



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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www.xerox.com/govhealthcare

May 7, 2014

Subject: Resubmission of Erroneously Paid Medicare Part B Claims

Dear Provider:

An issue has been identified with Claim Control Number (CCN) assignment of Medicare Part B claims processed during December 2012.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will void affected claims with a payment date of December 24, 2012, and resubmit these claims with new CCNs. Voids will appear on *Remittance Advice Details* (RAD) beginning May 15, 2014, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RADs beginning the week of May 29, 2014, with CCN prefix **413188**.

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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California MMIS
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Reference Number: P14796