



WILL LIGHTBOURNE
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

June 30, 2021
NPI # 123456789

Subject: Reprocessing of Erroneously Paid and Denied Medicare Crossover Claims

Dear Provider:

The Department of Health Care Services (DHCS) updated Medicare deductibles and coinsurance rates for outpatient, inpatient and medical claims, effective retroactively for dates of service on or after January 1, 2021. Some claims processed before the rate update could have been erroneously paid or denied with Remittance Advice Details (RAD) code **0375: EOB Not Attached. Bill Medicare.**

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit erroneously paid claims and resubmit erroneously denied claims. These voids will appear on RAD forms beginning July 22, 2021, with RAD code **0819: Void and Resubmit of Claims Processed in Error.** Corresponding resubmissions will appear on RAD forms beginning July 29, 2021. Resubmissions of denied claims will appear on RAD forms beginning July 1, 2021, 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 resubmissions or voids, 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 or voids, 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: P42698