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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 15@ OTHER HEALTH CARE COVERAGE AND MEDICARE BUY-IN COVERAGE

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Section 50763@ Beneficiary Responsibility - Other Health Care Coverage

## **50763 Beneficiary Responsibility - Other Health Care Coverage**

### **(a)**

An applicant or beneficiary shall: (1) Apply for, and/or retain any available health care coverage when no cost is involved. (2) Report to the county department any entitlement to other health care coverage at the time of application, reapplication, or redetermination; and report any change in entitlement no later than 10 calendar days from the date the beneficiary was notified of the change by the employer or insurer. The report shall include name of carrier, policy and group numbers, and termination date, if available. (3) Utilize other available health care coverage prior to utilizing Medi-Cal coverage. (4) Report to the county department services received as the result of an accident or injury as specified in Section 50771(b), and report the information specified in Section 50771(d)(2). (5) Provide current other health care coverage billing information to the provider at the time the service is received. This information shall include the name of the other health care coverage, policy and group numbers, and termination date, if available.

#### **(1)**

Apply for, and/or retain any available health care coverage when no cost is involved.

#### **(2)**

Report to the county department any entitlement to other health care coverage at the time of application, reapplication, or redetermination; and report any change in

entitlement no later than 10 calendar days from the date the beneficiary was notified of the change by the employer or insurer. The report shall include name of carrier, policy and group numbers, and termination date, if available.

**(3)**

Utilize other available health care coverage prior to utilizing Medi-Cal coverage.

**(4)**

Report to the county department services received as the result of an accident or injury as specified in Section 50771(b), and report the information specified in Section 50771(d)(2).

**(5)**

Provide current other health care coverage billing information to the provider at the time the service is received. This information shall include the name of the other health care coverage, policy and group numbers, and termination date, if available.

**(b)**

Compliance with the other health care coverage requirements of subsection (a)(1) shall be a condition of receiving Medi-Cal covered benefits to the party responsible for the acquisition or continuance of such health care coverage, and shall not interfere with Medi-Cal benefits provided to the remaining family unit.