STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

April 9, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 90-36

SUBJECT: OTHER HEALTH COVERAGE AND REPORTING FORM

Reference: All County Welfare Directors Letter 89-89

Health Insurance Questionnaires

It is essential that counties use only the revised Health Insurance Questionnaire, DHS 6155 (Rev. 5/89) when reporting Medi-Cal eligibles with other health coverage and destroy any old stock. The old stock does not capture detailed other health coverage information which is needed for cost avoidance. Please refer to All County Welfare Directors Letter 89-89 regarding instructions on the ordering and use of the DHS 6155 (Rev. 5/89).

OHC Report

Starting in March, the Department of Health Services, Other Coverage Section will begin sending, on a quarterly basis, the "Other Health Coverage Code Occurrences By Aid Category Report" to each county welfare director. Each county will receive only the portion of the report that pertains to that county for the months of March, June, September and December.

This report will allow counties to track their reporting of other health coverage overall and by specific aid programs. It will also be used by the Other Coverage Section to monitor counties' progress in identifying and reporting other health coverage. The report will assist both State and county training staff by identifying Aid Categories which are reaching the federally targeted 8% reporting rate. Low reporting statistics would indicate that additional TPL training may be needed.

The report provides the following information:

- Total counts of eligibles coded on MEDS with recovery and cost avoidance OHC indicators (numeric and percentage) by aid program category (aid program categories shown are AFDC cash, AFDC MN, SSI/SSP Cash & ABD MN).

- Total Medi-Cal eligibles by aid program category.

- Total eligibles with no other health coverage.
- Total county eligibles.

Please direct any questions to Cathy Corgiat, OCS at (916) 739-3276.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: April 9, 1991