

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

**Technical Workgroup Teleconference
December 15, 2014 Teleconference Minutes**

Teleconference Attendees:

<u>Name</u>	<u>Organization</u>
1. Doug Robins	DHCS Clinical Assurance & Administrative Support Division (CAASD)
2. Rosemary Lamb	DHCS CAASD
3. Paul Miller	DHCS CAASD
4. David Temme	DHCS CAASD
5. Willie Anderson	DHCS CAASD
6. Dr. Laura Halliday	DHCS CAASD
7. Belva Anglin	DHCS CAASD
8. Patty McDonald	DHCS CAASD
9. Phil Schaaf	DHCS CAASD
10. Lupe Cruz-Tiscareno	DHCS CAASD
11. Maira Gomez	DHCS CAASD
12. Janelle Jones	DHCS CAASD
13. Henry Le	DHCS CAASD
14. Jillian Hart	DHCS CAASD
15. Debbie Ferreria	DHCS CAASD
16. Donna Kinser	DHCS Audits & Investigations
17. Raquel Villalpando	DHCS Audits & Investigations
18. Susy Mandell	Alameda Health System
19. Joy Davis	Arrowhead Regional Medical Center
20. Tricia Rymer	Kern Medical Center
21. Alice Hevle	Kern Medical Center
22. Caryn Graham	Kern Medical Center
23. Larry Gatton	Los Angeles County
24. Diana Loring	Los Angeles County – Olive View
25. Ben Sosa	Los Angeles County – USC
26. Naomi Chen	Los Angeles County - Rancho Los Amigos
27. Sonia Lopez	Los Angeles County - Rancho Los Amigos
28. Marilyn Black	Natividad Medical Center
29. Nanette Nunez	Riverside County Regional Medical Center
30. Paul Woodward	Riverside County Regional Medical Center

31. Bill Gordon	Riverside County Regional Medical Center
32. Louis Vizcarrondo	San Francisco General Hospital
33. Lorda Rumbaua	San Mateo Medical Center
34. Martin Contreras	Santa Clara Valley Medical Center
35. Sandy Williams	Santa Clara Valley Medical Center
36. Shelley Fuller	Santa Clara Valley Medical Center
37. Melodie Scheideman	UC Davis Medical Center
38. Becky Cloud-Glaab	UC Irvine Medical Center
39. Sandy Shapiro	UC San Francisco Medical Center
40. Shirley Oiwa	UC San Francisco Medical Center
41. Sandy Lavin	UCLA Ronald Reagan/UCLA Santa Monica
42. Geneveve Zepeda	Ventura Medical Center
43. John Minot	CA Association of Public Hospitals and Health Systems (CAPH)

Handouts

Each participant was e-mailed an agenda and minutes from the previous meeting.

Agenda Item I: Introductions

Agenda Item II: Presumptive Eligibility Alternate Documentation

Discussion: Dr. Halliday explained that hospitals may submit documentation, other than the POS, to show presumptive eligibility as long as the documentation has all necessary information for DHCS Reviewers, and is printed out rather than hand-written.

Agenda Item III: Voluntary Inpatient Detoxification

Discussion: Dr. Halliday explained that voluntary inpatient detoxification (VID) was a new benefit beginning on January 1, 2014, and is a managed care carve out. These cases must be on TAR whether fee-for-service or Medi-Cal managed care. In order for the claims to pay, the hospital must include either "VID" or "Voluntary Inpatient Detoxification" on the claim in the remarks box (Box 80). These cases are not to be included in the monthly Public Hospital Project admissions data submitted to DHCS by the hospitals.

Question:

Representative from Santa Clara Valley Medical Center (SCVMC) asked if the VID benefit covers a patient admitted to the Emergency Room for non-VID

reasons, who consents to withdrawal protocol and treatment. Dr. Halliday stated that Medi-Cal Policy on this question would be clarified for providers in the near future and she offered to follow-up with SCVMC after the call.

Agenda Item IV: Printed Documents At Review

Discussion: Representatives from CAPH had suggested this agenda item prior to the meeting: is there a way to reduce the type and quantity of printed documentation required from the hospitals for reviews? Doug Robins stated that an electronic medical record (EMR)-based approach is the ultimate goal but that, in the short-term, a separate call or individual calls could be set up with a small group of the hospitals to gather more perspectives. This topic will be revisited.

Agenda Item V: Acute Intensive Inpatient Rehabilitation

Discussion: Paul Miller described the status of DHCS' efforts to transition all acute inpatient intensive rehabilitation (AIIR) cases to daily review by InterQual or Milliman Care Guidelines. The Department has reached out to the eight hospitals that provide this service, for information on their current practices, and have requested responses by next Wednesday. The transition will happen on a staggered schedule much like the transition of all hospitals into the TAR-free project. The first hospitals to transition to InterQual or Milliman Care Guidelines for their AIIR cases will likely be Alameda Health Systems and Rancho Los Amigos, starting as early as January 1, 2015.

Question: A representative from UCLA Medical Center Santa Monica and Ronald Reagan UCLA Medical Center asked if this transition would include pediatric cases. Mr. Miller clarified that it would.

Agenda Item VI: Other

There were no other agenda items discussed.

Agenda Item VII: Next Meeting Date – *March 2, 2015.*