STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
'44 P STREET
, BOX 942732
SACRAMENTO, CA 94234-7320

(916) 657-2941

December 14, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All Adoption Supervisors

Letter No.: 94-95

MASS MAIL LETTER TO AID CODES 03 AND 04 ELIGIBLES FOR HEALTH INSURANCE IDENTIFICATION

This is to advise counties of the Department of Health Services' (DHS) intent to send a mass mailing to Medi-Cal eligibles assigned aid codes 03 and 04 (Adoption Assistance Program) to determine if health insurance is being provided by the newly or prospective adoptive parent. You may receive inquiries about the mailing.

As you know, reporting health insurance coverage to the county welfare department is required for Medi-Cal eligibles. There are approximately 17,000 children within the 03 and 04 aid codes. DHS anticipates that some of these children are or will be covered under the parents' health insurance policies.

The mailing is to identify such coverage. A cover letter (copy enclosed), Health Insurance Questionnaire (DHS 6155A), and a postage-paid envelope will be sent to the parent(s) or prospective parent(s). We are asking them to complete and return it to the DHS' Third Party Liability Branch. The other health coverage information will be used to instruct providers how to bill for medical services and in claims processing and recovery activities.

If you have any questions regarding this project, you may call Ms. Janeen Jimenez of the Third Party Liability Branch at (916) 323-5194.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosure

PETE WILSON, Governor

'E OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PARTMENT OF HEALTH SERVICES

:D PARTY LIABILITY BRANCH

BOX 2471

P'''ENTO, CA 95812-2471

ENCLOSURE

Dear Parent:

We have been informed that you may be in the process of adopting or may have already adopted a child that is currently or has recently been Medi-Cal eligible. The Medi-Cal program pays for medical services provided to Medi-Cal eligible people who may not otherwise receive medical care. Whenever possible, the costs of this program are defrayed through billing a liable third party, such as a private health insurance company.

All Medi-Cal applicants and/or recipients are asked to report any private health insurance they have or acquire to their county welfare department or to the State Department of Health Services (DHS). This health insurance information is used to instruct providers how to bill for medical services and in claims processing and recovery activities.

If your child is covered by private health insurance (including Medicare supplements, prepaid health plans/health maintenance organizations, or CHAMPUS), please complete the enclosed Health Insurance Questionnaire (DHS 6155A) and return the form in the enclosed postage-paid envelope to:

Department of Health Services
Third Party Liability Branch
P.O. Box 1287
Sacramento, CA 95812-1287

If you have any questions regarding the Health Insurance Questionnaire, you can call your county welfare department eligibility worker or DHS at 1-800-952-5294.

Enclosure