# DHCS

**State of California—Health and Human Services Agency**
## Department of Health Care Services

TOBY DOUGLAS
*Director*

EDMUND G. BROWN JR.
*Governor*

May 14, 2013

| | | |
|---|---|---|
| To: | ALL COUNTY WELFARE DIRECTORS | Letter No: 13-12 |
| | ALL COUNTY ADMINISTRATIVE OFFICERS | |
| | ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS | |
| | ALL COUNTY PUBLIC HEALTH DIRECTORS | |
| | ALL COUNTY MENTAL HEALTH DIRECTORS | |

SUBJECT: REVISED OTHER HEALTH COVERAGE REPORTING AND CORRECTION
PROCEDURES
(Ref.: All County Welfare Directors Letter (ACWDL) Nos.: 94-59, 00-25,
03-39, 09-25, 09-36, 10-23)

The purpose of this letter is to clarify responsibilities and update procedures for county
workers regarding Medi-Cal and Other Health Coverage (OHC). This letter supersedes all
previous All County Welfare Directors Letters (ACWDLs) regarding OHC code additions,
removals, and changes.

**Background**

Federal and state laws require Medi-Cal applicants and beneficiaries to report OHC as a
condition of Medi-Cal eligibility. In the past, these records were collected on paper forms
and sent to the Department of Health Care Services (DHCS) for processing. This process
was labor intensive and inaccurate.

DHCS currently receives OHC data from over 20 health insurance carriers, the
Department of Child Support Services, the Social Security Administration, California
Children's Services, and other automated systems. The data exchanges provide DHCS
more complete, accurate, and timely OHC information, in a cost effective manner. Despite
these data matches, counties are still responsible for gathering and reporting OHC
additions, terminations, and changes (California Code of Regulations, Title 22, Section
50765). This letter describes a new process to report these changes.

**When to Report OHC**

Counties shall no longer add OHC records except under the following conditions:

• The applicant or beneficiary provides information that the OHC they have is not on the list of Current Trading Partners found at http://dhcs.ca.gov/OHC. (The current list is enclosed with this letter; however, this list may change, so please review the website periodically to ensure you are viewing the most current information).

• The applicant or beneficiary has OHC that is not showing in the Medi-Cal Eligibility Data System (MEDS) and wants their OHC added to their record.

**When Not to Report OHC**

The county should not request an addition for OHC in the following situations as reporting OHC could endanger a beneficiary:

• A child is in foster care or removed from home, pending evaluation of foster care status.

• A child is in an Adoption Assistance Program or Kin-GAP aid code.

• An applicant or beneficiary is a victim of domestic violence or human trafficking.

The county should not request an addition for OHC in the following situation when reporting OHC could create a barrier to care:

• The beneficiary's OHC insurance carrier is consistent with a Medi-Cal Managed Care plan on the MEDS record (e.g., the beneficiary is in L.A. Care and presents a Kaiser member card).

• The applicant or beneficiary resides in a rural county where the plan does not provide a full range of non-emergency services.

• The insurance is from an out-of-state source that does not include California in its coverage area.

• The insurance is a benefit of seasonal employment.

The county should not request an addition for OHC when another government program provides OHC information:

• The beneficiary's OHC is a Medi-Cal managed care plan.

- The applicant or beneficiary receives Medicare or Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits.

- The applicant or beneficiary is in the California Children Services program.

**Documentation Required for OHC Changes**

DHCS stores OHC data in Health Insurance System (HIS) in MEDS. When an active HIS record is available, MEDS automatically selects and displays the correct OHC value. If no active HIS record is found, the system automatically sets the MEDS record OHC value to "N."

To add or modify a HIS record, the county must know the health plan name, a policy or medical record number, and the member's name. The county can obtain this information from the Medi-Cal beneficiary's health plan policy or their membership identification card.

**Verification Required Before Removing OHC Code from MEDS**

As a means of ensuring that Medi-Cal is the payer of last resort, counties must verify that a Medi-Cal beneficiary's OHC has terminated prior to removing the OHC code from MEDS for those beneficiaries who's OHC has ended or who never had OHC.

NOTE: Please do not send or FAX verification documents to DHCS.

Verification will be either:

1. A payroll or pension check stub which shows deductions for private health insurance have ceased.

2. An Explanation of Benefits from the insurance carrier showing the date the policy terminated.

3. A termination letter from the insurance carrier and/or employer showing the date the policy terminated.

4. An affidavit signed by the Medi-Cal beneficiary or their representative stating he/she no longer has, or never had OHC. The affidavit should also include the date the policy terminated if known. This affidavit may be used when an erroneous OHC code appears on a beneficiary's Medi-Cal record after DHCS conducts a data match with an insurance carrier, or in any other situation where the client cannot otherwise verify termination. The affidavit also may be used when a custodial parent or guardian cannot verify termination of an absent parent's insurance.

For SSI/SSP cases where there is no county case record, the county shall view the documentation prior to removing the OHC code from MEDS. Counties are not required to retain or send the verification to DHCS, but are required to assist the SSI/SSP beneficiary with their OHC issues.

Affidavits signed by the Medi-Cal beneficiary or their representative stating the specific circumstances which prevent them from accessing care without removal of the OHC code from MEDS may be accepted for cases where there is a geographic barrier to care. Affidavits may also be accepted for domestic violence situations, where accessing or utilizing OHC may jeopardize the safety of the beneficiary or the beneficiary's immediate family. In Child Support (CS) cases, when medical support is being enforced by the local child support agency, DHCS cannot permanently remove the health insurance records that come through the CS Administration OHC data match. The county shall determine if "good cause" exists for a custodial parent or guardian to not access OHC posted to MEDS from the CS Administration OHC data match.

