

DEPARTMENT OF HEALTH SERVICES

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October 11, 1996

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

Letter No.: 96-58

REPORTING OTHER HEALTH COVERAGE AS A CONDITION OF ELIGIBILITY

The purpose of this letter is to remind county staff that applicants/beneficiaries for Medically Needy Programs are required to report Other Health Coverage (OHC) as a condition of eligibility for Medi-Cal. County staff cannot approve or continue eligibility if the applicant/beneficiary, who indicates OHC exists on the Statement of Facts, fails to provide the required health insurance information by completing the Health Insurance Questionnaire (DHS 6155).

Title 22, California Code of Regulations (CCR), Section 50171, states that information provided on the Statement of Facts shall be accepted as a basis for determination of eligibility. Question 39 on page 5 of the Statement of Facts form relates specifically to OHC information. If the applicant/beneficiary notes that there is OHC or that OHC is available, a DHS 6155 must be completed.

Title 22, CCR, Section 50175, states that the application for Medi-Cal services shall be denied, or eligibility shall be discontinued, if an applicant/beneficiary fails to cooperate with the state, county department, or the district attorney's office in identifying and providing information to assist in pursuit of any third party who is or may be liable to pay for medical care services. Accordingly, eligibility of the responsible member of the case cannot be approved or continued until a completed DHS 6155 is received by the county. If the responsible member of the case does not cooperate in completing the DHS 6155, the county shall notify the applicant/beneficiary in writing that Medi-Cal eligibility will be denied or discontinued per Title 22, Section 50179. The Notice of Action (NOA) should indicate failure to cooperate in reporting OHC information as the reason for the action.

Upon receipt of the NOA for denied or discontinued eligibility, the applicant/beneficiary may reapply at any time or have the denial or discontinuance rescinded, by providing required OHC information or documentation of a good cause for not meeting the reporting requirement. Medi-Cal eligibility shall not be granted or continued until the applicant/beneficiary has provided a complete DHS 6155 or documentation of good cause.

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Page 2

It should be noted that these regulations apply to Medically Needy Only cases; similar requirements for receiving a cash grant under Aid to Families with Dependent Children regulations will be adopted in 1997.

If you have any questions, please call Ms. Chari Hug of the Health Insurance Section at (916) 327-0492.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch