



## Long Term Care

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### 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](http://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.

*Please see Updated Rates, page 2*

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 rate facil 5 and 7 (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](http://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**

The screenshot shows the 'TAR Services' menu. At the top, there is a navigation bar with 'Home' and 'Transaction Services'. Below this is the 'TAR Services' header. A section titled 'Add Service - Category Unknown' contains a 'Service Code Search' input field and a 'Find Service Category(s)' button, both highlighted with a red border. To the right of this section is a link for 'eTAR Medical Tutorials'. Below the search section, a prompt says 'Please Select a Service Category' and 'When finished with all services, click Submit TAR'. A table lists various service categories: DME Services, LTC Services, Inpatient Services, Outpatient Services, and Other Services. At the bottom, there are links for 'Contact Medi-Cal', 'Medi-Cal Site Help', and 'Medi-Cal Site Map', along with 'Back to Top', 'Contact Us', 'Site Help', and 'Site Map'.

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.

The screenshot shows the 'Service Category Selection' screen. It features a table with the following data:

Code	Description	Code Type	Service Category	Service Grp Desc	TAR Indicator
X3904	PHY THER SGL PROC ONE AREA INI 30 MIN	P	Speech/Occupational/Phys Ther	SMA/HCP/PCS	TAR Required
X3904	PHY THER PROC ONE AREA INT 30 MIN	P	Speech/Occupational/Phys Ther	Podiatrist	TAR Required

Below the table, there is a legend: '\*Code Type: P – Procedure L – Level of Care A – Accommodation'. A link 'Return to TAR Services Menu' is provided. At the bottom, there are links for 'Contact Medi-Cal', 'Medi-Cal Site Help', and 'Medi-Cal Site Map', along with 'Back to Top', 'Contact Us', 'Site Help', and 'Site Map'. A link for 'eTAR Medical Tutorials' is also present in the top right corner.

Please see eTAR Tutorial, page 3

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.

[eTAR Medical Tutorials](#)

**Please Enter Service Information.**

Service Information

Service Number  
**1**

Update Reason  
Reauthorization

Service Code  
27457

Modifiers  
26

Service Description  
REALIGNMENT OF KNEE

Total Units  
10

Frequency  
3 / Week

From Date  
02012008

Thru Date  
02282008

Admit Date/Start of Care  
02012008

ICD-9 Code (Decimal Required)  
250.0

Diagnosis Description  
DIABETES MELLITUS UNCOMP

Date of Onset  
01012008

Enter Miscellaneous TAR Information (500 characters accepted)  
Patient needs assistance

**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.

