State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services

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August 19, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES

Letter No.: 03-39

SUBJECT: COUNTY REPORTING OF OTHER HEALTH COVERAGE TO THIRD PARTY LIABILITY BRANCH – DEPARTMENT OF HEALTH SERVICES MEDI-CAL
(Ref.: All County Welfare Directors Letter (ACWDL) Nos.: 94-59, 98-26, 00-25, 01-61)

The purpose of this letter is to inform the counties that the Department of Health Services (DHS) has adopted specific methods for reporting information related to Other Health Coverage (OHC), depending on the type of information. This policy is being adopted because the alternatives for reporting OHC have expanded to now include: paper forms, automated batch transactions, toll free telephone calls, e-mail, and fax transmissions. This policy applies to all reporting of OHC regardless of the aid code assigned to the beneficiary.

Section 50763 of Title 22, of the California Code of Regulations directs Medi-Cal beneficiaries to report OHC to the counties at the time of application, reapplication or redetermination. Section 50765 requires counties to report this information to DHS in the manner, form and frequency requested.

The procedures followed in the past consisted of using the paper Health Insurance Questionnaire Form (DHS 6155) to report new OHC, as well as to make changes and terminate coverage. The toll free telephone number was also used to request changes and terminate coverage.

As explained in detail below, there are several ways that counties may request a modification to the OHC information or termination of OHC coverage on the Medi-Cal Eligibility Data System (MEDS) record: toll free telephone calls (1-800-952-5294), fax transmission (1-916-324-3065 or 1-916-323-1833), and e-mail (wats@dhs.ca.gov).

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Please note that the above-referenced address is the only e-mail address to be used for requesting changes or termination of OHC. It is the county's responsibility to verify that any requested transaction has occurred on MEDS.

If complete and accurate information is transmitted electronically and received by DHS, the process to complete the entire transaction takes as few as two days. However, if inaccurate or incomplete information is transmitted, an error report is generated and is processed manually. This may result in a delay of up to 60 days for the transaction to be completed.

Counties are to transmit newly reported OHC information for use on the MEDS via the DHS 6155 or automated batch transactions, which are the electronic versions of the paper form DHS 6155. The OHC information that is normally gathered in the DHS 6155 should coincide with information that is "captured" on the automated batch transactions.

The DHS 6155 is no longer the method for reporting modifications. Instead, modifications related to beneficiary name or address, carrier contact information, scope of coverage, policy information, dependent(s), and gender should be reported via toll free telephone call, OHC-related automated batch transactions, fax transmission or e-mail.

A change of health coverage should not be reported as a modification since this requires termination of old coverage and reporting of new coverage. Please refer to the enclosed chart for the ways to accomplish these transactions.

To immediately remove an OHC indicator on the MEDS that is a barrier to care or when good cause exists, use the toll free telephone number. An EW15 transaction on MEDS is not intended to accomplish this action. Rather, it is intended as the method for generating an immediate need Medi-Cal identification card.

While automated batch transactions may be used by the county to report OHC-related changes, this method is not encouraged in situations involving a barrier to care. As previously stated, any errors made during the reporting process can result in a significant delay in the submission and completion of transactions.

Please note that the enclosed chart is provided for your reference. It includes details regarding the specific information needed to successfully complete the listed transactions.

All documentation of coverage modifications or termination should be retained in the Medi-Cal beneficiary's file as it may be subject to future review by DHS. This information should be retained for at least three years from the date of the request.

If you have questions regarding this ACWDL, please contact Ms. Lisa Alves at the Third Party Liability Branch, at (916) 327-0067.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosure

Notifications to TPL Regarding Other Health Coverage (OHC) – Limited to reporting one transaction per beneficiary using one method only.

Methods	Type of Coverage Information Being Reported			Time for Transaction
	New	Modify Existing[1]	Terminate Existing[2]	
Health Insurance Questionnaire Form DHS 6155 (paper form)	YES	NO	YES	Up to 60 calendar days
OHC-Related Automated Batch Transaction (electronic)	YES	YES	YES	2-60 calendar days[3]
Toll Free Telephone Line 1-800-952-5294	NO	YES	YES[5]	2 business days[4]
FAX 1-916-324-3065 1-916-323-1833	NO	YES	YES	4 business days[4]
E-Mail wats@dhs.ca.gov	NO	YES	YES	4 business days[4]

[1] Modifications allowed include carrier contact information, scope of coverage, policy information. Counties must include the following information in order to initiate change(s):

- client index number
- date of birth

Note: Change of health coverage requires termination of old coverage on one day and reporting of new coverage on the following state business day.

[2] Termination of coverage requests from counties must include the following information in order to complete the process:

- client index number
- date of birth
- insurance information
- termination date
- carrier code (if known).

[3] Complete and accurate transaction will be verifiable within two days; however, incomplete or inaccurate transactions can take up to 60 days.

[4] Time for Transaction: County responsibility to view in MEDS to verify the requested transaction has occurred. If it does not occur in allotted time, report the problem via WATS or e-mail.

[5] For situations where the presence of the OHC indicator is a barrier to care or when good cause exists.