



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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

www.xerox.com/govhealthcare

November 4, 2015

Subject: Resubmission of Erroneously Voided Claims

Dear Provider:

The Department of Health Care Services (DHCS) has identified a claims processing issue that resulted in erroneously voided payments. The voided payments appeared on *Remittance Advice Details* (RAD) forms beginning April 2, 2015, with RAD code **0821: Void of claim non-payable on date of service**.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims for dates of service on or after April 23, 2010, through January 25, 2013. These resubmissions will appear on RADs beginning November 19, 2015, with Claim Control Number (CCN) prefix **530855**.

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 6.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P29825