

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

**Technical Workgroup Teleconference
June 16, 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. Belva Anglin	DHCS CAASD
5. David Temme	DHCS CAASD
6. Dr. Laura Halliday	DHCS CAASD
7. Lupe Cruz-Tiscareno	DHCS CAASD
8. Janelle Jones	DHCS CAASD
9. Heather Mayer	DHCS Office of Legal Services
10. Susy Mandell	Alameda Health System
11. Joy Davis	Arrowhead Regional Medical Center
12. Ana Arenas	Arrowhead Regional Medical Center
13. Rudy DeJesus	Arrowhead Regional Medical Center
14. Richard Lopez	Arrowhead Regional Medical Center
15. Amanda Flores	Arrowhead Regional Medical Center
16. Shelly Whalen	Contra Costa Regional Medical Center
17. Kathy Johnson	Contra Costa Regional Medical Center
18. Tricia Rymer	Kern Medical Center
19. Alice Hevle	Kern Medical Center
20. Caryn Graham	Kern Medical Center
21. Larry Gatton	Los Angeles County
22. Frances Teng	Los Angeles County
23. Aida Brimbuela	Los Angeles County-Harbor
24. Jason Ociones	Los Angeles County-Harbor
25. Ronnel Agliam	Los Angeles County-Harbor
26. Robin Hall	Los Angeles County-Harbor
27. Charmaine Dorsey	Los Angeles County-Rancho Los Amigos
28. Patricia Santos-Rosales	Los Angeles County-Rancho Los Amigos
29. Nancy Barnett	Los Angeles County-Rancho Los Amigos
30. Sonia Lopez	Los Angeles County-Rancho Los Amigos

31. Tracy Short	Natividad Medical Center
32. Vince Carr	Natividad Medical Center
33. Nanette Nunez	Riverside County Regional Medical Center
34. Teresa Deem	Riverside County Regional Medical Center
35. Tina Hill	Riverside County Regional Medical Center
36. Louis Vizcarrondo	San Francisco General Hospital
37. Robin Brummitt	San Joaquin General Hospital
38. Lorda Rumbaua	San Mateo Medical Center
39. Tammy Ramsey	Santa Clara Valley Medical Center
40. Becky Cloud-Glaab	UC Irvine Medical Center
41. Belinda Bisuna-Williams	UC San Diego Medical Center
42. Sandy Shapiro	UC San Francisco Medical Center
43. Elizabeth Polek	UC San Francisco Medical Center
44. Lucia Kwan	UC San Francisco Medical Center
45. Sandy Lavin	UCLA Ronald Reagan, UCLA Santa Monica
46. Geneveve Zepeda	Ventura Medical Center
47. Jackie Bender	California Association Public Hospitals (CAPH)

Handouts

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

Agenda Item I: Introductions

Agenda Item II: Telephone Access, Secondary Review Process

Discussion: Doug Robins thanked all of the participating hospitals for providing improved telephone access for DHCS reviewers on site to reach Medical Consultants. He also thanked the hospitals for improving compliance with the secondary review process, specifically that no attending physician on a case can be part of the secondary review on the same case.

Agenda Item III: Acute In-Patient Intensive Rehabilitation (AIIR)

Discussion: Doug Robins informed the group that DHCS' request to CMS to amend the Superior Systems Waiver was approved on April 30, 2014. The amendment adds acute in-patient intensive rehabilitation (AIIR) to the TAR-free process. DHCS is currently developing procedures and systems for this change and will be communicating those developments to the hospitals. All hospitals

that offer AIIR are asked to be sure to use the rehabilitation revenue codes for those cases.

Question: Representatives from UCLA asked if the new process for AIIR would be retroactive in any way. Doug and the DHCS Staff explained that the changes would not be retroactive and would be rolled out over the next several months. The process would follow the same daily InterQual (I/Q) or Milliman (MM) review requirement, using the rehabilitation criteria. Providing AIIR for three hours per day will not override I/Q or MM decisions.

