Remittance Advice Details (RAD): Payments and Claim Status

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This section contains information to assist providers in reconciling payment problems.

Overpayments

When overpayments by the Department of Health Care Services (DHCS) are noted on *Remittance Advice Details* (RAD), providers can use one of the following three options to correct the error.

Option 1: Issuing a Personal Check

1. Providers may prepare a check payable to the "Department of Health Care Services" for the total amount overpaid. The provider number should be included on the face of the check. Providers must not refund more than the amount paid.
2. Providers should attach to the check a photocopy of the RAD on which the claims are listed and underline each claim involved so adjustments can be made to the claims history file.
3. Providers should send a check and copy of the RAD to:

   Attn: Accounting Section
   Department of Health Care Services
   MS 1101
   1501 Capitol Avenue, Suite 71-2048
   P.O. Box 997413
   Sacramento, CA 95899-7413

Option 2: Submitting a CIF

1. Providers may complete a *Claims Inquiry Form* (CIF), and request an adjustment. An explanation of the nature of the request should be included.
2. Providers should attach to the completed CIF a copy of the RAD on which the claims are listed and underline each claim involved so adjustments can be made to the claims history file.
3. Providers should submit the CIF and a copy of the RAD to the California MMIS Fiscal Intermediary at the following address:

   California MMIS Fiscal Intermediary
   P.O. Box 15300
   Sacramento, CA 95851-1300

Overpayments are recovered on subsequent payment periods, or checkwrites, and appear as negative adjustments on the RAD until they are completely recovered. Refer to the *CIF Completion* section in this manual for additional information.

Option 3: Returning a Warrant

Providers may return a warrant to the State Controller's Office (SCO) by following the instructions on the back of the warrant. Providers should include specific information about each claim that appears on the RAD.

Questions regarding overpayment corrections may be directed to the Telephone Service Center (TSC) at 1-800-541-5555.

Underpayments

Providers may request an adjustment for underpayments by submitting a *Claims Inquiry Form* (CIF). Refer to the *CIF Completion* section in this manual for instructions.

No Record of Claim

If a claim was submitted and does not appear on a RAD within 45 days, providers may use a CIF as a tracer. If the tracer response indicates no record of the claim, providers must file an appeal. Providers should attach the tracer response to the appeal and send a copy of the claim to the FI to have it reconsidered. Refer to the *CIF Completion* section in this manual for more information about tracers. Refer to the *Appeal Process Overview* section in the Part 1 manual for information about appeals.

Note: Providers also may rebill using an original claim form if the service date is within the six-month billing limit.

Suspended Claims

Providers should take no action on suspended claims, which require manual review by the FI. After approximately 30 days, a suspended claim should appear as a payment or denial on the RAD.

Reconsideration of Denied Claims

Providers may request reconsideration of denied claims by submitting a CIF. Refer to the *CIF Completion* section in this manual for additional information.

Exception: CIFs may not be used to request reconsideration of a claim denied for National Correct Coding Initiative (NCCI) reasons. Providers must submit an appeal instead. ‹‹Refer to the *Correct Coding Initiative: National* section in the appropriate Part 2 manual for NCCI appeal instructions.››

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.