PARTNERSHIP HEALTHPLAN of CALIFORNIA A Public Agency

4665 Business Center Drive
Fairfield, California 94534

Date: 06/16/2023

Medi-Cal

Important Provider Notice: #456 - UPDATED

Subject: Long Term Care (LTC) Provider Rate Changes effective 05/12/23

Due to the expiration of the Public Emergency for the COVID-19 outbreak, Department of Health Care Services (DHCS) has ceased the increased reimbursement for Administrative Days, Level 1 for dates of service on and after 5/12/23 through 7/31/23. The rate updates are effective for dates of service on or after 5/12/23, and also affects pricing of hospice claims for revenue code 0658 (room and board) where applicable. Claims submitted to Partnership HealthPlan of California (PHC) should be billed with the new rate, and will be reimbursed accordingly. Claims paid at the interim rate prior to the update will be adjusted. As the rate was reduced, a refund may be required.

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 so 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 PHC's CIF and Appeal guidelines. 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.

CIFs and Appeals submitted to PHC requesting claim corrections of any kind, must be submitted with the correct billed amount for the date of service in question, regardless if the claim was previously adjusted for retro rate and/or payment updates.

The complete CIF and Appeal process, including timelines and requirements, can be found in the PHC Provider Manual sections below.

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.B.pdf

For questions regarding 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

Recovery Unit contact for Northern Region Providers: nr_ltc@partnershiphp.org

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