



Tanya E. Schuhmeier
Director, Provider Relations
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June 30, 2014

Subject: Resubmission of RHC/FQHC Medicare Advantage and HMO Crossover Claims

Dear Provider:

The Department of Health Care Services (DHCS) has identified a claims processing issue that caused claims for per-visit code 02 to be erroneously denied with Remittance Advice Details (RAD) code **0623: The claim has been denied due to OHC (Other Health Coverage) having paid in full or OHC payment exceeding Medi-Cal allowed amount** for dates of service from September 1, 2010, through May 1, 2012.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims processed beginning September 1, 2010, through May 1, 2012. These resubmissions will appear on RADs beginning July 3, 2014, with Claim Control Number (CCN) prefix **416855**.

If you disagree with these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days 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). For *Appeal Form* completion instructions please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.

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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Reference Number: P16171