

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CLINICAL ASSURANCE DIVISION (CAD)
PUBLIC HOSPITAL PROJECT
Technical Workgroup Teleconference
December 6, 2021 Teleconference Minutes**

Teleconference Attendees on Behalf of the Department:

<u>Name</u>	<u>Organization</u>
1. Dr. Timothy Van Natta	DHCS CAD
2. Becky See	DHCS CAD
3. Jillian Hart	DHCS CAD
4. Dr. Steven Kmucha	DHCS CAD
5. Tyra Taylor	DHCS CAD
6. Shelly Taunk	DHCS CAD
7. Cynthia Hicks	DHCS CAD
8. Richard Luu	DHCS CAD
9. Janelle Jones	DHCS CAD
10. Lauren Palmer	DHCS CAD
11. Laura Watkins	DHCS CAD
12. Cherease Baker	DHCS CAD
13. Angela Carlos	DHCS CAD
14. Stephan Fukasawa	DHCS A&I
15. Lynzee Belen	DHCS A&I
16. Tracy Chen	DHCS A&I
17. Ahmad Asir	DHCS OLS

Handouts

Each participant was e-mailed an agenda as well as the 2022 Observed State Holiday Calendar. In addition, a link to the Designated Public Hospitals (DPH) website for minutes from previous meetings was also provided.

Agenda Item I: Introductions

Agenda Item II: Eligibility Verification

Discussion: Per the Designated Public Hospital Project guidelines, it is requested that providers check eligibility status on the first of the month for beneficiaries that are under Medi-Cal fee-for-service (FFS) and included in long stays crossing over from month to month. Providers have expressed concern that they are verifying on the first of the month and eligibility still shows FFS, but days later eligibility changes to Managed Care.

Follow Up: DHCS will follow up with Managed Care and Eligibility Departments and confirm MEDS eligibility crossover date for when providers should confirm eligibility for extended stays.

Agenda Item III: Quarterly Denied Medi-Cal Days

Discussion: The Summer Denied Medi-Cal Days data for dates of admission July 1, 2021 – September 30, 2021 is due on or before December 31, 2021. We will send out a reminder in the next week if your facility has not already submitted the data.

Agenda Item IV: 2022 Observed State Holiday Calendar

Discussion: DHCS has provided the 2022 Observed State Holiday Calendar. DHCS requests that providers utilize this calendar when Call Lists are required for Administrative Days.

Agenda Item V: Administrative Days – Awaiting Rehab Placement

Discussion: As a reminder in our FFS program, if a beneficiary is awaiting rehab placement for an inpatient rehab facility, it is not considered a lower level of care transfer and would result in denied administrative days.

Per the Provider Manual, Managed Care Plans need to follow Medi-Cal policy and cannot offer less than FFS.

Agenda Item VI: 2022 Participation Agreement

Discussion: A 2022 Participation Agreement will be sent to all providers for renewal and updated contact information. No changes have been made from the previous 2021 version.

Agenda Item VII: CalAIM Update

Discussion: For all updates relating to CalAIM, please continue to visit the DHCS website at <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>.

Agenda Item VIII: Additional Items

Discussion: As a reminder, providers are required to continue daily Utilization Review documentation (IQ/MCG) while a beneficiary is awaiting transfer to a Rehab facility. DHCS will continue to review the submitted Utilization Review documentation and Secondary Review documentation that is used to warrant level of care at the acute placement. DHCS does anticipate that rehabilitation services be provided to the beneficiary while awaiting placement.

Follow-Up: DHCS will discuss if the requirement for 10 calls/day is upheld when continuing to bill as acute.

Discussion: As a reminder, COVID-19 flexibilities are still in place and COVID-19 positive beneficiaries with a restricted aid code may be billed as acute administrative days. While daily call lists are not required in correspondence to this flexibility, providers must have documentation that beneficiary is positive for COVID-19. The COVID-19 flexibilities are as follows:

- 1) Acute Administrative Days – flexibility for delay in beneficiary placement due to actual diagnosis of COVID-19 with a positive test. No call lists are required.
- 2) Acute Inpatient Intensive Rehabilitations (AIIR) – flexibility for the required 15 hours of therapy provided (i.e. available staff/therapists etc.) due to limitations caused by the pandemic. These limitations must have documentation describing COVID-19 impact.
- 3) Availability of Oxygen & Restricted Aid Codes – flexibility for typical physiologic oxygen requirement (i.e. saturations etc.) and allow beneficiaries with restricted aid codes to be safely discharged with supplemental oxygen. Beneficiaries need to have Medi-Cal eligibility: full scope, restricted scope or V2 code and providers must submit documentation both describing COVID-19 impact, as well as their consideration for the beneficiary’s need for the supplemental oxygen.
- 4) Allowance of no daily IQ/MCG when staff is impacted due to COVID-19 surge. DHCS recommends the continued submission of daily Utilization Review documentation (IQ/MCG), however choosing the notation of COVID-19 impact can replace this requirement.

These flexibilities will remain in place until further notice.

Discussion: As a reminder, a delivery is not a required outcome for the billing of an OB Admin Day.

Discussion: DHCS is currently reviewing policies related to Acute Admin Days, including TB Admin Days. In regards to the TB Admin Days, there is no three day limit of billing. DHCS agrees to adhere to the recommendation of the County Public Health for a safe discharge of TB positive beneficiaries.

Follow Up:

- DHCS will discuss overlapping acute issues involving dialysis and allotted time for beneficiary placement to a dialysis center.
- DHCS will discuss if the requirement for 10 calls/day is upheld when continuing to bill as acute while waiting for Rehab placement.

Agenda Item IX: Next Meeting Date – Monday, March 7th, 2022 at 11:00 am