Medi-Cal Program Guide Letter (MPG) #625

June 20, 2008

Subject	**County Reporting of Other Health Coverage (OHC) to Third Party Liability Branch (TPL)**
Effective Date	Upon receipt
Reference	ACWDL 03-39 and MEBIL 06-01
Purpose	The purpose of this letter is to inform staff of changes to the methods for reporting OHC to TPL.
Background	The alternatives for reporting OHC have expanded to include paper forms, automated batch transactions, toll free telephone calls, and fax transmissions. In the past, form DHS 6155 was used to report new OHC, make changes and terminate coverage. The toll free number was used to make changes and terminate coverage.
Changes	Modifications and terminations of OHC can now be reported to TPL via phone and fax.
Contact Methods and their use	DHCS has provided a chart explaining the different TPL notification methodologies (see MPG section 15-1, appendix F).

Contact Methods and their use (continued)

Newly Reported Information

Newly reported information should be reported via MEDS transactions or the manual form DHS 6155.

Modifications

Workers should use the toll free telephone number (1-800-952-5294), a fax transmission (1-916-650-6585 or 1-916-650-6582), or entries in CalWIN that generate a MEDS transaction to report modifications to OHC.

Contact Methods and their use(cont)

Modifications,(continued)

Modifications may include, but are not limited to:
- Beneficiary name or address
- Carrier contact information
- Scope of coverage
- Policy information
- Dependants

Note:

A change of Health Coverage should not be reported as a modification. It requires termination of old coverage and reporting new coverage.

Terminate Existing OHC

Workers should use the DHS 6155, the toll free telephone number (1-800-952-5294), a fax transmission (1-916-650-6585 or 1-916-650-6582), or a CalWIN entry that generates a MEDS transaction to report terminations to OHC.

Note:

To immediately remove an OHC indicator on MEDS that is a barrier to care or when good cause exists, use the toll free telephone number.

Automation Impact

None.

Forms Impact

None.

Quality Assurance (QA) Impact

Beginning with the July 2008 sample month, QA will cite with the appropriate error any case that does not follow the requirements of this letter.

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Summary of Change

Article	Change
Article 15, section 1	Added Fax number, 1-800 number, and CalWIN OHC code information. Removed CDS information.
Article 15, section 1 Appendix F	Added a TPL notification methodology chart.

Filing Instructions

Action	Pages
Remove	Article 15-1-5 through 15-1-20
Replace	Article 15-1-5 through 15-1-20
Insert	Article 15-1, Appendix F

Important Notice

The MPG is available in its entirety on the County Intranet by accessing http://hhsa_intranet/manuals/mpg/index.html. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

Manager Approval

ORIGINAL SIGNED BY:

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