

## DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 94234-7320



October 28, 1992

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

Letter No. #92-63

SUBJECT: OTHER HEALTH COVERAGE (OHC)

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

The Department of Health Services (DHS) is negotiating multi-year contracts to conduct data matches with Blue Shield of California, Blue Cross, Kaiser North and South, the Public Employees Retirement System and an unknown number of health plans matched and submitted by a private contractor, AdminaStar Solutions, Inc. The purpose of the data matches is to identify Medi-Cal beneficiaries with unreported health coverage. As a result of the data matches, DHS will update the Medi-Cal Eligibility Data System (MEDS) with appropriate cost avoidance OHC codes for beneficiaries identified as having coverage. We expect to begin conducting data matches in September and coding cards for the October 1992 month of eligibility.

Affected beneficiaries will be sent a letter explaining cost avoidance and informing them that their providers must bill the OHC carrier prior to billing Medi-Cal. Beneficiaries are also instructed to contact their County Welfare Department or the DHS toll free telephone number in the event they no longer have the coverage now identified on their Medi-Cal card. 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 the carrier identified, 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 match. 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 INFORMATION**

OUR RECORDS INDICATE THAT YOU HAVE PRIVATE HEALTH INSURANCE WITH BLUE SHIELD. BEGINNING WITH MONTH 1992 MEDI-CAL CARDS FOR YOU AND YOUR DEPENDENT(S), AN "S" WILL BE PLACED IN THE OTHER COVERAGE FIELD ON YOUR MEDI-CAL CARD TO INDICATE THIS COVERAGE.

IN ACCORDANCE WITH STATE AND FEDERAL LAW, MEDI-CAL CANNOT PAY FOR MEDICAL SERVICES COVERED BY YOUR HEALTH INSURANCE. YOU WILL STILL BE ABLE TO USE YOUR MEDI-CAL CARD, HOWEVER, FOR MEDI-CAL COVERED SERVICES THAT YOUR PRIVATE HEALTH INSURANCE DOES NOT COVER.

EFFECTIVE MONTH 1, 1992, YOUR DOCTOR AND OTHER PROVIDERS OF SERVICE WILL HAVE TO BILL YOUR PRIVATE HEALTH INSURANCE FIRST. IF YOUR INSURANCE COMPANY DENIES PAYMENT OR PAYS ONLY PARTIAL BENEFITS, YOUR PROVIDER MAY THEN BILL MEDI-CAL.

IF YOU OR YOUR DEPENDENT(S) DO NOT HAVE PRIVATE HEALTH INSURANCE WITH THE PLAN THAT WE HAVE CODED ON YOUR CARD, CONTACT YOUR COUNTY WELFARE DEPARTMENT OR CALL 1-800-952-5294. FOR THE HEARING IMPAIRED, PLEASE CALL 1-800-735-2929-TDD.

**IMPORTANTE INFORMACION DE MEDI-CAL**

NUESTROS REGISTROS MUESTRAN QUE UD, TIENE SEGURO PRIVADO DE SALUD CON BLUE SHIELD. COMENZANDO MONTH 1992, LA TARJETA DE MEDI-CAL DE UD, Y SUS DEPENDIENTES TENDRAN UNA CLAVE "S" PUESTA EN LA PARTE DE LA OTRA COBERTURA DE SALUD PARA INDICAR ESTA COBERTURA.

DE ACUERDO CON LAS LEYES ESTATALES Y FEDERALES, MEDI-CAL NO PAGA POR SERVICIOS MEDICOS CUBIERTOS POR SU SEGURO PRIVADO DE SALUD. UD, PODRA SEGUIR USANDO SU TARJETA MEDI-CAL PERO SOLAMENTE POR SERVICIOS CUBIERTOS POR MEDI-CAL QUE SU SEGURO DE SALUD NO CUBRE.

A PARTIR DEL 1 DE MONTH 1992, SU DOCTOR Y PROVEEDORES DE SERVICIOS TENDRAN QUE COBRAR SU SEGURO PRIVADO DE SALUD PRIMERO. SI SU COMPANIA DE SALUD SE NEIGA PAGAR O SOLAMENTE PAGA BENEFICIOS PARCIAL, ENTONCES SU PROVEEDOR PUEDE COBRARLE A MEDI-CAL.

SI UD, O SUS DEPENDIENTES 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 O LLAME AL 1-800-952-5294. SI UD, TIENE APARATO PARA SORDOS, POR FAVOR LLAME AL 1-800-735-2929 TDD.

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If you have any questions regarding MEDS input, contact your MEDS liaison.  
All other questions should be directed to Michael Jimenez of the Health  
Insurance Unit at (916) 323-5274.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA for

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure