



**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)

February 13, 2015

**Subject: Negative Adjustment of Claims for Retroactive Adjustments to Long Term Care Rates**

Dear Provider:

The Department of Health Care Services (DHCS) updated rates for various Long Term Care (LTC) providers, effective retroactively for dates of service on or after August 1, 2013. These rates are applicable to the following provider categories: Freestanding Nursing Facilities Level-B (FS/NF-B) and Freestanding Adult Subacute Nursing Facilities Level-B (FSSA/NF-B).

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will adjust the affected claims. Positive adjustments appeared on *Remittance Advice Details* (RAD) forms beginning October 23, 2014. Negative adjustments will appear on RAD forms beginning February 26, 2015, with RAD code **0981: State initiated claim adjustment**.

*Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1) authorize DHCS to recover overpayments to providers. Your overpayment will be converted to an accounts receivable (A/R) transaction. After the overpayment is calculated, approximately two weeks from the date of this letter, 5 percent will be withheld from future weekly check writes until the A/R transaction is satisfied. If the reprocessing of a previously paid claim goes into suspense status (e.g., flagged for manual review), the amount of the overpayment on that claim will not be calculated in the claims system until manual review is completed, so the claim can be reprocessed. Any such overpayment will be converted to a separate A/R transaction. The system will withhold an additional 5 percent from future weekly check writes for any such additional A/R transactions until satisfied.

If you disagree with any of these adjustments, 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 adjustments, 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: P19021