



DEPARTMENT OF HEALTH CARE SERVICES

FACILITY RESPONSIBILITIES FOR PARTICIPATION IN THE PUBLIC HOSPITAL PROJECT

Proposed Start Date: _____

I. Facility Contact Person

Provide facility name and address. Also provide a single DPH contact person's name, phone number, and e-mail address.

Facility Name: _____

Address: _____

Street Address Suite/Unit #

City State ZIP Code

Contact Name: _____ Phone: () _____

E-mail: _____

II. TAR-Free Claiming

With participation in the Public Hospital Project (PHP), Treatment Authorization Requests (TARs) will no longer be required for acute inpatient stays (excluding hospice), prior to claim submission. Instead, after the hospital's own utilization review process is completed and where applicable, refer to the hospital Utilization Review Committee for determination that medical necessity has occurred. The participating hospital may then submit a claim form directly to the Department of Health Care Services' (DHCS) fiscal agent.

The participating hospital must submit evidence that each hospital day was individually adjudicated through the utilization review process, including daily decisions and daily case management notes. Grouping of a range of days is not permitted. No claims can be submitted until the utilization review process is completed for each hospital day billed. The Clinical Assurance and Administrative Support Division (CAASD) may ask the participating hospital to amend claims that do not fulfill these requirements.

For acute inpatient claims associated with Medi-Cal beneficiaries with restricted aid codes, one of the following phrases must be indicated in the "Comments" field of the claim form:

"Hospital certifies providing emer svcs to unverified citizen"

OR

"Hospital certifies providing emer or pregnancy related svcs to unverified citizen"

III. Reporting

As a participant in the PHP you are required to:

- Provide all the data requested by the DHCS on the reporting form and schedule established by the DHCS.
- Upload the monthly admissions list for all fee-for-service Medi-Cal patients admitted to your hospital to the DHCS designated secure portal by the 5th working day of each month. The data is due two months following the end of the month of admission. Example: April data would be due by July 5th.

IV. Utilization Review Process

Use of an evidenced-based standardized utilization review tool is required for participation in the PHP. Please indicate below which criteria your hospital uses:

- InterQual
- Milliman
- Other (Please Specify): [Click here to enter text.](#)

If your facility changes the standardized utilization review tool, please notify DHCS by contacting:

Lupe Cruz-Tiscareno, Chief
Public Hospital Project Unit
(916) 552-9259
Lupe.Cruz-Tiscareno@dhcs.ca.gov

V. Utilization Review Committee

You are required as a Medi-Cal provider to have a Utilization Review (UR) Committee.

Code of Federal Regulations Title 42, section 482.30 requires the composition of a utilization review committee to consist of two or more practitioners that must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in § 482.12(c)(1).

For further information please refer to Code of Federal Regulations Title 42, sections 456.51 through 456.245, 482.12 and 482.30.

VI. Secondary Review Process

As a participant in the PHP, if an acute hospital day does not meet the standardized utilization review tool criteria each DPH may perform a secondary review. If the DPH chooses to perform a secondary review and to authorize additional days, then this secondary review determination must be performed and signed off by a doctor of medicine or osteopathy with a current active license in the State of California. This physician may be a part of the UR Committee, but is not required to be a part of the UR Committee. The only specification is that this physician may not be one of the attending physicians for the case under review.

Hospital days approved through the secondary review process must be individually justified by the physician. Grouping approval of a range of days is not permitted.

VII. Organizational Chart

Please attach the UR/Case Management department's organizational chart along with the primary contact name and number for the UR/Case Management, Medical Records and Billing departments. Please forward updates to:

Lupe Cruz-Tiscareno, Chief
Public Hospital Project Unit
(916) 552-9259
Lupe.Cruz-Tiscareno@dhcs.ca.gov

VIII. Grievance Process

Medi-Cal beneficiaries have the right to a fair hearing if dissatisfied with any action of the DHCS with respect to the scope and duration of health care services. The Code of Federal Regulations Title 42, section 482.13 requires a hospital to protect and promote each patient's rights by, among other things, establishing a grievance process allowing for prompt resolution of a patient grievance. As a participant in the PHP your facility is required to have a grievance process in place for any Medi-Cal beneficiary who is dissatisfied with any action taken through your standardized UR process.

IX. DHCS Oversight

As the single state Medicaid agency, the DHCS is required to provide technical assistance, oversight and monitoring of the utilization of federal funds. In the PHP the DHCS's role changes from direct 100% review and authorization of inpatient hospital stays to monitoring of the DPHs utilization review processes and outcomes.

As a result of this change of focus, the DHCS will be reviewing statistically valid samplings of hospital records as well as performing focused reviews to identify issues related to the DPH's utilization review process and adherence to Medi-Cal specific admission and service authorization policies. If the DHCS determines there were billing errors, CAASD will request that the claim be amended and resubmitted to reflect the changes requested. Amended claims must be resubmitted within 60 days of receipt of the monthly On-Site Review Summary Detail Report (Statement of Findings) or within 30 days following the final resolution of any applicable dispute.

One of the roles of the DHCS monitoring and oversight process will be to provide information and additional training to the DPHs for corrections of identified variances in the DPH's utilization review process. The DPH is also required to provide ongoing training on the DPH process to current and new staff. If information sharing and training does not initiate correction of a DPH's identified variance, a referral to Audits and Investigations may occur for further follow up. The audit process may ultimately lead to a request for recoupment from the DPH.

X. Acknowledgement

I have read and understand the DPH responsibilities outlined above. This document is intended to provide general information about facility responsibilities for participation in the Public Hospital project. It is not a complete or exhaustive list of all DPH responsibilities.

Facility Representative Signature

Title

Date

DHCS Representative Signature

Title

Date