



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

PROVIDER NAME
ADDRESS 1
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CITY, STATE ZIP

January 31, 2023
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED OTHER HEALTH COVERAGE (OHC)
CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting Other Health Coverage (OHC) claims. This issue caused claims to erroneously deny with following Remittance Advice Details (RAD) codes for Error code 0360:

- **0245: Medi-Cal is not obligated to pay for HMO/PHP or Medicare covered services when recipient chooses not to go to a plan provider.**
- **0640: Recipient is not eligible for Medi-Cal benefits without complete denial of coverage from the Medicare Health Maintenance Organization (HMO), Competitive Medical Plan (CMP) or Health Care Prepayment Plan (HCPP). Medi-Cal is not obligated for plan services when the recipient chooses not to go to a plan provider.**
- **0641: Recipient is not eligible for Medi-Cal benefits without complete denial of coverage from Mutual of Omaha.**
- **0642: Recipient not eligible for Medi-Cal benefits without complete denial of coverage letter from Metropolitan Life.**
- **0645: Recipient not eligible for Medi-Cal benefits without complete denial of coverage letter from Travelers.**
- **0647: Recipient not eligible for Medi-Cal benefits without complete denial of coverage letter from private insurance carrier.**
- **0648: Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Great West Life Assurance.**
- **0649: Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Provident Life and Accident.**
- **0652: Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Alta Health Strategies.**
- **0654: Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Allstate Life Insurance.**

- **0657: Recipient not eligible for Medi-Cal benefits until payment/denial information is given from other insurance carrier.**

The issue affected claims for dates of service from January 1, 2013, through September 26, 2022. Claims are expected to deny with correct RAD code 0644 (Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Equicor/Equitable).

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 February 2, 2023, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix.

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: P44193