

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

**Technical Workgroup Teleconference
September 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. Dr. Laura Halliday	DHCS CAASD
6. Dr. Glenn Kan	DHCS CAASD
7. Patty McDonald	DHCS CAASD
8. Phil Schaaf	DHCS CAASD
9. Lupe Cruz-Tiscareno	DHCS CAASD
10. Janelle Jones	DHCS CAASD
11. Henry Le	DHCS CAASD
12. Jillian Hart	DHCS CAASD
13. Debbie Ferreria	DHCS CAASD
14. Alissa Harris	DHCS Office of Legal Services
15. Donna Kinser	DHCS Audits & Investigations
16. Susy Mandell	Alameda Health System
17. Joy Davis	Arrowhead Regional Medical Center
18. Ana Arenas	Arrowhead Regional Medical Center
19. Rudy DeJesus	Arrowhead Regional Medical Center
20. Richard Lopez	Arrowhead Regional Medical Center
21. Patti Viallreal	Contra Costa Regional Medical Center
22. Manjeet Sidhu	Kern Medical Center
23. Larry Gatton	Los Angeles County
24. Kristy Garan-Martinez	Los Angeles County - USC
25. Aida Brimbuela	Los Angeles County-Harbor
26. Robin Hall	Los Angeles County-Harbor
27. Robin Bayus	Los Angeles County-Rancho Los Amigos
28. Nancy Barnett	Los Angeles County-Rancho Los Amigos
29. Sonia Lopez	Los Angeles County-Rancho Los Amigos
30. Marilyn Black	Natividad Medical Center

31. Nanette Nunez	Riverside County Regional Medical Center
32. Teresa Deem	Riverside County Regional Medical Center
33. Lowell Johnson	Riverside County Regional Medical Center
34. Robin Brummitt	San Joaquin General Hospital
35. Windy Deyarmon	San Joaquin General Hospital
36. Lorda Rumbaua	San Mateo Medical Center
37. Dikshya Adhikari	Santa Clara Valley Medical Center
38. Sandy Williams	Santa Clara Valley Medical Center
39. Becky Cloud-Glaab	UC Irvine Medical Center
40. Carla Ballou	UC San Diego Medical Center
41. Sandy Shapiro	UC San Francisco Medical Center
42. Elizabeth Polek	UC San Francisco Medical Center
43. Monica Arrazate	UC San Francisco Medical Center
44. Geneveve Zepeda	Ventura Medical Center

Handouts

Each participant was e-mailed an agenda and minutes from the previous meeting. Participants were also emailed a copy of the new Public Hospital Project (PHP) participation agreement, and a flowchart outlining the process to follow for observation days.

Agenda Item I: Introductions

Agenda Item II: New Participation Agreement

Discussion: Lupe Cruz-Tiscareno reviewed the major changes to the PHP participation agreement and requested that all hospitals have their Chief Financial Officer, or other Executive Representative, sign the agreement and return to DHCS by October 6, 2014. Major changes to the agreement included:

- A. Daily InterQual (IQ)/Milliman (MM) decisions and case management notes, no grouping of days.
- B. Utilization review process is to be complete prior to billing.
- C. CAASD may ask hospitals to amend claims on a case-by-case basis where clinical variances are found. This represents a step prior to any potential referral to DHCS Audits & Investigations.
- D. Amend and resubmit claims within 60 days of receipt of the Statement of Findings, or within 30 days after final resolution of any applicable dispute.
- E. Clarification of due dates for submission of admissions data to DHCS.
- F. No grouping of days on secondary review.
- G. Hospital responsible for providing PHP training to new hospital staff.

Question: A representative from Kern Medical Center asked if grouping of days was allowed in cases where each day involved the same care. Dr. Laura Halliday offered that in these cases, for example as in a NICU stay, the utilization review notes may be grouped in segments of three to four days, but that each individual day still needs to be run through IQ/MM.

Agenda Item III: Reduced Sample Size

Discussion: Doug Robins discussed the reduction in sample size, to be implemented based on trend analysis for each hospital's admissions between July 2013 and December 2013. Examples of reductions on hypothetical biannual and monthly admissions data sets were described. The trend analysis will be applied to a sub-set of the clinical variances that are currently part of the PHP.

Questions:

It was clarified, based on questions from representatives of Rancho Los Amigos National Rehabilitation Center, that this new sampling method is meant to reduce the number of records pulled by the hospital for review. The new method will be applied on a rolling 6 month window, and the trend analysis will look at both days with variances and cases with variances.

Representatives from San Joaquin General Hospital asked if there is a specific percentage that reflects the sample size reduction. There is no specific percentage reduction because the reduction can be affected by the size and case mix of the admissions data.

Representatives from Los Angeles County facilities and UC Davis Medical Center asked when the hospitals would be notified of their eligibility for the reduced sample method. DHCS staff offered that the trend calculations were already underway and hospitals should be notified individually very soon. PHP staff will also provide a list of the specific variances being used to calculate trend analyses, in an email follow-up communication to the meeting.

Agenda Item IV: Acute Inpatient Intensive Rehabilitation (AIIR)

Discussion: Paul Miller informed the group that DHCS is currently working with the Fiscal Intermediary to establish the TAR-free process for AIIR cases to begin either November 1st or December 1st for a subset of participating hospitals. The first hospitals to begin reporting these cases to the Public Hospital Project will be Alameda Health System, Santa Clara Valley Medical Center, and Rancho Los Amigos National Rehabilitation Center. Communication with those hospitals

individually has already begun. Other hospitals with AIIR cases will begin reporting on a staggered schedule, to be determined. Participating hospitals were also reminded to use the correct revenue codes for AIIR cases: 118, 128, 138, and 158. A new data template for reporting admissions will be provided to all hospitals in the PHP. This new template will have an additional column for indicating which cases are AIIR. If a hospital does not have AIIR, then that column can be left blank.

Agenda Item V: Observation Cases Flowchart

Discussion: Dr. Halliday briefly discussed a flowchart that was included in the handouts for this call. The flowchart outlines the process for utilization review of observation cases.

Question: A representative from Kern Medical Center asked if the MD's original order for observation needs to be changed. Dr. Halliday clarified that this is not necessary as long as the process outlined in the flowchart is followed.

Agenda Item VI: Hospital Contacts; Training Responsibility

Discussion: Belva Anglin reminded the hospital participants that it is a responsibility of the hospital to keep the PHP Staff updated with the most current contacts, and to train new hospital staff on the PHP process.

Agenda Item VII: Other

Discussion: A representative from Harbor UCLA Medical Center stated that this hospital is moving to a new Electronic Medical Records system that requires the user to provide a social security number. This would be required of DHCS nurse reviewers to access the EMR. Doug Robins stated that DHCS does not require its staff to provide their SSN for this purpose. The PHP Staff will work with Harbor individually to find a solution.

Discussion: Representatives from UC Davis Medical Center asked if there was another way to provide documentation that a beneficiary has presumptive eligibility for the month of admission. They have found that the regular POS document does not always show the eligibility code if the Medi-Cal application has not been completed by the beneficiary but he/she has presumptive eligibility. Also, a representative from Los Angeles County suggested that a BIC card can be generated at admission and used to show presumptive eligibility. There was some discussion about whether or not this could serve as documentation of Medi-Cal eligibility for the PHP, and whether or not PE coverage could

retroactively change to 'no eligibility' or change from full-scope to a restricted aid code. PHP staff offered to research this topic and follow-up with the participating hospitals.

Agenda Item VIII: Next Meeting Date – December 15, 2014.