



**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)

November 3, 2016

**Subject: Void and Resubmission of Erroneously Paid Family PACT Claims**

Dear Provider:

The Department of Health Care Services (DHCS) has directed Xerox State Healthcare, LLC (Xerox) to void and resubmit erroneously paid Family PACT claims billed with HCPCS codes 99401, 99402 and 99403. The issue affected claims for dates of service from December 23, 2013, through May 23, 2016.

No action is required on your part. Xerox will void and resubmit the affected claims. The voids will appear on *Remittance Advice Details* (RAD) forms beginning November 17, 2016, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning November 24, 2016 with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number combines the fifth and sixth digits 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 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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Director, Provider Relations  
California MMIS  
Xerox State Healthcare, LLC

Reference Number: P34437