



*Provider Guide*

# TARGETED RATE INCREASE



**IE**  **HP**  
Inland Empire Health Plan



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# WELCOME



Understanding the Targeted Rate Increase (TRI) payment structure is essential for maximizing Provider reimbursement and maintaining compliance with the Department of Health Care Services (DHCS) requirements.

This guide is designed to walk you through the key aspects of the TRI program, including eligibility criteria, details on which services and Providers qualify, payment methodology, and how payments are calculated and distributed.

Whether you are a directly contracted Provider or delegated under an Independent Physician Association (IPA), this resource will clarify the steps needed to ensure Providers receive the appropriate TRI payments for Medi-Cal services, allowing Providers to focus on delivering quality care to the Inland Empire's Medi-Cal population.

Effective January 1, 2024, the DHCS increased reimbursement rates for certain Medi-Cal covered physician services to no less than 87.5% of Medicare rates, advancing access, quality, and equity for Medi-Cal Members and promoting provider participation in the Medi-Cal program under [APL 25-012](#).



# TRI PAYMENT METHODOLOGY

Inland Empire Health Plan's (IEHP) TRI payment methodology ensures that eligible Providers are reimbursed at rates that meet or exceed the TRI Fee Schedule set by DHCS. TRI payments apply both retroactively and prospectively for dates of service (DOS) on or after January 1, 2024. Providers do not need to resubmit claims for these periods; payments are calculated based on existing claim and encounter data.

For each claim, IEHP compares the Provider's contracted payment and any Prop 56 Physician supplemental payment to the DHCS-established [TRI fee schedule rate](#). If the sum of the contracted payment and the Prop 56 payment is less than the TRI fee schedule rate, IEHP issues a TRI increment payment to make up the difference. If the Provider's payments already met or exceeded the TRI rate, no additional TRI increment is rendered.

## TRI Fee Schedule Development

The TRI Fee Schedule, effective January 1, 2024, incorporates procedure codes included in the Prop 56 Physician Services program ([APL 23-019](#)). The calendar year (CY) 2024 TRI Fee Schedule rate was calculated at the greater of:

- 87.5% of the lowest 2023 Medicare locality rate in California.
- The existing rate on the Medi-Cal fee schedule, effective December 31, 2023, inclusive of any applicable Proposition 56 Physician Services supplemental payment amount.

**Note:** Providers may reference the [Supplemental Payment Schedule 2024-2026](#) for a comprehensive list of payment issuance dates by service month.

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# TRI PAYMENT METHODOLOGY CONTINUED

The TRI Payment Methodology approach varies depending on the Provider's contract type:

Fee-for-Service (FFS)

Case Rate

Capitated

The following information applies to all contract types:

- Providers must be credentialed with IEHP to be eligible for TRI supplemental payments.
- Claims must be submitted within the standard timely filing limits to be eligible for TRI supplemental payments.
- TRI payments are based on the billing provider and tax ID associated with eligible claims.
- Payments are issued monthly along with a Remittance Advice (RA) detailing the TRI payments; more information can be found in the [RA section of this guide \(pg.28\)](#).
- Delegated IPA Capitated TRI Payments are issued quarterly for CY 2025 DOS.



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# TRI PAYMENT METHODOLOGY CONTINUED

## CALENDAR YEAR (CY) 2024 DATE OF SERVICE CLAIMS

IEHP continued Prop 56 Physician Services Payments in 2024. CY 2024 TRI Fee Schedule rate was calculated at the greater of:

- 87.5% of the lowest 2023 Medicare locality rate in California
- The existing rate on the Medi-Cal fee schedule, effective December 31, 2023, inclusive of any applicable Proposition 56 Physician Services supplemental payment amount.

Prop 56 payments were processed separately and are accessible in the provider portal under **Finance > Prop56 RAs**.

## CY 2025 AND AFTER DATE OF SERVICE CLAIMS

**FFS Providers** will receive a single payment that includes both the Prop 56 – Physician services Payments and the TRI Payment.

**Case Rate, Direct, and Delegated Capitated Providers** will receive separate payments for Prop 56 – Physician Services and TRI Increments.

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# TRI PAYMENT METHODOLOGY CONTINUED

## ACCESSING TRI PAYMENT CALCULATIONS AND RATE DETAILS

**Direct Providers** may access their TRI Remittance Advice (RA) for details pertaining to the TRI payment received. Capitation payment calculation and rate details can be found in the [Provider Portal](#) > **Finance** > **Targeted Rate Increase** > **TRI Direct PCP Cap PMPM Calculation**

**Delegated Providers** requesting access to the payment calculation and specific rate details used to determine their TRI payments may email Edrington Health Consulting (EHC) directly at [TRIQuestions@healthmanagement.com](mailto:TRIQuestions@healthmanagement.com).



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# ELIGIBILITY

TRI reimbursement is applicable to eligible Providers who hold the following contract type:

**Fee-for-Service (FFS)**

**Case Rate**

**Capitated (Direct/IPA)**

Medi-Cal and Medi-Medi claims are eligible for TRI payments. Providers must meet the following criteria to qualify:

- Be contracted with IEHP or an affiliated IPA, and credentialing reflected in the plan's network.
- Render eligible Medi-Cal services as defined by DHCS.
- Submit clean claims/encounters within timely filing standards.

IEHP recognizes Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) as included entities.

## ELIGIBLE SERVICES

Eligible services include procedure codes categorized as Primary/General Care, Obstetric, and Non-Specialty Mental Health Services. A complete list of codes is available on the DHCS TRI website [TRI Fee Schedule](#).

## ELIGIBLE PROVIDER TYPES:

- Physician Assistant
- Nurse Practitioner
- Podiatrists
- Duola Providers
- Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Clinical Counselors
- Marriage and Family Therapist
- Certified Nurse Midwives
- Case Licensed Midwives

### Note:

Providers under a Letter of Agreement (LOA) or a Single Case Agreement (SCA) are not subject to the DHCS eligibility requirements.

# FEE-FOR-SERVICE CONTRACTS

## CY 2024 DATE OF SERVICE CLAIMS

- IEHP continued to render payments for Prop 56 Physician Services throughout CY2024.
- For claims dated in calendar year 2024, Prop 56 Physician Services payments were processed separately and can be found under **Finance > Prop56 RAs** in the provider portal.
- TRI Fee Schedule rate was set by DHCS and calculated at the greater of:
  - 87.5% of the lowest 2023 Medicare locality rate in California.
  - The existing rate on the Medi-Cal fee schedule effective December 31, 2023, inclusive of any applicable Proposition 56 Physician Services supplemental payment amount.

