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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

March 22, 2016

CCS Information Notice: 16-02

TO: ALL LOCAL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)
COUNTY PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS,
COUNTY MEDICAL STAFF, AND SYSTEMS OF CARE DIVISION (SCD)
STAFF

SUBJECT: LINKING A NEWBORN INFANT'S CLIENT INDEX NUMBER (CIN) TO
THE INFANT'S MEDI-CAL ELIGIBLE MOTHER'S CIN

We have recently received a number of complaints from county CCS programs regarding claims for infants born to Medi-Cal eligible mothers. These claims are reporting as paid from CCS Program-only funds under the CCS Program diagnosis or treatment category on the MR-O-910 and MR-O-940 CCS Program Paid Claims Reports rather than the claims being paid from Medi-Cal funds.

As a result of our research, we discovered that county CCS programs assigned a new CIN to the infant when the infant's CCS Program case was opened in CMS Net. However, the necessary action to link the infant's CIN to the Mother's Medi-Cal case was not completed.

Please review the policy and procedures established for linking an infant's CIN to the Medi-Cal eligible mother's Medi-Cal case promulgated by CCS Program Numbered Letter (N.L.) 26-0905, and This Computes Information Bulletin #162. Periodically, these procedures are updated; therefore, it is essential for county CCS program staff to stay up to date regarding this issue.

Claim costs for a CCS Program infant which should have been paid from Medi-Cal funds are paid from CCS Program-only funds when the infant's CIN has not been linked in the Medi-Cal Eligibility Data System (MEDS) to the mother's Medi-Cal case or when the provider does not bill the claim using the mother's CIN. To correct this, the county CCS program that authorized the services is required to work with the provider in order to void the original claim and to prepare a corrected claim using the mother's CIN.

This is accomplished by preparation and submission to Xerox of a *Claims Inquiry Form* (CIF) requesting a void of the original paid claim. Once the provider receives a

Medi-Cal warrant/*Remittance Advice Details* (RAD) showing the claim was successfully voided, the provider must submit an Appeal. The Appeal must contain a corrected claim containing the appropriate CIN along with the RAD from the CIF that reflects the void of the original paid claim. Providers must follow the two (2) step process referenced in part two (2) of the provider manual section "*cif co*" pg 4.

The provider must explain in the "*Reason for Appeal*" field (Box 13) on the Appeal form that the new claim(s) and voided claim(s) have different identifications (ID's) because the corrected claim reflects the baby billing under the mother's ID. Do not mark any boxes within the "*Common Appeal Reason*" field (Box 14). Additional completion guidelines on submitting an appeal can be located in the *Appeal Form Completion* (appeal form) section of the appropriate part two (2) provider manual.

It is also important to note that the corrected claim(s) attached to the Appeal form must contain the phrase "Baby Using Mom's ID" in the comment field of the claim form, along with any other appropriate documentation that is needed to successfully adjudicate the claim.

Providers are encouraged to review part one (1) of the Medi-Cal provider manual, section, "*elig rec crd*", page six (6) for information related to a baby using the mother's CIN or ID number, part two (2) of the Medi-Cal manual, section "*cif co*" for CIF completion instructions and section "appeal form" for Appeal completion requirements.

Reference:

- (a) CCS N.L. 26-0905
- (b) This Computes Information Bulletin #162

If you have questions regarding this policy, please contact James Delgado at (916) 327-1220 or via e-mail at James.Delgado@dhcs.ca.gov . For questions related to completing the CIF void or appeal process, please contact the Xerox Telephone Service Center at 800-541-5555.

Sincerely,

ORIGINAL SIGNED BY ANASTASIA DODSON

Anastasia Dodson, Acting Chief
Systems of Care Division