Long Term Care

January 2009 ● Bulletin 383

Contents

Updated Reimbursement Rates for Long Term Care Facilities

Effective for services provided on or after August 1, 2008, the Department of Health Care Services (DHCS) has updated provider reimbursement rates for Nursing Facilities Level A (NF-As), Intermediate Care Facilities for the Developmentally Disabled (ICF/DDs), ICF/DD-Habilitative (ICF/DD-Hs), ICF/DD Nursing (ICF/DD-Ns), Distinct-Part Subacute, Pediatric Subacute and Distinct-Part Nursing Facility Level B (DP/NF-Bs). The rates are retroactive; providers should bill using the new rates immediately. Providers do not need to rebill to adjust their payments. EDS will process any retroactive rate adjustments for claims paid at the old rate for services provided on or after August 1, 2008.

The reimbursement to DP/NF-Bs will be the lesser of projected costs or the maximum reimbursement of $351.26. Facilities below the maximum rate have facility-specific rates. Some of these rates are changing. Providers will be notified by DHCS in a separate letter of their specific rates.

Distinct-Part Subacute and Pediatric Subacute providers will be reimbursed the lesser of their projected costs or the maximum reimbursement rate for each category of reimbursement. Providers will be notified by DHCS in a separate letter of their specific rates.

State operated institutions, shall be reimbursed at actual allowable cost.

Reminder: Effective August 2, 2003, NF-A per diem rate will no longer utilize 100-plus beds to establish rates. NF-A rates will be set solely by geographical location. Also effective August 2, 2003, NF-A facilities with licensed bed capacities of 100-plus, who received a rate of $89.54 effective August 1, 2002, will continue to receive this rate until such time as their prospective county rate reaches this level.

This information is reflected on manual replacement pages rate facil diem 1, 2 and 4 thru 7 (Part 2).

Updated Facility-Specific Reimbursement Rates

For dates of service retroactively on or after August 1, 2008, facility-specific provider reimbursement rates for Free-Standing Nursing Facilities Level B (FS/NF-B) and Free-Standing Subacute Nursing Facilities Level B (FSSA/NF-B) are updated.

Providers need not take action. Claims paid at the prior rate for services rendered on or after August 1, 2008 will be reprocessed for retroactive rate adjustments.

The facility-specific rates are on the Department of Health Care Services (DHCS) Web site (**www.dhcs.ca.gov/services/medi-cal/Pages/LTCAB1629.aspx**). Providers must use the new rates to bill for services on or after August 1, 2008. Out-of-state or border providers will be reimbursed at the statewide weighted average of $161.81.

Facility-specific reimbursement rates are computed on an annual basis. Therefore, rates effective on or after August 1, 2008 are based upon audited data with fiscal end dates in 2006, and if audited data is not available, then the "as-submitted" Office of Statewide Health Planning and Development (OSHPD) Disclosure Reports with fiscal end dates in 2006.
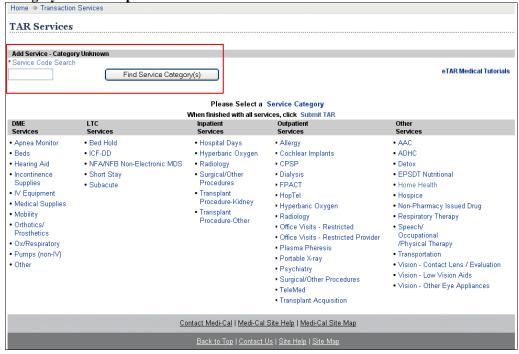
Updated Rates *(continued)*

Newly certified facilities established through a change in ownership will be paid based on the prior owner's rates.

Newly certified facilities with no prior ownership should contact the Long Term Care (LTC) System Development Unit to inquire about the current reimbursement rate.

This information is reflected on manual replacement pages <u>rate facil 5 and 7</u> (Part 2).

eTAR Tutorials Updated – Effective January 26, 2009

Effective January 26, 2009, enhancements will be added to the electronic *Treatment Authorization Request* (eTAR) application to assist users in submitting and updating eTARs correctly. The enhancements will be included in the existing tutorials. Tutorials may be viewed on the "eLearning" page of the Medi-Cal Web site (**www.medi-cal.ca.gov**) by clicking the "eLearning" link on the upper right corner of the home page.

Category Selection Option Added to the TAR Services Menu

Users will be able to enter a service code in the *Service Code Search* field to identify which category to use when submitting an eTAR. Once the *Find Service Category(s)* button is selected, the user will be directed to a *Service Category Selection* screen. This will assist users in selecting the correct service category when submitting an eTAR.

eTAR Tutorial *(continued)*

Once the correct service category is selected, the user will be directed to the service information screen, then proceed with the eTAR submission. Service codes with only one possible service category will bypass the selection screen and be directed to the appropriate service information screen. Once the code is selected, it will automatically populate into the *Service Code* field.

eTAR Updates Made Easier with Read-Only Fields
When submitting an update to an eTAR, specific fields will be read-only to prevent users from creating errors.

Example: If a user selects *Reauthorization* in the *Update Reason* field, only the *Total Units*, *Thru Date* and *Enter Miscellaneous TAR Information* fields may be changed during this update. The remaining fields will be read-only to prevent the user from making changes to the eTAR that may be problematic. All eTAR update reasons will have specific fields read-only.

Note: While all TARs can be viewed in eTAR Inquiry, paper TARs should never be updated using the eTAR application.

Long Term Care Bulletin 383

Remove and replace: rate facil 5 thru 7
                                  rate facil diem 1 thru 7