## CY 2025 AND AFTER DATE OF SERVICE CLAIMS

- IEHP will combine the Prop 56 Physician Services payments with the TRI Payment.
- Final Payment = Original FFS Claim Amount + Prop 56 + TRI Increment

### Example

Original claim amount= \$37.50  
Prop 56 = \$62  
TRI rate = \$115.88

### Calculation

\$115.88 = \$37.50 + \$62 + TRI Increment  
TRI Increment = \$16.38  
TRI payment after Prop 56 = \$16.38 + \$62 = \$78.38

# FFS CALCULATION EXAMPLE

## CY 2024 DATE OF SERVICE CLAIMS

Date of Service	Scenario	Proc Code a	Billed Charge b	Contracted Rate c	Units d	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
						Determine Claim Line Paid (Lessor of Billed, Contracted) e	Determine Prop56 Physician Add-On * f	Subtotal of Paid & Prop56 g	Determine TRI Fee Schedule Payment h	Determine TRI Medi-Cal Allowable i	Determine TRI Plan Payable (Lessor of Billed, TRI Allowable) j	Remaining to Pay k	TRI Increment = Remaining to Pay * l	Final Payment after TRI m
						Min (b,c)		e + f	d * h	Min (b,i)	Max (0, j - g)	k	c + l	
CY2024	Eligible for TRI Increment (Include Prop56)	99214	\$150.00	\$37.50	1.00	\$37.50	\$62.00	\$99.50	\$115.88	\$115.88	\$115.88	\$16.38	\$16.38	\$115.88
DOS	Eligible for Prop56 Payment Only	99214	\$150.00	\$56.25	1.00	\$56.25	\$62.00	\$118.25	\$115.88	\$115.88	\$115.88	\$0.00	\$0.00	\$118.25
Claims	Billed < TRI Allowable	99214	\$40.00	\$37.50	1.00	\$37.50	\$62.00	\$99.50	\$115.88	\$115.88	\$40.00	\$0.00	\$0.00	\$99.50
	Unlikely units billed	99214	\$100.00	\$37.50	59.00	\$37.50	\$62.00	\$99.50	\$115.88	\$6,836.92	\$100.00	\$0.50	\$0.50	\$100.00

## CY 2025 AND AFTER DATE OF SERVICE CLAIMS

Date of Service	Scenario	Proc Code a	Billed Charge b	Contracted Rate c	Units d	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
						Determine Claim Line Paid (Lessor of Billed, Contracted) e	Determine Prop56 Physician Add-On f	Subtotal of Paid & Prop56 g	Determine TRI Fee Schedule Payment h	Determine TRI Medi-Cal Allowable i	Determine TRI Plan Payable (Lessor of Billed, TRI Allowable) j	Remaining to Pay k	TRI Increment = Prop 56 + Remaining to Pay l	Final Payment after TRI m
						Min (b,c)		e + f	d * h	Min (b,i)	Max (0, j - g)	f + k	c + l	
CY2025	Eligible for TRI Increment (Include Prop56)	99214	\$150.00	\$37.50	1.00	\$37.50	\$62.00	\$99.50	\$115.88	\$115.88	\$115.88	\$16.38	\$78.38	\$115.88
DOS	Eligible for Prop56 Payment Only	99214	\$150.00	\$56.25	1.00	\$56.25	\$62.00	\$118.25	\$115.88	\$115.88	\$115.88	\$0.00	\$62.00	\$118.25
Claims	Billed < TRI Allowable	99214	\$40.00	\$37.50	1.00	\$37.50	\$62.00	\$99.50	\$115.88	\$115.88	\$40.00	\$0.00	\$62.00	\$99.50
	Unlikely units billed	99214	\$100.00	\$37.50	59.00	\$37.50	\$62.00	\$99.50	\$115.88	\$6,836.92	\$100.00	\$0.50	\$62.50	\$100.00

## LEGEND

Label	Description
(A) Claim Line Paid	FFS Paid Amount from IEHP Claim/IPA Claim System (lessor of Billed Charge vs Contracted Rate)
(B) Prop 56 Physician Add-On	Prop 56 Physician Services add-on amount for eligible procedures. For CY 2024 claims, the Prop 56 add-on is reimbursed separately under the Prop 56 Physician Services program. For CY 2025 claims, however, the Prop 56 add-on is included within the TRI Increment payment.
(C) TRI Fee Schedule Payment (Proc type = X)	Rate based on Medi-Cal TRI fee schedule for eligible procedure codes without reductions/modifiers, are inclusive of the former Prop 56 Physician Services supplemental payments for applicable codes and the existing basic rate on the legacy Medi-Cal fee schedule.
(D) TRI Medi-Cal Allowable:	TRI rate adjusted with modifiers/cutback indicator and multiplies by total units used.
(E) TRI Plan Payable:	Effective 09/01, calculated payment amount under TRI (the lesser of Billed Charge vs TRI Medi-Cal Allowable).
(F) Remaining to Pay:	The difference between the TRI Rate (i.e. the lesser of the billed charge or the TRI Allowable) and the subtotal of Claim Line Paid + Prop 56 Add-On. This represents the remaining payment required to ensure the provider receives the full TRI-compliant reimbursement.
(G) TRI Increment	Prop 56 Amount + Remaining to Pay
(H) Final Payment after TRI	Total provider reimbursement, including contracted rate, Prop 56, and TRI adjustments to meet the required minimum.



# CASE RATE CONTRACTS

IEHP calculates the FFS Case Rates and collaborates with EHC to determine the case rates for IPAs.

IEHP engaged ECH to assess whether the case rate payments made to each Taxpayer Identification Number (TIN) were sufficient to cover the cost of the underlying services evaluated at the new required reimbursement level (TRI-compliant floor).

- The TRI-compliant floor was then compared against the 2024 case rate payments made to Providers to determine if the contracted rates met or exceeded the TRI reimbursement requirement.
- If the total payments are below the required TRI level, IEHP issues a TRI increment payment to reach the mandated reimbursement level.

This methodology ensures that all qualifying Providers receive at least the minimum required reimbursement for targeted services, as defined by DHCS.

# CAPITATED CONTRACTS

IEHP, with EHC, analyzed all sub-capitation arrangements for compliance. A prospective per-member, per-month (PMPM) TRI-Compliant Floor is calculated for each subcontracted TIN by repricing the encounters underlying each arrangement, dividing that amount by the corresponding membership, and projecting it to be on the same time basis as the contracted rates. Following DHCS's sub-capitation attestation guidance, the following adjustments will be made to project the base data to current period:

**Credibility**

**Trend**

**Non-Medical Load**

This TRI-Compliant floor is compared to the actual current contracted capitation rates (including estimated Prop 56 Physician payments). If the contracted rates are below the TRI-Compliant Floor, a TRI increment payment is made; if not, no additional payment is required.

Capitated Contract Add-On Rates are evaluated annually. For details on the baseline and current data periods, as well as calculation methodology, please refer to the **TRI Direct PCP Cap PMPM Calculation Excel file** available on the IEHP Provider Portal.

