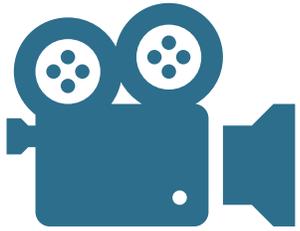


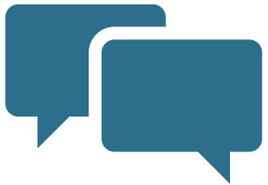
CalAIM: Subacute Care Facility Carve-In Billing & Payment Webinar

November 29, 2023

Meeting Management



- » This webinar is being recorded.
- » Participants are in listen-only mode but can be unmuted during the Q&A discussion. Please use the "Raise Hand" feature and our team will unmute you.



- » Please also use the "chat feature" to submit any questions you have for the presenters.
- » This webinar will include several Q&A opportunities.

How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window.
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
 - For example: Alisa Chester, Aurrera Health Group

Agenda

Topics	Time
Welcome and Introductions	3:00 – 3:03 PM
Subacute Care Facility Carve-In: Background and Overview	3:03 – 3:08 PM
Subacute Care Facility Carve-in: Directed Payment Policy and Payment Requirements Overview	3:08 – 3:20 PM
Q&A	3:20 – 3:35 PM
Billing: Overview and Promising Practices	3:35 – 3:40 PM
What Can Subacute Care Facility Providers Expect?	3:40 – 3:45 PM
Q&A	3:45 – 3:55 PM
Next Steps & Closing	3:55 – 4:00 PM

Subacute Care Facilities Carve-In: Background and Overview

CalAIM Long-Term Care Carve-In

- » On January 1, 2023, MCPs in all counties began covering the LTC benefit in Skilled Nursing Facilities (SNFs).
 - [APL 23-004](#) (supersedes APL 22-018) was released on March 14, 2023.
- » On January 1, 2024, MCPs in all counties will cover the LTC benefit in ICF/DDs, ICF/DD-Hs, ICF/DD-Ns, Subacute Care Facilities, and Pediatric Subacute Care Facilities.
 - [APL 23-023](#) was released on August 18 and focuses on the ICF/DD Carve-In.
 - [APL 23-027](#) was released on September 26 and focuses on the Subacute Care Facility Carve-In.

Subacute Care in Managed Care Today

- » In 22 County Operated Health Systems (COHS) counties, MCPs provide coverage for both adult and pediatric subacute care services.
- » In five non-COHS counties, only adult subacute care services are currently covered.
- » In the remaining 31 counties, MCPs are only responsible for medically necessary services for the month of a person's admission and the following month (up to two months).
 - After the second month, MCPs must disenroll the member into Medi-Cal Fee-For-Service (FFS).

See Appendix for detailed list of counties and associated MCPs.

What is Changing?

» **Adult** subacute care services will be newly transitioning from Medi-Cal FFS to Medi-Cal managed care in 31 counties:

- Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba.

» **Pediatric** subacute care services will be newly transitioning from Medi-Cal FFS to Medi-Cal managed care in 36 counties:

- Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba.

See Appendix for detailed list of counties and associated MCPs.

Subacute Care Facility Carve-In Overview

- » Effective January 1, 2024:
 - Medi-Cal MCPs in all counties will cover adult and pediatric subacute care services under the institutional LTC services benefit **for approximately 2,000 Medi-Cal members** currently in FFS.
 - Enrollment in Medi-Cal managed care will be mandatory for all Medi-Cal members residing in a Subacute Care Facility.

Subacute Care Facility Carve-In Goals:

- » Standardize Subacute Care Facility services coverage under managed care statewide.
- » Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- » Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal members in Subacute Care Facilities.

Subacute Care Facility Carve-in: Directed Payment Policy and Payment Requirements Overview

Facility Payment

- » MCPs in counties where coverage of adult or pediatric subacute care services is ***newly transitioning*** from the FFS delivery system to the managed care delivery system must reimburse Network Providers of adult or pediatric subacute care services for those services at **exactly the Medi-Cal FFS per-diem rates** applicable to that particular type of institutional LTC provider.

