

Thank you for participating in our Recuperative Care Program. We anticipate that this innovative program will improve outcomes and reduce costs, as participating hospitals will no longer have to keep patients in the inpatient setting longer than necessary.

NEW Reimbursement Policy effective November 1, 2015

An additional \$500,000 has been added to the original \$500,000 funds for the program. Hospitals who have signed the newly amended Cal Optima contract can now participate in these new additions to the Recuperative Care Reimbursement Program:

1. Reimbursement rate of \$150/day for **up to a maximum of fifteen (15) days per member per invoice.**
2. Patient must still be Medi-Cal Cal Optima or Medi-Medi Cal Optima status.
3. Patient referred **directly from the Emergency Department are now eligible** for reimbursement in addition to hospital admits.

Previous Reimbursement Policy – Still effective for those hospitals who have not signed new amendment for updated November 1 policy.

Funding for the program is limited to \$500,000 and once funds have been exhausted no further reimbursements will be made. As stated in the amendment, reimbursement will be at the rate of **up to \$150 per day** for up to a **maximum of ten (10) days per member per invoice.** Please note the following reimbursement instructions:

Previous Reimbursement Eligibility Requirements

1. The referring hospital must have signed the amended CalOptima contract.
2. Patient must be Medi-Cal CalOptima or Medi-Medi CalOptima status ONLY. No pending, presumptive, psych, or straight.
3. Patient must be a hospital admit status. (No ER)

Reimbursement Process – No changes for November 1 effective date

1. The referring hospital will receive an invoice from Illumination Foundation Recuperative Care at end of month for all referrals; however, it will indicate which referrals can be reimbursed.
2. The referring hospital will submit the invoice along with supporting documentation electronically directly to CalOptima in order to claim the referrals' reimbursements:
 - a. **Where to Submit Invoice:** Submit invoice along with supporting documentation electronically to AccountsPayable@caloptima.org.
 - b. **What to Submit:** Copy of hospital's IF Recuperative Care invoice along with the CalOptima Recuperative Care Referral Form. **Copy of the form is attached.**

Thank you for your continued support as we work to implement the program.

For any questions about the CalOptima reimbursement program, please contact Helen Bayerian by phone at [\(714\) 246-8726](tel:7142468726) or email at hbayerian@caloptima.org.

Recuperative Care Form

Member Information

Name: _____

Date of Birth: ___ / ___ / _____

Client Index Number (CIN): _____

Date Admitted to Hospital: _____

Date Discharged from Hospital: _____

Length of Stay in Recuperative Care: _____ days

Hospital Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person Name: _____ Phone: _____

Recuperative Care Provider Information

Name: _____

Address: _____

Phone: _____ Fax: _____

For CalOptima Use Only

Reviewed By: _____ Date: _____