

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

**External Stakeholders Workgroup Teleconference *
May 20, 2013 Teleconference Minutes**

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 Action Items and Status

Discussion: There were no outstanding action items from the last meeting.

Agenda Item III: Transition Status

Discussion: All participating designated public hospitals are scheduled to transition into the Public Hospital Project by June 1, 2013. Doug Robins, DHCS, UMD Division Chief, recognized the hard work that all of the hospital participants have contributed to the Public Hospital Project and thanked them for their efforts.

Agenda Item IV: Restricted Aid Codes – Reason for InterQual/Milliman Care Guidelines Review

Discussion: The question was asked why restricted aid code emergency cases, such as chest pain, need InterQual or Milliman review. Dr. Halliday explained that these cases need to meet the Federal Emergency definition. Although InterQual and Milliman Care Guidelines (IQ/MM) do not specifically address the Federal definition, complete daily notes help both DHCS and hospital staff to ensure that the cases meet the Federal definition of emergency. The cases must also meet IQ/MM acute criteria to be billable in the Public Hospital Project.

Agenda Item V: Superior Systems Waiver Renewal

Discussion: The Superior Systems Waiver (SSW) will expire on June 8, 2013. DHCS has sent a request to CMS for an extension of the current SSW through

June 30th. DHCS will also submit an interim SSW renewal request to CMS to continue State operations until the Diagnosis Related Group (DRG) State Plan Amendment is completed. Afterward, DHCS will submit a full renewal request to CMS for a new SSW.

Discussion: UC Davis asked for further explanation of the SSW. The SSW is the CMS-approved document that specifies the utilization management by DHCS of inpatient days at all hospitals in California. The SSW is also the authority which allows the State to implement the TAR-free project.

Agenda Item VI: Statement of Findings

a. DHCS Refining Process for Timely Release of Reports

Discussion: DHCS acknowledged that many Statement of Findings reports have been long delayed. DHCS apologized for the backlog. The reason for the delay is to ensure the accuracy of the reports.

Discussion: Los Angeles County representative asked for clarification of what constitutes a “trend” on the Statement of Findings reports. Dr. Halliday stated that DHCS has discussed this part of the Public Hospital Project with CMS and all hospitals are currently considered to be in training until such time as DHCS sends a letter to hospital representatives informing them that the training period has been completed. After the training period is over, DHCS will look for variances of ten percent or more over a period of time to constitute a trend.

b. New Dispute Resolution Form

Discussion: A new dispute resolution form has been created; it now includes an email address as another option for submitting dispute documentation. This form is a suggested template; however, all items on the form will need to be submitted with a dispute. The form will outline some various options for submitting dispute documentation.

Action Item: *The revised dispute resolution form will be sent to all Public Hospital Participants by the end of this week.*

Update: The form was sent to all Designated Public Hospital contacts on May 21, 2013.

Agenda Item VII: Additional Option for Wording on Claim Form

Discussion: For restricted aid code claims, there is now an additional wording option for the required comment. The two options for the claim form are:

“Hospital certifies providing emer svcs to unverified citizen.”

or

“Hospital certifies providing emer or pregnancy related svcs to unverified citizen.”

Please note: The wording on the claim form must match one of the above statements exactly.

Agenda Item VIII: Other Agenda Items

Discussion: Los Angeles County representatives asked if DHCS had a specific timeframe line for hospitals to follow when updating their software to incorporate the annual software releases by InterQual or Milliman Care Guidelines. Doug Robins stated that DHCS has no set timeframe for updates to be adopted by the hospitals. DHCS is in the process of acquiring InterQual and Milliman Care Guidelines software as well as training DHCS staff. A UC Davis Medical Center representative offered that InterQual software updates were released in April, 2013, and it would take a few months before being fully installed on the UC Davis server, perhaps in July, 2013.

Agenda Item IX: Next Meeting Date – July 22, 2013

Discussion: DHCS staff asked the hospital representatives if they would like to keep the External Stakeholders Workgroup and Clinical /Technical Users Workgroup meetings separate. It was the general consensus of everyone on this call that the meetings can be combined.

Action Item: *Beginning with the next session, there will be one “External Stakeholders Workgroup” meeting. This is scheduled for July 22, 2013 from 10:00 am to 12:00 pm.*

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**CLINICAL/TECHNICAL ISSUES USERS GROUP MEETING
May 20, 2013 Teleconference Minutes**

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: Contact List

Discussion: A Contact List of hospital representatives is being built so that all participants in the Public Hospital Project can share best practices with colleagues. There was general consensus that all attendees on the call agreed to be included in the list.

Action Item: *The Contact List will be sent to all hospital participants prior to the next External Stakeholders meeting.*

Agenda Item III: Secondary Review Signatures, Auditable Signatures

Discussion: Hospitals can produce an electronic or hardcopy physician signature for secondary reviews. An email message direct from the secondary review physician is also acceptable as an auditable signature. A paper log signed off by the physician would be acceptable. An example would be if nurses or other health care staff are transcribing physician review comments, and the secondary physician signs the comments. Software documentation of a physician's secondary review is also acceptable.

Discussion: If a hospital is using electronic medical records which creates time stamps, there is no need to type in the time of a note in the comments section.

Agenda Item IV: Medi-Cal Policy Authority – Delay of Service

Discussion: Medi-Cal does not pay for a delay of service. Hospitals are asked to refer to the Authority Document that is included with each Statement of Findings report. Medi-Cal authority for oversight regarding delay of service is

related to Social Security Act Section 1902 [42] and the Welfare & Institutions Code (W&I), Section 14133.3.

Agenda Item V: Questions Previously Submitted to DHCS

Question: Do retro eligibility cases need to be assessed by InterQual or Milliman? **Answer:** Yes, this is a CMS requirement and a requirement of the Public Hospital Project.

Agenda Item VI: Other Agenda Items

Question: Should all retro eligibility cases be reported in the biannual report? **Answer:** If the completed notes and approval decisions are made in time for the case to be included in the monthly report, then the retro eligibility cases should be on the monthly report. Otherwise, they would be included in the next biannual report.

Agenda Item VII: Next Meeting Date – July 22, 2013

Discussion: It was agreed that the next meeting would be the first combination of the External Stakeholders and Clinical/Technical Issues Users Group meetings. Hospital representatives are welcome to submit any questions or suggested agenda items to PublicHospitalProject@dhcs.ca.gov one week prior to the next meeting, or July 15, 2013.