Newly transitioning counties include:

- » New to adult and pediatric subacute services: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba
- » New to pediatric subacute services: Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara

Facility Payment

- » MCPs in counties where adult or pediatric subacute care services were *already* Medi-Cal managed care covered services must reimburse Network Providers of adult or pediatric subacute services for those services at **no less than the Medi-Cal FFS per-diem rates** applicable to that particular type of institutional LTC provider.

Counties that already provide adult and pediatric subacute care services under Medi-Cal managed care today include:

- » Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo.

Counties that already provide only adult subacute care services under Medi-Cal managed care today include:

- » Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara

Other Payment Requirements

- » The state-directed payment requirements apply only to payments made directly for adult or pediatric subacute care services rendered, and do not apply to other types of payments, including but not limited to, Provider incentive and pay-for-performance payments.
- » The state-directed payment requirements do not apply to any other services provided to a Member receiving adult or pediatric subacute care services such as, but not limited to, subacute services provided by an Out-of-Network Provider or non-subacute care services.
 - These non-qualifying services are payable by MCPs in accordance with negotiations between the MCP and provider.
- » MCPs and providers can negotiate ancillary services outside the per diem rate.

Payment Processes Including Timely Payment of Claims

- » MCPs are required to pay timely, in accordance with the prompt payment standards within their respective Contracts and [APL 23-020](#) Requirements for Timely Payment of Claims, or any superseding APL.
 - DHCS expects MCPs to pay clean claims within 30 calendar days of receipt.
 - MCPs are highly encouraged to remit claims and invoices in the same frequency in which they are received.
 - MCPs must ensure that providers of subacute care services receive reimbursement in accordance with these requirements for all qualifying services regardless of any subcontractor arrangements.

Other Payment Requirements

- » MCPs must have a process for Subacute Care Facilities to submit electronic claims and receive claims electronically.
- » MCPs must ensure that the Subacute Care Facility and its staff have appropriate training on benefits coordination, including balanced billing prohibitions.
- » MCPs must coordinate benefits with Other Health Coverage (OHC) programs or entitlements.
 - Such coordination must include recognizing OHC as primary payer and the Medi-Cal program as payer of last resort.
- » Under Continuity of Care protections, providers will continue to receive payment for subacute care services while MCPs work to bring providers under contract.

Other Payment Processes: Additional Coverage

- » The Subacute Care Facility Carve-In does not make changes to the coverage policies for pharmacy benefit coverage nor make any changes to Medi-Cal Rx.
- » The Medi-Cal FFS subacute care per diem rate does not include legend (prescription drugs).
- » For MCPs newly covering subacute care services effective January 1, 2024, and for MCPs that do not include prescription drugs in their contracted Subacute Care Facility rates, the financial responsibility for prescription drugs is **determined by the claim type** of which they are billed:
 - If drugs are dispensed by a pharmacy and billing on **a pharmacy claim**, they are carved-out of the managed care benefit and **covered by Medi-Cal Rx**.
 - If drugs are provided by the Subacute Care Facility and billed on **a medical or institutional claim**, they are **covered by the MCP**.
- » Additional information is available at: [Medi-Cal Rx website](#), [Medi-Cal Rx FAQ](#), and [Medi-Cal Rx Scope](#).

Facility Requirement to Contract with the Subacute Contracting Unit

- » MCPs in all counties must ensure that members in need of adult or pediatric subacute care services are placed in a health care facility that is under contract with DHCS' Subacute Contracting Unit (SCU) or is actively in the process of applying for a contract with DHCS.
 - This means that even facilities currently contracted with MCPs in counties where subacute care services are already covered under managed care must receive a contract from SCU or apply for a contract with SCU in order to continue receiving Medi-Cal reimbursement.
- » This requirement ensures that facilities receiving Medi-Cal subacute care reimbursement meet certain standards and that Members residing in these facilities do not experience disruptions in access to care.

