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

LONG-TERM CARE INSURANCE/OTHER HEALTH COVERAGE

Ref.: All County Welfare Directors Letter (ACWDL) No. 94-26

The purpose of this letter is to notify the counties of the Other Health Coverage (OHC) reporting requirements for Medi-Cal eligibles who have been identified as having state-certified long-term care (LTC) health insurance coverage.

The state-certified LTC policies may provide either indemnity or health insurance coverage. These procedures apply only in situations where the state-certified LTC coverage is health insurance coverage under which the LTC provider is expected to bill and receive payment from the insurance carrier.

As noted in the ACWDL No. 94-26, an individual with a LTC insurance policy will generally not apply for Medi-Cal benefits until the policy benefits have been exhausted. However, in some cases, an individual may require acute hospitalization or some other benefit not covered under his/her private insurance and will apply early. In accordance with Title 22, California Code of Regulations, Section 50765, if an individual with LTC health insurance becomes eligible for Medi-Cal benefits, county staff should enter the appropriate OHC code for LTC insurance carrier on the Medi-Cal Eligibility Data System, and send a completed DHS 6155 to the Department of Health Services. This is to assure that Medi-Cal does not pay for the LTC service for which the insurance carrier is liable.

Completion of a DHS 6155 is not required for a beneficiary who has an indemnity policy. However, the per diem payments to the beneficiary should be considered income and included in the beneficiary's share-of-cost computation.

If you have any questions regarding this letter, please contact Mr. Clarence Wooten of the Health Insurance Section at (916) 323-5284.

Sincerely,

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

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