STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 324-4950

February 18, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter 88-07

SUBJECT: REVISED HEALTH INSURANCE QUESTIONNAIRE

This is to notify you of changes regarding the Health Insurance Questionnaire.

The form, formerly referred to as HRB 2A, has been changed to DHS 6155 (revised 5/87). State regulations require that all Department of Health Services forms begin with a DHS prefix. Format changes have also been made, most notable of which is that the form is now printed on one side only. Because of this new feature, Department of Health Services key data operators will now be able to key information directly from the form into our other health coverage computer file. Though information to be obtained remains the same, some wording has been changed to simplify the process at intake/redetermination. Instructions to complete the form are now located on the reverse side of the white original copy.

To streamline our key entry process, we plan to implement the use of this revised form immediately. Supplies may be obtained by writing to the Department of Health Services Warehouse, 1723 20th Street, Sacramento, CA, 95814. When the revised forms are received, old forms, because they cannot be used for direct entry, should be destroyed. The number of forms requested should be based on an estimated annual usage.

Any questions, suggestions, or comments for the next revision should be directed to Darryl Smith at (916) 739-3850.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

EXPIRATION DATE: FEBRUARY 29, 1989