

Network Provider Update

To: Medi-Cal and Cal MediConnect* network participants

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Subject: **All Plan Letter 21-018, Public and Private Hospital Directed Payment Programs for State Fiscal Years 2017-18 and 2018-19, the Bridge Period, and Calendar Year 2021**

The Department of Health Care Services (DHCS) recently issued All Plan Letter (APL) 21-018, "Public and Private Hospital Directed Payment Programs for State Fiscal Years 2017-18 and 2018-19, the Bridge Period, and Calendar Year 2021." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your facility operations, where appropriate.

APL 21-018 instructs managed care plans (MCPs) such as Blue Shield of California Promise Health Plan on the payment process for hospitals in various statewide payment programs, including the Designated Public Hospital (DPH) Enhanced Payment Program (EPP), the DPH Quality Incentive Pool (QIP), the District and Municipal Public Hospital (DMPH) QIP, and the Private Hospital Directed Payment (PHDP) program. These programs direct MCPs to pay specified network providers in accordance with terms approved by the Centers for Medicare & Medicaid Services (CMS).

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 21-018 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-018.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

Key information about Blue Shield Promise hospital directed payments:

- Blue Shield Promise payments for all programs have been approved and paid for state fiscal years 2017-18 and 2018-2019 and the bridge period.
- Payments for PHDP have been approved for calendar year 2021.
- Payments for calendar year 2021 are still pending approval for DPH EPP, DPH QIP, and DMPH QIP.
- Blue Shield Promise has processes established for payments, provider grievances, and determining the responsible payer. Please see the Appendix below for details.

Please direct questions about hospital directed payments to HDPPInquiries@blueshieldca.com or call Provider Services at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.

*Cal MediConnect network participants are responsible for identifying and applying the guidance and requirements that pertain to their patients.

Appendix A: Blue Shield Promise Hospital Directed Payment Details

A.1.a: Typical Payment Process Summary

1. Following the criteria for each program, DHCS calculates its payment obligations to Blue Shield Promise network provider hospitals eligible for DPH EPP, DPH QIP, DMPH QIP, and PHDP directed payments based on the encounters data, in accordance with the CMS-approved preprints.
2. DHCS sends Blue Shield Promise the payments owed to our eligible network provider hospitals.
3. Blue Shield Promise relays these payments to the hospitals after receiving them from DHCS.
4. The Hospital Directed Payments team at Blue Shield Promise ensures that all payments are made to eligible hospitals, keeps track of all payments, and voids and re-issues checks when needed.

A.2: Provider Questions and Inquiries

Providers can communicate questions and inquiries regarding hospital directed payments by email at HDPPInquiries@blueshieldca.com or call (800) 468-9935. Please provide missing claim or encounter records, including the date of service, billing NPI, CPT codes, and patient information, when you contact Blue Shield Promise.

A.3: Provider Disputes Policy and Procedure

Providers may submit a formal, written dispute regarding the processing or non-payment of directed payments required by DHCS to the Provider Dispute and Resolution Department at:

Blue Shield of California Promise Health Plan
Attn: Provider Dispute Resolution Department
P.O. Box 3829
Montebello, CA 90640

Upon receipt of the written dispute specifying the issue of concern, the dispute will be entered into the provider dispute database. An acknowledgement letter will be sent to the provider within fifteen (15) working days of receiving the written dispute, and a resolution letter will be sent within forty-five (45) working days.

All provider disputes must be submitted in writing within three hundred sixty-five (365) days from the last date of action on the issue. If a provider attempts to file a provider dispute via telephone, Blue Shield Promise staff will instruct the provider to submit the provider dispute to Blue Shield Promise in writing. Information about how to file a dispute can be found at Blue Shield Promise's website at Blueshieldca.com/promise. You will find the information in the section titled *Policies, Guidelines, Standards and Forms*. All provider disputes are forwarded to the appropriate department for processing.

A.4 Determining the Responsible Payer

Blue Shield Promise notifies network hospitals of the responsible payer (DHCS) every time a hospital directed payment from DHCS is relayed to them.