



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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September 8, 2014

Subject: Void and Resubmission of Continuing Care Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing continuing care claims with invalid National Drug Codes to erroneously pay. The issue affected claims for dates of service from August 1, 2011, through July 1, 2013.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will void and resubmit the affected claims. The voids will appear on *Remittance Advice Details* (RAD) beginning September 18, 2014, with RAD code **0819: Void and resubmit of claims processed in error**. The resubmissions will appear on RADs beginning October 2, 2014.

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize DHCS to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of these resubmissions, you may submit an *Appeal Form* within 90 days of the void RAD date. For *Appeal Form* completion instructions please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Web site (www.medi-cal.ca.gov).

If you have questions regarding these resubmissions, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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