



State of California—Health and Human Services Agency
Department of Health Care Services



WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

February 25, 2021

Subject: Adjustment of LTC Claims Due to Retroactive Rate Updates

Dear Provider:

The Department of Health Care Services (DHCS) updated Freestanding Subacute Nursing Facility Level - B (FSSA/NF - B) reimbursement rates for the corresponding Accommodation Codes, effective retroactively for dates of service on or after August 1, 2020. These facility specific rates also include a temporary COVID - 19 increased reimbursement of 10 percent which is based on the facility's prior 2019 - 2020 facility specific rate.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will adjust the affected claims. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning February 25, 2021, with RAD code **0829: LTC retro rate adjustment**.

If you disagree with any of these adjustments, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal Provider website (www.medi-cal.ca.gov). For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions regarding these adjustments, please call the California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 5 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Cindy Garrett

Cindy Garrett

Director, Provider & Member Services

Gainwell Technologies, on behalf of

California Department of Health Care Services

Reference Number: P42153

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