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

California
Department of
Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

September 1, 2004

Medi-Cal Eligibility Branch Information Letter No.: I 04-05

TO: ALL COUNTY WELFARE DIRECTORS
All COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS

SUBJECT: MASS MAILING LETTER TO AID CODES 03, 04 AND 4A ELIGIBLES FOR HEALTH INSURANCE IDENTIFICATION

This is to advise counties of the Department of Health Services' intent to send a mailing to Medi-Cal eligibles assigned to Aid Codes 03, 04 and 4A (Adoption Assistance Program), to determine if health insurance is being provided by prospective or newly adoptive parents. (A copy is enclosed.)

The Department intends to send letters only to those Medi-Cal recipients in Aid Codes 03, 04 and 4A who have established eligibility after April 2003, the date of the eligibility file used for the scheduled August 2004 mailing.

A Health Insurance Questionnaire (DHS 6155A) and a postage paid envelope will be included with a letter to the parent(s) or prospective parent(s). They are asked to complete and return the form to the Department's Third Party Liability (TPL) 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, please contact Ms. Linda Jo Smith, TPL, Other Coverage Unit, Health Insurance Section, at (916) 650-6554. Beneficiary inquiries may be directed to TPL at (800) 952-5294.

Original signed by

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch

Enclosure

1501 Capitol Avenue, Suite 71.4001, MS 4600, P.O. Box 997417
Sacramento, CA, 95899-7417
(916) 552-9430 Fax (916) 552-9478
www.dhs.ca.gov

State of California—Health and Human Services Agency

Department of Health Services

California
Department of
Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

Dear Parent:

We have been informed that you may be in the process of adopting, or may have already adopted a child who 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 cost for this program is paid for using liable third party resources, such as private health insurance.

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 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 Insurance/Health Maintenance Organizations, or TRICARE), 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 997422
Sacramento, CA 95899-7422

If you have any questions regarding the Health Insurance Questionnaire, please contact your county welfare department, or DHS, at (800) 952-5294.

Enclosure