Facility Requirement to Contract with the Subacute Contracting Unit

- » Facilities must receive a contract from SCU or apply for a contract with SCU in order to continue receiving Medi-Cal reimbursement.
 - Facilities without an application must apply to SCU by December 15, 2023.
 - If your facility is not contracted with DHCS' SCU, please contact Subacute2@dhcs.ca.gov as soon as possible to request an application.
 - To view a list of facilities contracted with DHCS SCU, please visit [Medi-Cal Subacute Provider List \(Adult\)](#) and [Medi-Cal Subacute Provider List \(Pediatric\)](#).
 - For more information, please refer to the [Medi-Cal Subacute Care Contracting: Application Information for Facilities Fact Sheet](#).
- » To ensure access to care during the upcoming transition, DHCS SCU will process applications for new contracts as quickly as possible and will post a list of facilities that have applied for a contract on the DHCS SCU website to allow plans to continue to reimburse those facilities during the application process.

Long-Term Services and Supports Liaison

- » MCPs must identify an individual, or individuals, to serve as the liaison to the Long-Term Services and Supports (LTSS) community, including Subacute Care Facilities.
- » The LTSS Liaison must serve as a single point of contact for service providers in both a Provider representative role and to support care transitions.
- » LTSS liaisons are required to receive training on the full spectrum of rules and regulations pertaining to Medi-Cal covered LTC, including resident rights under State and federal law.
- » The Liaison is intended to assist service providers with:
 - Addressing claims and payment inquiries, and
 - Care transitions among the LTSS provider community to support Members' needs.
- » MCPs will share their LTSS Liaisons' contact information with their Network Providers and update Providers regarding any changes to LTSS Liaison assignments.

Included and Excluded Services in the Per Diem Rate

Per Diem Rate: Inclusive Services

- » Per diem rates for adult and pediatric subacute care include all services, equipment, and supplies necessary for the administration of treatment procedures listed in the patient care criteria.
- » Examples of services included in the subacute per diem rate:
 - Oxygen
 - Ventilators
 - Feeding pumps
 - Tracheostomy care
 - Respiratory and inhalation therapy services
 - Certain components of laboratory, pathology, and radiology
 - Intravenous therapy
 - Equipment and supplies necessary for debridement
 - Occupational, physical, and speech therapy

See Appendix for detailed list of inclusive services.

Per Diem Rate: Inclusive Services – Pediatric Subacute Services

- » In addition to the services listed on the previous slide, the per diem rate for pediatric subacute care services includes:
- Registered dietician services
 - Developmental services
 - Service coordinator activities

More information can be found in the Provider Manual [TAR Criteria for NF Authorization \(Valdivia v. Coyle\)](#), [Rates: Facility Reimbursement – Miscellaneous Inclusive and Exclusive Items, Subacute Care Programs: Adult](#), and [Subacute Care Programs: Pediatric](#).

See Appendix for detailed list of inclusive services.

Per Diem Rate: Exclusive Services

- » Services outside the per-diem rate are not subject to the Directed Payment policy and would follow the MCP and providers normal negotiation process.
- » Examples of services excluded from the subacute per diem rate:
 - Allied health services
 - Dental services
 - Durable Medical Equipment (DME) and repair for DME
 - Transportation
 - Legend drugs
 - X-rays
 - Personal items

Note: Not all Subacute Care Facilities provide all these services, but MCPs will need to ensure coverage of medically-necessary services.

See Appendix for detailed list of exclusive services.

Per Diem Rate: Exclusive Services – Pediatric Subacute Services

- » MCPs must cover the following services with additional Treatment Authorization Request (TAR) approval, but these are not included in the pediatric subacute per diem rate:
 - Supplemental rehabilitation therapy services: therapy services needed beyond the level of supportive or maintenance interventions, provided by a licensed therapist and require authorization
 - Ventilator Weaning Services

More information can be found in the Provider Manual [TAR Criteria for NF Authorization \(Valdivia v. Coye\)](#), [Rates: Facility Reimbursement – Miscellaneous Inclusive and Exclusive Items](#), [Subacute Care Programs: Adult](#), and [Subacute Care Programs: Pediatric](#).

See Appendix for detailed list of inclusive services.

Questions?



Billing: Overview and Promising Practices

Promising Practice: Prompt Claims and Payments

- » Subacute Care Facilities often do not have the financial reserves, or as diverse a payer mix as other types of providers and rely on prompt payment from Medi-Cal FFS and MCPs.
- » Facilities and MCPs should work together to ensure Subacute Care Facilities are set up to receive payment via Electronic Funds Transfer (EFT), if EFT is requested by the facility.

