



HP Enterprise Services  
3215 Prospect Park Drive  
Rancho Cordova, CA 95670-6017  
+1 800.541.5555

August 9, 2011

Dear Medicare Provider,

Subject: Adjustment of Part-B Crossover Blood Factor and Anti-Cancer Drug Claims

In January 2010, the Department of Health Care Services (DHCS) stopped payment reductions retroactive to July 1, 2008 in various Pharmacy claims allowed by the *Budget Trailer Bill*. However, these changes were implemented on October 2, 2010 to Part-B Crossover claims billed for blood factor and anti-cancer drugs. Due to these retroactive changes, the affected claims with *Remittance Advice Details* (RAD) dates from July 1, 2008 through October 2, 2010 were underpaid with a 1 percent or 10 percent reduction.

No action is required on your part. To correct the paid amount, HP Enterprise Services is reprocessing affected claims with dates of service from July 1, 2008 through October 2, 2010. Voids will appear on RADs beginning August 18, 2011 with RAD code **819: Void and resubmission of claims processed in error**. Resubmits will appear on RADs beginning the week of August 25, 2011, with Claim Control Number (CCN) prefix **122688**

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.

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 website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)).

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, select option 11 followed by option 17.

Sincerely,

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

Nona Carpenter  
Provider Relations Director

Reference Number: P16886