

Medi-Cal Program Guide Letter (MPG) # 796

July 2, 2013

Subject **REVISED OTHER HEALTH COVERAGE (OHC) REPORTING AND CORRECTION PROCEDURES**

Effective Upon Receipt

Reference All County Welfare Directors Letter (ACWDL) 13-12

Purpose To clarify responsibilities and update procedures for staff regarding Medi-Cal, OHC, and Health Insurance Premium Payment (HIPP).

Background OHC and HIPP records are currently collected on paper forms and sent to the Department of Health Care Services (DHCS) for processing.

Highlighted Changes DHCS now receives OHC data from over 20 health insurance carriers, the Department of Child Support Services, the Social Security Administration, California Children’s Services, and other automated systems.

Despite these data matches, staff are responsible for gathering and reporting OHC additions, terminations, and changes. OHC changes and HIPP will now be reported via the DHCS website.

Required Action Staff must apply the updated OHC regulations as follows:

When processing ...	Then apply regulations outlined in ...
HIPP	MPG 15.01.05
OHC additions, terminations, and changes	MPG 15.01.02 and MPG 15.01.03

Automation Impact No Impact

Forms Impact Forms DHCS 6155 will no longer be used to report OHC additions, terminations, and changes.

ACCESS Impact No Impact

Imaging Impact No Impact

PA (CalFresh or CalWORKs) Program Impact CalWORKs staff must follow the revised OHC reporting and correction procedures. The CalWORKs Program Guide will be updated to reflect these new procedures.

Quality Control (QC) Impact Effective with the September 2013 review month. QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 15, Section 1.2	<ul style="list-style-type: none">• When to report OHC• When not to report OHC• Documentation required for OHC changes
Article 15, Section 1.3	<ul style="list-style-type: none">• Reporting requirements• How to report• Required verification for removal of OHC• Acceptable affidavits• Immediate need terminations• Bypassing OHC for good cause
Article 15, Section 1.5	<ul style="list-style-type: none">• Website instructions

Approval for Release

Patricia M. ... 7-26-13

15.01.02 Responsibility for Reporting

A. When to Report

Counties shall no longer add OHC records to MEDS except under the following conditions:

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- The applicant/beneficiary provides information that the OHC they have is not on the list of Current Trading Partners found at <http://dhcs.ca.gov/OHC> .
- The applicant or beneficiary has OHC that is not found in MEDS and wants their OHC added to their record.

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B. When Not to Report OHC

Staff will not request an addition for OHC if the addition:

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- Endangers a beneficiary
- Creates a barrier to care
- Another government program provides OHC information

For samples of when not to report OHC, see Desk Aid 43.

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C. Documentation Required for OHC Changes

DHCS stores OHC data in the Health Insurance System (HIS) in MEDS. OHC codes are updated as follows:

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When ...	Then ...
active HIS record is available	MEDS automatically selects and displays the correct OHC code
no active HIS record is found	the system sets the MEDS OHC code to "N"

The following information will be needed to add or modify a HIS record:

- Health plan name
- Policy/medical record number
- Member's name

NOTE: This information may be obtained from the Medi-Cal applicant/beneficiary health plan policy or their health plan membership identification card.

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15.01.03 OHC Reporting, Terminations, Changes and Modifications

