

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

**Technical Workgroup Teleconference
November 18, 2013 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. Willie Anderson	DHCS CAASD
5. Phil Schaaf	DHCS CAASD
6. Belva Anglin	DHCS CAASD
7. Patty McDonald	DHCS CAASD
8. David Temme	DHCS CAASD
9. Dr. Laura Halliday	DHCS CAASD
10. Dr. Donna Kinser	DHCS Audits & Investigations
11. Lupe Cruz-Tiscareno	DHCS CAASD
12. Heather Mayer	DHCS Office of Legal Services
13. Susy Mandell	Alameda Health System
14. Jeanie Atkinson	Alameda Health System
15. Joy Davis	Arrowhead Regional Medical Center
16. Rodolfo DeJesus	Arrowhead Regional Medical Center
17. Ana Arenas	Arrowhead Regional Medical Center
18. Karen Mossman	Contra Costa Regional Medical Center
19. Andree Campa	Kern Medical Center
20. Alice Hevle	Kern Medical Center
21. Anne Frostad	Kern Medical Center
22. Caryn Graham	Kern Medical Center
23. Larry Gatton	Los Angeles County
24. Chris Armand	Los Angeles County
25. Bonnie Bilitch	Los Angeles County
26. Jim Fleming	Los Angeles County
27. Kristy Garan-Martinez	Los Angeles County
28. Nancy Majewski	Natividad Medical Center
29. Vince Carr	Natividad Medical Center
30. Berninia Bradley	Riverside County Regional Medical Center

31. Sue Hoskins	Riverside County Regional Medical Center
32. Robin Brummitt	San Joaquin General Hospital
33. Windy Deyarmon	San Joaquin General Hospital
34. Darlene Testaguzza	Santa Clara Valley Medical Center
35. Tammy Ramsey	Santa Clara Valley Medical Center
36. Sandy Shapiro	UC San Francisco Medical Center
37. Elizabeth Polek	UC San Francisco Medical Center
38. Lucia Kwan	UC San Francisco Medical Center
39. Sandy Lavin	UCLA Ronald Reagan, UCLA Santa Monica

Handouts

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

Agenda Item II: Statement of Findings – Timeliness / Preliminary Findings / Data File Accuracy

Discussion: The Department's goal is to provide hospitals quality feedback from compliance reviews in a timely manner. To ensure quality, the report process is initiated at the Medi-Cal Field Office, reviewed at Headquarters, and then released to the hospital. Although the Department has been backlogged in issuing Statement of Findings reports, several months of reports have been issued in the last couple of months. We anticipate that we will be fully caught up with the timely release of reports within the next two to three months.

Discussion: If necessary, there may be adjustments to the 60-day window for submitting appeals when multiple reports are released at the same time. These situations would be handled on a case by case basis.

Discussion: The new Preliminary Findings information that was incorporated into the exit conference process recently continues to be going well. Please note: These are informational preliminary findings only and are not intended to be challenged at the exit conference. Headquarters staff and Medi-Cal review nurses have received positive feedback from the hospitals on this new process.

Discussion: Providing accurate data with respect to the ***Other Healthcare Coverage*** and ***Secondary Review*** data layout indicators assists in the review process and speeds up the release time of reports. The following guidance was provided:

Other Healthcare Coverage (OHC) Indicator: The “OHC” column on the data file should indicate “Y” if any days are billed to another payer such as CCS, Medicare Part A, private insurance, or Medi-Cal Managed Care.

Additionally, if the other payer is Medicare Part A, the hospital must provide the exhaustion of benefits information for the beneficiary. If this information is not available at the time the monthly admissions data is submitted to the State, then the hospital should wait until the information is available and then place the record on the next biannual file.

Secondary Review Indicator: Please see attached flow chart for details.

Agenda Item III: Billing Issues Update

Discussion: The Department is working with Xerox to identify and streamline the resolution of claiming issues that have resulted from participation in the Public Hospital Project. Santa Clara Valley Medical Center will forward examples of denied claims to the Department for follow-up with Xerox.

Agenda Item IV: Virtual Reviews

Discussion: As a part of the ongoing effort to improve efficiency for both the hospitals and DHCS, a “virtual” post-claims review process is being developed as a review option. Mirroring a current process of virtual review used to adjudicate Treatment Authorization Requests, this process would, at least in part, allow DHCS’ field office staff to perform post-claims reviews by remotely accessing a hospital’s electronic medical record (EMR) system from the field office. This process will make the review process more efficient for the hospital by eliminating the hospital’s need to accommodate field office staff on-site and provide computer equipment and access to the EMR. The process will decrease the turnaround time for reporting review results back to the hospital as well. Working with each hospital individually, field offices will establish secure links to the hospital, abide by security protocols, and establish access IDs and passwords for authorized field office staff. Individualization will also be needed to determine to what extent this virtual process will allow for completing the review and determine alternate means of obtaining needed documentation not accessible through the EMR access.

Agenda Item V: Clinical Issues Submitted by Stakeholders

Discussion: There were no questions submitted.

Observation Criteria Reminder Not Recognized by Medi-Cal – Use Acute

Criteria: Hospitals were reminded that that observation criteria is not recognized by Medi-Cal and that InterQual/Milliman **acute criteria** must be used when performing utilization management for fee-for-service Medi-Cal beneficiaries.

Agenda Item VI: Other Agenda Items

Discussion: A notice of action is required when CCS denies a day and the hospital would like to bill Medi-Cal. If the denial is for lack of medical necessity and not due to the beneficiary's ineligibility, the hospital should appeal to CCS. If CCS continues to deny the day, then the hospital can place that day on the next biannual admissions data file.

If the day is for "rooming in", then Medi-Cal will not pay since this is considered a social issue and not covered by Medi-Cal.

Agenda Item IX: Next Meeting Date – January 27, 2014

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**External Stakeholders Workgroup Teleconference
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