



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

Xerox State Healthcare, LLC  
820 Stillwater Road  
West Sacramento, CA 95605

[www.xerox.com/govhealthcare](http://www.xerox.com/govhealthcare)

October 24, 2014

**Subject: Resubmission of Claims Submitted by FQHC/RHC and IHS**

Dear Provider:

Effective for dates of service between October 1, 2009, through June 30, 2012, outpatient claims submitted by Federally Qualified Health Centers/Rural Health Clinics (FQHC/RHC) or Indian Health Services (IHS) billed with local code **19: Children's Health Insurance Program Healthy Family Program (CHIP) Visit** using aid codes 0C, 8X, 9H and 9T were erroneously paid or denied when a waiver should have been in place.

Claims were erroneously paid with *Remittance Advice Details* (RAD) codes **0475: Claims submitted during the seventh through ninth month after the month of service without a valid billing limit exception are reduced to 75 percent of the allowed amount** and **0476: Claims submitted during the 10th through 12th month after the month of service without a valid billing limit exception are reduced to 50 percent of the allowed amount**. Claims were erroneously denied with RAD code **0021: This claim was received after the one-year maximum billing limitation**.

Xerox State Healthcare, LLC (Xerox) reprocessed the erroneously paid and denied claims during April 2014. However, due to a system issue, all reprocessed claims were erroneously paid or denied as before.

No action is required on your part. Xerox will void and resubmit the affected claims. Voids will appear on RADs beginning November 6, 2014, with RAD code **0819: Void and resubmit of claims processed in error**. Resubmissions for erroneously paid claims will appear on RADs beginning November 20, 2014. Resubmissions for erroneously denied claims will appear on RADs beginning November 6, 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. If you disagree with any of the voids, 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 at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

*Tanya E. Schuhmeier*

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Reference Number: P18936