Promising Practices:

- ✓ Shorter payment timeframes for clean claims can help support provider operations in Subacute Care Facilities.
- ✓ If a Subacute Care Facility anticipates cash flow challenges, discuss payment timeframes and options that may be available to facilities.
- ✓ MCP LTSS Liaisons could potentially support and help resolve any claims challenges.

Promising Practices: Clean Claims

- » Subacute Care Facilities need to submit clean claims in a timely manner for MCPs to process the claims as they come in.
 - A clean claim is one that is submitted properly and is timely and appropriate.
- » Subacute Care Facilities will require support as they build their knowledge of each MCP's submission protocols and clean claims requirements.

Promising Practices:

- » MCPs and Subacute Care Facilities should work collaboratively to ensure alignment in understanding claims requirements.
- » MCPs should offer trainings, office hours, and open-door outreach approaches for subacute care providers.
- » Subacute Care Facilities should familiarize themselves with and leverage MCP resources, including training materials and connecting with LTSS Liaisons.



Tips for Clean Claim Submissions

- ✓ Validate billing codes with MCPs to ensure the appropriate codes are being utilized to ensure a clean claim.
- ✓ Verify that dates of service on the claim reflect only the dates for services rendered and verify that the dates of service on the claim match the approved dates within the authorization.
 - If the dates do not match, a reauthorization may be required.
- ✓ Confirm that the patient status code agrees with the revenue code.
 - For example, if the status code indicates leave days, the accommodation code must also indicate leave days.
- ✓ For Bed Holds, check regularly for residents on leave, at an acute hospital, or transferred to another facility.
 - Verify that the facility to which the resident was transferred is billed correctly.

What Can Subacute Care Providers Expect?

What can subacute care providers expect?

» **What can Subacute Care Facilities expect when working with MCPs?**

- MCPs have teams dedicated to working with LTC providers to address contracting, authorizations, claims, and resolutions. A best practice is for MCPs to share contact information for their LTSS Liaison when conducting outreach.

» **What support do MCPs provide to Subacute Care Facilities throughout the payment and billing processes?**

- MCPs may offer trainings and opportunities to educate facilities on authorizations and claims processes, particularly clean claim requirements.
- LTSS Liaisons can also support and help resolve claims challenges.
- Many MCPs have online provider portals that contain resources and communications related to claims and payment.

What can subacute care providers expect?

» **How can Subacute Care Facilities prepare for the January 1, 2024 transition?**

- It is important to build relationships with MCPs. Work with your MCP early to obtain key information on the plan's authorization processes, billing and payment processes, and attend any education and training opportunities.
- Identify any potential continuity of care issues for Medi-Cal benefits not included in the per-diem rate, including medical supplies and transportation, to ensure members have day one coverage. MCPs and Facilities should work together to identify where Members may be receiving ancillary or other services from providers who are not in-network.

» **Are there any key takeaways to share with Subacute Care Facilities and MCPs who are gearing up for the LTC Carve-In?**

- Subacute Care Facilities do not have the same financial reserves or diverse payer mix as other providers. LTC facilities rely on prompt payment from the Medi-Cal program through their MCPs to sustain services to members. LTC providers need outreach, education, and support from MCPs.
- MCPs and LTC providers need to work collaboratively and reach out to the MCP LTSS Liaison to resolve issues in a timely manner.

Questions?



Next Steps

Upcoming Webinars



Topic	Target Audience	Date and Time
Subacute Carve-In 101 for Subacute Care Facilities	Subacute Care Facilities	September 15, 2023, 9:30 – 10:30am
Billing & Payment	Subacute Care Facilities and MCPs	November 29, 2023, 3 – 4pm
How Medi-Cal Supports ICF/DD and Subacute Care Facility Residents	Subacute Care Facilities and MCPs	December 15, 2023, 9 – 10am

For information about upcoming webinars and materials from past webinars, visit [the DHCS Subacute Care Facility LTC Carve-In webpage](#).

