

ADDENDUM I**SUMMARY AND RESPONSE TO 45-DAY PUBLIC COMMENTS****Comment Letter #1****Commenter Name:** Kristi Kendall**Title:** Finance Director**Organization:** Medic Ambulance Service, Inc.**Date Comment Received:** March 15, 2018**Comment**

If DHCS is going to mandate the use of eTAR and Appeals of eTAR, then there should be a different version for different provider types. Being an ambulance company, the amount of time it takes to enter an eTAR with information that is not necessary for the approval of that eTAR places a large delay to our billing staff and the production of our office. I am in favor of the eTAR system versus a paper TAR, however it is counterproductive to have an eTAR system that doesn't recognize the differences between providers and what information is necessary to receive an authorization from DHCS. Hospitals, Doctors, DME and Ambulance have very different access to information as well as necessity of information to provide to DHCS for the approval of an eTAR.

Response

The purpose of the proposed regulations is to describe the submission of eTARs, which is required by Welfare and Institutions Code Section 14133.01(c). The proposed regulations do not modify the type of information that providers (of any type) must submit through the TAR process. Therefore, this comment is not within the scope of the proposed regulations and there were no amendments to the proposed language based on this comment.

ADDENDUM I**SUMMARY AND RESPONSE TO 45-DAY PUBLIC COMMENTS (cont.)****Comment Letter #2****Commenter Name:** Marat Sheynkman**Title:** Executive Director**Organization:** California Medical Transportation Association (CMTA)**Date Comment Received:** May 4, 2018*(Note: comment was submitted to the Department by Barnaby & Barnaby Attorneys – Lobbyists, on behalf of Marat Sheynkman)***Comment**

The 180 days allowed for the Department's decision on a TAR Appeal is concerning. Assuming that providers have 180 days to appeal a TAR and the Department has 180 days to render a decision on appealed TAR - a billing claim after such an Appeal could exceed the one-year Medi-Cal billing deadline and never get paid. Perhaps a 90-day timeline would be better in terms of billing deadlines.

Response

The purpose of the proposed regulations is to describe the submission of eTARs and eTAR appeals. The proposed regulations do not modify the existing 180 day timeframes for submission of a TAR appeal and for the Department's review of a TAR appeal. When a provider initiates a TAR appeal, the time taken by the Department to review and come to a determination on the appeal is not included within the billing timeframes. In other words, the clock stops while the TAR appeal is under the Department's review. Therefore, the proposed regulations do not impact billing deadlines and there were no amendments to the proposed language based on this comment.