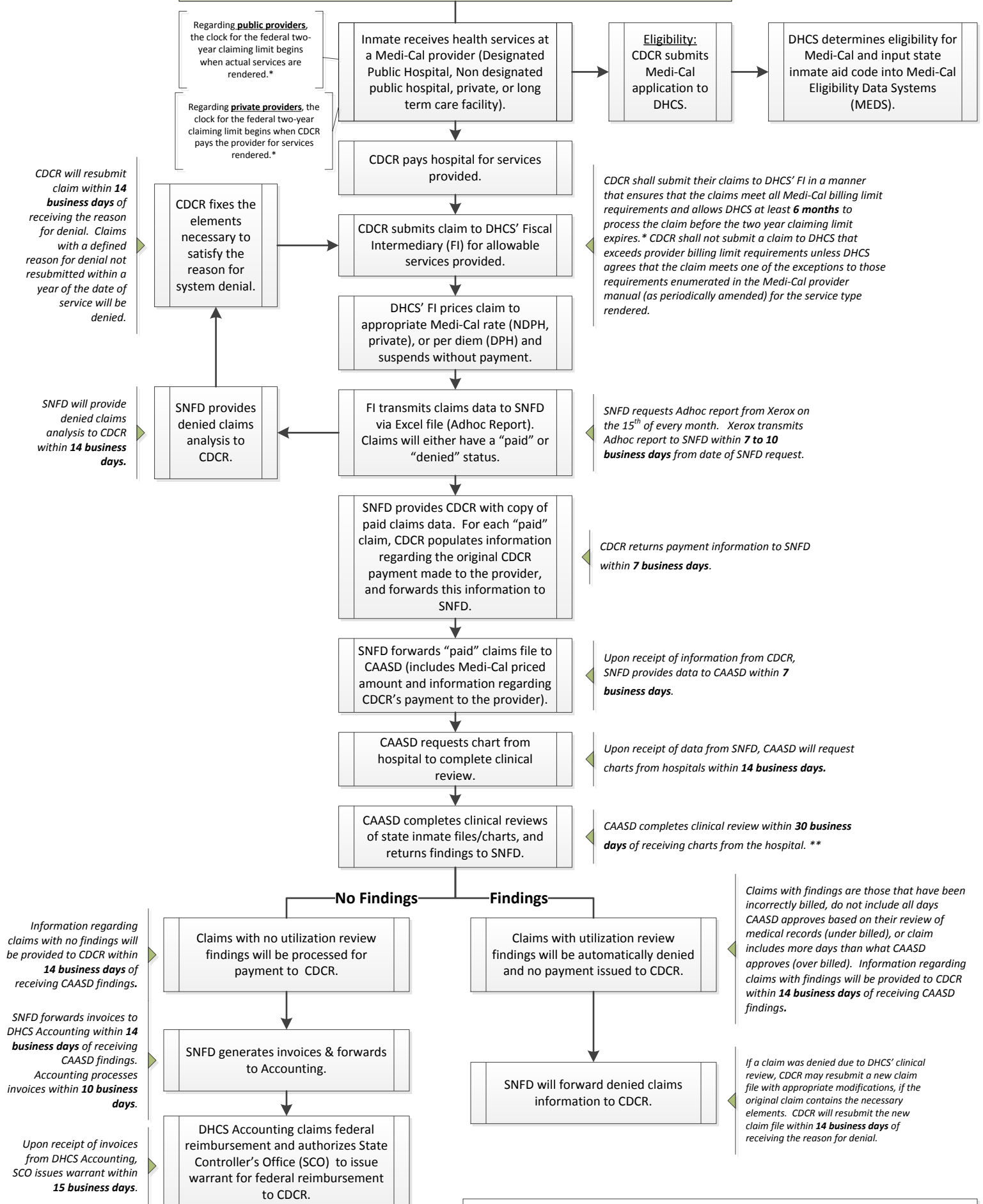


# Exhibit H: Medi-Cal State Inmate Programs



Regarding **public providers**, the clock for the federal two-year claiming limit begins when actual services are rendered.\*

Regarding **private providers**, the clock for the federal two-year claiming limit begins when CDCR pays the provider for services rendered.\*

CDCR will resubmit claim within **14 business days** of receiving the reason for denial. Claims with a defined reason for denial not resubmitted within a year of the date of service will be denied.

SNFD will provide denied claims analysis to CDCR within **14 business days**.

CDCR shall submit their claims to DHCS' FI in a manner that ensures that the claims meet all Medi-Cal billing limit requirements and allows DHCS at least **6 months** to process the claim before the two year claiming limit expires.\* CDCR shall not submit a claim to DHCS that exceeds provider billing limit requirements unless DHCS agrees that the claim meets one of the exceptions to those requirements enumerated in the Medi-Cal provider manual (as periodically amended) for the service type rendered.

SNFD requests Adhoc report from Xerox on the 15<sup>th</sup> of every month. Xerox transmits Adhoc report to SNFD within **7 to 10 business days** from date of SNFD request.

CDCR returns payment information to SNFD within **7 business days**.

Upon receipt of information from CDCR, SNFD provides data to CAASD within **7 business days**.

Upon receipt of data from SNFD, CAASD will request charts from hospitals within **14 business days**.

CAASD completes clinical review within **30 business days** of receiving charts from the hospital. \*\*

Information regarding claims with no findings will be provided to CDCR within **14 business days** of receiving CAASD findings.

SNFD forwards invoices to DHCS Accounting within **14 business days** of receiving CAASD findings. Accounting processes invoices within **10 business days**.

Upon receipt of invoices from DHCS Accounting, SCO issues warrant within **15 business days**.

Claims with findings are those that have been incorrectly billed, do not include all days CAASD approves based on their review of medical records (under billed), or claim includes more days than what CAASD approves (over billed). Information regarding claims with findings will be provided to CDCR within **14 business days** of receiving CAASD findings.

If a claim was denied due to DHCS' clinical review, CDCR may resubmit a new claim file with appropriate modifications, if the original claim contains the necessary elements. CDCR will resubmit the new claim file within **14 business days** of receiving the reason for denial.

\*Before the two-year claiming limit expires, federal funding for amounts at least equal to the claim will need to be secured by DHCS via placeholder memorandums.  
 \*\*Please note that this timeline does not include the number of days that it takes the hospital to provide the medical charts to CAASD. This timeline is contingent upon the hospital providing the requested medical charts.