STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
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SACRAMENTO, CA 94234-7320
(916) 657-2941

May 12, 1995

ERRATA: **Medi-Cal Eligibility Procedures Manual Letter No. 141**

TO: **All Holders of the Medi-Cal Eligibility Procedures Manual**

A section of Procedures Manual Letter No. 141 containing revisions to Article 15 was numbered incorrectly. Enclosed are the corrected pages. There is no content change. This is a change in outline numbering only.

Filing Instructions:

Remove pages	Insert pages
15A-9 through 10	15A-9 through 10

If you have any questions, please contact Ms. Ana Ramirez of my staff at (916) 657-1401.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

(3) A termination letter from the insurance carrier and/or the employer showing the date the policy terminated. If the letter indicates that continuation of medical benefits is available under Consolidated Omnibus Budget Reconciliation Act (COBRA) law, and the beneficiary has a high cost medical condition, complete a Health Insurance Questionnaire (DHS 6155) in time to ensure that the policy can be continued and send it to the Department's Health Insurance Premium Payment Unit, P.O. Box 1287, Sacramento, CA 95812-1287. You may fax the DHS 6155 to (916) 322-8778 or call 1-800-952-5294 for more information.

(4) Affidavit signed by the applicant/beneficiary stating he/she no longer has, or never had, OHC. This affidavit should also include the date the policy terminated, if known. This affidavit should be used when an erroneous OHC code appears on a recipient's Medi-Cal card after the Department conducts a data match with an insurance company.

k. High Cost Medical Condition

Medi-Cal eligibles who have a high cost medical condition and who also qualify, under COBRA law, for continuation of medical benefits should be referred to the Department's Health Insurance Premium Payment (HIPP) unit as specified above. For more information about HIPP, please refer to Section 15H of the Medi-cal Eligibility Procedures Manual.

l. Notify the Department of OHC Termination

County eligibility workers must maintain a copy of the verification of OHC termination in the case file as well as send a completed DHS 6155, showing the policy stop date, to the Department. For Supplemental Security Income/State Supplemental Payment cases, county eligibility workers should delete the OHC code, attach a copy of the verification of OHC termination of the completed copy of the DHS 6155 showing termination date and send both documents to the Department.

Applicant/Beneficiary Responsibilities

(1) Report Current OHC Information to Counties:

Applicants/beneficiaries who have contractual or legal entitlement(s) to any health care coverage must disclose this information to the EW and must also provide specific health information to the health care provider so that the provider may bill the liable third party.

(2) Report Available OHC to Counties:

Applicants/beneficiaries are required to report the availability of employer related health benefits.

(3) Report OHC Changes to Counties:

Applicants/beneficiaries who change, terminate, or obtain OHC must report such information to the county within ten (10) days following the event.

(4) Report OHC Information to Providers:

Applicants/beneficiaries are required to provide current OHC billing information to the provider at the time medical/dental services are received. This information shall include group number and billing office address. Willful failure to provide such information may allow a provider to bill the beneficiary as a private pay patient.

7. Coding Other Health Coverage Information on the Medi-Cal Eligibility Data System

Eligibility Workers (EWs) must code Other Health Coverage (OHC) on the Medi-Cal Eligibility Data System (MEDS) at the time eligibility is determined or redetermined or at any time a beneficiary reports a change in coverage.

a. **Coding for No OHC:**

When an applicant/beneficiary states that he/she does not have OHC, enter the letter code "N" (No Other Health Coverage) on MEDS in the OHC field.

b. **Coding OHC:**

The following is a list of OHC codes and instructions on how to determine the appropriate OHC code to place on MEDS. In order to determine the appropriate code, the following questions should be asked at the application and redetermination interview once the applicant/beneficiary has reported OHC:

- Does your health insurance provide or pay for hospital in-patient care?
- Does your health insurance pay for hospital outpatient care (e.g., emergency room visits, lab work, physical therapy)?
- Does your health insurance pay for doctor's visits?
- Does your health insurance pay for prescriptions?