



**Tanya E. Schuhmeier**  
Director, Provider Relations  
California MMIS

Xerox State Healthcare, LLC  
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[www.xerox.com/govhealthcare](http://www.xerox.com/govhealthcare)

June 30, 2014

**Subject: Resubmission of Erroneously Denied Family PACT Claims**

Dear Provider:

On December 30, 2013, Xerox State Healthcare, LLC (Xerox) performed a Health Insurance Portability and Accountability Act (HIPAA) code conversion to end-date existing local procedure and diagnosis codes for the Family PACT (Planning, Access, Care and Treatment) Program and Medi-Cal family planning services. Some incorrect denials have been linked to this system enhancement. The system was updated on March 28, 2014, fixing the errors that caused these incorrect denials.

No action is required on your part. Xerox will resubmit the incorrectly denied claims billed for dates of service from December 30, 2013, through March 28, 2014. These resubmits will appear on *Remittance Advice Details* (RAD) beginning July 10, 2014, with Claim Control Number (CCN) prefixes **417055** and **417155**.

If you disagree with any of 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](http://www.medi-cal.ca.gov)).

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

Sincerely,

*Tanya E. Schuhmeier*

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Reference Number: P19442