Agenda Item IV: Review Scheduling Change, Data Reporting

Discussion: Lupe Cruz-Tiscareno reminded the group that monthly reviews will continue to be scheduled during the month following the month of admissions being reported. This change in the scheduling was to permit more time to prepare the list of records to be reviewed. Some common data reporting errors are invalid Medi-Cal aid codes or multiple aid codes being reported, admission dates in the month prior to the month being reported, length of stay equal to zero, and/or extra columns, headers or sheets on the spreadsheet.

Question: Some of the hospital representatives asked for clarification on what should be reported when a Beneficiary's aid code changes from month to month, or sometimes within the same month. Hospital presumptive eligibility has added to the changing nature of aid codes and eligibility. Jackie Bender, of CAPH, asked the group if there were any other concerns regarding aid codes, presumptive eligibility, or other subjects. There were no other concerns raised at this time. Doug Robins offered to take this question back to the DHCS Staff and provide a follow-up communication to the hospitals with clarification on data reporting requirements.

Discussion: Some of the hospital representatives expressed concern over growing numbers of Medi-Cal cases which are resulting in growing numbers of cases to be reviewed each month. Representatives from Los Angeles County asked if DHCS would consider altering the equation used to achieve the statistical sample of records to review in response to the increase in Medi-Cal cases as a result of the Affordable Care Act. Doug Robins assured the group that these concerns are important and that DHCS Staff is continuously trying to achieve the right balance between its oversight responsibilities and the workload required on the part of participating hospitals.

Agenda Item V: FAQs

Discussion: Phil Schaaf reported that an updated version of the Public Hospital Project's FAQs has been posted to the PHP webpage.

Agenda Item VI: Change in OB Cert Days, I/Q or MCG Requirement

Discussion: Belva Anglin explained a change to the required use of I/Q or MM daily reviews. Effective immediately, only days that fall out of the OB certification days need to be run through I/Q or MM. Reporting the entire length of stay does not change however. All days, including OB cert days, should be included in the LOS.

Question: Representatives from UC San Francisco asked which guideline the hospitals should use to determine OB certification days: 48 hours or two days after delivery. DHCS Staff indicated that the hospital should be using the two-day guideline. So, for example, if a baby is delivered at 3:00 pm on Monday, the OB certification days would include the day of delivery, Tuesday and Wednesday up until midnight (not ending at 3:00 pm).

Agenda Item VII: Other

Discussion: Doug Robins informed the group that, effective immediately, DHCS/PHP may direct hospitals that have received their out-of-training letter, to amend and resubmit claims which were found to be submitted erroneously as part of the oversight process. For example, if a claim was paid for six acute days, and the Beneficiary was actually only in the hospital for three acute days, DHCS/PHP would ask the hospital to amend and resubmit the claim. These types of erroneous claims, and their amendments, would not involve DHCS Audits and Investigations (A&I) at the outset.

Discussion: Representatives from UC San Francisco expressed concern over requests they have received from the Medi-Cal Field Office for more space to be provided during reviews. The hospital would have to develop policies that address HIPAA and privacy that it finds acceptable, in order to conduct reviews remotely. At this time, remote reviews are not an option for this hospital. Doug Robins thanked the representatives for bringing their concerns forward. DHCS Staff will discuss this concern at Headquarters and ask the Field Offices to work individually with any hospitals that have these types of concerns. The goal of the

Public Hospital Project is to find ways to conduct reviews that work for all parties involved.

Discussion: Representatives from some hospitals were wondering if their own internal utilization review procedures are too aggressive as they feel the number of self-denied days is increasing. Dr. Halliday has worked individually with hospital physicians in the past to help them understand things such as restricted aid code decision-making. She is available to work with any hospital physicians on a one-to-one basis for ongoing training and assistance.

Question: Representatives from LAC Harbor asked if a narrative case management note is required for days that meet I/Q criteria. Phil Schaaf explained that a case management note is required for all days, but the note does not have to be extensive and it can be a block note if the content is the same for multiple days.

Agenda Item X: Next Meeting Date – September 15, 2014.