Santa Clara Family
Health Plan™

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers

From: Provider Network Operations

Date: August 31, 2020

Subject: Medi-Cal members with other health coverage (Medi-Cal as secondary payor)

Dear provider,

Remember that Medi-Cal's position is as a payor of last resort. Your claims will be denied for members with other health coverage (OHC) if submitted without evidence of benefits (EOB) or a remittance advice (RA) from the insurance carrier. Other health coverage may include Medicare, Veterans Affairs (VA) insurance, or commercial insurance.

The Department of Health Care Services (DHCS) released the All Plan Letter 20-010 on April 20, 2020 called "Cost Avoidance and Post-Payment Recovery for Other Health Coverage". To see the APL, visit http://bit.ly/DHCS_APL20-010. DHCS emphasized the following regulatory requirements:

- Santa Clara Family Health Plan (SCFHP) will not process claims for a member whose Medi-Cal eligibility record indicates the existence of OHC, except those with OHC codes A or N.
    - o   For these two OHC codes, A and N, SCFHP will pay the claim and complete post-payment recovery as appropriate.

- At a minimum, providers may use the Automatic Eligibility Verification System (AEVS) available at https://www.medi-cal.ca.gov/MCWebPub/Login.aspx to verify the existence of applicable OHC.
    - o   If a member has OHC, the provider should contact the insurance carrier for an EOB or RA to verify that the coverage has been exhausted, or to verify that the member is no longer active with the named plan.
    - o   If the OHC is active and has not yet been exhausted, provider must bill the OHC prior to billing Medi-Cal.
    - o   If the details provided by AEVS are incorrect or additional health coverages are discovered, the provider must report the correct information to DHCS using the OHC submission portal available at https://www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx.
        - ▪   Additional health coverage must be reported to DHCS within ten (10) calendar days for validation by a third-party.

Questions, comments, or concerns about this communication may be directed to the Provider Network Operations team at ProviderServices@scfhp.com.

Thank you for your time and effort in the care of our members during this challenging time.