

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-0258



August 25, 2000

TO: All County Welfare Directors
All Adoption Supervisors
All Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-45

MASS MAILING LETTER TO AID CODES 03 AND 04 ELIGIBLE FOR HEALTH INSURANCE IDENTIFICATION

This is to advise counties of the Department of Health Services' intent to send the enclosed mailing to Medi-Cal eligibles assigned to Aid Codes 03 and 04 (Adoption Assistance Program) to determine whether health insurance is being provided by the new or prospective adoptive parents. You may receive inquiries about the mailing.

DHS intends to send letters only to those Medi-Cal recipients in Aid Codes 03 and 04 who have established eligibility after June 1998, the date of the eligibility file used for the scheduled August 2000 mailing.

A Health Insurance Questionnaire (DHS 6155A) with a prepaid postage envelope will be included with a letter to the parent(s) or prospective parent(s). We are asking them to complete and return the form to DHS' Third Party Liability Branch. The other health coverage information will be used to instruct providers how to bill for medical services and in claims processing and recovery activities.

If you have any questions regarding this project, please contact Ms. Wendy Burrell with DHS' Third Party Liability Branch, Health Insurance Identification Unit, at (916) 323-9701. Beneficiary inquiries may be directed to 1-800-952-5294.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosure



DEPARTMENT OF HEALTH SERVICES

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



Dear Parent:

We have been informed that you may be in the process of adopting, or may have already adopted a child who is currently or has recently been Medi-Cal eligible. The Medi-Cal program pays for medical services provided to Medi-Cal eligible people who may not otherwise receive medical care. Whenever possible, the cost for this program is defrayed using liable third party resources, such as private health insurance.

All Medi-Cal applicants and/or recipients are asked to report any private health insurance they have or acquire to their county welfare department, or to the State Department of Health Services. This health insurance information is used to instruct providers how to bill for medical services and in claims processing and recovery activities.

If your child is covered by private health insurance (including Medicare supplements, prepaid health insurance/health maintenance organizations, or CHAMPUS) please complete the enclosed Health Insurance Questionnaire (DHS 6155A) and return the form in the enclosed postage-paid envelope to:

Department of Health Services
Third Party Liability Branch
P.O. Box 1287
Sacramento, CA 95812-1287

If you have any questions regarding the Health Insurance Questionnaire, please contact your county welfare department, or the Department at 1-800-952-5294

Enclosure