



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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

www.xerox.com/govhealthcare

February 15, 2016

Subject: Resubmission of Erroneously Denied Family PACT Claims

Dear Provider:

An Erroneous Payment Correction letter (EPC), dated July 8, 2015 (reference number: P27704), notified pharmacies that some claims were paid erroneously for certain drugs covered under the Family Planning, Access, Care and Treatment (Family PACT) Program and that these claims would be voided and resubmitted. The voids would have appeared on *Remittance Advice Details* (RAD) forms beginning August 6, 2015, with RAD code **0819: Void and resubmit of claims processed in error.**

However, the resubmitted claims were denied by the system and appeared on RAD forms beginning August 20, 2015, with RAD code **0005: The service billed requires an approved TAR (Treatment Authorization Request).**

Upon further review of the circumstances surrounding these claims, the Department of Health Care Services (DHCS) decided to resubmit the claims for reimbursement.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims. These resubmissions will appear on RAD forms beginning February 18, 2016, with Claim Control Number (CCN) prefix **602955**.

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: P30397