

**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 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 Partnership at their new rate once DHCS makes those rates available. It is not necessary for a provider to wait for notification from Partnership about rates that 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 Partnership at the previous rate may require an adjustment. Below outlines Partnership'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 Partnership system, an Important Provider Notice (IPN) will be posted notifying each LTC provider type of the rate update. Affected claims will be adjusted by Partnership to pay the new rate and will appear on your Remittance Advice (RA). Partnership 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 365 days from the date of the RA reflecting the rate adjustment to request review. Requests made beyond the 365-day timeframe are subject to automatic denial. Please do not submit Provider Dispute Resolution (PDR) forms requesting the rate adjustment. Partnership will not make rate adjustments through the PDR process.

**B. Rate Reduced – Refund Required**

Partnership 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 Partnership 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 Partnership 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 Partnership 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 Partnership Claims Department Recovery Unit (email address below) within 365 days 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 365-day timeframe are subject to automatic denial. Please do not submit PDRs 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 Partnership's PDR guidelines. Please note, providers have 365 days from the original paid/denied date of a claim to submit a PDR to Partnership for review. PDRs received after 365 days are subject to automatic denial.

**PDRs submitted to Partnership 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 PDR process, including timelines and requirements, can be found in the Partnership Provider Manual sections below.

[https://partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal\\_Section%203\\_Subsection\\_X.X.Provider\\_Claims\\_Dispute\\_Resolution\\_Mechanism.pdf](https://partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal_Section%203_Subsection_X.X.Provider_Claims_Dispute_Resolution_Mechanism.pdf)

[https://partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal\\_Section%203\\_Subsection\\_X.X.A.Provider\\_Claims\\_Dispute\\_Resolution\\_Form.pdf](https://partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal_Section%203_Subsection_X.X.A.Provider_Claims_Dispute_Resolution_Form.pdf)

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

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

For questions regarding the PDR guidelines, please contact the Partnership Claims Department at (800) 863-4155.