

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
UTILIZATION MANAGEMENT DIVISION
PUBLIC HOSPITAL PROJECT**

**External Stakeholders Workgroup Teleconference *
March 25, 2013 Teleconference Minutes - DRAFT**

* **Please note:** Due to the induction of the Clinical/Technical Users Group, this workgroup has been renamed to the *External Stakeholders Workgroup*.

Handouts

Each participant was e-mailed an agenda and minutes from the previous meeting as well as an updated list of hospital transition dates.

Agenda Item II: Review Previous Action Items and Status

Discussion: UC Davis Medical Center (UCD) had a question about the data layout that was unique to their facility.

Status: *DHCS followed up after the meeting with UCD. Discussions about data layout and timing of submittal of the layout will be an ongoing issue as more Public Hospitals (PH) transition.*

Agenda Item III: Transition Status

Discussion: The transition status document lists all hospitals and when they have transitioned or their tentative transition date. All 21 Designated Public Hospitals (DPH) are now scheduled for transition.

Status: *This will be an ongoing issue until all the DPHs have transitioned and it is expected that transitions will be complete by June 2013.*

Discussion: UC San Francisco inquired about their training date.

Status: *DHCS trainers followed up with UC San Francisco and conducted their training.*

Agenda Item IV: Non-Designated Public Hospitals

Discussion: Non-Designated Public Hospitals converted to Certified Public Expenditures as of January 2013. These hospitals will begin transitioning into

the Public Hospital Project beginning on July 1, 2013. That transition is expected to be completed on June 30, 2015. Private hospitals will be transitioning into the Diagnosis Related Group (DRG) Project.

Agenda Item V: When Are Secondary Reviews Needed?

Discussion: Secondary reviews are necessary when the service day does not meet acute criteria and the facility intends to bill for that day. If the facility does not plan to bill for that day, there is no need for a secondary review. If the facility will be claiming for acute administrative days, there is no need for a secondary review.

The PHP focuses on *days*, not surgeries or other procedures. If a facility submitted a TAR for procedures before their transition to the PHP, they would continue to submit TARs for procedures. If a facility did not submit a TAR for procedures before their transition to the PHP, they would not need to start submitting TARs. The links in the Medi-Cal provider manual to the procedures that continue to require a TAR were disseminated in the March 25, 2013 meeting notice.

Agenda Item VI: Clinical/Technical Issues Users Group – Advance Questions

Discussion: Any questions or issues to be discussed at the Clinical/Technical Issues User Group meeting were due to DHCS by March 21st. No questions were received. Is it useful to continue the Clinical/Technical Issues Users Group? This workgroup will revisit the issue at the next meeting.

Agenda Item VII: Superior Systems Waiver Renewal Update

Discussion: The Superior Systems Waiver (SSW) will expire on June 8, 2013. DHCS Headquarters will send a draft of the renewal proposal to the PHs prior to submitting to CMS. It is expected that CMS will allow an extension of the current SSW, so a draft of the renewal proposal may not be available within the next few months.

Agenda Item VIII: Process For Missing Records During A Review

Discussion: Any records missing at the time of the monthly review are part of the statistically valid sample and therefore must be reviewed for the final summary detail report. These records will be reviewed within 30 days, as negotiated with the DHCS reviewers.

Agenda Item IX: Exit Conference Process – Findings vs. Tally Sheets

Discussion: Exit conferences will no longer include a detailed review of the number of variances found, but will instead focus on the categories of variance found. It was agreed that variance categories whose numbers represent a significant finding would be discussed in more detail during the exit conference to give the PHs an immediate sense of where they can work to improve.

Action Item: *It was suggested that DHCS cite the authority for the Delay of Service reason code at the next External Stakeholders meeting.*

Agenda Item X: Bi-Annual Review

Discussion: For those PHs that transitioned in 2012, the first data for bi-annual review was due on March 5, 2013. This data file is designed to capture any admissions that should have been part of monthly submissions over the last six (6) months of 2012. However, if the PH has days further back than the last six (6) months or 2012, but within the PHP timeframe, it should be submitted on the bi-annual data file.

