

**Date: 03/11/22**

**Medi-Cal**

**Important Provider Notice: #438**

**Subject: Long Term Care (LTC) Provider Rate Changes effective 08/01/21**

The State of California Medi-Cal has issued temporary COVID-19 reimbursement rates for Distinct Part Nursing Facilities, Level B (DP-NF-B) for dates of service from 08/01/2021 through 07/31/2022. These rate changes included both increases and decreases. The change for each DP-NF-B has been updated in the PHC system as of 01/20/22. LTC claims submitted to PHC on or after 01/20/2022 will be reimbursed at the adjusted 08/01/21-07/31/22 rate.

Partnership HealthPlan of California (PHC) has changed how LTC retroactive rate adjustments are initiated and completed. Please see Important Provider Notice (IPN) #433 posted to the PHC website on 3/7/22 for complete information regarding this change.

### **Rate Increased – Positive Adjustments**

No action is required from the provider. Once rates are finalized and entered into the PHC system, an IPN will be posted notifying each LTC provider type of the rate update. Affected claims will be adjusted by PHC to pay the new rate, and will appear on your Remittance Advice (RA). PHC will no longer supply providers with a report listing affected claims, and no other changes will be made to the claim, outside of the new rate payment.

If you disagree with the outcome of any rate adjustments made as part of this process, you may follow up with the Claims Department Recovery Unit via email (email listed below) to request review. Providers will have 6 months from the date of the RA reflecting the rate adjustment to request review. Requests made beyond the 6 month timeframe are subject to automatic denial. Please do not submit CIFs requesting the rate adjustment. PHC will not make rate adjustments through the CIF process.

### **Rate reduced – Refund Required**

PHC will notify providers whose claims have been identified as overpaid as a result of a reduced date. Notification will come in the form of a PHC issued Refund Request letter, accompanied by a list of affected claims. Providers will have 30 working days from the date of the Refund Request letter to refund PHC the total overpayment amount indicated. Providers may also choose to request a repayment arrangement, allowing reimbursement to be made on an incremental basis, over a 4-6 month period. Repayment arrangement requests should be made via email to the PHC Claims Department Recovery Unit (email listed below).

## **State Adjusted Rates**

Adjustment requests related to state audit appeals or other state adjusted rate changes are not included in the above described process. Providers must contact the PHC Claims Department Recovery Unit (email address below) within 6 months from the date of the state issued letter to request rate updates and claim adjustments. A copy of the dated letter reflecting the updated rate will be required before payment consideration can be made. Requests made beyond the 6 month timeframe are subject to automatic denial. Please do not submit CIFs to request these rate adjustments.

## **Claim Corrections and Disputes**

Providers wishing to make corrections of any kind to a previously processed claim, or submit a claim dispute unrelated to the rate adjustment process described above, may do so following PHCs CIF and Appeal guidelines. The complete CIF and Appeal process, including timelines and requirements, can be found in the PHC Provider Manual sections below. **Please note, providers have 6 months from the original paid/denied date of a claim to submit a CIF to PHC for review. CIFs received after 6 months are subject to automatic denial.**

[http://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal\\_Section%203.Subsection%20VIII.pdf](http://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal_Section%203.Subsection%20VIII.pdf)

[http://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal\\_Section%203.Subsection%20VIII.A.pdf](http://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal_Section%203.Subsection%20VIII.A.pdf)

[http://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal\\_Section%203.Subsection%20VIII.B.pdf](http://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal_Section%203.Subsection%20VIII.B.pdf)

For further information regarding LTC retroactive rate updates and related PHC claim adjustment processes, please email the PHC Claims Department Recovery Unit at:

Recovery Unit contact for Southern Region Providers: [sr\\_ltc@partnershiphp.org](mailto:sr_ltc@partnershiphp.org)

Recovery Unit contact for Northern Region Providers: [nr\\_ltc@partnershiphp.org](mailto:nr_ltc@partnershiphp.org)

**For questions regarding the CIF and Appeal guidelines, please contact the PHC Claims Department at (800) 863-4155.**