

GOOD CAUSE CERTIFICATION
Retroactive Eligibility - Delay Reason Code 8

_____ requests a waiver of the 30-day Drug Medi-Cal billing limitation for the claims listed below.

COUNTY/DIRECT PROVIDER

EDI File Name: _____

By signing below, I certify that I have reviewed the claims in the above-named EDI file using the Attachment Control Number listed above, and that each such claim is being submitted more than 30 days after the end of the month of service due to delay or error in the certification or determination of the Medi-Cal eligibility by the State or county for the client to whom services identified on that claim were provided. I also certify that each of those claim(s) are being submitted not later than 60 days after that delay or error was resolved by the State or county, and that documentation substantiating those circumstances for each client are on file with the above named county or direct provider and will be made available to the California Department of Health Care Services (DHCS) on request for auditing and monitoring purposes. I further acknowledge that I understand that DHCS will rely on this certification in determining that this late submission is acceptable under Title 22 of the California Code of Regulations, Section 51008.5.A14.

Signature: COUNTY/DIRECT PROVIDER REPRESENTATIVE

Date:

Phone Number

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