

**INSTRUCTIONS  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)  
RURAL HEALTH CLINIC (RHC) MANAGED CARE DIFFERENTIAL  
RATE REQUEST—REVENUE CODE 521 T1015 SE**

**Please read all instructions carefully before completing these forms.**

The Managed Care Differential Rate Request form is designed to comply with Federal and State regulations to establish a differential rate that reimburses a provider for the difference between their Prospective Payment System (PPS) rate and their Medi-Cal Managed Care reimbursement.

The information provided on these forms is subject to the Medicare reasonable cost-based principles found in 42 CFR, Part 413, and in accordance with California's Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) policies and procedures.

All Medi-Cal providers must follow the e-File Medi-Cal Worksheets Submission Protocol to submit FQHC/RHC Worksheets. Submit the e-file worksheets and the DHCS DocuSign Certification Statement to [Reconciliation.Clinics@dhcs.ca.gov](mailto:Reconciliation.Clinics@dhcs.ca.gov), and you will receive an email response.

For assistance or questions, contact FQHC/RHC Section at (916) 322-1681 or [Clinics@dhcs.ca.gov](mailto:Clinics@dhcs.ca.gov).

We will return incomplete forms for correction. If the forms are returned, we will give instructions noting the deficiencies and corrective action needed.

**MANAGED CARE DIFFERENTIAL RATE PROCESS**

If your clinic participates in the Medi-Cal Managed Care program, you must complete Form DHCS 3100, which provides information on your Managed Care Plan visits and payments. The Department of Health Care Services (DHCS) uses this information to establish your Revenue Code 521 T1015, modifier SE (521 T1015 SE) differential rate. The purpose of the differential rate is to reimburse FQHC/RHC providers on an interim basis the estimated amount payable for Medi-Cal Managed Care visits.

Once the differential rate is established, you may bill the Medi-Cal fiscal intermediary using 521 T1015 SE for each Medi-Cal Managed Care service that meets the definition of a Medi-Cal FQHC/RHC visit. Also, bill the Medi-Cal Managed Care Plan, Medicare fiscal intermediary if dually eligible and any other third-party payers. At the end of the clinic's fiscal year, DHCS will determine total payments received from the Medi-Cal Managed Care Plans, Medicare payments (for Managed Care crossover visits), other third-party payers, and the 521 T1015 SE payments to reconcile these against the clinic's

PPS rate. End of year reconciliations is designed to complete the payment cycle and ensure full PPS rate reimbursement for the adjudicated visits. The FQHC/RHC must file an annual PPS Reconciliation Request (DHCS Form 3097).

## DOCUMENTATION

The reported data on these forms is subject to audit by the Department and must be supported by documentation such as Remittance Advices (RA), Explanation of Benefits (EOB), or other verifiable evidence. The Department will review the request forms and ask for this supporting documentation, thus minimizing the need for onsite reviews.

## STATISTICAL DATA AND CERTIFICATION STATEMENT

### PART A—GENERAL INFORMATION AND CERTIFICATION:

The purpose of this page is to collect licensee information, the licensee's mailing address, the name of the person to contact for necessary information, and to have the contents of the report certified. A licensee is defined as a legal entity, e.g., the organization to which the actual license is issued.

1. Enter Contact Person (Last, First)
2. Enter Contact Telephone Number (xxx) xxx-xxxx
3. Enter Date Submitted (mm/dd/yyyy)
4. Enter FQHC/RHC Name
5. Enter Contact Fax Number (xxx) xxx-xxxx
6. Enter Contact E-mail address
7. Enter FQHC/RHC Address
8. Enter Fiscal Period Start (mm/dd/yyyy)
9. Enter Fiscal Period End (mm/dd/yyyy)
10. Enter FQHC/RHC NPI Number
11. Enter Type of Control (Select from drop-down menu)
12. Enter Owner Number (xx)
13. Enter Location Number (xxx)
14. Enter FQHC/RHC Owned by:
15. Enter Additional Provider Name(s)
16. Enter Location(s)
17. Enter NPI Number(s) (if applicable)

### PART B—Certification Statement:

Refer to the Certification Statement located on the [DHCS](#) Forms & Publications webpage. We will reject any cost report filed without a completed certification statement signed through DocuSign. The individual E-signing this statement must be an Administrator, Controller, Corporate Officer, or member of the Board of Directors. The official signing the report must have the legal capacity to make

commitments for the organization. Must also include a Certification Statement signed through DocuSign.

## **MANAGED CARE DIFFERENTIAL RATE REQUEST FORM: WORKSHEET 1 AND 2**

The Clinic's Legal Name, National Provider Identifier (NPI), and fiscal period will carry over from the Certification Sheet.

1. Enter the Medi-Cal Managed Care Plan name(s) under Plan A through J as necessary.
2. Payment Information—Select the appropriate item from the drop-down menu to identify actual or projected payments.
  - Enter the Managed Care Plan payments for Medi-Cal beneficiaries from each plan.
  - Enter the Medicare payments for Managed Care Plan crossover visits for each plan.
  - Total Managed Care Plan payments—Add payment from A and B.
3. Visit information—Select the appropriate item from the drop-down menu to identify actual or projected visits.
  - Enter the Managed Care Plan visits for Medi-Cal beneficiaries from each plan.
  - Enter the Medicare Plan crossover visits for dual-eligible for each plan.
  - Total Managed Care Plan visits—Add visits from A and B.