Additional Resources

- » [Subacute Care Facility Carve-In Transition](#): Information on the transition, policy guidance documents including the APL and newly posted FAQs, as well as webinar information.
- » [Long-Term Care Carve-In Transition](#): Information on the LTC Carve-In initiative and SNF transition information.
- » [DHCS' Subacute Contracting Unit](#): DHCS webpage on Subacute Contracting Unit with list of contracted adult and pediatric Subacute Care Facilities.
- » [California Long-Term Services and Supports Dashboard](#): DHCS webpage on public-facing LTSS data dashboard to track demographic, utilization, quality, and cost data related to LTSS.
- » [MLTSS and Duals Integration Stakeholder Workgroup](#): Registration information for bi-monthly stakeholder workgroup meetings.

Thank you!

If you have additional questions that were not addressed during this webinar, please email: LTCTransition@dhcs.ca.gov



Appendix

Appendix A: Overview of Medi-Cal Managed Care



Medi-Cal Managed Care Models

- » All counties have Medi-Cal MCPs, but the plan models differ by county.
- » Some counties have one Medi-Cal MCP, others have two, and some have several.
- » Information about which MCPs are currently available within your county can be found in [Health Plan Directory \(ca.gov\)](#) from the DHCS Website.
- » Information about which MCPs will operate within your county in 2024 can be found in [Medi-Cal Managed Care Health Plans by County](#) from the DHCS Website.

Appendix B: Subacute Contracting Unit



Medi-Cal Subacute Care Program Criteria for Participation

- » Generator and electrical wiring meeting life support codes.
- » Resident rooms that meet federal room size requirements.
- » Medicare and Medi-Cal Certification.
- » Licensed DP or FS SNF beds.
- » History of providing adequate care to SNF residents.
- » Enough staff who meet competency requirements to provide subacute care at regulated levels.

Medi-Cal Subacute Care Program Application Process

- » Facility requests, completes, and submits an application.
- » The SCU reviews the application.
- » Additional information/documentation is requested of the facility by SCU, if applicable.
- » Once all required information/documentation is obtained, an onsite review is conducted.
- » If the facility meets all requirements of participation, a contract is issued.
- » SCU will work with any facilities who fail to meet requirements of participation until they qualify for or decide not to pursue a contract.

Medi-Cal Subacute Care Program Readiness for Inclusion in Managed Care

- » To support continuity of care, MCPs should contract with all currently contracted Medi-Cal subacute providers in the MCP's service area.
 - If contracting has not occurred, a letter of agreement (LOA) may be used in the interim.
- » Members who qualify for Medi-Cal Subacute Care must be placed in:
 - Facility currently contracted with DHCS for Medi-Cal Subacute Care - the lists of the 128 currently contracted providers are available on the Medi-Cal Subacute website:
<https://www.dhcs.ca.gov/services/medi-cal/Pages/Subacute.aspx>.
 - Facility actively pursuing a Medi-Cal Subacute Care Contract (a list of facilities actively pursuing a Medi-Cal Subacute Care Contract will be posted by January 1, 2024 and will be updated regularly).
- » MCPs may instruct non-Medi-Cal Subacute Care contracted providers that they should contact the Subacute Contracting Unit (SCU) at Subacute2@dhcs.ca.gov.

Appendix C: Continuity of Care Additional Information



Summary: Continuity of Care for Members with Existing Treatment Authorization Requests

TAR Category	Continuity of Care Requirements for Existing TARs	Reauthorization
<p>Adult/Pediatric Subacute Care Services Under Per Diem Rate</p>	<p>MCPs are responsible for covering services in TARs approved by DHCS for six (6) months after enrollment in the MCP, or for the duration of the TAR, whichever is shorter</p>	<p>MCPs may approve reauthorizations for up to 6 months, or up to one year for members who have been identified/meet the criteria of prolonged care</p>
<p>Adult Subacute Care Services Outside Per Diem Rate and Pediatric Subacute Services Outside Per Diem Rate (except for supplemental rehabilitation therapy service and ventilator weaning services)</p>	<p>MCPs are responsible for covering all other services in TARs approved by DHCS exclusive of the per diem rate for six (6) months after enrollment in the MCP, or for the duration of the TAR, whichever is shorter</p>	<p>MCPs may approve reauthorizations for up to six (6) months, or up to one year for members who have been identified/meet the criteria of prolonged care</p>
<p>Pediatric Supplemental Rehabilitation Therapy Service and Ventilator Weaning Services</p>	<p>MCPs are responsible for covering supplemental rehabilitation therapy services and ventilator weaning services for TARs approved by DHCS for three (3) months after enrollment in the MCP</p>	<p>MCPs may approve reauthorizations for up to three (3) months</p>

Appendix D: Facility Payment Additional Information



Adult and Pediatric Subacute Long-Term Care Carve-In: Summary of Inclusive Services

Below is summary of services included in the per diem rate for adult and pediatric subacute care services, per state guidelines. These tables are not meant to be exhaustive. Please see sources for additional information.

Included Services in Adult Subacute Per Diem Rate

Summary: All services, equipment and supplies necessary for the administration of the treatment procedures listed in the patient care criteria

Oxygen and all equipment necessary for administration including:

- Positive pressure apparatus (e.g., biphasic positive airway pressure)
- Oxygen conserving devices (e.g., Oxymizer)
- Nebulizers (e.g., Pulmoaide)

Ventilators, including humidifiers, in-line condensers, and in-line temperature measuring devices, calibration and maintenance

Feeding pumps and equipment necessary for tube feedings (nasogastric or gastrostomy), including formula

Ventilators, including humidifiers, in-line condensers, and in-line temperature measuring devices, calibration and maintenance

Included Services in Adult Subacute Per Diem Rate (*continued*)

Speech therapy and language and audiology services

Occupational therapy services

Physical therapy

Equipment and supplies necessary for the care of a tracheostomy, including tracheostomy speaking valves

Respiratory and inhalation therapy services administered by other than a physician

Technical components of laboratory, pathology, and radiology

Equipment and supplies for continuous intravenous therapy

Equipment and supplies necessary for debridement, packing and medicated irrigation with or without whirlpool treatment

Pediatric Subacute Care Long-Term Care Carve-In: Summary of Inclusive Services

Included Services in Pediatric Subacute Per Diem Rate

Summary: All services, equipment and supplies necessary for the administration of the treatment procedures listed in the patient care criteria

Oxygen and all equipment necessary for administration including:

- Positive pressure apparatus
- Oxygen conserving devices (e.g., Oxymizer)
- Nebulizers (e.g., Pulmoaide)

Ventilators, including humidifiers, in-line condensers, and in-line temperature measuring devices, calibration and maintenance

Feeding pumps and equipment necessary for tube feedings (nasogastric or gastrostomy), including formula.

Registered Dietician consultant services

Included Services in Pediatric Subacute Per Diem Rate *(continued)*

Physical, occupational and speech therapy services provided within a supportive maintenance program (Note: Per the Medi-Cal Provider Manual, supportive or maintenance interventions included in the Pediatric Subacute per diem are therapy services that are part of routine daily care provided by nurses based on instructions from licensed therapists. These interventions are part of the pediatric subacute level of care services (covered in the nursing facility's per diem rate) and, therefore, are not separately reimbursable.)

Equipment and supplies necessary for the care of a tracheostomy, including tracheostomy speaking valves

Respiratory and inhalation therapy services administered by other than a physician

Equipment and supplies for continuous intravenous therapy

Developmental services

Service Coordinator activities

Portable imaging services provided by freestanding providers (for free-standing Pediatric Subacute facilities)

Unlisted supplies and materials used by physicians in non-surgical procedures (Current Procedural Terminology, CPT[®], Code 99070)

Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory (CPT Code 99000)

Adult Subacute Care Long-Term Care Carve-In: Summary of Exclusive Services

Below is summary of services excluded from the per diem rate for adult and pediatric subacute care services.