Delegated Providers seeking access to the payment calculation and specific rate details used to determine their capitated TRI payments are encouraged to contact EHC by emailing [TRIQuestions@healthmanagement.com](mailto:TRIQuestions@healthmanagement.com).

## **Direct and IPA Capitated Contracts:**

TRI Increment and Prop 56 Physician payments are issued **separately**.

## **Key Differences:**

Providers receive **Capitated Per Member Per Month (PMPM)** instead of per-claim reimbursement.

TRI Increment calculation compares the **TRI PMPM vs. IPA Capitated PMPM + Prop 56 Physician Gap amount (paid quarterly)** TRI PMPM – IPA Capitated PMPM – Prop 56 Physician

The Prop 56 Physician amount is issued monthly for both Direct and IPA Capitated Providers.

## **Example: Why do you see \$62 instead of \$115.88 for Procedure code 00000:**

Prop 56 Physician portion (\$62) is paid **monthly** for procedure code 00000. Payment was already received.

The remaining gap is paid under the **TRI IPA Capitated payment quarterly**.

# 2024 TRI CAP CALCULATION EXAMPLES

## NO TRI INCREMENT

Provider TIN	Broad Cohort	Gender	A CY23 Repriced Data				G Credibility Adjusted		H Trend Adjusted CY23 to CY24		I Non-Medical Load Adjusted		J CY24 TRI-Compliant Floor PMPM	
			B Member Months	C TRI Claims Amount	D Non-TRI Claims Amount	E TRI Claims PMPM	F Non-TRI Claims PMPM	TRI Claims PMPM	Non TRI Claims PMPM	TRI Claims PMPM	Non TRI Claims PMPM	TRI Claims PMPM		Non TRI Claims PMPM
123456789	Child	M	250	\$ 8,000	\$ 500	\$ 32.00	\$ 2.00	\$ 35.00	\$ 3.00	\$ 36.75	\$ 3.15	\$ 37.50	\$ 3.21	\$ 40.71
123456789	Child	F	500	\$ 8,888	\$ 1,234	\$ 17.78	\$ 2.47	\$ 17.78	\$ 2.47	\$ 18.66	\$ 2.59	\$ 19.05	\$ 2.64	\$ 21.69
123456789	Adult	M	1,600	\$ 20,000	\$ 5,678	\$ 12.50	\$ 3.55	\$ 12.50	\$ 3.55	\$ 13.13	\$ 3.73	\$ 13.39	\$ 3.80	\$ 17.20
123456789	Adult	F	1,800	\$ 40,000	\$ 2,345	\$ 22.22	\$ 1.30	\$ 22.22	\$ 1.30	\$ 23.33	\$ 1.37	\$ 23.81	\$ 1.40	\$ 25.21
123456789	<b>Total</b>		<b>4,150</b>	<b>\$ 76,888</b>	<b>\$ 9,757</b>	<b>\$ 18.31</b>	<b>\$ 2.38</b>	<b>\$ 18.46</b>	<b>\$ 2.43</b>	<b>\$ 19.39</b>	<b>\$ 2.55</b>	<b>\$ 19.78</b>	<b>\$ 2.61</b>	<b>\$ 22.39</b>

January-July 2024 Revenue				
Member Months	K Base Cap PMPM	L Prop 56 PMPM Estimate	M CY24 Provider Revenue PMPM	
200	\$ 16.50	\$ 6.00	\$ 22.50	
550	\$ 16.50	\$ 5.00	\$ 21.50	
1,500	\$ 21.00	\$ 4.00	\$ 25.00	
1,600	\$ 20.00	\$ 4.00	\$ 24.00	
<b>3,850</b>	<b>\$ 19.71</b>	<b>\$ 4.25</b>	<b>\$ 23.95</b>	

Final TRI Increment PMPM Add on Calculation			
CY24 TRI-Compliant Floor PMPM	N CY24 Provider Revenue PMPM	O TRI Increment PMPM Add On	Final TRI Increment PMPM Add On
\$ 22.39	\$ 23.95	\$ (1.57)	\$ -

## TRI INCREMENT

Provider TIN	Broad Cohort	Gender	A CY23 Repriced Data				G Credibility Adjusted		H Trend Adjusted CY23 to CY24		I Non-Medical Load Adjusted		J CY24 TRI-Compliant Floor PMPM	
			B Member Months	C TRI Claims Amount	D Non-TRI Claims Amount	E TRI Claims PMPM	F Non-TRI Claims PMPM	TRI Claims PMPM	Non TRI Claims PMPM	TRI Claims PMPM	Non TRI Claims PMPM	TRI Claims PMPM		Non TRI Claims PMPM
123456789	Child	M	250	\$ 8,000	\$ 500	\$ 32.00	\$ 2.00	\$ 35.00	\$ 3.00	\$ 36.75	\$ 3.15	\$ 37.50	\$ 3.21	\$ 40.71
123456789	Child	F	500	\$ 10,000	\$ 3,000	\$ 20.00	\$ 6.00	\$ 20.00	\$ 6.00	\$ 21.00	\$ 6.30	\$ 21.43	\$ 6.43	\$ 27.86
123456789	Adult	M	1,600	\$ 25,000	\$ 10,000	\$ 15.63	\$ 6.25	\$ 15.63	\$ 6.25	\$ 16.41	\$ 6.56	\$ 16.74	\$ 6.70	\$ 23.44
123456789	Adult	F	1,800	\$ 45,000	\$ 5,000	\$ 25.00	\$ 2.78	\$ 25.00	\$ 2.78	\$ 26.25	\$ 2.92	\$ 26.79	\$ 2.98	\$ 29.76
123456789	<b>Total</b>		<b>4,150</b>	<b>\$ 88,000</b>	<b>\$ 18,500</b>	<b>\$ 21.00</b>	<b>\$ 4.55</b>	<b>\$ 21.15</b>	<b>\$ 4.60</b>	<b>\$ 22.21</b>	<b>\$ 4.83</b>	<b>\$ 22.66</b>	<b>\$ 4.93</b>	<b>\$ 27.59</b>

January-July 2024 Revenue				
Member Months	K Base Cap PMPM	L Prop 56 PMPM Estimate	M CY24 Provider Revenue PMPM	
200	\$ 16.50	\$ 6.00	\$ 22.50	
550	\$ 16.50	\$ 5.00	\$ 21.50	
1,500	\$ 21.00	\$ 4.00	\$ 25.00	
1,600	\$ 20.00	\$ 4.00	\$ 24.00	
<b>3,850</b>	<b>\$ 19.71</b>	<b>\$ 4.25</b>	<b>\$ 23.95</b>	

Final TRI Increment PMPM Add on Calculation			
CY24 TRI-Compliant Floor PMPM	N CY24 Provider Revenue PMPM	O TRI Increment PMPM Add On	Final TRI Increment PMPM Add On
\$ 27.59	\$ 23.95	\$ 3.64	\$ 3.64

*note:*

- (a) Every claim line was repriced by applying TRI rates to TRI-eligible claims and Legacy Medi-Cal rates to TRI-ineligible claims.
- (b) For Member months below 500, PMPM rates are credibility adjusted by blending provider-specific experience with the weighted average PMPM rate across all Direct Primary Care Physician (PCP) providers.
- (c) Applied Medical Trend from CY 2023 to CY 2024
- (d) Applied 2% Non-Medical Load onto the PMPM to account for non-medical expenses, such as case management and care coordination activities.
- (e) A negative TRI Increment PMPM Add On indicates that the base capitation revenue is sufficient to cover minimum TRI reimbursement levels. A TRI settlement is not required in these instances.

