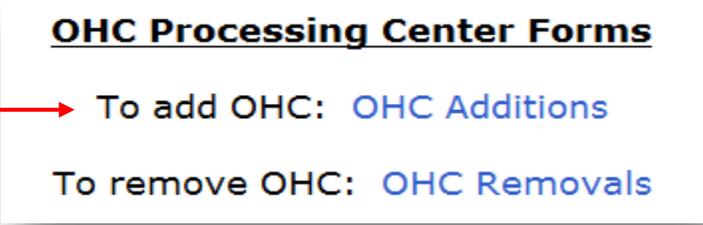




Desk Aid 42 – Adding/Removing OHC in DHCS Website

To add OHC for a beneficiary, staff must follow these steps:

STEP	ACTION
1	Go to the following website: http://www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx
2	Click on OHC Additions  
3	Enter the security code provided and click submit   <p>NOTE: A new security code will be provided every time you access this screen.</p>
4	Complete sections A, B and C with the following information: <ul style="list-style-type: none"> • Section A <ul style="list-style-type: none"> – Medi-Cal ID No. (found on MEDS, starts with a “9” followed by a series of numbers and a letter) – Beneficiary’s First Name, Last Name, and Date of Birth – Is this insurance being provided by an absent parent? Yes/No • Section B <ul style="list-style-type: none"> – Carrier Code (if unknown you must provide both the name and billing address) – Carrier Name, Phone Number, Billing Address (including City, State and Zip Code) – Plan Type (PPO/HMO) – Policy Holder First and Last Name – Policy Number – Policy Start Date – Employer Group Name – Scope of Coverage (outpatient, inpatient, medical, dental, prescription, vision, LTC) • Section C <ul style="list-style-type: none"> – Submitter’s first name, last name, phone number (direct line not ACCESS), and e-mail address
5	Click Submit



Desk Aid 42 – Adding/Removing OHC in DHCS Website

To remove OHC for a beneficiary, staff must follow these steps:

STEP	ACTION
1	Go to the following website: http://www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx
2	<p>Click on OHC Removals </p> <div data-bbox="782 493 1507 730" style="border: 1px solid gray; padding: 10px; text-align: center;"> <p><u>OHC Processing Center Forms</u></p> <p>To add OHC: OHC Additions</p> <p>To remove OHC: OHC Removals</p> </div>
3	<p>Enter the security code provided and click submit  </p> <p>NOTE: A new security code will be provided every time you access this screen.</p> <div data-bbox="844 787 1507 1207" style="border: 1px solid gray; padding: 10px;">  <p>You must enter the security code to continue</p> <p>A Q X D</p> <p>Enter the security code above</p> <input type="text"/> <input type="button" value="Submit"/> </div>
4	<p>Complete sections A, B and C with the following information:</p> <ul style="list-style-type: none"> • Section A <ul style="list-style-type: none"> – Medi-Cal ID No. (found on MEDS, starts with a “9” followed by a series of numbers and a letter) – Beneficiary’s First Name, Last Name, and Date of Birth – Remove all active Other Health Coverage? Yes/No • Section B (You may remove up to 3 carriers in this section, if you are removing more than 3 carriers you will have to complete an additional form.) <ul style="list-style-type: none"> – Carrier Code (if known) – Carrier Name – Policy Stop Date • Section C <ul style="list-style-type: none"> – Submitter’s first name, last name, phone number (direct line not ACCESS), and e-mail address
5	Click Submit

