



MEMO

To	All Providers
From	SFHP Claims and Finance Departments
Regarding	Other Health Coverage Reporting

Background: Department of Health Care Services (DHCS) released All-Plan Letter (APL) 21-002, Cost Avoidance and Post-Payment Recovery for Other Health Coverage (OHC). Beginning April 1, 2021, Managed Care Plans (MCPs) must include OHC information in their notification to the provider when a claim is denied due to the presence of OHC. OHC information includes, but is not limited to, the name of the OHC provider and contact or billing information. This OHC information is intended to assist the provider to bill the appropriate primary carrier.

Provider Impact: In accordance with the effective dates in the APL, for any claim that is denied for the presence of OHC, SFHP will be providing an attachment to our remittance advices that will communicate the OHC details to assist in billing the primary carrier. The fields included in this report are:

1. Paid Date	2. DOS_EndDate
3. Pay to Provider	4. OHC Name
5. ClaimID	6. OHC_Phone
7. MemberName	8. OHC_BillingAddress
9. SFHPID	10. OHC_BillingCity
11. CIN	12. OHC_BillingState
13. PatientControlNumber	14. OHC_BillingZipCode
15. Member_DOB	16. OHC_EffDate
17. DOS_StartDate	18. OHC_TermDate

For providers receiving paper checks and paper remittance advices, this report will be mailed with your remittance advice. For providers receiving 835s and/or working with trading partners, this report will be provided to you via your secure FTP site, please connect with your trading partners to ensure receipt of these reports.

Delegated medical groups should be passing along OHC information when denying claims due to presence of OHC.

OHC information may also be accessed utilizing the Automated Eligibility Verification System at (800) 427-1295.

References:

[Link to DHCS APL 21-002](#)