



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

May 19, 2022
NPI # 123456789

REPROCESSING OF ERRONEOUSLY PAID AND DENIED TRIBAL FQHC SERVICES CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) updated the California Medicaid Management Information System (CA-MMIS) to establish Tribal Federally Qualified Health Centers (FQHC) as a new provider type, effective retroactively for dates of service on or after January 1, 2021. Some claims processed before the system update could have been erroneously paid or denied.

No action is required on your part. The CA-MMIS Fiscal Intermediary will void and resubmit erroneously paid claims and resubmit erroneously denied claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning June 16, 2022, with **RAD code 0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning June 23, 2022. Resubmissions of denied claims will appear on RAD forms beginning May 5, 2022, with Claim Control Number (CCN) prefix 211655.

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.

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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: P43596