

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CLINICAL ASSURANCE & ADMINISTRATIVE SUPPORT DIVISION (CAASD)
PUBLIC HOSPITAL PROJECT**

**Technical Workgroup Teleconference
December 4, 2017 Teleconference Minutes**

Teleconference Attendees on Behalf of the Department:

<u>Name</u>	<u>Organization</u>
1. Doug Robins	DHCS CAASD
2. Philip Schaaf	DHCS CAASD
3. Becky Swol	DHCS CAASD
4. Paul Miller	DHCS CAASD
5. Kelli Mendenhall	DHCS CAASD
6. Janelle Jones	DHCS CAASD
7. Monique Doduc	DHCS CAASD
8. Lauren Palmer	DHCS CAASD
9. Dr. Laura Halliday	DHCS CAASD
10. Dr. Erika Mitchell	DHCS CAASD
11. Cynthia Hicks	DHCS CAASD
12. Richard Luu	DHCS CAASD

Handouts

Each participant was e-mailed an agenda and the following documents: Updated Dispute Resolution Form, PHP InterQual Submission Criteria, and UB04 for Medical Record Number. In addition, a link to the DPH website for minutes from previous meetings was also provided.

Agenda Item I: Introductions

Agenda Item II: InterQual Version and Criteria

Discussion: All hospitals should be using the 2017 version of InterQual or MCG. The 2018 version will be released in the spring; hospitals will have a 3-month grace period to update to the new version.

- The “InterQual Criteria” document attached to the meeting notice outlines the criteria that DHCS is looking for on the review summary.
- In addition to the InterQual decision tree, please include clinical notes in your InterQual documentation to support your facility’s decision.

- This two-page document will be sent to all hospital participants after this meeting.
- DHCS has noticed a large increase in 1G variances (No documentation of InterQual/MCG and/or secondary reviews prior to submitting the claim), as well as no documentation being submitted for the review. This is increasing our Field Offices' review time and delaying your facility's receipt of your Statement of Findings. Please do not bill until an InterQual/MCG review has been completed by your facility.
- In addition, there is an increase in 1J variances (Billing on self-denied days). DHCS is reviewing the Quarterly Medi-Cal Denied Days submissions. If self-denied show as paid in the payment data, we will initiate a recoupment process that falls outside the Statement of Findings. Facilities will be contacted individually regarding this secondary recoupment process.
- DHCS will be monitoring these variances and reach out to specific facilities if we continue to see this trend.

Agenda Item III: Medical Record/Documentation Deadline

Discussion: Following the receipt of the quarterly Hospital List, hospitals have six weeks to submit all medical records and supporting documentation for sampled cases. Medical records and other supporting documentation submitted after the 6-week deadline will not be accepted or reviewed.

- There has been an increase in lack of call lists for administrative days. All documentation must be submitted before the review and not during the exit conferences.
- DHCS will reach out to facilities individually regarding discrepancies with recent Statement of Findings and missing documentation not provided at the time of review.

Agenda Item IV: Quarterly Denied Days Deadline Reminder

Discussion: The summer quarter Denied Days Template (July 1, 2017 – September 30, 2017) is due on or before December 31, 2017. The 2018 Denied Days Template is now available on the Public Hospital Project Webpage at the following address: <http://www.dhcs.ca.gov/provgovpart/Pages/DPH-Denied-Medi-Cal-Days-Template.aspx>

Agenda Item V: Dispute Form Updates

Discussion: Changes have been made to the dispute form for additional clarity. A field for the Claim Control Number (CCN) and Reason Code have been added to help identify the paid claim days disputed. Please also populate the Medical Record Number field with the number from the Statement of Findings report.

- The updated Dispute Form is attached to the meeting notice and available on the Public Hospital Project Webpage.
- Facilities are encouraged to only dispute variances with a recoupment directive on the Statement of Findings. If your facility wishes to dispute an administrative variance where there is no recoupment directive, then the CCN field on the dispute form can be left blank.

Agenda Item VI: Medical Record Number

Discussion: The Medical Record Number (MRN) submitted on the UB04 does not always match the number that the facility uses to label the case in the Electronic Medical Record (EMR).

- The MRN that DHCS provides in the Hospital List and the Statement of Findings comes from box 3A of the UB04 or UB92 claim form. If hospitals are not able to flip boxes 3A and 3B on the UB04 to connect the claim data to the Medical Record Number identified in the UB04, please respond to the Hospital List email with a crosswalk of the hospital's Medical Record Number. The document attached to the meeting notice titled "UB04 for Medical Record" describes this workaround in more detail.
- If hospitals are not able to utilize box 3A for the MRN that is used to label the EMR, the facility will be asked to provide a crosswalk to the field office in order to improve efficiency in identifying the records for review.

Agenda Item VII: Rehab Revenue Codes

Discussion: This is a reminder to use rehabilitation revenue codes for all rehabilitation days. The revenue codes are 118, 128, 138, and/or 158.

Agenda Item VIII: Next Meeting Date – Monday, March 5, 2018 at 11:00 am