# 2024 TRI CAP CALCULATION EXAMPLES (CONTINUED)

## LEGEND

Label	Description
(A) CY 2023 Repriced Data	Provider-specific encounter data from CY 2023.
(B) Member Months	Total number of months that Members are enrolled with a provider in CY 2023.
(C) TRI Claims Amount	Subset of each provider's CY 2023 data that is eligible for TRI reimbursement. IEHP repriced TRI-eligible lines using the TRI fee schedule.
(D) Non-TRI Claims Amount	Subset of each provider's CY 2023 data that is not eligible for TRI reimbursement. IEHP repriced Non-TRI lines using the Legacy Medical Fee Schedule.
(E) TRI Claims PMPM	TRI Claims Amount divided by Member Months. A metric to determine how much each Providers' TRI-eligible encounters were worth on average, PMPM in CY 2023.
(F) Non-TRI Claims PMPM	Non-TRI Claims Amount divided by Member Months. A metric to determine how much each provider's Non-TRI encounters were worth on average, PMPM in CY 2023.
(G) Credibility Adjusted	An adjustment to account for sample size concerns. For member months below 500, TRI Claims PMPM and Non-TRI Claims PMPM are credibility adjusted by blending provider-specific experience with the weighted average PMPM rate across all Direct PCP Providers.
(H) Trend Adjusted CY 2023 to CY 2024 and 2025	An adjustment to capture any anticipated changes in utilization or unit cost going from the base data time period (CY 2024/2025).
(I) Non-Medical Load Adjusted	An adjustment to account for non-medical expenses, such as case management and care coordination activities.

# 2024 TRI CAP CALCULATION

## EXAMPLES (CONTINUED)

### LEGEND

Label	Description
(J) CY 2024/2025 TRI-Compliant Floor PMPM	CY 2023 encounter data is used to develop a prospective PMPM floor for each sub-contracted TIN. The TRI floor PMPM is established by repricing the encounters underlying each arrangement, dividing that amount by the corresponding membership and projecting it to be on the same time basis as the contracted rates. Following DHCS' sub-capitation attestation guidance, the following adjustments will be made to project the CY 2023 base data to CY 2024/2025: Credibility Trend, and Non-Medical Load.
(K) Base Cap PMPM	CY 2024 capitation payments on a PMPM basis.
(L) Prop 56 PMPM Estimate	An estimate of CY 2024/2025 Prop 56 Physician payments on a PMPM basis.
(M) CY 2024/2025 Provider Revenue PMPM	The sum of Base Cap PMPM and Prop 56 PMPM Estimate.
(N) TRI Increment PMPM Add On	The difference between the CY 2024/2025 TRI-Compliant Floor PMPM and the CY 2024/2025 Provider Revenue PMPM. A negative TRI Increment PMPM Add On indicates that the base capitation revenue is sufficient to cover minimum TRI reimbursement levels. A TRI settlement is not required in these instances.
(O) Final TRI Increment PMPM Add On	The Final TRI Increment PMPM Add On reflects the final TRI payment for Providers. If the TRI Increment PMPM Add On is positive, the Final TRI Increment PMPM Add On is equal to the TRI Increment PMPM Add On. If the TRI Increment PMPM Add On is negative, the Final TRI Increment PMPM Add On is zero, reflecting that a TRI settlement is not required in these instances.

# CONTRACTUAL UPDATES

IEHP is required to send a unilateral amendment outlining new TRI payment clarification language. Please review the changes specified in the amendment and ensure your compliance with the new requirements.

IEHP is issuing amendments or agreements to align with recent regulatory changes. If eligible, these updates will impact your current agreement and are being communicated in advance to support timely implementation and compliance.

Depending on your contractual relationship with IEHP, Providers will have received an amendment or agreement by certified mail at the address on file by September 15th.



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# ENCOUNTER DATA REPORTING

Submitting encounter data is essential for Providers with capitated contracts to receive reimbursement for rate increases and qualify for incentive programs. Accurate and timely submissions ensure Providers are paid correctly, meet regulatory requirements, and support quality reporting and effective program management.

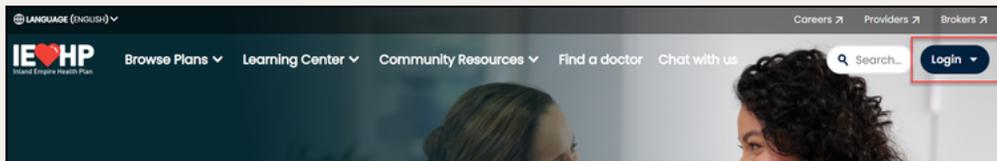
**Direct contracted capitated Providers** are contractually required to submit 100% of their Member encounters to IEHP. **Providers contracted with an IPA** are likewise required to submit 100% of their encounters to their IPA directly who will report them to IEHP. The encounter data submitted to IEHP must meet the following three requirements:

1. **Timeliness** – Per IEHP Policy 21B, Encounter Data Submission Requirements for Directly Contracted Capitated Providers. Encounter data must be received by IEHP within thirty (30) days after each month of service to IEHP Members.
2. **Validity** – A compilation of the initial monthly file submission and any subsequently corrected data for the same file name must be 95% valid.
3. **Adequacy** – A minimum number of encounters in a specified time frame. Capitated Pediatric Providers are targeted to submit a minimum of 2.5 primary care encounters per Member per year (PMPY). All other Capitated Providers are required to submit a minimum of 3.0 primary care encounters PMPY.

