

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814



October 20, 1986

TO: All County Welfare Directors  
All County Administrative Officers

Letter No.: 86- 58

SUBJECT: MEDI-CAL BENEFICIARY OTHER HEALTH COVERAGE THIRD PARTY  
LIABILITY PROGRAM CHANGES

Reference: ACWD Letters 86-35 and 86-40

This is to notify you that the implementation of Phase I of the Cost Avoidance system has been changed from November 1, 1986 to December 1, 1986. The reason for the delay is the Department received only 65,000 responses to the 104,000 mailed out letters and a decision was made to send a second letter to the non-respondes.

The second letter requesting OHC information from beneficiaries is a stronger request for compliance. This notice will be sent out on or about October 17, 1986 with a date of November 7, 1986 listed as the date by which a response is to be mailed to the Other Coverage Section of DHS.

Counties will receive two (2) separate lists of information on these beneficiaries. Each list will be for one of the mailings. Counties will receive the first list of beneficiaries who require a P,K,C or R other health coverage indicator to be put on MEDS during the first week of November 1986 rather than the first week of October as stated in ACWD 86-40. The codes should be added to your system prior to your MEDS renewal cut off in November to insure being put on the December cards.

We will provide counties with a list of beneficiaries who respond to our second letter during the first week of December 1986. Counties should update their system prior to their MEDS renewal cut off in December to insure being put on the January cards.

All County Welfare Directors  
All County Administrative Officers  
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Thank you for your assistance in converting your county system to accept "P" other health coverage indicators by our original implementation date. If you have questions regarding MEDS input, contact your MEDS liaison. Any other questions regarding other health coverage should be directed to Jack Byrd at (916) 739-3262.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants  
County MEDS Liaisons  
County EDP Coordinators

Expiration Date: July 1, 1987