



Rick McMahan
Director, Provider Relations
California MMIS

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February 14, 2013

Subject: Family PACT Claims Paid in Error

Dear FQHC/RHC Provider:

Xerox State Healthcare, LLC, (Xerox) has identified a system error that resulted in the erroneous payment of Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) per-visit claims for Family PACT (Planning, Access, Care and Treatment) clients. FQHC/RHC per-visit codes are not benefits of the Family PACT Program. Services for claims for Family PACT clients should be billed under the Health Access Programs (HAP) provider number (other than FQHC/RHC) with a standard procedure code.

No action is required on your part. These claims will appear as voids on *Remittance Advice Details* (RAD) beginning February 7, 2013, with RAD code **0953: Void of claim; service is not an FPACT benefit.**

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize the Department of Health Care Services (DHCS) to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of these voids, you may submit an appeal within 90 days of the void RAD date. For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 provider manual or on the Medi-Cal website (www.medi-cal.ca.gov).

If you have questions regarding this adjustment, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Rick McMahan

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