



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

www.xerox.com/govhealthcare

February 18, 2014

Subject: Resubmission of Erroneously Denied Claims

Dear Provider:

In 2010, the Department of Health Care Services identified a claims processing issue causing claims to be erroneously denied with Remittance Advice Details (RAD) codes **0002: The recipient is not eligible for benefits under the Medi-Cal program or other special programs** and **0314: Recipient is not eligible for the month of service billed**. The system was corrected on December 14, 2010, and therefore not a factor in currently denied claims.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims denied for adjudication dates on or after January 1, 2009, through December 14, 2010, in phases by claim type. The resubmissions will appear on RADs beginning February 27, 2014, with Claim Control Number (CCN) prefixes **403155, 403255, 403355, 403755, 403855, 403955, 404055** and **404155**.

If you disagree with these resubmissions, 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).

If you have questions regarding these adjustments, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5 followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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