

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

**External Stakeholders Workgroup Teleconference *
September 23, 2013 Teleconference Minutes**

Teleconference Attendees:

<u>Name</u>	<u>Organization</u>
1. Doug Robins	DHCS Utilization Management Division (UMD)
2. Rosemary Lamb	DHCS UMD
3. Paul Miller	DHCS UMD
4. Larry Sifuentes	DHCS UMD
5. Willie Anderson	DHCS UMD
6. Phil Schaaf	DHCS UMD
7. Belva Anglin	DHCS UMD
8. Patty McDonald	DHCS UMD
9. Brian Moore	DHCS UMD
10. Lupe Cruz-Tiscareno	DHCS UMD
11. Jillian Hart	DHCS UMD
12. Suzanne Hanson	DHCS UMD
13. Heather Mayer	DHCS OLS
14. Larry Gatton	Los Angeles County
15. Chris Armand	Los Angeles County
16. Bonnie Bilitch	Los Angeles County
17. Jim Fleming	Los Angeles County
18. Diana Loring	Los Angeles County
19. Patsy Bethards	UC Davis Medical Center
20. Toby Marsh	UC Davis Medical Center
21. Cimarron Olsen	UC Davis Medical Center
22. Susy Mandell	Alameda Health System
23. Joy Davis	Arrowhead Regional Medical Center
24. Rodolfo DeJesus	Arrowhead Regional Medical Center
25. Theresa Deem	Riverside County Regional Medical Center
26. Sandy Shapiro	UC San Francisco Medical Center
27. Elizabeth Polek	UC San Francisco Medical Center
28. Shirley Oiwa	UC San Francisco Medical Center
29. Sandy Lavin	UCLA Ronald Reagan, UCLA Santa Monica
30. Rosemarie Won	Contra Costa Regional Medical Center
31. Kim Jones	Contra Costa Regional Medical Center

32. Manjeet Sidhu	Kern Medical Center
33. Nancy Majewski	Natividad Medical Center
34. Sharon Fiola	Natividad Medical Center
35. Belinda Bisuna-Williams	UC San Diego Medical Center
36. Joanna Powell	UC San Diego Medical Center
37. Mary Rose Ready	UC San Diego Medical Center
38. Sharon Baynes	UC San Diego Medical Center
39. Jackie Bender	California Association of Public Hospitals

Handouts

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

Agenda Item II: Superior Systems Waiver Renewal Update

Discussion: On July 31, 2013, DHCS submitted a request to the Centers for Medicare & Medicaid Services to renew the Superior Systems Waiver (SSW), to be effective October 1, 2013 through September 30, 2015. This submittal describes utilization review for hospital inpatient stays in California. In particular, the SSW continues the Public Hospital Project and delineates that non-designated public hospitals (NDPHs) will start using a Diagnosis Related Group payment methodology as of January 1, 2014. Additionally, the SSW notes that NDPHs will transition to using an evidence-based standardized medical review criteria to determine medical necessity for hospital admissions over a two-year period beginning July 1, 2014. DHCS expects to hear a response regarding this SSW renewal request this week.

Update: CMS approved the SSW on September 26, 2013. The approved SSW has been posted to the DHCS website at <http://www.dhcs.ca.gov/services/medical/Pages/SuperiorSystemsWaiver.aspx>.

Agenda Item III: Completion of Training Phase

Discussion: Once a participating hospital has completed a minimum of six months in the Public Hospital Project and has received a minimum of six months of formal feedback from DHCS, it will receive a letter signifying the end of the training phase. From that point forward, variances of Medi-Cal policy may be referred to Audits and Investigations (A&I). An example of such a variance is when a beneficiary with a restricted aid code, which covers emergency and

pregnancy- related services only, is incorrectly admitted for an elective procedure and one or more days are approved.

Facilities will continue to have the option of disputing these variances which will be highlighted in the Statement of Findings Report. However, if the variances are not disputed, or they are upheld in the dispute process, a referral may be made to A&I for recoupment.

DHCS will continue to provide technical assistance to hospitals in complying with Medi-Cal policy.

Agenda Item IV: New Process for Exit Conference

Discussion: As a result of stakeholder feedback, DHCS, will introduce a new process at the next exit conference which will provide all hospitals with immediate feedback on preliminary variances. The new process has been piloted at two hospitals, both of which found the new process to be beneficial. Because the findings are preliminary, individual cases will not be discussed in detail at the exit conferences.

Agenda Item V: Dispute Resolution Process for Sharing Information

Discussion: A new website for submitting dispute resolution documentation is now available at: <https://eft.dhcs.ca.gov>. Effective immediately, this is the only accepted, secure route for hospitals to submit dispute resolution documentation to DHCS. Hospitals are also to use this site to retrieve dispute resolution final outcomes. The existing phpdispute@dhcs.ca.gov email is still active but hospitals should only use it to alert DHCS that documentation has been uploaded to the new dispute resolution documentation submittal website.

Agenda Item VI: Billing Issues

Discussion: Box 80 on the billing claim form **must** have either of the following two approved comments when billing for treatment covered by a restricted aid code:

“Hospital certifies providing emer svcs to unverified citizen.”

or

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

Update: These certifications are required to meet the federal guidelines for certifying that the service provided meets Medi-Cal policy for restricted aid code beneficiaries. This is the only place on the claim form where the provider can attest to this condition. These certifications were negotiated with the Centers for Medicare & Medicaid to enable the public hospitals to bill directly for inpatient hospital stays for restricted aid code beneficiaries without a Treatment Authorization Request (TAR). Claims for services for beneficiaries with restricted aid codes that are submitted without one of the above comments will be rejected.

Agenda Item VII: Clinical Issues Submitted by Stakeholders

No clinical issues were submitted prior to the call.

Agenda Item VIII: Other Agenda Items

Discussion: There was some discussion about how to treat admissions that occur prior to a hospital’s PHP transition date. Admissions and days of service prior to transition require a TAR. For example: if a hospital transitioned June 1, and a hospital stay is May 29th through June 3rd, then May 29th – May 31st will still require a TAR, and June 1st – June 3rd would require InterQual/MCG to determine medical necessity.

Agenda Item IX: Next Meeting Date – November 18, 2013