



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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Information Notice #2013-F-01-CCF

**Subject:       Discontinuance of Void and Replace Form (V/R) – Effective July 1, 2013.  
                  Use New Form: Claims Corrections Form (CCF) – Effective July 1, 2013**

In an effort to comply with state and federal regulations and to streamline the V/R request process, the Void and Replace (V/R) form, also known as the Denied Corrections System Form (DCS) will be discontinued as of 6/30/2013. Request for changes to service lines will be submitted on the new Claims Corrections Form (CCF) effective July 1, 2013.

The CCF will look familiar to you with a few changes to the form:

- 1) The creation of additional reason codes
- 2) The implementation of a co-staff checkbox to indicate co-staff time

All of these changes are detailed in the attached instructions and can also be found on the instructions tab of the CCF form which will be located on the provider website **beginning June 15<sup>th</sup>, 2013.**

In addition to the information available on the provider website, BHCS will be holding several trainings in the month of June. You will receive information regarding training in the coming weeks. This training is mandatory.

When preparing this form, please remember that State timeliness guidelines will apply to the process. Also, please bare in mind that services on the CCF may be eligible for recoupment

Please remember, that like V/R forms, CCF will only be accepted via email at [ccfcoordinator@acbhcs.org](mailto:ccfcoordinator@acbhcs.org) (note the change in email from the V/R form) and standard mail addressed to the CCF Coordinator. Timely submission of the CCF is required.

For questions regarding the information in this notice, please contact the MediCal Unit at [Medi-CalFinanceUnit@acbhcs.org](mailto:Medi-CalFinanceUnit@acbhcs.org).

Sincerely,  
MediCal Finance Unit  
Alameda County BHCS  
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Attachments