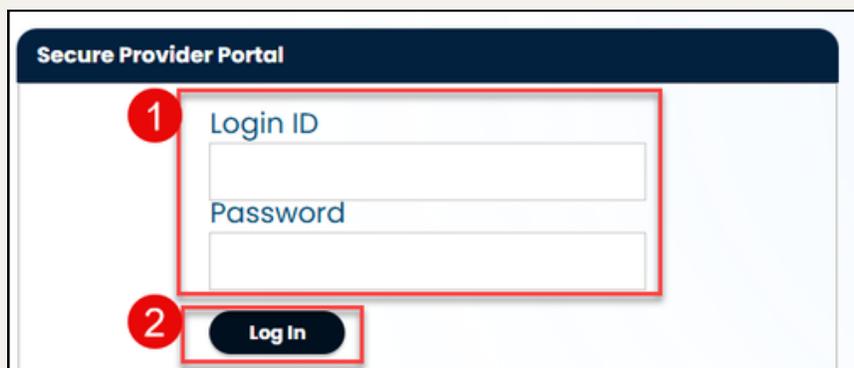
# SUBMITTING ENCOUNTERS

All **IEHP Direct** contracted capitated Providers are required to submit 100% of their Member encounter data, as specified in their contract. To ensure timely and accurate submissions, Providers are encouraged to use their elected clearinghouse as the primary channel for encounter submissions. The Provider Portal can be used as a secondary source or for exceptions. To submit an encounter using the [Provider Portal](#), please follow these steps:

1. Go to [Providerservices.iehp.org](http://Providerservices.iehp.org) then click **Provider login**

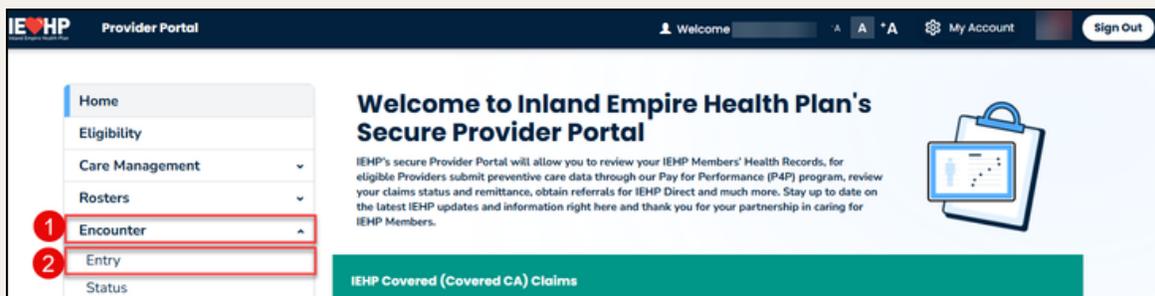


2. Enter your **Login ID and Password**, then click **Log In**

A screenshot of the 'Secure Provider Portal' login form. The form has a dark blue header with the text 'Secure Provider Portal'. Below the header, there are two input fields: 'Login ID' and 'Password'. A red circle with the number '1' is next to the 'Login ID' field, and a red circle with the number '2' is next to the 'Log In' button. The 'Log In' button is a dark blue button with white text.

# SUBMITTING ENCOUNTERS CONTINUED

3. Click **Finance**, then click **Targeted Rate Increase RAs**



4. Enter the **Member IEHP ID number** and **select a Provider**

The screenshot displays the 'Member/Provider Identification' form. It contains two input fields: '\* IEHP ID' with the placeholder text 'Enter IEHP ID' and '\* Provider of Service' with the placeholder text 'Please Select a Provider'. The 'IEHP ID' field is highlighted with a red box and a red circle containing the number 1. The 'Provider of Service' dropdown menu is highlighted with a red box and a red circle containing the number 2. Below the fields is a 'Continue' button, which is highlighted with a red box and a red circle containing the number 3.

5. Enter **Diagnosis Codes**

The screenshot shows the 'Diagnosis Codes' form. At the top, it indicates 'Max Allowed: 12 ICDs'. Below this is a search field labeled '\* ICD 1:' (highlighted with a red box and a red circle containing the number 1) with a magnifying glass icon. At the bottom of the form is an 'Add +' button.

# SUBMITTING ENCOUNTERS CONTINUED

6. Enter the following in the applicable fields :

- DOS from Date and DOS To Date
- Modifier (if applicable)
- POS
- Diagnosis Pointer
- Procedure Code
- Qty

Visit Information

Max Allowed: 50 visits

1

\* DOS - From Date: MM/DD/YYYY

\* DOS - To Date: MM/DD/YYYY

\* POS: [Dropdown]

\* Procedure: [Text]

Modifier: [Text]

\* Diagnosis Pointer: [Text] +

\* Qty: 1

7. Click **Add+** to add additional encounters (if applicable), then click **Submit**

\* Diagnosis Pointer: [Text] +

\* Qty: 1

Add + 1

Submit 2

Cancel

**Note:** Encounter data may still be submitted for DOS when the Member was active, even if they are now disenrolled.

# RE-EVALUATION

## TRI (Non-Prop 56) PCP Capitation PMPM Rates

Effective April 2025, IEHP has conducted a thorough reassessment of the TRI (Non-Prop 56) Primary Care Provider (PCP) Capitation PMPM rates for the CY 2024 and 2025. Following this review:

- IEHP will now refer to this adjustment as the **Adjusted Non-Prop 56 TRI Amount**.
- A new one-time **PCP Capitation PMPM Calculation** document detailing how these rates are calculated is now accessible to PCPs via the Provider Portal. For guidance on accessing the document, please refer to [page 30](#) for a step-by-step walkthrough.
- This document is distinct from the regular monthly TRI PCP payment Remittance Advice (RA) reports, which will proceed as usual.
- The Non-Prop 56 designation clarifies that this payment does not include the Prop 56 portion. Prop 56 payments are paid separately via another check and RA.

### CY 2024 CHANGES

- **Before Re-evaluation:** A provider may have been identified as ineligible for the TRI PCP Capitation Payment in CY 2024.
- **After Re-evaluation:** Providers may now be eligible for the TRI PCP Capitation Payment in CY 2024.
- **Action:** IEHP issued a one-time payment covering all claims under the TRI PCP Capitated arrangement for the entire period of CY 2024 (January 2024 - December 2024). This payment equals the Adjusted Non-Prop 56 TRI Amount.

### CY 2025 CHANGES

- TRI (Non-Prop 56) PMPM rates have been adjusted for CY 2025.
- **Retroactive payment:** covering the adjustment period from January 2025-April 2025. This payment equals the Adjusted Non-Prop 56 TRI Amount.

# RE-EVALUATION

## Tri (Non-Prop 56) PCP Capitation PMPM Rates- Continued

### EXPLANATION OF ROUNDING DIFFERENCES

The discrepancy occurs because the table displays numbers rounded to 2 decimal places for readability, but our actual calculations use the complete precision decimal values behind the scenes.

