



**Tanya E. Schuhmeier**  
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June 29, 2015

**Subject: Resubmission of Claims Due to Processing and Funding Errors**

Dear Provider:

The Department of Health Care Services (DHCS) has identified a claims processing issue causing some claims to be erroneously reimbursed by the California Children's Services (CCS) Program that should have been paid by the Healthy Families Program or the Medi-Cal program. Additionally, some claims were erroneously denied for eligibility-related errors.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit claims paid under the CCS program for dates of service from September 1, 2012, through September 26, 2014, to the correct payer source program. For each resubmitted paid claim, two lines will appear on the *Remittance Advice Details* (RAD) form: a negation of the original claim and a replacement claim. The negation lines will appear on the CCS RAD and the replacement lines will appear on the Healthy Families/Medi-Cal RAD. These resubmissions will appear on RAD forms beginning July 2, 2015, with RAD code **0975: Adjust across financial programs**.

Xerox will also resubmit claims erroneously denied for eligibility-related issues for dates of service from September 1, 2012, through September 26, 2014. These resubmissions will appear on RAD forms beginning July 9, 2015, with Claim Control Number (CCN) prefix **517355**.

In some instances involving providers contracted for inpatient services, providers may see reduced payments due to contractual agreements with Medi-Cal. Reprocessed claims are subject to all features of the claims processing system. All relevant retroactive changes will be applied.

The recoveries, which are only anticipated for CCS RAD forms, 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 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 at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

*Tanya E. Schuhmeier*

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