



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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September 17, 2015

**Subject: Inpatient Claims Adjustments Due to Retroactive Rate Updates**

Dear Provider:

The Department of Health Care Services (DHCS) has updated the reimbursement rates listed below, effective retroactively for dates of service from January 12, 2015:

Accommodation Code(s)	Corrected Rate per Day
114 PA and PB	\$600
124 PA and PB	\$600
134 PA and PB	\$600
154 PA and PB	\$600
204 PA and PB	\$600

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will adjust the affected claims for dates of service on or after January 12, 2015. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning September 24, 2015, with RAD code **0899: Inpatient Retroactive 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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