

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

**Technical Workgroup Teleconference  
September 9, 2019 Teleconference Minutes**

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

<u><b>Name</b></u>	<u><b>Organization</b></u>
1. Becky See	DHCS CAASD
2. Kelli Mendenhall	DHCS CAASD
3. Richard Luu	DHCS CAASD
4. Cynthia Hicks	DHCS CAASD
5. Doug Robins	DHCS CAASD
6. Janelle Jones	DHCS CAASD
7. Cherease Baker	DHCS CAASD
8. Lauren Palmer	DHCS CAASD
9. Laura Watkins	DHCS CAASD
10. Angela Carlos	DHCS CAASD
11. Lyncee Belen	DHCS A&I-FAB
12. Delia Valencia	DHCS A&I-FAB

**Handouts**

Each participant was e-mailed an agenda, DPH InterQual Submission Criteria, Acute Reason Codes, and Acute Rehab Reason Codes documents. 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/Requirements**

**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. If facilities are having any delays in updating to the most recent version of IQ, please notify Headquarters staff via the Public Hospital Project inbox at [PublicHospitalProject@dhcs.ca.gov](mailto:PublicHospitalProject@dhcs.ca.gov)

An example document of the DPH InterQual Submission Criteria was provided, which identifies the seven required criteria.

### **Agenda Item III: 2019 Participation Agreement**

**Discussion:** The Participation Agreement (PA) for each facility will be updated and sent out by October 1, 2019. DHCS requests that an Executive level signature be used for confirmation of program requirements.

As requested, a copy of the updated PA will be sent to the distribution list, once it is finalized.

### **Agenda Item IV: DHCS E-Transfer Secure Site Access**

**Discussion:** The E-Transfer site for the Public Hospital Project has two access portals. One is for disputes and the other is for administrative submissions including: IQ notes, call lists, and denied days. Keep in mind that even though one user may have access to the disputes portal does not necessarily mean they also have access to the administrative submissions portal. Facilities can confirm access permissions for either portal by reaching out to the Public Hospital Project inbox: [PublicHospitalProject@dhcs.ca.gov](mailto:PublicHospitalProject@dhcs.ca.gov).

Going forward, when submitting a dispute through the disputes portal, if facilities do not receive a notification email within three (3) business days of submitting the dispute, this means that DHCS did not successfully receive it and to please e-mail the disputes inbox at [phpdispute@dhcs.ca.gov](mailto:phpdispute@dhcs.ca.gov) for confirmation of receipt.

### **Agenda Item V: Quarterly Denied Medi-Cal Days**

**Discussion:** The Spring Denied Medi-Cal Days data for dates of admission April 1, 2019 – June 30, 2019 is due on or before September 30th. An email reminder will be sent out with the 2019 Quarterly Denied Medi-Cal Days Template attached.

### **Agenda Item VI: New Variances – 1H-1 and 1H-2**

**Discussion:** Two new variances, 1H-1 and 1H-2, have been added to the Designated Public Hospital Project Medi-Cal Review Tool – Acute and Acute Rehab Reason Code lists.

1H-1 indicates: Insufficient documentation (missing medical records and/or documents) but DHCS agrees with approval. A 1H-1 will be cited when there is incomplete/insufficient documentation, however a decision for medical necessity could still be made and therefore DHCS agrees with the stay. This is not a recoupable variance. A 24-hour e-mail notification will **not** be sent out requesting

the partial incomplete/insufficient documentation as a decision for medical necessity could be made by DHCS.

1H-2 indicates: Insufficient documentation (missing medical records and/or documents) and DHCS disagrees with approval (R). A 1H-2 will be cited when an entire medical record from an entire stay is not provided/made available and there has been no response to the 24-hour deadline e-mail requesting such documents from the facility, therefore causing DHCS to disagree with the stay due to inability to approve for medical necessity. This is a recoupable variance.

In the next three months, 1H-2's will remain disputable, however this will be revisited during the December 2, 2019 call based on data collected.

**Agenda Item VII: Next Meeting Date – Monday, December 2, 2019 at 11:00 am**