



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
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May 27, 2016

Subject: Void and Resubmission of TCM LEA Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing some Targeted Case Management (TCM) claims billed with HCPCS code T1017 (targeted case management, each 15 minutes) to erroneously pay. The issue affected claims for dates of service from July 1, 2015, through December 22, 2015.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will void and resubmit the affected claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning June 16, 2016, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RADs beginning June 30, 2016, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digit of the CCN.

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 void and 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 void and 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: P31935