



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
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www.xerox.com/govhealthcare

December 13, 2016

Subject: Adjustment of Pharmacy Claims Exempt from 10 Percent Reduction

Dear Provider:

In accordance with State Plan Amendment (SPA) 11-018 and SPA 12-014, the Department of Health Care Services (DHCS) has exempted additional Generic Code Numbers (GCNs) from the Assembly Bill 97 mandatory payment reductions, effective retroactively as follows:

Effective Date	GCN
June 1, 2011	003130, 003131, 003135, 003138, 016142, 016280, 016632, 018755, 019075, 019753, 020986, 021739, 023697, 024442, 024443, 027956, 043195, 044523, 045130, 045172, 045773, 045774, 057958, 058384, 058587, 058588, 058589, 059214, 059215, 059216, 059297, 059298, 059299, 063634, 065953, 067944, 068742, 068821, 068823, 068824, 069982, 071802, 073444, 073810, 074256, 074467, 074468, 074469, 074547, 074807, 074808, 074809, 074810, 074821, 074822, 074867, 074870, 074887, 074888, 074889, 074972, 074973, 075024, 075031, 075032, 075062, 075063, 075069, 075121, 075138, 075146, 075147, 075163, 075164, 075185, 075186, 075187, 075209, 075215, 075216, 075249, 075263, 075264, 075265, 075271, 075312, 075313, 075314, 075315, 075316, 075317, 075318, 075319, 075321, 075514, 075566, 075634, 075812, 075883, 075884, 075885, 075886, 075944, 075945, 075946
October 1, 2015	000239, 000387, 006503, 072787
January 1, 2016	006504, 006586, 022139, 031781, 048586, 048911, 058592, 071347, 071561, 071562, 071564, 072075, 072583, 073201, 073370, 073567, 073654, 074564

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 December 8, 2016, with RAD code **0951: Adjustment to 10% provider payment reduction per Assembly Bill 97 (Chapter 3, Statutes of 2011) effective 06/01/2011**.

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). 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,

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Reference Number: P35376