



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



WILL LIGHTBOURNE
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

PROVIDER NAME
 ADDRESS 1
 ADDRESS 2
 CITY, STATE ZIP

October 25, 2021
 NPI # 123456789

Subject: Resubmission of Erroneously Denied County Inmate Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting county inmate claims of recipients with one of the following primary aid codes:

F3	G7	J2	J8
F4	G8	J3	K6
G3	N7	J4	K7
G4	N8	J5	K8
G5	N0	J6	K9
G6	J1	J7	

This issue caused some claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- **0002: The recipient is not eligible for benefits under the Medi-Cal program or other special programs.**
- **9996: The county does not have a signed MCIP agreement in effect.**

The issue affected claims for dates of service from January 1, 2014, through July 23, 2021.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will resubmit the affected claims. These resubmissions will appear on RAD forms beginning October 21, 2021, with Claim Control Number prefixes **128455 or 128288**.

If you disagree with any of these 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 Provider 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 Provider website.

If you have questions regarding these resubmissions, please call the California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 5 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: P42955