

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CLINICAL ASSURANCE DIVISION (CAD)
PUBLIC HOSPITAL PROJECT
Technical Workgroup Teleconference
March 6, 2023 Teleconference Minutes**

Teleconference Attendees on Behalf of the Department:

<u>Name</u>	<u>Organization</u>
1. Dr. Timothy Van Natta	DHCS CAD
2. Emily Perez	DHCS CAD
3. Shanell White	DHCS CAD
4. Dr. Steven Kmucha	DHCS CAD
5. Shelly Taunk	DHCS CAD
6. Tyra Taylor	DHCS CAD
7. Kyna Kemp	DHCS CAD
8. Jillian Hart	DHCS CAD
9. Richard Luu	DHCS CAD
10. Wilson Jew	DHCS CAD
11. Erik Labhard	DHCS CAD
12. Janelle Jones	DHCS CAD
13. Laura Watkins	DHCS CAD
14. Cherease Baker	DHCS CAD
15. Monique Doduc	DHCS CAD
16. Angela Carlos	DHCS CAD
17. Mariana Lerma	DHCS CAD
18. Becky See	DHCS A&I
19. Stephan Fukasawa	DHCS A&I
20. Lynzee Belen	DHCS A&I
21. Jason Perisho	DHCS OLS
22. Ahmad Asir	DHCS OLS
23. Donnata Moreland	DHCS OLS

Handouts

Each participant was e-mailed an agenda. 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: Quarterly Denied Medi-Cal Days Reminder

Discussion: The Fall Denied Medi-Cal Days data for dates of admission October 1, 2022 – December 31, 2022 is due on or before March 31, 2023.

As a reminder, this Centers for Medicare & Medicaid Services (CMS) requirement is for this limited data to be submitted on a quarterly basis for any denied days. Denied days are any acute or administrative days where Medi-Cal Fee-for-Service (FFS) beneficiary was inpatient and the Designated Public Hospital (DPH) did not approve the day.

Agenda Item III: Unwinding of COVID-19 Flexibilities

Discussion: As a reminder, there were 3 flexibilities: Acute Administrative Days (AAD), Acute Inpatient Intensive Rehabilitation (AIIR), and oxygen. In accordance with the end of the Federal Public Health Emergency, set to end at the end of the day on May 11, 2023, the following flexibilities will also be terminated:

- Acute Administrative Days
 - Early in the pandemic there were patient flow challenges, therefore DHCS established a temporary flexibility for AADs. For dates of service on and after May 12, 2023, DHCS will go back to reviewing AADs as was done pre-pandemic.
- Acute Inpatient Intensive Rehabilitation (AIIR)
 - The AIIR flexibility will also terminate for dates of service on and after May 12, 2023. The flexibility involved relaxation on the number of required weekly hours of therapy given pandemic-related constraints.
- Oxygen
 - In late 2021, at the crest of the pandemic, hospitals were overrun with treating patients. The major obstacle was ability to safely discharge patients requiring supplemental oxygen. The flexibility involved allowing patients with restricted aid codes to be discharged with supplemental oxygen. We acknowledge that this flexibility directly applies more to the vendors but is important to mention to the DPHs. DHCS is still deciding if this flexibility will terminate as of May 11, 2023. Internal discussions are under way, and we will follow-up with the DPHs.

Agenda Item IV: Call List Requirements Reminder

Discussion: DHCS should only be receiving call lists for requested beneficiaries, including during the disputes process. Responses from Skilled Nursing Facilities (SNF) must be documented on the call list. If the hospital has an automated system that sends out requests for SNFs, there still needs to be a response/reason why the beneficiary was not accepted. If this data element is missing from the call list, that call will not be counted towards the required 10 daily calls.

As a reminder, the requirements for Call Lists when billing for AADs are the following:

- Facility name
- Contact date
- Response (i.e., reason facility cannot accept patient)

Further information regarding requirements for AADs can be located on the Public Hospital Project's webpage under Frequently Asked Questions:
<https://www.dhcs.ca.gov/provgovpart/Pages/PublicHospitalProject.aspx>.

