

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

August 20, 2024
NPI # 123456789

REPROCESSING OF ERRONEOUSLY PAID AND DENIED CLAIMS FOR SELECT PROCEDURE CODES

Dear Provider:

The Department of Health Care Services (DHCS) updated provider reimbursement rates for select procedure codes for Ventral Hernia Repairs, effective retroactively for dates of service on or after January 1, 2023. It caused some claims to erroneously pay and some claims to erroneously deny, resulting in both claim overpayments and underpayments.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will resubmit and adjust the affected claims. These resubmissions will appear on *Remittance Advice Details* (RAD) forms beginning August 8, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **421255**.

These adjustments will appear on RAD forms beginning August 8, 2024, (for positive adjustments) and September 12, 2024, (for negative adjustments), with RAD code **0893: Retroactive rate adjustments**.

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 and adjustments, 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 and adjustments, 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: P44971