



March 26, 2013

**Tanya E. Schuhmeier**  
Interim Director, Provider  
Relations  
California MMIS

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**Subject: FQHC/RHC Prospective Payment Rate Adjustment**

Dear Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) Provider:

Under the Prospective Payment System (PPS), payment rates are frequently updated retroactively. Rates may increase or decrease.

Retroactive changes create the need for automatic claim reprocessing, which is done periodically. This notice is for the current cycle of PPS claim reprocessing. This is a positive adjustment for facilities with rates that increased. If a facility had a rate reduced, the adjustment is negative. These adjustments will appear on Remittance Advice Details (RAD) beginning April 4, 2013, with RAD code **0882: FQHC/RHC prospective payment adjustment**.

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 an adjustment is denied or if you disagree with an adjustment, you may submit a *Claims Inquiry Form* (CIF) within six months of the RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* section in the appropriate Part 2 provider manual or on the Medi-Cal website ([www.medi-cal.ca.gov](http://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,

*Tanya E. Schuhmeier*

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