

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

**Technical Workgroup Teleconference
January 27, 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. Phil Schaaf	DHCS CAASD
5. Belva Anglin	DHCS CAASD
6. Patty McDonald	DHCS CAASD
7. David Temme	DHCS CAASD
8. Dr. Laura Halliday	DHCS CAASD
9. Lupe Cruz-Tiscareno	DHCS CAASD
10. Janelle Jones	DHCS CAASD
11. Jill Zadrozna	DHCS CAASD
12. Jillian Hart	DHCS CAASD
13. Raquel Villalpando	DHCS Audits & Investigations Branch
14. Heather Mayer	DHCS Office of Legal Services
15. Joy Davis	Arrowhead Regional Medical Center
16. Rodolfo DeJesus	Arrowhead Regional Medical Center
17. Richard Lopez	Arrowhead Regional Medical Center
18. Lin Tallman	Contra Costa Regional Medical Center
19. Shelly Whalon	Contra Costa Regional Medical Center
20. Larry Gatton	Los Angeles County
21. Chris Armand	Los Angeles County
22. Jim Fleming	Los Angeles County
23. Nancy Majewski	Natividad Medical Center
24. Vince Carr	Natividad Medical Center
25. Robin Brummitt	San Joaquin General Hospital
26. Windy Deyarmon	San Joaquin General Hospital
27. Lorda Rumbaua	San Mateo Medical Center
28. Darlene Testaguzza	Santa Clara Valley Medical Center
29. Tammy Ramsey	Santa Clara Valley Medical Center
30. Becky Cloud-Glaab	UC Irvine Medical Center

31. Sandy Shapiro
32. Elizabeth Polek
33. Sandy Lavin
34. Jackie Bender

UC San Francisco Medical Center
UC San Francisco Medical Center
UCLA Ronald Reagan, UCLA Santa Monica
California Association Public Hospitals (CAPH)

Handouts

Each participant was e-mailed an agenda and minutes from the previous meeting. Additionally, a flow chart of secondary review reporting and a spreadsheet providing examples of other health care coverage (OHC) reporting were also emailed to participants prior to the call.

Agenda Item I: Change of Name

Doug Robins announced that the Utilization Management Division of the Department of Health Care Services, has changed its name to Clinical Assurance and Administrative Support Division, or CAASD.

Agenda Item II: Preliminary Findings and Dispute Resolution

Discussion: Dr. Halliday explained that the preliminary findings provided at the exit conferences are just the first step in DHCS' oversight process. The next step may involve an independent DHCS Medical Consultant review. Therefore, the preliminary findings are not meant to be the basis for dispute submissions. The Final Summary Detail Report contains the final decisions by DHCS and it is those findings that hospitals may dispute. Lastly, please do not dispute any findings from the Final Summary Detail Report that are not clinical in nature. For example, a finding that InterQual notes were not available at a review is administrative in nature, and as such should not be disputed.

Agenda Item III: FAQs Will Be Updated

Discussion: Phil Schaaf stated that an updated version of the Public Hospital Project Frequently Asked Questions (FAQs) would be available on the PHP's webpage in approximately four to six weeks.

Agenda Item IV: Clinical Issues Submitted by the Workgroup

Discussion: There were no clinical issues or questions submitted by the workgroup members prior to the call. Liz Touhey took this opportunity to ask if anyone had questions on the flow chart that illustrated the secondary review reporting process. There were no questions.

Agenda Item V: OHC Reporting Accuracy

Discussion: DHCS clarified reporting guidelines for Other Health Care Coverage (OHC) and provided examples of different reporting scenarios. Liz Touhey explained that the Acute Approved and Admin Approved columns should only reflect days that would be billed to Medi-Cal and would not include days that would be billed to other payers. However, the Length of Stay (LOS) should continue to reflect all days that the beneficiary was in the hospital, from admission to discharge. Therefore, the number in the LOS column may not necessarily equal the sum of the Acute Approved, Admin Approved, Acute Denied and Admin Denied columns.

Discussion: Liz Touhey reviewed the examples on the spreadsheet and pointed out that resources such as the Medicare Exhaustion of Benefits and InterQual notes would help to clarify which days were billed to Fee-For-Service Medi-Cal. Any time that a beneficiary has OHC, regardless of whether or not the OHC paid for any days, the OHC column should contain a "Y".

Discussion: Some participants commented that this clarification may need to be shared with some DHCS staff at the Field Offices. Dr. Halliday stated that the OHC data reporting has been varied and has led to some confusion, even for DHCS Field Office staff but that this clarification would be offered to them also.

Agenda Item VI: Other Agenda Items

Discussion: Representatives from UC San Francisco stated that it is taking a long time to receive the Final Summary Detail Reports from DHCS. Liz Touhey and Dr. Halliday acknowledged the delay in providing the reports and stated that part of the reason is that DHCS has multiple levels of clinical review of the findings and wants to be extremely confident that all oversight procedures have been done correctly.

Question: Representatives from San Joaquin General Hospital noted that InterQual allows for days to be bundled and asked if ICU days could be bundled when running them through InterQual. Dr. Halliday stated that the Public Hospital Project requires that each day be run through InterQual individually but that the utilization review notes could reflect the same care on multiple days.

Question: Representatives from Santa Clara Valley Medical Center asked for clarification on the requirement of providing a POS. Currently, the hospital is running the POS prior to billing but not necessarily upon admission. The hospital is currently providing its Case Managers with “distinct care codes” that are internal codes signifying either full-scope or restricted Medi-Cal coverage, but the specific aid code is not always known. Belva Anglin stated that it is important for the hospital to run the POS upon admission so that the Case Managers are aware of the beneficiaries’ specific coverage. However, she offered to discuss the question with the DHCS team and follow up with the hospital after the call.

Question: Representatives from Los Angeles County asked a question regarding presumptive eligibility (PE). Dr. Halliday stated that DHCS is currently updating the Medi-Cal Field Offices with information on recent changes to PE. Jackie Bender, of CAPH, asked if the same information could be provided to the hospitals. Dr. Halliday offered to provide a link to the section in the Provider Manual that covers PE.

Question: Representatives from San Mateo Medical Center had a question regarding guidelines for data submissions. The DHCS Trainers offered to discuss this question with the facility directly, after the call.

Agenda Item VII: Next Meeting Date – March 17, 2014