

DEPARTMENT OF HEALTH SERVICES

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November 6, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
All County Foster Care Workers

Letter No. : 01-61

**PROCEDURES FOR REMOVING THE OTHER HEALTH COVERAGE INDICATOR
FROM THE MEDI-CAL ELIGIBILITY DATA SYSTEM FOR FOSTER CARE CHILDREN**

The purpose of this letter is to clarify the procedures to be followed when a foster care child with Other Health Coverage does not have timely access to Medi-Cal covered benefits. This policy is being adopted due to concerns that, in many instances, the OHC code on the child's Medi-Cal record is creating a barrier to service. This policy applies to all children in foster care placement regardless of the aid code assigned to the child.

Effective immediately, the Department of Health Services (DHS) will remove the OHC code on the Medical Eligibility Data System (MEDS) information of a foster care child upon the request of any duly authorized party. "Duly authorized party" means a county welfare eligibility worker (EW), a foster care worker or an enrolled Medi-Cal provider of service. The request may be made if written documentation or documentation of oral communication from the other health insurer confirms that the specific provider, service, frequency or location is not covered by the OHC. If, within 15 days of a written or oral request made by a duly authorized party for confirmation of non-coverage, the other health coverage carrier does not provide a written response or an oral response that can be documented, DHS will grant the request to remove the OHC notation.

All documentation of confirmation of non-coverage should be retained in the foster care child's file as it may be subject to future review by DHS.



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County welfare EWs, foster care workers or providers may request the removal of the OHC indicator by calling 1-800-952-5294. Once the OHC indicator has been removed, all eligible physical health, mental health or other benefits offered under Medi-Cal may be billed directly to Medi-Cal.

If you have questions regarding this ACWDL, please contact Ms.Ruta Arellano at (916) 323-5573.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch