



Long Term Care

July 2007 • Bulletin 365

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Redirection of Treatment Authorization Request Services

Effective July 1, 2007, several regionalized *Treatment Authorization Request* (TAR) services provided by the Fresno Medi-Cal Field Office (FMCFO) were redirected to the Northern and Southern Pharmacy Sections (NPS and SPS), Sacramento Medi-Cal Field Office (SMCFO) and San Francisco Medi-Cal Field Office (SFMCFE).

This information is reflected on manual replacement pages [tar field 1 thru 11](#) (Part 2).

Processing Changes for Treatment Authorization Requests

Beginning May 1, 2007, the California Department of Health Services (CDHS) started phasing in several changes that impact how paper *Treatment Authorization Requests* (TARs) are processed.

These changes are being implemented to minimize the key data entry of incomplete or erroneous TAR information and to reduce the volume of paper documents containing Protected Health Information (PHI), particularly Social Security Numbers (SSNs) that are sent via:

- United States Postal Service
- Courier services
- Other types of delivery services

CDHS expects to complete this phased implementation by September 2007.

Processing Change Schedule

Processing changes to paper TARs impact providers interacting with the Medi-Cal field offices and pharmacy sections on the following dates:

May 2007 Sacramento Medi-Cal Field Office	August 2007 Fresno Medi-Cal Field Office
June 2007 N. Pharmacy Section (Stockton) S. Pharmacy Section (L.A.)	San Bernardino Medi-Cal Field Office San Diego Medi-Cal Field Office San Francisco Medi-Cal Field Office
July 2007 L.A. Medi-Cal Field Office In-Home Operations South	September 2007 TAR Administrative Remedy Section In-Home Operations North

Incomplete TARs

CDHS Medi-Cal field offices and pharmacy sections will be unable to enter paper TARs with incomplete information into the TAR system. These paper TARs will be deferred back to the submitting provider, with a Medi-Cal field office/pharmacy section *Incomplete TAR Form* identifying the reasons for deferral and instructions about how to resubmit the paper TAR with the necessary corrections.

*Please see **Processing Changes**, page 2*

Processing Changes (*continued*)

Providers are to:

- Make the necessary corrections/changes on the paper TAR, and
- Resubmit with a copy of the *Incomplete TAR Form* on top of the paper TAR.

Paper TARs that are returned to the submitting provider for correction will not be available for inquiry through the Provider Telecommunications Network (PTN).

Any one of the reasons below will not allow the paper TAR information to be entered into the system. The reason(s) will be marked on the *Incomplete TAR Form* and sent back to the submitting provider for corrections. These reasons may consist of one or more of the following:

- The TAR form is illegible or damaged.
- The submitting provider number is missing, inactive, suspended or invalid for the category of service requested.
- The patient's Medi-Cal ID number is missing, invalid or invalid in length, and the patient's name/date of birth is missing.
- The patient is not Medi-Cal eligible.
- Information in the *Admit From* field (Box 14) on the *Long Term Care Treatment Authorization Request* (LTC TAR, form 20-1) is missing or invalid.
- The requested service information is missing, invalid or invalid in length.
- The ICD-9-CM diagnosis code, admitting ICD-9-CM diagnosis code and/or primary DX diagnosis code is missing or invalid.
- The County Medical Services Program (CMSP) pharmacy services are covered by MEDIMPACT. Providers may call 1-800-788-2949 for further information.
- The requested Adult Day Health Care (ADHC) service should specify the months and the number of requested days for each calendar month on separate lines of the TAR. The TAR request should not exceed six months or have more than one service line for a given calendar month. Providers may refer to the appropriate Part 2 manual for specific TAR preparation instructions.

Adjudication Response

CDHS will discontinue the practice of returning adjudicated paper TAR copies to providers based on the schedule above. Instead, providers will receive an *Adjudication Response* (AR), which will display:

- The status of requested service(s)
- The reason(s) for the decision(s), including TAR decisions resulting from an approved or modified appeal
- The adjudicator's request for additional information, if necessary

The AR will enable the provider to respond to the requested information or proceed to bill for authorized services. (See the *Adjudication Response* example at the end of this article.) Providers should keep a copy of the AR for their records and use it when responding to deferrals or when requesting an update/correction to a previously approved or modified TAR.

