STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
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P.O. BOX 942732
SACRAMENTO, CA 94234-7320

July 12, 1990

Letter No.: 90-70

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: OTHER HEALTH COVERAGE

REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTERS 87-44 AND 88-92

The Department of Health Services (DHS) will be conducting another data match with Blue Cross of California and a data match with Equicor to identify Medi-Cal beneficiaries currently insured by these companies. As a result of the data matches, DHS will update the Medi-Cal Eligibility Data System (MEDS) with the cost avoidance other health coverage (OHC) code "B" (Blue Cross) and "Q" (Equicor) for beneficiaries identified as having full coverage. We expect to begin coding Medi-Cal cards for the July 1990 month of eligibility for beneficiaries identified with Blue Cross coverage. Medi-Cal cards for beneficiaries with Equicor coverage will be coded for August 1990 month of eligibility.

Affected beneficiaries will be sent a letter explaining cost avoidance and informing them that their providers must bill the other health coverage carrier prior to billing Medi-Cal. Beneficiaries are instructed to contact their county welfare department in the event they no longer have the coverage now identified on their Medi-Cal card. Copies of the beneficiary letters are enclosed for your information.

If the beneficiary informs the county that he/she no longer has the cost avoidance coverage, the override procedures described in ACWDL 87-44 must be used to remove the cost avoidance code from MEDS. If the beneficiary's coverage is now with an insurance carrier other than Blue Cross, refer to the procedures in ACWDL 88-92 for the appropriate coding of his/her Medi-Cal card.

Counties will receive the OHC Indicator Change Report (RCV 139-BR002) listing the beneficiaries coded as a result of the matches. Counties are not required to update their records to match MEDS. Because other health coverage information is printed on share of cost forms (MC 177), counties should update their MC 177 share of cost records to alert providers to a beneficiary's cost avoidance coverage prior to their rendering services.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
DEPARTMENT OF HEALTH SERVICES
MEDICAL ASSISTANCE

IMPORTANT MEDI-CAL NOTICE

MEDI-CAL IS EXPANDING ITS PROGRAM FOR USING PRIVATE HEALTH INSURANCE. THIS PROGRAM IS CALLED COST AVOIDANCE AND IT MEANS THAT IF YOU HAVE PRIVATE HEALTH INSURANCE, MEDI-CAL WILL NOT PAY FOR MEDICAL SERVICES COVERED BY YOUR INSURANCE. HOWEVER, YOU WILL STILL BE ABLE TO USE YOUR MEDI-CAL CARD FOR MEDI-CAL COVERED SERVICES THAT YOUR PRIVATE HEALTH INSURANCE DOES NOT COVER.

OUR RECORDS INDICATE THAT YOU HAVE PRIVATE HEALTH INSURANCE WITH BLUE CROSS. BEGINNING WITH YOUR JULY 1990 MEDI-CAL CARD, A "B" CODE WILL BE PLACED IN THE OTHER COVERAGE FIELD ON YOUR MEDI-CAL CARD TO INDICATE THIS COVERAGE.

EFFECTIVE JULY 1, 1990, YOUR PROVIDERS OF SERVICE WILL HAVE TC BILL YOUR PRIVATE HEALTH INSURANCE FIRST. IF YOUR INSURANCE COMPANY DENIES PAYMENT, YOUR PROVIDER MAY THEN BILL MEDI-CAL.

IF THIS PRIVATE HEALTH INSURANCE COVERAGE EXTENDS TO A DEPENDENT, PLEASE COMPLETE THE ENCLOSED HEALTH QUESTIONNAIRE FOR ALL COVERED DEPENDENTS AND RETURN IT TO THE DEPARTMENT IN THE ENCLOSED POSTAGE PAID ENVELOPE.

IF YOU DO NOT HAVE PRIVATE HEALTH INSURANCE WITH THE INSURANCE CARRIER THAT WE HAVE CODED ON YOUR CARD, CONTACT YOUR COUNTY WELFARE DEPARTMENT.

IMPORTANTE INFORMACION DE MEDI-CAL

MEDI-CAL ESTA EXTENDIENDO SU PROGRAMA PARA USAR EL SEGURO PRIVADO DE SALUD. ESTE PROGRAMA SE LLAMA EVASION DEL COSTO (COST AVOIDANCE) Y SIGNIFICA QUE SI UD. TIENE SEGURO PRIVADO DE SALUD, MEDI-CAL NO PAGARA POR LOS SERVICIOS MEDICOS CUBIERTOS POR SU SEGURO. SIN EMBARGO, UD. TODAVIA PODRA USAR SU TARJETA DE MEDI-CAL POR LOS SERVICIOS CUBIERTOS POR MEDI-CAL QUE SU SEGURO PRIVADO DE SALUD NO CUBRE.

NUESTROS REGISTROS MUESTRAN QUE UD. TIENE SEGURO PRIVADO DE SALUD CON BLUE CROSS. COMENZANDO CON SU TARJETA DE MEDI-CAL DE JULIO DE 1990, UNA CLAVE "B" SERA PUESTA EN LA PARTE DE LA OTRA COBERTURA DE SALUD EN SU TARJETA DE MEDI-CAL PARA INDICAR ESTA COBERTURA.

A PARTIR DEL 1° DE JULIO DE 1990, SUS PROVEEDORES DEL SERVICIO TENDRAN QUE COBRARLE PRIMERO A SU SEGURO PRIVADO DE SALUD. SI SU COMPAÑIA DE SEGUROS NO QUIERE PAGAR, ENTONCES SU PROVEEDOR PUEDE COBRARLE A MEDI-CAL.

SI ESTA COBERTURA DEL SEGURO PRIVADO DE SALUD INCLUYE A UN DEPENDIENTE, POR FAVOR COMPLETE EL CUESTIONARIO DEL SEGURO DE SALUD INCLUSO PARA TODOS LOS DEPENDIENTES CUBIERTOS Y DEVUELVALO AL DEPARTAMENTO EN EL SOBRE CON PORTE PAGADO QUE INCLUIMOS.

SI UD. NO TIENE SEGURO PRIVADO DE SALUD CON EL PLAN QUE HEMOS CODIFICADO EN SU TARJETA, PONGASE EN CONTACTO CON SU DEPARTAMENTO DE BIENESTAR DEL CONDADO.