DEPARTMENT OF HEALTH SERVICES

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941



January 19, 1996

Letter No.: 96-03

TO: All County Welfare Directors

All Adoption Supervisors

All County Medi-Cal Program Specialists/Liaisons

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

This is to advise counties of the Department of Health Services' intent to send another mass mailing to Medi-Cal eligibles assigned aid codes 03 or 04 (Adoption Assistance Program) to determine if health insurance is being provided by the newly or prospective adoptive parents. You may receive inquiries about the mailing.

A previous mailing sent in February of 1995 resulted in the identification of other health coverage for 2,300 eligibles (16 percent of the mailout). The Department intends to send letters only to those Medi-Cal recipients in the 03 and 04 aid codes that established eligibility after November 1994, the file used for the February 1995 mailing.

A Health Insurance Questionnaire (DHS 6155A) with a prepaid postage envelope will be attached to the letter to the parent(s) or prospective parent(s). We are asking them to complete and return it to the Department of Health Services' 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, you may call Janeen Jimenez with the Department of Health Services, Third Party Liability Branch, at (916) 323-5194. Beneficiary inquiries may be directed to 1-800-952-5294.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief Medi-Cal Eligibility Branch