



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
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www.xerox.com/govhealthcare

September 8, 2014

Subject: Resubmission of Erroneously Denied Crossover Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing crossover claims to erroneously deny with Remittance Advice Details (RAD) code **0314: Recipient is not eligible for the month of service billed**. The issue affected claims processed from July 7, 2012, through July 22, 2013. Claims adjudicated from July 7, 2012, through December 8, 2012, were resubmitted during December 2012 with a temporary fix to the system. A permanent fix to the system was implemented on July 22, 2013.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the remaining erroneously denied claims. The resubmissions will appear on RADs beginning September 4, 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). 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 at 1-800-541-5555, option 5, followed by option 4.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P9931