



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

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July 7, 2014

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

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing Family PACT (Planning, Access, Care and Treatment) claims to erroneously deny with Remittance Advice Details (RAD) code **0002: The recipient is not eligible for benefits under the Medi-Cal program or other special programs.**

No action is required on your part. Xerox State Healthcare, LLC will resubmit the affected claims processed from January 1, 2009, through December 31, 2010. These resubmissions will appear on RADs beginning July 10, 2014.

If you disagree with any of 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](http://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 resubmissions, 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: P3642