Agenda Item V: Managed Care Disenrollment and SNF Referrals

Discussion: A question was submitted from a DPH:

If a patient is pending SNF placement while under Medi-Cal Managed Care but then terms and converts back to Fee-For-Service (FFS) Medi-Cal, are hospitals allowed to bill admin days without the 10 SNF referrals in place? The case managers generally work with the insurance contracted facilities so the 10 daily SNF referrals may not be placed.

It can be challenging when a beneficiary is going back and forth between Managed Care and FFS, therefore, CAD wants to be reasonable in this area. If disenrollment from a Managed Care Plan (MCP) occurred retroactively (i.e., during/after the month in question), then 10 daily calls would not be required as long as placement efforts are still being made. If in the following month the hospital is aware that the beneficiary moved to FFS, then calls should be made.

Question: What would be a situation where a beneficiary would switch back to FFS from Managed Care?

Answer: This frequently occurred before the transplant carve-in, but we are still seeing some beneficiaries get disenrolled. It is the intent on the department for beneficiaries to stay in Managed Care but there are a lot of different disenrollment scenarios still occurring. At this time, there is not a comprehensive list of scenarios available to CAD but we will work on getting and distributing accordingly.

Agenda Item VI: Restricted Aid Codes and Elective Procedures

Discussion: We have received an increased number of disputes where restricted aid code beneficiaries are having elective procedures.

Example: Chemotherapy is not considered an emergent condition in most cases.

- Many beneficiaries with restricted aid codes will change to full scope by January 2024, therefore the issue may decrease.
- Keep in mind, the DHCS reviewer's decision will be based on what constituted an emergent condition at the time services were rendered.

Agenda Item VII: Dispute Documentation

Discussion: CAD is experiencing difficulties with receiving adequate documentation supporting the dispute submitted by the provider. Unlike with the initial reviews, at the dispute level our adjudicators do not have access to the electronic medical records, therefore it is important that sufficient documentation is provided with the dispute.

For example, a patient with acute TB had an established outpatient regimen but the hospital was waiting for county Public Health for discharge. There is a delay in

discharge but the dispute reviewer does not know what is going on because of scant documentation. If there was a compelling medical reason to keep the patient, we would need to be able to see that rationale and documentation. If this is not received, CAD is obligated to uphold the determination from the original review.

Question: There has been a delay in receiving dispute responses. Is there a timeline on when hospitals should be expecting them?

Answer: We are working on decreasing this delay. As the percentage of FFS beneficiaries decreases, the TAR volume is also decreasing which allows CAD to shift workload assignments and get our disputes completed more timely. In addition, another Medical Consultant has been added to alleviate the disputes volume.

Jillian Hart of the Appeal and Litigation Section has offered to follow-up individually with those hospitals experiencing dispute outcome delays.

Agenda Item VIII: MISCELLANEOUS/OPEN FORUM

Question: Now that we are moving towards a Managed Care model for the majority of Medi-Cal recipients, what is the State's responsibility to this group and the patients moving forward?

Answer: Internal discussions are taking place and CAD does not have a final answer on how responsibilities will be handled. Hopefully in the next few months a decision will be established and sent out.

Question: As an organization, hospitals would like a mechanism beyond the normal appeal to a MCP. It would be ideal for another level of appeal to be independent of the MCP and reviewed by the State. This is an appeal from the organization's benefit and not necessarily from the beneficiary's perspective, therefore state fair hearings would not address this issue. Is an independent appeal review process possible?

Answer: This item should be brought up with the California Association of Public Hospitals (CAPH) and the California Hospital Association (CHA) in their upcoming monthly meeting with DHCS (led by Deputy Director Lindy Harrington). Richard Rubenstein of CAPH asked that providers email him so they can work through the specifics of this issue. The next meeting is scheduled for the first week in April.

NEXT MEETING DATE – Monday, June 5, 2023 AT 11:00 AM