



**Tanya E. Schuhmeier**  
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February 17, 2015

**Subject: Adjustment of Claims Due to Reimbursement Rate Update for ICF Providers**

Dear Provider:

The Department of Health Care Services (DHCS) is adjusting claims from Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled/Habilitative (ICF/DD-H) and Intermediate Care Facilities for the Developmentally Disabled/Nursing (ICF/DD-N) providers who had previously billed a lower or higher rate, depending upon the claim, in anticipation of the 2013 – 2014 rates implementation. These adjustments will affect claims for dates of service from August 1, 2013, through May 26, 2014.

No action is required on your part. Xerox State Healthcare, LLC (Xerox), will adjust the affected claims. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning February 12, 2015, with RAD code **0829: LTC retro rate adjustment**.

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*

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