



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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September 15, 2015

**Subject: Adjustment of Inpatient Claims Due to Retroactive Rate Updates**

Dear Provider:

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

Accommodation Code(s)	Corrected Rate per Day
114 PA and PB	\$720
124 PA and PB	\$720
134 PA and PB	\$720
154 PA and PB	\$720
204 PA and PB	\$720

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 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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