



January 13, 2010

Dear Provider,

Subject: Resubmission of CCS Claims Paid/Denied under Medi-Cal Financial Program

The Department of Health Care Services (DHCS) and EDS, an HP company, discovered a system error that resulted in claims for the California Children's Services (CCS)-eligible recipients that had limited scope Medi-Cal eligibility being paid out of Medi-Cal funds instead of CCS funds. Some of these claims were denied with RAD code **0093: Non-emergency services are not payable for limited service OBRA/IRCA recipients** instead of being paid out of CCS funds. The claims processing system was updated in January 2009.

No action is required on your part. EDS is reprocessing the affected claims since date of processing January 1, 2007, through January 9, 2009. CCS claims paid out of Medi-Cal funds will be voided and resubmitted to be paid by CCS. Erroneously denied claims will be resubmitted. Voids will appear on *Remittance Advice Details* (RADs) beginning January 25, 2010 with RAD code **0975: Adjust across financial programs**. Resubmitted claims will appear on RADs beginning January 25, 2010, with Claim Control Number (CCN) prefix **001955**.

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 the Department of Health Services 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 adjustments, you may submit a *Claims Inquiry Form* (CIF) within six months 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 Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)).

If you have questions, please call the Telephone Service Center at 1-800-541-5555, option 11, followed by option 18.

A handwritten signature in black ink that reads 'Nona Carpenter'.

Nona Carpenter  
Provider Relations Director

Reference Number: P10834

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