

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

X.V. LONG TERM CARE (LTC) RATE UPDATES

Effective for claims processed August 1, 2021 forward

Partnership HealthPlan of California (PHC) reimburses claims billed for long-term care (LTC) services according to the LTC facility reimbursement rates developed for the State of California Medi-Cal program. On an annual basis, the Department of Health Care Services (DHCS) provides updated LTC facility reimbursement rate information, which can be found on the DHCS website. LTC reimbursement rates are effective for 1 year, or until rate changes are made available by DHCS.

Please note, all LTC facility types are encouraged to begin billing PHC at their new rate once DHCS makes those rates available. It is not necessary for a provider to wait for notification from PHC that rates have been updated in order to bill with the new rate.

When rate updates are made effective on a retroactive basis, claims processed and paid by PHC at the previous rate may require an adjustment. Below outlines PHC's LTC claim review and adjustments processes.

A. 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.

B. Rate reduced – Refund Required

PHC will notify providers whose claims have been identified as overpaid as a result of a reduced rate. 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).

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C. 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 claim adjustments related to state adjusted rates. 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.

D. 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 LTC 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/MediCal_Section%203.Subsection%20VIII.pdf

http://www.partnershiphp.org/Providers/Policies/Documents/Claims/MediCal_Section%203.Subsection%20VIII.A.pdf

http://www.partnershiphp.org/Providers/Policies/Documents/Claims/MediCal_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

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

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