A. Reporting	<p>DHCS currently receives OHC data from several automated systems including:</p> <ul style="list-style-type: none">• over 20 health insurance carriers• Child Support• SSA• California Children Services <p>The data exchanges provide DHCS complete, accurate, and timely OHC information. Despite these data matches, counties are responsible for gathering and reporting additions, terminations, and changes.</p> <p>NOTE: Additions must only be reported as outlined in MPG 15.01.02.A</p> <p>MPG LTR 796 (07/13)</p>	ACWDL 13-12
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B. How to Report OHC	<p>To add or remove OHC information, go to the OHC Processing center on the DHCS web site (http://www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx) and complete the on-line form. See Desk Aid 42 – How To Add or Remove OHC for details on how to complete the on-line form.</p> <p>NOTE: In situations where there is no internet access, staff may call the Medi-Cal intermediary at 1-800-541-5555 and, at the menu, press 2 as if you are a beneficiary. Be prepared to provide the same information specified in Desk Aid 42 – How To Add or Remove OHC.</p> <p>MPG LTR 796 (07/13)</p>	ACWDL 13-12
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C. Required Verifications for Removal of OHC	<p>To ensure that Medi-Cal is the payer of last resort, staff must verify that OHC terminated for the applicant or recipient whose OHC ended or who never had OHC, prior to removing the OHC code from MEDS. The following is a list of acceptable verifications:</p> <ul style="list-style-type: none">• A payroll or pension check stub that shows deductions for private health insurance have ended.• An explanation of benefits from the insurance carrier and/or employer showing the date the policy terminated.	ACWDL 13-12
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- A termination letter from the insurance carrier and/or employer showing the date the policy terminated.
- An affidavit see [MPG 15.01.03.D](#) for details.

NOTE: For SSI/SSP cases where there is no county case record, the county must view the verification prior to removing the OHC code from MEDS. Counties are not required to retain or send the verification to DHCS, but are required to assist the SSI/SSP beneficiary with their OHC issues.

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**D.
Acceptable
Affidavits**

An affidavit signed by the Medi-Cal applicant/beneficiary or their representative stating he/she no longer has, or never had OHC is acceptable. The affidavit must include the date the policy terminated, if known, or applicable. An affidavit may be used in any of the following situations:

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- an erroneous OHC code appears on a applicant/beneficiary's Medi-Cal record
- termination cannot otherwise be verified
- the custodial parent or guardian cannot verify termination of an absent parent's insurance
- the applicant/beneficiary is claiming good cause as outlined in [MPG 15.01.03.F](#)

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**E.
Immediate
Need
Termination
of OHC**

To remove the OHC code for immediate need cases, staff may use a 14-28 HHSA and request a EW15 or EW55 transaction to update the OHC code for the current month to an "N". This will only remove the OHC temporarily.

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NOTE: Do not use the EW15 or EW55 transaction to change OHC carrier information.

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**F.
Bypassing
OHC for Good
Cause**

To bypass an OHC code an applicant/beneficiary must present "good cause". Below are examples of "good cause":

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- Geographic barrier to care
- Domestic violence situations
- Beneficiary never had a plan with a carrier, yet HIS resets an OHC

record that was removed during a previous month match

If “good cause” exists, staff must submit an OHC removal request as outlined in Desk Aid 42 – How To Add or Remove OHC and note the reason for “good cause” in the comment field.

The OHC Processing Center will set the OHC code so it is bypassed during the claim adjudication or put the beneficiary on a “no carrier match list” to prevent the next monthly OHC match from resetting the HIS record.

NOTE: In situations where the OHC removal for beneficiary that never had OHC coverage is not successful, it may be necessary to place the client on the “no carrier match list”. To place the beneficiary on the “no carrier match list”, follow the instructions on Desk Aid 42 – How To Add or Remove OHC and note “please place on the no carrier match list” in the comment field.

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15.01.05 Health Insurance Premium Payment (HIPP)

A. Overview

DHCS is authorized to pay health coverage premiums on behalf of medical beneficiaries through the Health Insurance Premium Payment (HIPP) Program whenever it is cost effective. Paying these premiums for high cost medical users results in reduced Medi-Cal costs.

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95-72
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Counties are responsible for identifying the existence or availability of private or group health insurance and assisting Medi-Cal beneficiaries in completing a DHCS 6172 on-line. Desk Aid 41 – “How to Access and Complete Form DHCS 6172 On-Line” provides step-by-step on-line completion instructions.

NOTE: Effective July 1, 2012, the DHCS paper form will no longer be available. Staff must go to the following website to complete form DHCS 6172:

http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx .

Information from the DHCS 6172 is used to help DHCS evaluate for HIPP. DHCS will notify the county via e-mail if it will be paying the health care premiums. When the county is notified that the beneficiary has been accepted to the HIPP program, the worker will review the SOC and re-compute the budget if necessary.

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