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

IDENTIFYING AND REPORTING OTHER HEALTH COVERAGE (OHC)

This is a reminder that county welfare departments are required to identify and report the private health coverage of all Medi-Cal beneficiaries, including those enrolled in Medi-Cal 2-Plan Model Managed Care, Geographic Managed Care (GMC), or County Organized Health System (COHS) plans.

County welfare departments are required to:

- Request information regarding OHC from all Medi-Cal beneficiaries, usually at the time of the eligibility determination or redetermination.

- Report OHC information directly to the Department of Health Services (DHS) using the Health Insurance Questionnaire form (DHS 6155). Counties may also provide health coverage information to Medi-Cal 2-Plan Model Managed Care, GMC, or COHS plans, but this does not supersede the county’s responsibilities to report OHC to DHS in a timely manner.

- Update the Medi-Cal Eligibility Data System with the appropriate OHC code.

- Verify termination of OHC for a beneficiary by requesting a letter from the insurance company or a signed declaration by the beneficiary that they no longer have this OHC. Keep this documentation on file and submit a copy of the existing DHS 6155 or newly completed DHS 6155 indicating the termination date to the DHS. (Please refer to All County Welfare Directors Letter No. 94-59, dated June 22, 1994, for additional explanation.)

Note: Medi-Cal 2-Plan Model Managed Care, GMC, and COHS enrollment is not private health coverage and should not be reported through the OHC reporting process. County staff should be aware that erroneous OHC reporting may result in the beneficiary’s disenrollment from a Medi-Cal 2-Plan Model Managed Care or GMC Plan.
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For more information regarding OHC reporting, see Article 15A of the Medi-Cal Eligibility Manual. If you require further clarification or have questions, please contact Ms. Susan Shafer of the Health Insurance Cost Avoidance Unit at (916) 323-1974.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch