



Long Term Care

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Medi-Cal Training Seminar

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DHCS Quality Assurance Fee on Skilled Nursing Facilities for Rate Year 2008 – 2009

Effective August 1, 2008, for rate year 2008 – 2009, the Department of Health Care Services (DHCS) will begin collecting the 6 percent Quality Assurance Fee (QAF) authorized by Assembly Bill 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.

DHCS will collect the following QAF on a monthly basis:

- FS/NF-Bs with total annual resident days equal to or greater than 100,000 – \$8.05 per resident day.
- FS/NF-Bs with total annual resident days less than 100,000 – \$9.05 per resident day.

DHCS 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
Department of Health Care Services
Long Term Care System Development Unit
1501 Capitol Avenue, Suite 71.4001
MS 4612
P.O. Box 997417
Sacramento, CA 95899-7417

Questions about the QAF payments may be submitted to:

Department of Health Care Services
Quality Assurance Fee Program
MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
(916) 650-0490

Information about the Long Term Care System Development Unit (LTCSDU) and the QAF program is available on the DHCS Web site at:

<http://www.dhcs.ca.gov/provgovpart/Pages/QualityAssuranceFee.aspx>.

This *Medi-Cal Update* provides information concerning the QAF assessed for each skilled nursing facility for the rate year August 1, 2008 to July 31, 2009. California *Health and Safety Code*, Sections 1324.20 through 1324.30 and *Welfare and Institutions Code* (W&I Code), Section 14105.06, authorize DHCS 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.

Updated Mailing Address for LTC Claims

Effective immediately, providers should submit Long Term Care (LTC) claims to the following address:

Medi-Cal
Fiscal Intermediary
P.O. Box 15400
Sacramento, CA 95851-1400

This information is reflected on manual replacement page pay ltc sub 1 (Part 2).

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Remove and replace: pay ltc sub 1/2