



January 24, 2008

Dear Long Term Care Provider,

Subject: Duplicate Claims Paid

EDS has identified a processing error that resulted in the erroneous payment of Long Term Care (LTC) claims that overlap or are duplicates of other LTC claims. This error occurred for dates of processing beginning October 5, 2005 through November 18, 2006. A separate letter, dated July 30, 2007, addressed cases where the overlap or duplication involved the same provider. This letter addresses cases where the claim(s) from one facility overlap or duplicate the claim(s) from another facility.

EDS considered the following while identifying conflicts between claims:

- Where a claim was paid for fewer days than billed, the unpaid days (considered to be at the end of the timeframe) were not counted.
- Claims allowed \$0.00 (before deducting non-Medi-Cal payments) were not counted.
- Where one facility billed for bedhold, and the other facility billed for regular accommodation, the overlap was excused (not counted as a conflict).
- Where one facility overlaps the other facility by only one day (start day or end day), the overlap was excused.
- Where the claim processed later was an appeal, the overlap was excused.

For overlap between different facilities, the EDS computer system cannot determine which claim is valid (cannot determine where the patient actually was). It is suspected that in many cases, when a patient was transferred, the exit facility continued billing as a matter of habit, with no fraud involved.

Enclosed with this letter is a list of your claims, which overlap claims from other facilities. If you have any evidence of where the patient actually was, or if you would like to simply sign a statement that you have double-checked that the billing is correct (not an oversight), please submit the signed statement, or a copy of the evidence, within 60 days of the date of this letter, to:

EDS
Attn: Correspondence Specialist Unit
P.O. Box 13029
Sacramento, CA 95813-4029

With evidence in hand, EDS will determine which claims to recover. Claims will appear as voids on *Remittance Advice Details* (RADs) with RAD code **887: Void of duplicate claims**. This will occur approximately 90 days after the date of this letter.

EDS
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

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This recovery is 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 the Department of Health Care Services (DHCS) to enter into repayment agreements with providers or offset overpayments against amounts due. If your 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 payments.

You may submit an appeal within 90 days of the void RAD date. In cases of only partial overlap, where the recovered claim would become payable with modified dates of service, providers are strongly encouraged to appeal. Please refer to the *Appeal Form Completion* section in a Part 2 Medi-Cal provider manual or on the Medi-Cal Web site (www.medi-cal.ca.gov) for instructions on how to submit an appeal.

If you have any questions regarding this adjustment, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11 then 18.

Sincerely,

A handwritten signature in cursive script that reads "Nona Carpenter".

Nona Carpenter
Provider Relations Director

Enclosure

Reference Number: P6101b

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3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

