

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

April 15, 2025
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED LTC ROLL - 46 CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims for Medicare Long Term Care (LTC) replacement. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0002: Recipient not eligible for benefits under Medi-Cal program or other special programs**. The issue was resolved on January 13, 2025. However, it is anticipated a majority of these claims have already been reprocessed via other channels. If your claim has not already been reprocessed and there are no additional claim errors, the new claim resubmission will be paid. If your claim has already been reprocessed or there are additional claim errors, the new claim resubmission will be denied.

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 April 3, 2025, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the Claim Control Number (CCN) prefix **508455**.

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, refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal Providers website (www.medi-cal.ca.gov). For *Appeal Form* completion instructions, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Providers website.



Page 2
April 15, 2025

If you have questions regarding these resubmissions, 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: P45447