#### Sample Calculation:

**Member Months:** 1,837

**TRI Claims Amount:** \$3,800.30

**TRI Claims PMPM Calculation:**

$\$3,800.30 \div 1,837 = \$2.0687534$

**Rounded for display:** \$2.07

#### What Occurred?:

**The table displayed the rate:** \$2.07

(rounded to 2 decimal places)

**Actual calculation:** Uses the precise value \$2.0687534

**Verification:**  $\$2.0687534 \times 1,837 = \$3,800.30 \checkmark$

This method is used for several reasons:

- Tables are easier to read when values are displayed with two decimal places, providing clarity.
- IEHP maintains full precision in our backend calculations to ensure calculation accuracy.
- This approach aligns with industry standards to deliver the most accurate financial calculations.



# PAYMENTS

## CONTRACTED MEDI-CAL RATE ADJUSTMENTS VS TRI FEE SCHEDULE

Providers compensated at a percentage of the Medi-Cal rate are solely applicable to the Legacy Medi-Cal Fee Schedule.

- DHCS has retained the Legacy Fee Schedule rates on the main Medi-Cal rates website.
- TRI Fee Schedule rates are indicated by procedure type "X", while Legacy Medi-Cal Fee Schedule rates are indicated by all other procedure types.

Compensation of TRI payments is applicable to the [TRI Fee Schedule](#).

- [Medi-Cal Rates/ Providers](#)

## PROSPECTIVE PAYMENTS

Beginning January 2025, TRI supplemental payments were processed monthly for new claims, using the updated TRI Fee Schedule.

*note:*

- Payments will be made based on the billing Provider and tax ID associated with eligible claims.
- Providers who notice an additional TRI payment under TRI-P56 should be aware that this payment serves as a reconciliation for the January 2025 TRI payment.
- Claims with DOS in January and February 2025 were included in the March 28, 2025, TRI P56 payment and RA.
- The January and February 2025 TRI-P56 payment was released in the March 2025 RAs. The April 2025 payment included a final sweep of payments from January 2025 through March 2025.

# PAYMENTS

## CONTINUED

### RETROACTIVE PAYMENTS

The deadline for completing retroactive payments was December 31, 2024. IEHP has completed the processing of all retroactive payments. The payments were issued on the following dates:

**12/23/2024:** First Supplemental TRI Payment Released for 2024 DOS

**02/06/2025:** TRI FFS, Case Rate, and Capitation Payment Released

**02/27/2025:** TRI FFS, Case Rate, and Capitation Payment Released

**03/21/2025:** One-time TRI Prop 56 Adjustment Payment

**03/27/2025:** One-time TRI Prop 56 Adjustment Payment

**04/24/2025:** TRI FFS, Case Rate, Capitation, Capitation Re-evaluation, and TRI P56 Payment Released

### PAYMENT FREQUENCY GRID

	2024-2025 DOS	2024 DOS	2025 DOS
Claim Type	TRI Increment	TRI-Prop 56 Physician Services	TRI-Prop 56 Physician Services
FFS-IEHP Direct & IPA	Monthly	Monthly (Separate Payment)	Monthly (Embedded in TRI Increment)*
Case Rate-IEHP Direct & IPA	Monthly	Monthly (Separate Payment)	Monthly (Separate Payment)
Capitated-IEHP Direct	Monthly	Monthly (Separate Payment)	Monthly (Separate Payment)
TRI Delegated Capitation	Quarterly	Monthly (Separate Payment)	Monthly (Separate Payment)

# PAYMENTS

## CONTINUED

### MISSING PAYMENT

Claims or encounters from specific months (e.g., Month A and Month B 2025) may not appear in your payment if they were received outside the timeline specified in the TRI Supplemental Payment Schedule. Only claims/encounters submitted within this schedule are processed for that payment period. You can refer to the [Supplemental Payment Schedule](#), which is posted on the Provider Website TRI webpage, for more details on submission deadlines.

#### Example:

Claims with a May 2025 DOS received after June 1, 2025, will not be included in the June 2025 payment as they fall beyond the paid-through date of June 1, 2025, noted in the TRI Supplemental Payment Schedule. These claims will instead be processed and included in the July 2025 payment, with reference to the May 2025 DOS.

### PAYMENT DISPUTE

The Payment Dispute Request (PDR) Form, also known as the TRI Grievance Form, is used when a provider disagrees with the outcome of a previously submitted and processed TRI payment and seeks a secondary review. Providers have the right to file a grievance regarding their TRI payment within 365 days of receipt. Please use the TRI PDR form available on the Provider Website TRI webpage or by [clicking here](#), and submit it to **targetedrateincrease@iehp.org**.

**Delegated Providers** requesting access to the payment calculation or specific capitation rate details used to determine their TRI payments can email Edrington Health Consulting (EHC) directly at **TRIQuestions@healthmanagement.com**. Due to privacy and confidentiality considerations, EHC is unable to share IPA TRI payment calculations directly with IEHP.



# PAYMENTS

## CONTINUED

### SUPPLEMENTAL PAYMENT SCHEDULE

The Medi-Cal TRI Supplemental Payment Schedule (2024-2025) outlines when Providers receive increased payments for eligible services.

To access the TRI Supplemental Payment Schedule, click [here](#) or go to **IEHP.org** > hover over **Resources**> hover over **Resources for Providers**> click **Claims**> click **Download**.

Additional Resources and Information:

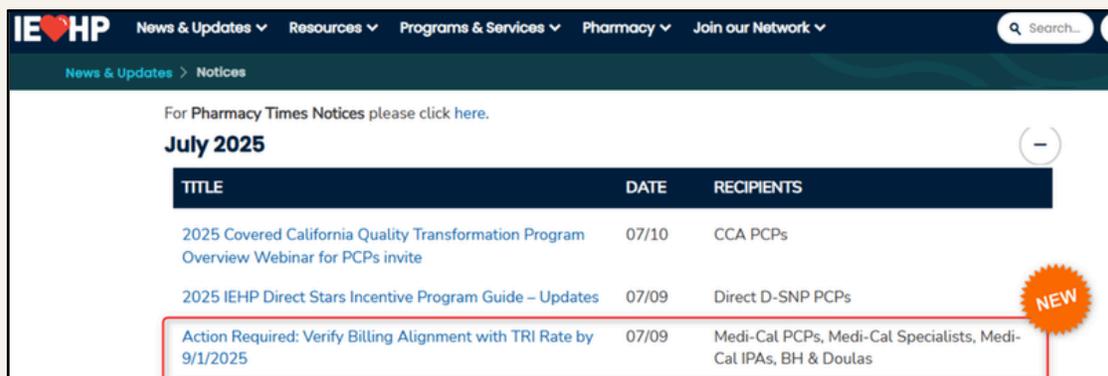
 TRI Supplemental Payment Schedule 2024 - 2025	<a href="#">Download</a> 
 APL25-012 - Targeted Provider Rate Increases (PDF) Updated: August 19, 2025	<a href="#">Download</a> 

### LESSER OF BILLED CHARGE

As part of the new TRI Medi-Cal Allowable Logic Implementation, the following has been identified:

- There is a trend (2024-2025 dates of service) of Providers billing less than the applicable TRI allowable rate.
- Previously, reimbursements were made at the TRI rate; however, effective September 1st, 2025, payments will be based on the lesser of the billed charge or the TRI rate. For more details, please refer to the [Provider Notice](#) issued on July 09, 2025.

