

# PROVIDER Bulletin



January 5, 2024

This Provider Bulletin applies to the lines of business and provider types checked below:

PHP (Medicare)  Primary Care Physicians  Specialists  
 PHC (Medicaid)  Hospitals  Ancillary  AHF Grants

## IMPORTANT UPDATE

**RE: Requirements Related to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes**

Pursuant to MediCal's benefit standardization policy, beginning January 1, 2024, Members who reside in an ICF/DD Home will remain enrolled in managed care, instead of being disenrolled from the MCP and transferred to FFS Medi-Cal. Members who are residing in an ICF/DD Home will be transferred from FFS Medi-Cal to Medi-Cal managed care.

Further, please be advised that California Department of Public Health licensed Intermediate Care Facility (Developmentally Disabled-Nursing) and/or Subacute Long -Term Care (LTC) providers must comply with [CA APL 23-023](#) requirements.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-023.pdf>

Providers must submit claims electronically to PHC. PHC will subsequently process & pay "clean" claims no later than thirty (30) calendar days from receipt of the claim.

### **Electronic Submission** (Preferred Method):

Please submit claims electronically through Change Healthcare. Providers can submit claims through their own clearinghouse, utilizing our **Payer ID 95422**. This payer ID supports professional, institutional, and dental claim submissions.

Please direct any questions to your point-of- contact @ [CAPR@ahf.org](mailto:CAPR@ahf.org).

**Sources:** • [Medi-Cal Provider Manual, Rates: Facility Reimbursement Miscellaneous Inclusive and Exclusive Items](#) • [Medi-Cal Rx Scope](#)

**Additional Resources:** • Medi-Cal State Plan: [Limitations on Attachment 3.1-B](#) • Medi-Cal State Plan: [Attachment 4.19-D Methods and Standards for Payment Rates - Skilled Nursing and Intermediate Care Facility Services](#) • [Frequently Asked Questions from ICF/DD Providers about the ICF/DD SPA – CA Department of Developmental Services](#) • April 1, 2011 Letter to ICF/DD, DD-H and DD-N Providers Regarding the State Plan Amendment (ca.gov). ICF/DD State Plan Amendment (SPA) 07-004/[SPA 11-020](#). The Regional Center authorizes and pays for day and transportation services as reflected on the individual's IPP and bills the cost of those services to DDS, on behalf of the ICF/DD Home. DDS then pays the ICF/DD Home the supplemental payment.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with PHC. If you have any questions contact [CAPR@aidhealth.org](mailto:CAPR@aidhealth.org).