



Integrated System News Bulletin

Delayed Medi-Cal Claim Files
Attention: SD/Medi-Cal Providers

STOP – Impact to You

LACDMH has recently received information from the State DMH that some denied Medi-Cal claim files were not returned timely to LACDMH. As a result, about two-thirds of these claims have service dates older than 13 months and about one-third are 6-12 months old.

CAUTION – What You Need to Know

Because the State did not release these denied claims to LACDMH timely, they are allowing us additional time to correct and resubmit those claims that are eligible. ***The exception to this is any claim that was previously denied due to Late Submission will still be denied. The Late Submission error means the State denied the claim because the claim file was received greater than 12 months after the month of service. Some providers have already resubmitted these late submission claims since they were included in the prior report and we apologize for this major inconvenience. Unfortunately this was not known at the time the Delayed Medi-Cal Claims Report was originally sent to providers. The claims that were late submissions, for whatever reason, will be subject to the “Provider Dispute Resolution Process” for FY 2004-05. The Office of Finance will announce when this process for FY 2004-05 will begin.***



GO – What You Need to Do

The revised report lists the claims submitted by your provider that were included in the denied claim files that were held by the State (***again the late submission claims have been excluded***). ***This revised report is a subset of the original report so no new claims will appear. In addition, we have identified claims that have been resubmitted by adding a Resub column to the report. Resubmitted claims from the prior report (excluding claims with late submission) are marked with Y.*** You are responsible for reviewing this report to determine which claims can be resubmitted, making the necessary corrections in the IS and resubmitting the appropriate claims. When resubmitting these claims use late code 1.

If you have claims to resubmit from the report but the service was delivered by a rendering provider who is terminated, you may fax requests to lift termination dates for rendering providers by faxing to (213) 252-8743. Please include in your request the

provider number for the request, the rendering provider name, staff code and reporting unit(s). The request should be signed by a person who is an 'authorized signer' for the provider. Please allow two business days after the date the request is faxed to process the request.

The reports will go in the mail beginning Friday, September 1st. If you do not receive a report, you may call the Help Desk to find out if a report was mailed to your provider. The new deadline for resubmitting claims from this report is September 30, 2006. After the claims from the revised report have been successfully resubmitted and are in a pending status, they will remain in pending until after the 9/30/06 deadline. Sierra will sweep the database for the appropriate claim numbers to be picked up. This will occur the first two weeks of October. You will begin seeing these claims move from pending to forwarded status.

*Please note that resubmitted claims that fall into the late submission category that were excluded from this report will **NOT BE HELD UNTIL THE 9/30/06 DEADLINE** and will move from pending to forwarded with the next claims processing cycle to the State. They will be adjudicated by the State, but as previously stated, will be denied.*

Questions about claiming in the IS should be directed to the Help Desk at (213) 351-1335. Finance questions such as payments and plans should be directed Provider Reimbursement at (213) 738-4692.