Providers are encouraged to review and update their billing practices as needed.



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News & Updates > Notices

For Pharmacy Times Notices please click [here](#).

### July 2025

TITLE	DATE	RECIPIENTS
<a href="#">2025 Covered California Quality Transformation Program Overview Webinar for PCPs invite</a>	07/10	CCA PCPs
<a href="#">2025 IEHP Direct Stars Incentive Program Guide – Updates</a>	07/09	Direct D-SNP PCPs
<a href="#">Action Required: Verify Billing Alignment with TRI Rate by 9/1/2025</a>	07/09	Medi-Cal PCPs, Medi-Cal Specialists, Medi-Cal IPAs, BH & Doulas

NEW

# REMITTANCE

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# ADVICE

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An RA for IEHP Providers is an official document that outlines the outcome of a claim submitted to IEHP. It is issued to inform Providers about payment decisions, including any denials or adjustments for each processed claim. The RA contains important details such as payment amounts, reasons for any denials or adjustments, and applicable interest payments. This information helps Providers reconcile their records and understand the status of their claims.

The details of TRI payments are outlined in the corresponding RA. The RA serves as a notification and record for Providers, allowing them to verify payments, address discrepancies, and initiate disputes regarding TRI increment payments when necessary. Providers are not required to resubmit claims or encounters for services rendered on or after January 1, 2024. IEHP will be using encounter and claim data received directly and from IPAs to process TRI increment payments.



# REMITTANCE

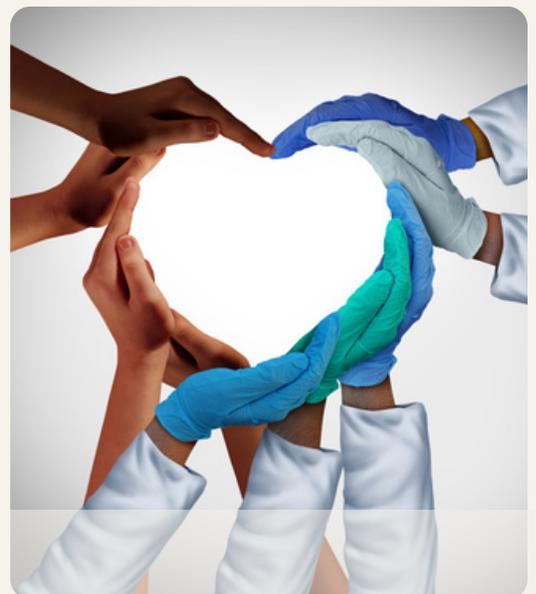
# ADVICE

## CONTINUED

If a Provider does not receive an RA for TRI payment, it may be due to the following reasons:

- IEHP has not received eligible claim or encounter submissions based on the codes outlined in the DHCS TRI Fee Schedule.
- The current provider payment has met or exceeded the required TRI reimbursement amount. Providers can visit the DHCS webpage for additional details about the TRI fee schedule and requirements.
- Some Providers may only receive the Prop 56 Remittance Advice (RA) instead of the monthly TRI payment. These are separate payments: the Prop 56 RA is not the same as the TRI. If you are only receiving the Prop 56 RA, it may indicate that you are not eligible for the TRI. This scenario can occur if you are already being reimbursed at or above the required TRI rate, or if your services or contract type do not qualify for the adjustment.

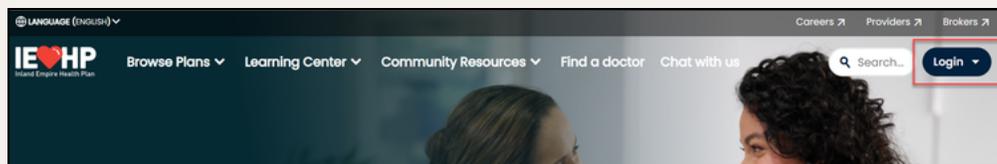
**Note:** Please refer to the notes section within the TRI Fee Schedule for additional information regarding billing processes and eligibility restrictions.



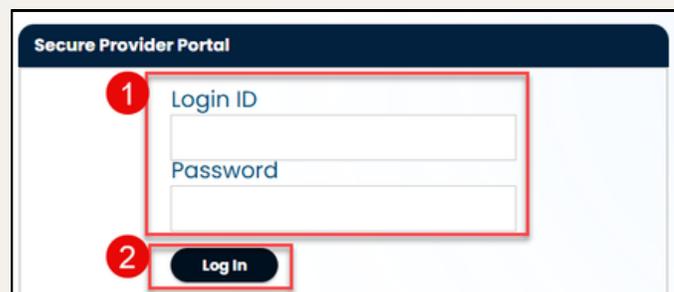
# PROVIDER PORTAL: TRI RA ACCESS GUIDE

IEHP encourages Providers to access their RAs electronically through the secure IEHP provider portal. This electronic access enhances convenience, speeds up communication, and supports the secure handling of sensitive payment information. Once the payments are distributed, the RA will be available within 24-48 hrs.

1. Go to [Providerservices.iehp.org](http://Providerservices.iehp.org) then click **Provider login**



2. Enter your **Login ID** and **Password**, then click **Log In**



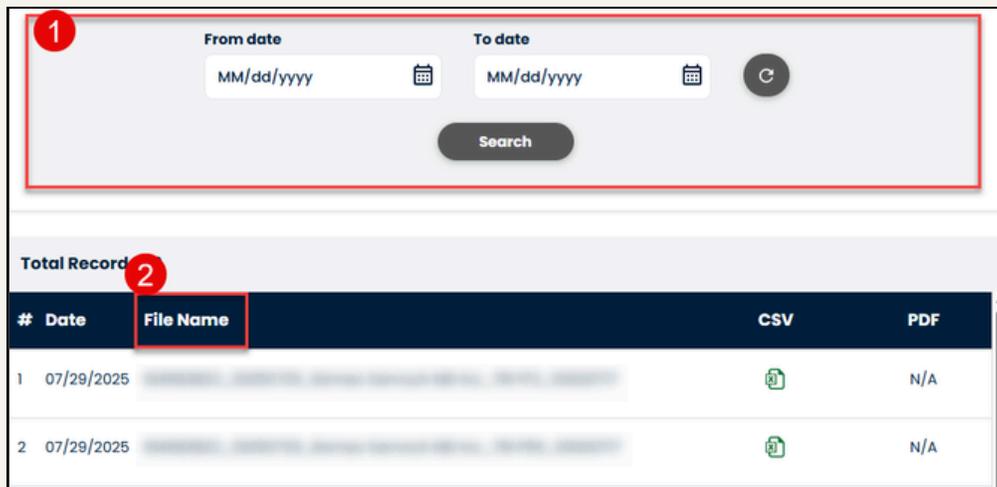
3. Click **Finance**, then click **Targeted Rate Increase RAs**



# PROVIDER PORTAL: TRI RA

## ACCESS GUIDE- CONTINUED

4. A list of RAs will be provided for your review. To streamline your search, use the **date filters** to select specific timeframes, then locate the relevant RA by its **File Name**.



