



State of California—Health and Human Services Agency
Department of Health Care Services



WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

December 8, 2020

Subject: Retroactive Rate Adjustment of Claims for Blood Factor Products

Dear Provider:

The Department of Health Care Services (DHCS) updated provider reimbursement rates for Average Sales Price (ASP) for Blood Factor products, effective retroactively for dates of service on or after April 1, 2020. This necessitates voiding and resubmitting affected claims.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit erroneously paid claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning December 24, 2020, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning December 31, 2020, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN.

The recoveries are authorized under the provisions of Welfare and Institutions Code (W&I Code), Sections 14176 and 14177, and California Code of Regulations (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize DHCS to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of these voids or resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal website (www.medi-cal.ca.gov). For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.



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If you have questions regarding these voids or resubmissions, please call the California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Cindy Garrett

Cindy Garrett

Director, Provider & Member Services

Gainwell Technologies, on behalf of

California Department of Health Care Services

Reference Number: P41677