

FREQUENTLY ASKED QUESTIONS

Medi-Cal Targeted Provider Rate Increases (TRI)

We have compiled answers to the following list of questions that we anticipate will be asked by our network providers about the Department of Health Care Services (DHCS) Medi-Cal Targeted Provider Rate Increase (TRI).

If you do not find an answer you are seeking, please refer to the contact information at the end of this document.

1. Why are the rates changing?

According to [All Plan Letter 24-007](#), the Department of Health Care Services increased rates for targeted services to “advance access, quality and equity for Medi-Cal members and promote provider participation in the program.”

2. Which types of provider services are eligible for rate increases?

Select procedure codes identified as primary/general care, obstetric, and non-specialty mental health services will be reimbursed at the increased rates. These include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Podiatrists
- Certified Nurse Midwives
- Licensed Midwives
- Doula Providers
- Psychologists
- Licensed Professional Clinical Counselor
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists

Assistant surgeons are not eligible to receive targeted rate increases. Similarly, the TRI Fee Schedule also does not apply to services provided by Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Care Providers, and Cost-Based Reimbursement Clinics.

3. How will my contracted rates be affected by the TRI?

If there are changes to your rates, our Provider Contracting team will send you an amendment to your contract in the coming weeks.

4. How will Fee-for-Service payments for non-contracted providers be affected by the TRI?

Non-contracted providers are not eligible for the TRI rates. The APL applies solely to contracted providers.

5. When will the new rates take effect?

This will vary by provider, but we plan to have fully transitioned to the new rates by the required compliance date of December 31, 2024.

6. When and how will Blue Shield Promise make retroactive payments for services rendered and paid from January 1, 2024, until the rate change was implemented?

The timing of corrected claim payments will vary by provider. We expect to complete retroactive payments by December 31, 2024. Payments will be calculated automatically and made according to our current process.

7. How were the TRI rates determined?

According to the APL, DHCS determined that the baseline for the new rates would be at least 87.5% of Medicare rates for the locality in California. Additional TRI adjustments include a 39.7% increase for specified physicians' services provided under the California Children's Services program and a potential 20% reduction for specified procedures performed in outpatient facilities.

8. What about Proposition 56 Supplemental Payments? Will my organization still qualify for those? Which Prop 56 payments will be superseded by the TRI?

In general, Proposition 56 Supplemental Payments for the procedure codes affected by the TRI were taken into consideration in the new TRI fee schedule. Therefore, those additional Proposition 56 payments will no longer be necessary.

The procedure codes affected by both the TRI and Proposition 56 include:

90791	99205	99381	99392
90792	99211	99382	99393
90863	99212	99383	99394
99202	99213	99384	99395
99203	99214	99385	
99204	99215	99391	

9. What is the responsibility for organizations with delegated or sub-capitated providers? How should they implement the TRI for downstream providers?

IPAs and other provider organizations are required to pay their downstream providers in accordance with the APL requirements. This includes making retroactive payments as needed. Blue Shield Promise will require that such organizations attest to meeting this requirement and may perform review procedures to confirm implementation.

10. How will capitated IPAs and other organizations attest that they are paying TRI rates downstream?

We will provide an attestation form in the coming weeks. Our Provider Relations Managers may reach out to confirm your attestation is received in a timely manner.

11. How will retroactive payments be calculated?

For eligible claims where the TRI Fee Schedule exceeds the sum total of the provider's contracted rate plus any Proposition 56 supplemental payment due (if applicable), a corrected claim will be automatically processed for the additional amount due.

Note: Corrected claim amounts will be calculated based on the TRI Fee Schedule less the provider's contracted rate. Any Proposition 56 supplemental payment amounts that were previously paid will be subject to recovery by Blue Shield Promise. Providers with recovery amounts due will be contacted separately with instructions and repayment options.

12. Will providers be paid interest on retroactive payments?

Blue Shield Promise will only pay interest on retroactive payments that are made 45 business days after the required deadline of December 31, 2024.

13. How will I know if my claim was paid at the TRI rates?

There will be a note on the Explanation of Benefits (EOB) document stating if it was paid at TRI rates.

14. What do I do if I feel my claim was paid incorrectly? (E.g., it should have been paid at the TRI rate.)

After contacting Provider Services to see if the claim can simply be corrected, you can submit a dispute online via Provider Connection or by postal mail. Please refer to the Claim Issues & Disputes page on the Provider Connection website, here:

https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/claims/pdr/claim-issues

15. Do these rates apply only to Medi-Cal members, or for dual Medicare/Medi-Cal members as well?

The TRI rates will apply to both regular Medi-Cal members and dual Medicare/Medi-Cal members, but for duals, in most cases the Medicare rates will be applied instead. Medi-Cal will always be the payor of last resort. The TRI rates will only apply to duals in the rare case that Medicare does not cover the service.

16. What if the rendering provider is not entered on the claim?

If the rendering provider is not entered on the claim, we will check to see if the billing provider is eligible for TRI rates. If we cannot determine eligibility, we will not be able to pay TRI rates.

17. Where can I find more information about the targeted rate increases?

We recommend the following external websites:

- [APL 24-007: Targeted Provider Rate Increases](#)
- [Medi-Cal Targeted Provider Rate Increases](#)
- [Directed Payments Program](#)

18. Whom should I contact with questions about the Medi-Cal targeted provider rate increases?

We have created a dedicated email inbox for TRI queries at TRIRateInquiries@blueshieldca.com.

You may also call Provider Customer Services at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.