When requesting an update/correction, a copy of the AR must be placed on top of newly submitted documents to ensure the information can be matched with previously submitted documentation. Providers should clearly specify what change(s) are being requested.

The ARs will be mailed to the provider's address on file with CDHS' Payment Systems Division, Provider Enrollment Branch (PEB). Providers should ensure PEB has their most up-to-date mailing address on file. Instructions about changing/updating a provider address may be found on the Medi-Cal Web site (www.medi-cal.ca.gov). From the home page, click the "Provider Enrollment" link and then the "Provider Reminders" link at the top of the page.

Please see **Processing Changes**, page 3

Processing Changes (continued)

Attachments

On November 15, 2006, CDHS notified providers via a flyer that attachments were no longer being returned with deferred paper TARs. Medi-Cal field offices and pharmacy sections will continue to retain and archive all attachments for reference.

Providers responding to a deferred TAR should return the AR and any new attachment(s) requested.

SSN on TARs

In accordance with *Medi-Cal Updates* issued in August and September 2006, providers should use the recipient’s Benefits Identification Card (BIC) number on the TAR, rather than the SSN. If a TAR is returned to a provider because of inaccurate and/or incomplete information, the SSN will be removed.

Provider questions may be directed to the local Medi-Cal field office or pharmacy section.

National Provider Identifier (NPI) Number

Providers should be aware that the NPI number will not be accepted on TARs until after the official NPI implementation date of November 26, 2007. For detailed information about the new NPI implementation date, providers can view the “Important NPI Time Frame Changes” article posted in the “HIPAA News” area of the Medi-Cal Web site (www.medi-cal.ca.gov).

TARs issued under the old provider number (legacy number) prior to November 26, 2007 can still be used for claims submitted with an NPI starting on or after November 26, 2007. Providers will not have to request an updated TAR with the NPI information.

State of California - Health and Human Services Agency Department of Health Services	<h2 style="margin: 0;">CONFIDENTIAL</h2> <p style="margin: 0;">Medi-Cal Operations Division</p> <h1 style="margin: 0;">ADJUDICATION RESPONSE</h1>	ARNOLD SCHWARZENEGGER, Governor 																																																																																																														
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This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:																																																																																																																
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Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service. If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.																																																																																																																

CDHS Quality Assurance Fee on Skilled Nursing Facilities for Rate Year 2007 – 2008

Effective August 1, 2007, for the rate year 2007 – 2008, the California Department of Health Services (CDHS) will begin collecting the 6 percent Quality Assurance Fee (QAF) authorized by Assembly Bill (AB) 1629 on the total net revenue of all non-exempt Free-Standing Skilled Nursing Facilities and Free-Standing Skilled Adult Subacute Nursing Facilities Level-B (FS/NF-Bs), subject to the fee.

CDHS will collect the following QAF on a monthly basis:

- FS/NF-Bs with total annual resident days equal to or greater than 100,000 – \$7.55 per resident day.
- FS/NF-Bs with total annual resident days less than 100,000 – \$8.27 per resident day.

CDHS will send quarterly notices to each facility and three monthly payment forms. Payments are due on or before the last day of the month following the month for which the fee was imposed.

Questions about the QAF program may be submitted to:

FS/NF-B QAF Coordinator
California Department of Health Services
Long Term Care System Development Unit
1501 Capitol Avenue, Suite 71.4001
MS 4612
P.O. Box 997417
Sacramento, CA 95899-7417

Information about the Long Term Care System Development Unit (LTCSDU) and the QAF program is available on the CDHS Web site (www.dhs.ca.gov/mcs/mcpd/RDB/LTCSDU).

This *Medi-Cal Update* provides information concerning the QAF assessed for each skilled nursing facility for the rate year August 1, 2007 to July 31, 2008. California *Health and Safety Code*, Sections 1324.20 through 1324.30, and *Welfare and Institutions Code* (W&I Code), Section 14105.06, authorize CDHS to collect a QAF from all non-exempt FS/NF-Bs. The purpose of this fee is to enhance federal financial participation in the Medi-Cal program and provide additional reimbursement to and support quality improvement efforts in licensed FS/NF-Bs providing services for the Medi-Cal program.

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Remove and replace: cif co 7 thru 11 *

Remove: cif sp ltc 1 thru 10

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tar field 1 thru 11

* Pages updated due to ongoing provider manual revisions.