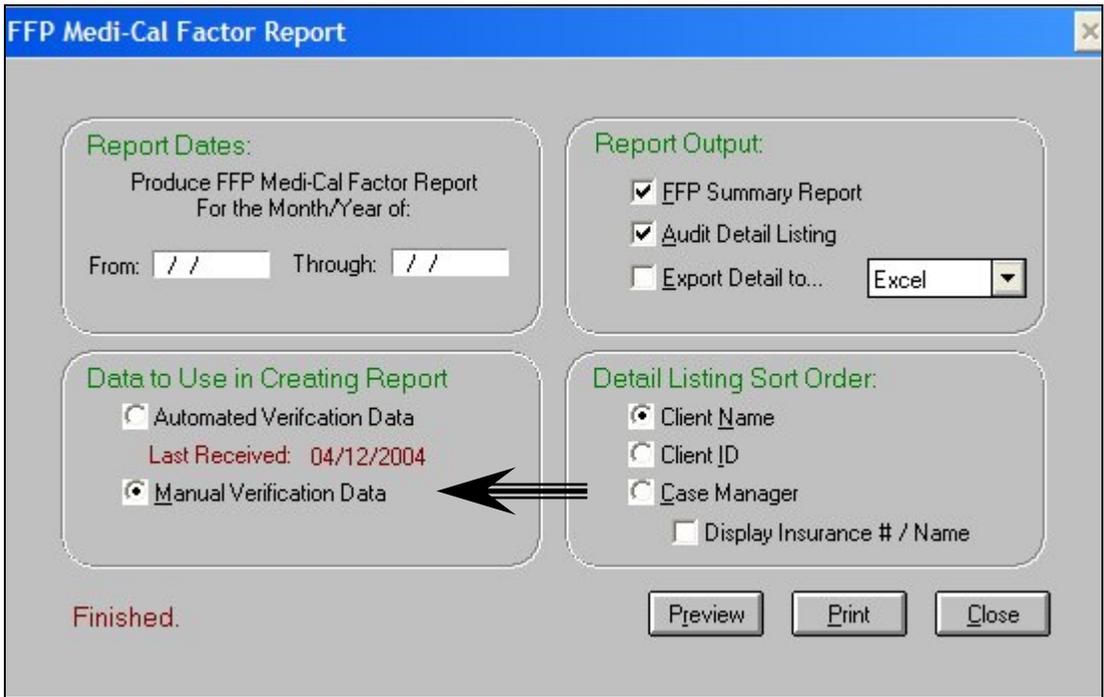
Name Order Month Year CM
 Client ID Order

As can be seen above, the screen is divided into two sections. The section on the left shows all the clients for the chosen case manager, while the section on the right shows the single client record that is selected in the left section. You may click on the client record on either side of the screen to enter data. When you have finished entering a case manager’s data, press *Save Changes*. This will return you to the previous screen, where you may once again select the case manager that you wish to enter data for. Note that a speed editing feature has been built-in: Namely when you press the “+” key, the cursor will skip ahead to the beginning of the next client or index child’s record. (Try it – it’s pretty nifty).

Produce the FFP Medi-Cal Rate report

Once data entry is complete, you should begin production and review of the *FFP Medi-Cal Rate* report. This report serves as the authoritative source of your FFP Medi-Cal factor, and as such should be checked very carefully. This report is accessed through the Medi-Cal menu:

When you run the FFP Medi-Cal Rate Report the following screen appears:



Be sure to select “Manual Verification Data” as indicated by the arrow above. Enter the appropriate data survey period and press the *Print* key. You will receive 2 reports as a result.

The first contains the Medi-Cal Factor calculations shown below, while the second contains the supporting detail.

		FOR SURVEY PERIOD:
		02/01/2000 through 02/29/2000
PART A. AFLP Medi-Cal Factor Calculation		
1.	Number of Medi-Cal clients.....	1 20
2.	Number of Non Medi-Cal clients	2 8
3.	Number of clients not surveyed.....	3 146
4.	Number of clients with Unknown Medi-Cal status.....	4 0
5.	Total Number of clients (Sum of 1 through 4).....	5 174
6.	AFLP Medi-Cal Factor (Percent Item 1 divided by Item 5).....	6 11.49

It is critical that you check the Detail Listing to ensure that all data entry has taken place and that the information is accurate.

The detail report is broken down by the same categorizations as the *Medi-Cal Factor Summary Report*: Of particular interest are categories 3 and 4, which indicate either that the data was not entered into the system, or that the case manager failed to capture the data. If you have trouble interpreting the results, or tracking down the source of any problems, please call LodeStar Support at the Branagh Information group (707) 895-2510.

It is very important that you save a printed copy of your final version of these reports in the event of an MCH or HCFA audit.