



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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

www.xerox.com/govhealthcare

October 12, 2016

Subject: Erroneously Paid MSIP and MCIP Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting some Medi-Cal State Inmate Program (MSIP) and Medi-Cal County Inmate Program (MCIP) claims.

Erroneously paid MSIP claims consist of services billed with the following aid codes: 60, F1, F2, N5, N6, N9, G0, G1, G2 and G9. Providers should not bill DHCS for any state inmate claims. DHCS has a separate reimbursement process with the California Department of Corrections and Rehabilitation (CDCR). Erroneously paid MCIP claims consist of services billed with the following aid codes: F3, N0, N7, N8, G4, G7, J1 and J7. Medi-Cal provider billing for MCIP services is not allowed through Xerox State Healthcare, LLC (Xerox) at this time.

No action is required on your part. Xerox will void the affected claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning October 20, 2016, with RAD code **0834: Void of Claim Due to Provider Billing Error**.

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 voids, 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 voids, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS
Xerox State Healthcare, LLC

Reference Number: P33878