Some PHs felt that it was too burdensome for hospitals to go back more than six (6) months to find records that had not been submitted on monthly data. DHCS explained that CMS requires review of all Medi-Cal claims.

Agenda Item XI: Other Agenda Items

Discussion: DHCS explained that no InterQual/Milliman (IQ/MCG) review is needed for OB days that are for length of stay (LOS) up to two (2) days for a vaginal delivery and four (4) days for a cesarean delivery. However, if the LOS is longer, then all days from admission must have an IQ/MCG review.

Agenda Item XII: Next Meeting Date

The next External Stakeholders Workgroup Teleconference is scheduled for **Monday, May 20th, 2013 from 10:00 am to 10:30 am.**

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**Clinical/Technical Issues Users Group Teleconference
March 25, 2013 Teleconference Minutes**

Handouts

Each participant was e-mailed an agenda and minutes from the previous meeting as well as a UR Case Management Documentation checklist and Medi-Cal provider manual links that give guidance on what surgeries/procedures remain on TAR.

Agenda Item II: Contact List

Discussion: At the last meeting, Stakeholders requested that DHCS distribute a list of Public Hospital (PH) representative contacts. As a result, a request was made that representatives send their contact information to the DPHP mailbox. Since very few PH contacts sent in their names to be included on the PH contact list, it was proposed that everyone in the Public Hospital Project (PHP) be placed on the contact list unless a facility contacts DHCS. All parties on the call agreed.

Status: *DHCS Headquarters Staff will wait to hear from any PHs that do not want to be included on the list.*

Agenda Item III: Daily InterQual/Milliman Notes

Discussion: DHCS staff emphasized the need for clear daily notes that indicate whether or not each day being reviewed met acute criteria. In addition, call lists also need to be available for DHCS review to demonstrate that placement calls were made daily for acute administrative days.

Status: *DHCS will continue to work with the PHs on this issue.*

Agenda Item IV: Checklist For InterQual or Milliman Facility Daily Reviews

Discussion: The checklist attached to the meeting notice was reviewed in detail. PHs were reminded to include the primary discharge diagnosis, even if it is just a description. Also, PHs were asked to print out the Case Management summaries, eligibility POS, and call lists. DHCS Reviewers will retain those

documents, at least in the early phases of the PHP for auditing by the federal Centers for Medicare & Medicaid Services (CMS). Los Angeles County/University of Southern California (LAC/USC mentioned that they have created a Crystal report to accomplish this efficiently.

Agenda Item V: When Are Secondary Reviews Necessary?:

Discussion: Secondary reviews are necessary when the service day does not meet acute criteria and the facility intends to bill for that day. If the facility does not plan to bill for that day, there is no need for a secondary review. Additionally, if the facility will be claiming for acute administrative days, there is no need for a secondary review.

Agenda Item VI: What Procedures/Surgeries Must Be On TAR?

Discussion: The PHP focuses on *days*, not surgeries or other procedures. If a facility submitted a TAR for procedures before their transition to the PHP, they would continue to submit TARs for procedures. If a facility did not submit a TAR for procedures before their transition to the PHP, they would not need to start submitting TARs. The links in the Medi-Cal Provider manual to the procedures that continue to require a TAR are in the accompanying meeting notice.

Agenda Item VII: Questions Submitted Prior To The Meeting:

There were no questions or topics for discussion submitted to DHCS prior to today's meeting. If PHs have any questions, they can submit those to: PublicHospitalProject@dhcs.ca.gov.

Agenda Item VIII: Other Agenda Items:

There were no other agenda items.

The next Clinical/Technical Issues Users Group Teleconference is scheduled for **Monday, May 20, 2013, from 10:30 am to 12:00 Noon.**