

Billing Reminders for Long-Term Care (LTC) Facilities

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are sharing this important reminder with you.

Billing for LTC Facilities, including Subacute, Custodial, and Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF-DD) Care Providers:

As required in the California Department of Health Care Services (DHCS) All Plan Letter 22-027, facilities are required to bill the member's primary payer (insurance) before billing Medi-Cal. If a facility bills Medi-Cal (i. e. the Alliance) first, the claim may be denied with the facility instructed to provide the primary payer Explanation of Benefits (EOB) when submitting the claim. The payment information is available in the Remittance Advice Statement.

We recently implemented a change to allow claims for LTC Custodial and ICF Care services, which are not Medicare covered services, to be accepted when resubmitted with the primary payor EOB. Facilities should no longer receive this denial error on claims.

Please also remember to submit claims with the correct National Provider Identifier (NPI) number. Claims with the incorrect NPI will be denied. LTC facilities must use the correct NPI for the date of service on a claim for both the billing entity and the rendering provider (if applicable). The Alliance requests at least a 60-day notice to complete any changes in information, including a change in an NPI.

For more information about these requirements, please refer to the DHCS All Plan Letter 22-027 and Alliance Provider Manual:

- www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/ APL22-027.pdf
- www.alamedaalliance.org/providers/alliance-provider-manual

We appreciate and thank you for the high quality care and services you give to your patients and our members, and your continued partnership in making a difference in our community.

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