Excluded Services in Adult Subacute Per Diem Rate

Allied health services ordered by the attending physician, excluding respiratory therapy

Alternating pressure mattresses/pads with motor

Blood, plasma and substitutes

Dental services

Durable medical equipment (DME), including custom wheelchairs, as specified in 22 CCR section 51321(h) (except as specified)

Insulin

Intravenous trays, tubing and blood infusion sets

Laboratory services (except as specified)

Excluded Services in Adult Subacute Per Diem Rate

Legend drugs

MacLaren or Pogon Buggy

Medical supplies as specified in the list established by DHCS

Nasal cannula

Osteogenesis stimulator device

Parts and labor for repairs of DME if originally separately payable or owned by the beneficiary

Physician services

Portable aspirator

Excluded Services in Adult Subacute Per Diem Rate

Precontoured structures (VASCO-PASS, cut out foam)

Prescribed prosthetic and orthotic devices for exclusive use of patient

Reagent testing sets

Therapeutic air/fluid support systems/beds

Transportation

Traction equipment and accessories

Variable height beds

X-rays (except as specified)

Not included in the payment rate nor in the Medi-Cal schedules of benefits are personal items such as cosmetics, tobacco products and accessories, dry cleaning, beauty shop services (other than shaves or shampoos performed by the facility staff as part of patient care and periodic hair trims) and television rental.

Pediatric Subacute Care Long-Term Care Carve-In: Summary of Excluded Services

Excluded Services in Pediatric Subacute Per Diem Rate

Alternating pressure mattresses/pads with motor

Blood, plasma and substitutes

Dental services

DME as specified in 22 CCR section 51321(h) (except as specified)

Insulin

Intravenous trays, tubing and blood infusion sets

Laboratory services (except as specified)

Legend drugs

MacLaren or Pogon Buggy

Medical supplies as specified in the list established by DHCS

Nasal cannula

Osteogenesis stimulator device

Excluded Services in Pediatric Subacute Per Diem Rate (continued)

Parts and labor for repairs of DME if originally separately payable or owned by the beneficiary

Physician services

Portable aspirator

Precontoured structures (VASCO-PASS, cut out foam)

Prescribed prosthetic and orthotic devices for exclusive use of patient

Reagent testing sets

Therapeutic air/fluid support systems/beds

Traction equipment and accessories

Transportation

Variable height beds

X-rays (except as specified)

Not included in the payment rate nor in the Medi-Cal schedules of benefits are personal items such as cosmetics, tobacco products and accessories, dry cleaning, beauty shop services (other than shaves or shampoos performed by the facility staff as part of patient care and periodic hair trims) and television rental.

Appendix E: Adult and Pediatric Subacute Care Carve-In by County and MCP



California Counties and 2023 and 2024 MCPs

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Alameda	x	x	Anthem Blue Cross Partnership Plan	Alameda Alliance for Health
			Alameda Alliance for Health	Kaiser Permanente
Alpine	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Plan of San Joaquin
Amador	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
			Kaiser Permanente	Kaiser Permanente
Butte	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Calaveras	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Colusa	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Contra Costa	x	x	Anthem Blue Cross Partnership Plan	Contra Costa Health Plan
			Contra Costa Health Plan	Kaiser Permanente
Del Norte			Partnership Health Plan of California	Partnership Health Plan of California
El Dorado	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Plan of San Joaquin
			Kaiser Permanente	Kaiser Permanente
Fresno	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			CalViva Health	CalViva Health
				Kaiser Permanente
Glenn	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Humboldt			Partnership Health Plan of California	Partnership Health Plan of California
Imperial	x	x	California Health & Wellness	Community Health Plan of Imperial Valley
			Molina Healthcare of California	Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Inyo	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Kern	x	x	Health Net Community Solutions Inc.	Anthem Blue Cross Partnership Plan
			Kern Family Health Care	Kern Family Health Care Kaiser Permanente
Kings	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			CalViva Health	CalViva Health Kaiser Permanente
Lake			Partnership Health Plan of California	Partnership Health Plan of California
Lassen			Partnership Health Plan of California	Partnership Health Plan of California
Los Angeles		x	Health Net Community Solutions Inc.	Health Net Community Solutions Inc.
			L.A. Care Health Plan	Molina Healthcare of California L.A. Care Health Plan Kaiser Permanente
Madera	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			CalViva Health	CalViva Health Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Marin			Partnership Health Plan of California	Partnership Health Plan of California
				Kaiser Permanente
Mariposa	x	x	Anthem Blue Cross Partnership Plan	Central California Alliance for Health
			California Health & Wellness	Kaiser Permanente
Mendocino			Partnership Health Plan of California	Partnership Health Plan of California
Merced			Central California Alliance for Health	Central California Alliance for Health
Modoc			Partnership Health Plan of California	Partnership Health Plan of California
Mono	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Monterey			Central California Alliance for Health	Central California Alliance for Health
Napa			Partnership Health Plan of California	Partnership Health Plan of California
				Kaiser Permanente
Nevada	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Orange			CalOptima Health	CalOptima Health
				Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Placer	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	Kaiser Permanente
			Kaiser Permanente	
Plumas	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Riverside		x	Molina Healthcare of California	Molina Healthcare of California
			Inland Empire Health Plan	Inland Empire Health Plan
				Kaiser Permanente
Sacramento	x	x	Aetna Better Health of California	Anthem Blue Cross Partnership Plan
			Anthem Blue Cross Partnership Plan	Health Net Community Solutions Inc.
			Health Net Community Solutions Inc.	Molina Healthcare of California
			Molina Healthcare of California	Kaiser Permanente
			Kaiser Permanente	
San Benito	x	x	Anthem Blue Cross Partnership Plan	Central California Alliance for Health
			Medi-Cal Fee For Service	

