



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 1, 2020

Subject: Adjustment of LTC Claims Due to Retroactive Rate Updates

Dear Provider:

The Department of Health Care Services (DHCS) updated provider reimbursement rates for Intermediate Care Facilities for the Developmentally Disabled (ICF/DDs), Intermediate Care Facilities for the Developmentally Disabled/Habilitative (ICF/DD-Hs), and Intermediate Care Facilities for the Developmentally Disabled/Nursing (ICF/DD-Ns), effective retroactively for date of service on or after August 1, 2019, through March 22, 2020.

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 April 16, 2020, 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 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 6 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
DXC Technology, on behalf of
California Department of Health Care Services

Reference Number: P40352