

## **Other Health Coverage (OHC) and SBHI & SLOHI**

People covered under CenCal Health's Santa Barbara Health Initiative (SBHI) or San Luis Obispo Health Initiative (SLOHI) may also have other private/group health insurance. Having private/group health insurance does not affect a member's SBHI/SLOHI/Medi-Cal eligibility in any way.

However, if you are not a participating provider of a recipient's OHC, you should advise the member to obtain services through his other insurance or HMO Primary Care Physician (PCP), or refer them to a provider who participates in that plan. For instance, if you are the member's PCP through SBHI or SLOHI but not the member's PCP through Blue Cross HMO, you should refer the member to his Blue Cross HMO or obtain a treatment authorization from the HMO. CenCal Health will not reimburse for services not authorized by the HMO. If you are not an authorized provider of the recipient's HMO, please refer the member to his HMO and/or ask the member to contact the CenCal Health Member Services Department to reselect a PCP who participates in both programs.

### **Billing for Members Who Have Other Coverage**

State law mandates Medi-Cal to be payer of last resort, and requires the utilization of other available health care coverage prior to the utilization of Medi-Cal. Other coverage is always the primary payer and cannot be waived by the member. We ask that you always bill the member's other coverage first, prior to billing SBHI or SLOHI Medi-Cal. If the other coverage denies payment, a copy of the denial must be sent with your claim to CenCal Health.

Providers are required to notify CenCal Health if they believe a member may be entitled to health coverage through a private/group health insurance plan or policy which is not indicated on the member's eligibility record. Providers should call CenCal Health's Finance Department, Recoveries Unit at 805.562.1081 to report possible other insurance coverage

### **Insurance Co-payments for Eligible Members with Other Coverage**

- Providers are prohibited from billing members' other insurance copayment amounts.

### **What You Should Know About Medicare HMOs**

The Other Health Coverage code "F" identifies Medi-Cal members who receive benefits from Medicare-contracted Health Maintenance Organizations (HMO) in lieu of the fee-for-service Medicare plan. Members who have both Medi-Cal coverage and Medicare HMO coverage must seek medical treatment through the HMO first. SBHI and SLOHI Medi-Cal will not pay for the HMO-covered services if the patient elects to go to a non-participating plan provider for care. SBHI and SLOHI Medi-Cal will, however, reimburse for services which are Medi-Cal covered benefits but which are not covered by the HMO plan.

Medi-Cal claims for members with Medicare HMO coverage are not Medicare/Medi-Cal crossover claims (see below). Therefore, to bill Medi-Cal for

services not included in the Medicare HMO plan, submit a Medi-Cal claim accompanied by a Remittance Advice (RA), Medicare Remittance Detail, or denial letter showing that the Medicare HMO was billed first.

### **Medicare/Medi-Cal Crossover Claims**

Claims for members who are eligible for both Medicare and Medi-Cal coverage must be billed to Medicare (either electronically or on paper) prior to billing Medi-Cal, with the exception of Medicare non-covered services (listed in your Provider Manual). SBHI and SLOHI Medi-Cal may reimburse providers for the Medicare deductible and coinsurance. A claim for Medicare deductible and coinsurance amounts is called a crossover claim.

Welfare and Institutions Code limits Medi-Cal payments of the deductible and coinsurance to an amount which, when combined with the Medicare payment, should not exceed the amount paid by Medi-Cal for similar services. This limit is applied to the sum total of the claim. Therefore, the combined Medicare/Medi-Cal payment for all services of a claim may not exceed the amounts allowed by Medi-Cal.

Providers who accept a patient who is eligible for both Medicare and Medi-Cal cannot bill the member for the Medicare deductible and coinsurance amounts, which can only be billed to SBHI/SLOHI/Medi-Cal. However, the provider should bill the patient for his/her share of cost, if any. Providers are encouraged to wait until they receive the Medicare payment prior to collecting the SOC to avoid collecting amounts greater than the Medicare deductible and/or coinsurance.

Please note, effective for claims received on or after March 1, 2001, CenCal Health lifted the Referral Authorization Form (RAF) requirement for crossover services. RAFs are still required for non-Medicare benefits for which Medi-Cal will be the primary payer.

SBHI and SLOHI Medi-Cal now accept crossover claims electronically. All claims submitted to Medicare electronically will automatically crossover to SBHI/SLOHI for processing. These claims should appear on your SBHI/SLOHI EOB within four to six weeks. If your claim has not appeared on an EOB within this timeframe, contact your Claims Representative for further assistance.

### **Health Insurance Premium Payment (HIPP) program**

The Health Insurance Premium Payment program, better known as HIPP, is a program administered through CenCal Health that pays private or group health insurance premiums for high cost medical users when they can't afford to pay. (The State Medi-Cal program also has a HIPP program, but it does not accommodate SBHI or SLOHI members.) Paying a high cost medical user's premium reduces our costs, allowing limited Medi-Cal/SBHI/SLOHI funds to be used for other medically necessary services for more patients. The member benefits because an insurance carrier generally pays more than the Medi-Cal/SBHI/SLOHI program.

The Health Insurance Premium Payment program is for members who:

- Are currently eligible with SBHI or SLOHI
- Have a high cost medical condition
- Have current health coverage (the coverage must not exclude the high cost condition)

Questions regarding HIPP can be directed to our Finance Department Recoveries Unit at extension 805.562.1071 or 805.562.1066 for Spanish.

**For more information**

If you have any questions about what other coverage a member has, what carrier to bill first, Other Health Coverage codes, or third party coverage questions, please contact the Recoveries Unit at 805.562.1081.

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