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
San Bernadino		x	Molina Healthcare of California	Molina Healthcare of California
			Inland Empire Health Plan	Inland Empire Health Plan
				Kaiser Permanente
San Diego		x	Aetna Better Health of California	Blue Shield of California Promise Health Plan
			Blue Shield of California Promise Health Plan	Community Health Group Partnership
			Community Health Group Partnership	Kaiser Permanente
			Health Net Community Solutions Inc.	Molina Healthcare of California
			Kaiser Permanente	
San Francisco	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			San Francisco Health Plan	San Francisco Health Plan
				Kaiser Permanente
San Joaquin	x	x	Health Net Community Solutions Inc.	Health Net Community Solutions Inc.
			Health Plan San Joaquin	Health Plan San Joaquin
				Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
San Luis Obispo			CenCal Health	CenCal Health
San Mateo			Health Plan of San Mateo	Health Plan of San Mateo
				Kaiser Permanente
Santa Barbara			CenCal Health	CenCal Health
Santa Clara		x	Anthem Blue Cross Partnership Plan Santa Clara Family Health Plan	Anthem Blue Cross Partnership Plan
				Santa Clara Family Health Plan
				Kaiser Permanente
Santa Cruz	x	x	Central California Alliance for Health	Central California Alliance for Health
				Kaiser Permanente
Shasta			Partnership Health Plan of California	Partnership Health Plan of California
Sierra	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Siskiyou			Partnership Health Plan of California	Partnership Health Plan of California
Solano			Partnership Health Plan of California	Partnership Health Plan of California
				Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Sonoma			Partnership Health Plan of California	Partnership Health Plan of California Kaiser Permanente
Stanislaus	x	x	Health Net Community Solutions Inc. Health Plan of San Joaquin	Health Net Community Solutions Inc. Health Plan of San Joaquin Kaiser Permanente
Sutter	x	x	Anthem Blue Cross Partnership Plan California Health & Wellness	Partnership Health Plan of California Kaiser Permanente
Tehama	x	x	Anthem Blue Cross Partnership Plan California Health & Wellness	Partnership Health Plan of California
Trinity	x	x	Partnership Health Plan of California	Partnership Health Plan of California
Tulare	x	x	Anthem Blue Cross Partnership Plan Health Net Community Solutions Inc.	Anthem Blue Cross Partnership Plan Health Net Community Solutions Inc. Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Tuolumne	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Ventura			Gold Coast Health Plan	Gold Coast Health Plan
				Kaiser Permanente
Yolo			Partnership Health Plan of California	Partnership Health Plan of California
				Kaiser Permanente
Yuba	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	Kaiser Permanente

* Indicates that MCPs will authorize and cover Medically Necessary adult and/or pediatric care services starting 1/1/24. Currently, these MCPs cover Medically Necessary adult subacute services and/or pediatric subacute care services for Members from the time of admission into a Subacute Care Facility and up to one month after the month of admission. Counties that do not have an X are those that currently provide coverage for adult and/or pediatric subacute services under the institutional LTC services benefit.