



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

www.xerox.com/govhealthcare

November 18, 2015

Subject: FQHC/RHC Prospective Payment Rate Adjustment

Dear Provider:

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

Retroactive rate changes create the need for automatic claim reprocessing, which is done periodically. This notice is for the current cycle of PPS claim reprocessing.

No action is required on your part. Xerox State Healthcare, LLC (Xerox), will adjust the affected claims. If a facility had a rate increased, the adjustment is positive. If a facility had a rate reduced, the adjustment is negative. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning November 19, 2015, (for positive adjustments), and December 3, 2015, (for negative adjustments), with RAD code **0882: FQHC/RHC prospective payment adjustment**.

The adjustments 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 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,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS
Xerox State Healthcare, LLC

Reference Number: P28490