

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



September 27, 1990
Letter No. 90-88

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: OTHER HEALTH COVERAGE (OHC)

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

The Department of Health Services (DHS) will be conducting another data match with Blue Shield of California to identify Medi-Cal beneficiaries currently insured by this company. As a result of the data match, DHS will update the Medi-Cal Eligibility Data System (MEDS) with a cost avoidance OHC code "S" for beneficiaries identified as having full coverage. We expect to begin coding Medi-Cal cards for the November 1990 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. If this private health insurance coverage extends to a dependent(s), beneficiaries are now instructed to complete an enclosed Health Insurance Questionnaire for all covered dependents and return the questionnaire to the Department. Beneficiaries are also instructed to contact their County Welfare Department 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 Blue Shield, 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.

ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
Page 2

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) 739-3262.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

State of California-Health and Welfare Agency
Department of Health Services
Medical Assistance

IMPORTANT MEDI-CAL NOTICE

MEDI-CAL IS EXPANDING ITS PROGRAM FOR USING PRIVATE HEALTH INSURANCE. THIS PROGRAM IS CALLED COST AVOIDANCE AND IT MEANS THAT IF YOU HAVE PRIVATE HEALTH INSURANCE, MEDI-CAL WILL NOT PAY FOR MEDICAL SERVICES COVERED BY YOUR INSURANCE. HOWEVER, YOU WILL STILL BE ABLE TO USE YOUR MEDI-CAL CARD FOR MEDI-CAL COVERED SERVICES THAT YOUR PRIVATE HEALTH INSURANCE DOES NOT COVER.

OUR RECORDS INDICATE THAT YOU HAVE PRIVATE HEALTH INSURANCE WITH BLUE SHIELD. BEGINNING WITH YOUR NOVEMBER 1990 MEDI-CAL CARD, A "S" CODE WILL BE PLACED IN THE OTHER COVERAGE FIELD ON YOUR MEDI-CAL CARD TO INDICATE THIS COVERAGE.

EFFECTIVE NOVEMBER 1, 1990, YOUR PROVIDERS OF SERVICE WILL HAVE TO BILL YOUR PRIVATE HEALTH INSURANCE FIRST. IF YOUR INSURANCE COMPANY DENIES PAYMENT, YOUR PROVIDER MAY THEN BILL MEDI-CAL.

IF THIS PRIVATE HEALTH INSURANCE COVERAGE EXTENDS TO A DEPENDENT, PLEASE COMPLETE THE ENCLOSED HEALTH QUESTIONNAIRE FOR ALL COVERED DEPENDENTS AND RETURN IT TO THE DEPARTMENT IN THE ENCLOSED POSTAGE PAID ENVELOPE.

IF YOU DO NOT HAVE PRIVATE HEALTH INSURANCE WITH THE INSURANCE CARRIER THAT WE HAVE CODED ON YOUR CARD, CONTACT YOUR COUNTY WELFARE DEPARTMENT.

IMPORTANTE INFORMACION DE MEDI-CAL

MEDI-CAL ESTA EXTENDIENDO SU PROGRAMA PARA USAR EL SEGURO PRIVADO DE SALUD. ESTE PROGRAMA SE LLAMA EVASION DEL COSTO (COST AVOIDANCE) Y SIGNIFICA QUE SI UD. TIENE SEGURO PRIVADO DE SALUD, MEDI-CAL NO PAGARA POR LOS SERVICIOS MEDICOS CUBIERTOS POR SU SEGURO. SIN EMBARGO, UD.-----TODAVIA---PODRA---USAR SU TARJETA DE MEDI-CAL POR LOS SERVICIOS CUBIERTOS POR MEDI-CAL QUE SE SEGURO PRIVADO DE SALUD NO CUBRE.

NUESTROS REGISTROS MUESTRAN QUE UD. TIENE SEGURO PRIVADO DE SALUD CON BLUE SHIELD. COMENZANDO CON SU TARJETA DE MEDI-CAL DE NOVIEMBRE DE 1990, UNA CLAVE "S" SERA PUESTA EN LA PARTE DE LA OTRA COBERTURA DE SALUD EN SU TARJETA DE MEDI-CAL PARA INDICAR ESTA COBERTURA.

A PARTIR DEL 1^o DE NOVIEMBRE DE 1990, SUS PROVEEDORES DEL SERVICIO TENDRAN QUE COBRARLE PRIMERO A SU SEGURO PRIVADO DE SALUD. SI SU COMPANIA DE SEGUROS NO QUIERE PAGAR, ENTONCES SU PROVEEDOR PUEDE COBRARLE A MEDI-CAL.

SI ESTA COBERTURA DEL SEGURO PRIVADO DE SALUD INCLUYE A UN DEPENDIENTE, POR FAVOR COMPLETE EL CUESTIONARIO DEL SEGURO DE SALUD INCLUSO PARA TODOS LOS DEPENDIENTES CUBIERTOS Y DEVEUELVALO AL DEPARTAMENTO EN EL SOBRE CON PORTE PAGADO QUE INCLUIMOS.

SI UD. 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.