TRI RA File Name	Provider Affiliation	Payment Type
TRI FFS (P56 embedded)	Direct & Delegated	TRI: FFS Services
TRI Direct PCP Capitation	Direct	TRI: IEHP Direct Capitated Services
TRI Case Rate	Direct & Delegated	TRI: Case Rate Services
TRI Delegated Capitation	Delegated	TRI: IPA Sub-Contracted Capitated Services
TRI P56 Direct PCP Capitation	Direct	Prop 56: Physician Services Direct Capitation
TRI P56 Case Rate	Direct	Prop 56: Physician Services Case Rate
TRI P56 Delegated Capitation	Delegated	Prop 56: Physician Services Delegated Capitation Payments

# LOCATING TRI VS. PROP 56 RAS

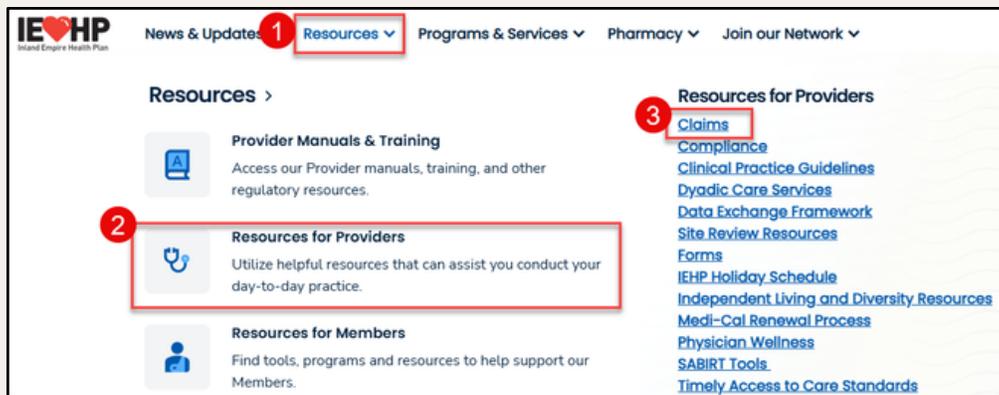
## PAYMENT NOTE

Payment Note	Explanation	Provider Portal RA
TRI: Physician Services Codes CY 2025	Prop 56 Payments <i>after</i> DOS 01/01/2025	Targeted Rate Increase RAs
TRI FFS/Cap/Case Rate/IPA Capitated	TRI payment 2024- Present	Targeted Rate Increase RAs
Prop 56: Physician Services Codes CY 2024	Prop 56 Payments <i>before</i> DOS 01/01/2025 IEHP continued to reimburse Prop 56 – Physician Services payments throughout CY2024.	<i>Prop 56 RAs</i>
<b>Prop 56</b> <ul style="list-style-type: none"> <li>• Adverse Childhood Experiences Screening</li> <li>• Developmental Screening</li> <li>• Family Planning</li> <li>• Ground Emergency Medical Transport (GEMT) Payment</li> <li>• Private Services - HYDE</li> </ul>	Prop 56 payment	<i>Prop 56 RAs</i>

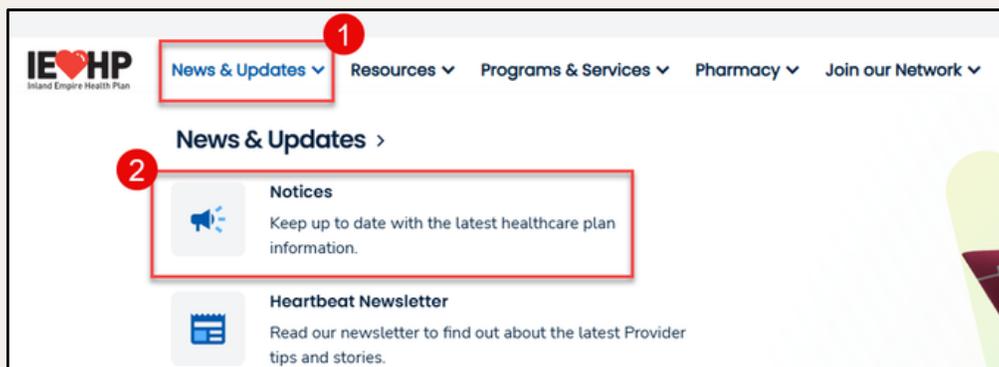
# RESOURCES

TRI resources are available to Providers on [ProviderServices.iehp.org](https://ProviderServices.iehp.org) in the following sections:

1. To access the **Targeted Rate Increase page**, hover over **Resources**, proceed to **Resources for Providers**, then click **Claims** and select **Targeted Rate Increase**.



2. To access the Provider Communications page, hover over **News & Updates**, then click **Notices**.



# THANK YOU!

Navigating the Medi-Cal TRI payment process is essential for Providers aiming to maximize reimbursement and continue delivering high-quality care to IEHP Members. By understanding eligibility criteria, staying updated about qualifying services, and adhering to the outlined procedures for claims and payment, Providers can ensure they receive the enhanced rates intended by this critical initiative.

As the TRI program evolves, IEHP remains committed to supporting its provider network with timely updates, resources, and assistance. We encourage all Providers to regularly review communications from IEHP and DHCS to stay current on any changes to the TRI program.

Thank you for your dedication to serving the Medi-Cal population in our region. Your participation in the TRI program not only benefits your practice but also strengthens access and quality of care for the communities we serve. For further questions or assistance, please contact IEHP Provider Services or visit our website for the latest information and resources.

## Resources: Contact information for provider support and claims assistance



- [Providerservices.iehp.org](https://providerservices.iehp.org)
- [IEHP Provider Website: Targeted Rate Increase](#)
- [TRI Grievance PDR](#): submit to [targetedrateincrease@iehp.org](mailto:targetedrateincrease@iehp.org)



- [DHCS TRI Fee Schedule](#)



- [IEHP Provider Call Center \(909\)890-2054](#) or [\(866\) 223-IEHP \(4347\)](#)