

**April 7, 2021**

## Check For Other Health Coverage (OHC) When Verifying Member Eligibility

Dear provider,

This notice serves as a reminder that providers are responsible for checking whether Health Plan of San Mateo (HPSM) members have Other Health Coverage (OHC) when verifying member's eligibility.

Some HPSM members are eligible for Medi-Cal AND have Other Health Coverage (OHC) through another health insurance provider. By law, Medi-Cal must always be the "payer of last resort" for services in which there is a responsible third-party. **This means that in cases where OHC would cover the requested service, providers must direct members to seek care from their primary insurance coverage.** Regardless, providers must not deny care covered by Medi-Cal to an active Medi-Cal member.

Providers can verify member's eligibility on HPSM's provider portal. In cases where members have OHC, providers must check the OHC code to verify whether OHC would cover the requested service. For a list of OHC codes, please see below table.

To register for HPSM's provider portal please visit [www.hpsm.org/provider/portal](http://www.hpsm.org/provider/portal) and click the link to register under "Verify members eligibility." You can visit our Provider Learning Lab for a brief video tutorial of how to check eligibility online at [www.hpsm.org/provider/learning-lab](http://www.hpsm.org/provider/learning-lab)

For questions about checking member eligibility contact [claimsinquiries@hpsm.org](mailto:claimsinquiries@hpsm.org) or call **650-616-2106**.

Member Details										
Member Demographics			Member Addresses			Health Plan Identifiers			Eligibility Information	
Effective Date:	3/1/2021		PCP ID:							
End Date:	12/31/9999		PCP Name:							
Plan Name:	MC		Enrolled Date:							
Spec Mbr:	SZZ		Aid Code:	M3						
Spec Mbr Date:	10/29/2020		Aid Code Desc:	FAM 070 M3 PARENT/CARETAKER CIT						
LICS Level:			Aid Code Date:	6/7/2019						
LICS Lvl Date:										
PLO ID	PLO Name	C&O Type	Effective Date	Expiration Date	Policy Type	Policy#	Priority	Source	Rev	CD
17192	K990-KAISER NORCAL - COMMERCIAL RX	I	2/23/2021		OT		T	MS	6	
105	105-SINGLE OTHER COVERAGE-MCAL	I	3/1/2021		OT	FAME	P	MS	1	
Co-Pay Information										

**OHC Code Descriptions**

<b>OHC Code</b>	<b>Carrier</b>
A	Pay and chase (applies to any carrier)
C	Military benefits comprehensive
D	Medicare Part D prescription drug coverage
E	Vision plans
F	Medicare Part C health plan
G	Medical parolee
H	Multiple plans comprehensive
I	Institutionalized
K	Kaiser
L	Dental only policies
N	No OHC
P	Preferred Provider Organization/Prepaid Health Plan/Health Maintenance Organization/ Exclusive Provider Organization or not otherwise specified
Q	Commercial pharmacy plans
V	Any carrier other than the above (includes multiple coverage)
W	Multiple plans non-comprehensive

**Scope of Coverage (COV) Codes Chart**

<b>COV Code</b>	<b>Service Category</b>
O	Hospital Outpatient
I	Hospital Inpatient
M	Medical and Allied Services
L	Long Term Care
P	Prescription Drugs/Medical Supplies
D	Dental Services
V	Vision Care Services
R	Medicare Part D