Good cause is defined as: geographical barriers, and domestic violence issues. If good cause exists because of domestic violence issues, the county should work with the local child support agency to have the OHC record removed from the CS Administration OHC data match.

OHC is considered unavailable under any health plan which is limited to a specific geographic service area and the beneficiary lives outside that area or the health plan requires use of specified provider(s) and the beneficiary lives more than 60 miles or 60 minutes travel time from the specified provider(s).

**How to Report OHC**

**Preferred method**: Go to the OHC Processing Center on the DHCS web site (http://dhcs.ca.gov/OHC) and select the appropriate on-line form to Add or Remove OHC information. These secure forms enable counties to request DHCS to add or remove OHC information from a beneficiary record. DHCS strives to process all OHC change requests submitted via its web site before 4:45 p.m. each business day. The OHC changes should appear the next business day, after the MEDS overnight update.

To add or remove OHC information, a county must provide an applicants or beneficiary's client index number, name, and date of birth. In addition, DHCS requires the eligibility worker's name, telephone number, and e-mail address in case there are questions regarding the request.

For OHC additions, the OHC Processing Center needs the health insurance carrier name, the policy holder's name, and the policy number. If the applicant or beneficiary knows when coverage began, please include the OHC policy start date. Without the policy start

date, HIS automatically assumes coverage began on the day policy information is submitted.

To remove all OHC coverage associated with a beneficiary, check the "Yes" box under "Remove all active Other Health Coverage" on the OHC Removal form.  To remove only a specific OHC coverage, the OHC Processing Center needs the health insurance carrier name, health insurance carrier code (if known), and a policy stop date.  If no policy stop date is provided, DHCS will terminate a HIS record effective the last day of the previous month.

For web site submissions, the OHC Processing Center will send a generic e-mail to confirm that the request has been entered.  The changes take effect the night after the message is sent.  Counties should check MEDS the following business day to verify that the changes are complete and correct.

**Acceptable method:**  If a county office has no staff with internet access, call the Medi-Cal fiscal intermediary at 1-800-541-5555 and, at the menu, press 2 as if you are a beneficiary. The call center staff will take your OHC request and complete the above web form on your behalf.  Please provide the same detail described above for the Preferred Method to the call center representative.

**Do not mail DHCS 6155 and DHCS 6110 forms to DHCS.**  They will not be processed.

**Do not send e-mail requests to WATS@dhcs.ca.gov.**  The OHC Processing Center may still respond using that e-mail address, but requests will not be processed.

**Bypassing an OHC Record for "Good Cause"**

A county may request DHCS to bypass an OHC record in its claims adjudication processes when a beneficiary presents "good cause".  See "Verification Required before Removing OHC Code from MEDS" above for definitions and verification requirements. Examples of "Good Cause" are:

•       Geographic barrier to care.

•       Domestic violence situations.

•       Beneficiary never had a plan with a carrier, yet HIS resets an OHC record that was removed during a previous month match.

•       In cases where Child Support is enforcing medical support orders and the client shows good cause not to use the OHC, the county must work with the local Child Support Agency to have it removed.

For cases with "good cause," submit an OHC removal request as described above and note the reason for the "good cause" in the comments field. The OHC Processing Center will set the OHC record so it is bypassed during claims adjudication or put the beneficiary on a "no carrier match list" to prevent the next monthly OHC match from resetting the HIS record.

IMPORTANT: When the OHC information is preventing immediate access to care, and cases where the client has signed an affidavit that he/she never had the OHC coverage, it may be necessary to have the client put on the "no carrier match list". In most cases where the beneficiary never had the OHC, the one-time removal of the OHC record will resolve the problem, but in some cases, it may be necessary to request the OHC record to be put on the "no carrier match list" to prevent the next OHC tape match from resetting the OHC code. Whether the county processes the OHC request by internet or via the call center, indicate on the internet form in the comment section, or tell the call center representative to note in the comment section, that the client needs to be put on the "no carrier match list".

**Temporary Override of OHC Information**

To remove OHC for immediate need cases, a county may use a EW15 or EW55 (for SSI/SSP cases) transaction to update the OHC Code for the current month to a value of "N" to temporarily remove OHC. Do not use other OHC values as this will display the incorrect OHC information to providers.

Do not use the EW15 or EW55 transaction to change OHC carrier information (e.g., scope of coverage changes). Instead, use the on-line OHC Processing Center forms on DHCS's website or call the Medi-Cal fiscal intermediary at 1-800-541-5555, the call center staff will take your OHC request and complete the web form.

If you have questions regarding this ACWDL, please contact Ms. Tammy Kaylor at (916) 327-0406 or by email at Tammy.Kaylor@dhcs.ca.gov.

Original Signed By

Tara Naisbitt, Chief
Medi-Cal Eligibility Division

Attachment

# Trading Partner Agreements

1. Aetna
2. Anthem Blue Cross
3. Arcadian Health Plan
4. Arta Medicare Health Plan
5. Blue Shield of California
6. Care 1st Health Plan
7. Central Health Plan of California, Inc.
8. Chinese Community Health Plan
9. Easy Choice Health Plan
10. GEMCare Health Plan
11. Health Net of California, Inc.
12. Health Net Life Insurance
13. Health Net Community Solutions, Inc.
14. Inter Valley Health Plan
15. Kaiser Foundation Health Plan, Inc.
16. MD Care Health Plan
17. PacifiCare of California
18. SCAN Health Plan
19. Social Services Coordinators, LLC
20. Unicare
21. United Healthcare Services, Inc.
22. Wellcare Health Plan, Inc.