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Director

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



ARNOLD SCHWARZENEGGER
Governor

May 5, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-25
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: ELIMINATION OF THE HEALTH INSURANCE QUESTIONNAIRE (HIQ)
(Reference All County Welfare Directors Letters (ACWDL) No.: 94-59, 98-26,
00-25, 01-61, 03-39. The following ACWDLs are obsolete: 83-77, 88-07, 95-
56, 90-28, 90-36, 90-10, 89-30.)

The purpose of this letter is to inform the counties that the Department of Health Care Services (DHCS) will stop accepting the paper HIQ form (DHS 6155) effective immediately. Counties can continue to use DHS 6155 for their internal processing. This policy is being adopted because there are alternative and more efficient ways of discovering Medi-Cal eligible beneficiaries who have other health coverage (OHC) and to comply with the Governor's Executive order S-12-06. The goal is to achieve 100 percent electronic health data exchange among health care providers, consumers of health care, researchers, and government agencies in the next ten years. Counties can continue to report Health Insurance Premium Payment information to DHCS using form DHCS 6172 (Health Insurance Premium Payment Application).

DHCS has been increasing tape matches with health insurance carriers, automated batch transactions from county consortiums, Department of Child Support Services, Social Security Administration, and other automated systems to receive other health coverage information in a timely manner.

In addition, Title 22, California Code of Regulations, Section 50763 directs Medi-Cal beneficiaries to report OHC to the counties at the time of application, reapplication or redetermination. Section 50765 requires counties to report this information to DHCS in

the manner, form and frequency requested. With the elimination of the paper HIQ, this requirement will be through the use of the Medi-Cal Eligibility Data System (MEDS) electronic batch transactions with the other health coverage information to DHCS.

Effective immediately, all counties should send any request to modify or terminate any other health coverage information to the DHCS dedicated e-mail address WATS@dhcs.ca.gov. The e-mail box is the most reliable and efficient way to comply with the Governor's Executive order. Our e-mail service is monitored Monday through Friday from 8 a.m. to 5 p.m. and your request can usually be processed within 24 to 48 hours. Counties who e-mail OHC termination information are not required to fax a hard-copy termination letter at the time of their request to terminate. The County is only required to provide proof of termination upon request from DHCS. Counties can contact the Third Party Liability and Recovery Division at one of the numbers listed below for a template that would be appropriate to the county's individual needs. At a minimum, the county will be required to identify the beneficiary by Client Index Number and provide some verifying facts such as their first name, or last four digits of their MEDS identification number, in addition to the health plan information. The following fax numbers (916) 650-6582, (916) 650-6585, and (916) 650-6580 will remain active for those counties that are unable to email. In addition, the Wide Area Telephone Service phone line is available at 1-800-952-5294 for assistance with other health coverage issues.

If you have any questions regarding this ACWDL, please contact Third Party Liability and Recovery Division staff, Ms. Patty Peter at Patty.Peter@dhcs.ca.gov, or by phone at (916) 650-6530; or Ms. Linda Jo Smith at LindaJo.Smith13@dhcs.ca.gov, or by phone at (916) 650-6554.

Original Signed By

Vivian Auble, Chief
Medi-Cal Eligibility Division