

12/1/93
 C

Bulletin No. 93-61

P-2122

P-2122 Sources of Verification for Eligibility
Determination (Cont'd)

C. Health Insurance Data

Medicaid is the "payor of last resort" after all other health insurance and other third-party payment resources have been applied. Enter in ACCESS the data on health insurance coverage, including program or company, policy or ID number, and dates of coverage (beginning and ending dates where applicable). Verify premium amounts and the payor to determine what is allowed in Medicaid and Food Stamps budgeting.

<u>Insurance Type</u>	<u>Sources Available To Client</u>	<u>Other Sources</u>
1. Medicare-Hospital(Part A)	Medicare ID card Premium bill	Bendex (see P-2115)
2. Medicare-Medical (Part B)	Medicare ID card	Bendex (see P-2115) Premium Bill Award Letter
compared		to check
3. Veteran's Benefits	Veteran's other insurance identification document	Award letter or Administration (see P-2122 B#9)
4. Individual or Family Policy	Identification Card Premium Bill	Insurance Company Insurance Agent Insurance Policy
5. Group Policy	Identification Card Premium Bill	Employer (or other group
agent)	Insurance Policy or	Insurance
Company	Equivalent Explanation of Policy Furnished to group	Insurance Agent members

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|----|--|--|---|
| 6. | Fraternal Policy | Card
Organization by-laws,
other agent | Identification
Group officer
or
etc. |
| 7. | Champus/Champva

(dependents of active
duty, retired, deceased
military personnel
automatically eligible) | ID card | Champus/Ch
ampva
representative
for specific
branch of
service |

When a DSW 202 (Statement of Need) for a Medicaid applicant does not include complete data on health insurance coverage and a face-to-face interview is not required, send the applicant a DSW 212I (Health Insurance Information Request) with a DSW 202V (Verification Request) and request its return within 12 days.