

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

**Technical Workgroup Teleconference  
December 3, 2018 Teleconference Minutes**

**Teleconference Attendees on Behalf of the Department:**

<u>Name</u>	<u>Organization</u>
1. Doug Robins	DHCS CAASD
2. Paul Miller	DHCS CAASD
3. Becky Swol	DHCS CAASD
4. Jillian Hart	DHCS CAASD
5. Cynthia Hicks	DHCS CAASD
6. Janelle Jones	DHCS CAASD
7. Cherease Baker	DHCS CAASD
8. Lauren Palmer	DHCS CAASD
9. Laura Watkins	DHCS CAASD
10. Erika Lazaldi	DHCS A&I-FAB
11. Delia Valencia	DHCS A&I-FAB
12. Stephan Fukasawa	DHCS A&I-FAB

**Handouts**

Each participant was e-mailed an agenda. In addition, a link to the DPH website for minutes from previous meetings was also provided.

**Agenda Item I: Introductions**

**Agenda Item II: InterQual Version**

**Discussion:** All facilities should be using the most recent version of InterQual (IQ). Additionally, for all days within a stay – the same version of IQ should be utilized.

**Agenda Item III: Increased Sampling 100% Reviews**

**Discussion:** The Statement of Findings (SOFs) are a tool for facility's Case Management and Utilization Review Departments to improve on areas where variances are noted. DHCS is using this data to trend and possibly open facility reviews to 100% for continued non-adherence to policy. DHCS samples approximately 20% of claims in a review. Prior to sample size increasing to 100%, DHCS will contact the facility. It is understood that changes take time, but

non-corrective trends could lead to an increase in sample size and may result in a hospital going back on TAR.

- DHCS will communicate with the Public Hospital Association to best decide how to report consistent updated facility information. This may include a “report card” with the percentage of variances based on hospital performance.
- Frequent variances seen are in regards to restricted aid codes, delay of services, delay in discharge, self-denied days, and missing call lists. Facilities should utilize their SOF as a way to improve on the specific variances that are being cited most frequently at their facility.

#### **Agenda Item IV: Missing Records and/or Call Lists**

**Discussion:** At the time of your facility’s quarterly review, if DHCS cannot locate an EMR and/or a call list, the facility will be notified of the missing documentation towards the end of the review. The facility then has a 24-hour window to provide the missing EMR and/or call lists. Call list(s) not provided within the EMR, may be uploaded securely to the DHCS E-Transfer site: <https://etransfer.dhcs.ca.gov>

#### **Agenda Item V: InterQual/MCG Daily Review Reminder**

**Discussion:** IQ/MCG should be ran daily and days should not be grouped. If it is for an ICU stay, utilization review notes may be grouped in segments of three or four days, but each individual day still must be ran through InterQual/MCG.

#### **Agenda Item VI: Quarterly Denied Medi-Cal Days Deadline Reminder**

**Discussion:** The Summer Quarter Denied Medi-Cal Days Template (July 1, 2018 – September 30, 2018) is due on or before December 31, 2018. An email reminder will be sent out with the 2018 Quarterly Denied Medi-Cal Days Template attached.

- The 2018 Quarterly Denied Medi-Cal Days Template is also available on the Public Hospital Webpage at the following address:  
<http://www.dhcs.ca.gov/provgovpart/Pages/DPH-Denied-Medi-Cal-Days-Template.aspx>
- Facilities must void billed self-denied days claims. DHCS will begin a process of recouping billed denied days claims starting next year.

## **Agenda Item VII: Miscellaneous**

**Discussion:** Requirements for Secondary Reviews: if an acute hospital day does not meet IQ/MCG then a secondary review must be performed.

- The secondary review physician may not be the attending physician for the case under review.
- Hospital days approved through the secondary review process must be individually justified by the physician and grouping approval of a range of days is not permitted.
- Supportive medical justification must be provided for a secondary review approval. For example, we will not accept any document that only says “approved” with no medical justification supporting the decision.

DHCS will report back to the facilities regarding Secondary Reviews of rehab acute day(s) not met due to early discharge/short week.

**Discussion:** Observation status is not recognized by Medi-Cal policy. Furthermore, InterQual should not be run under observation. If a beneficiary was admitted for acute level of care, then reached admin level of care while awaiting SNF placement, days need to be billed accordingly when all the requirements are met for medical necessity and Medi-Cal policy.

DHCS will report back to facilities regarding a beneficiary being admitted for observation, however, meets InterQual/MCG for acute level of care.

- DHCS directed facilities to submit individual examples to the PHP inbox if needing further clarification. [PublicHospitalProject@dhcs.ca.gov](mailto:PublicHospitalProject@dhcs.ca.gov)
- As requested, the Designated Public Hospital Project’s website: <https://www.dhcs.ca.gov/provgovpart/Pages/PublicHospitalProject.aspx>

## **Agenda Item VIII: Next Meeting Date – Monday, March 4, 2019 at 11:00 am**