CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CLINICAL ASSURANCE DIVISION (CAD)
PUBLIC HOSPITAL PROJECT
Technical Workgroup Teleconference
March 14, 2022 Teleconference Minutes
Amended January 10, 2024

Teleconference Attendees on Behalf of the Department:

	Name	Organization
1.	Becky See	DHCS CAD
2.	Jillian Hart	DHCS CAD
3.	Dr. Steven Kmucha	DHCS CAD
4.	Dr. Thomas Mahoney	DHCS CAD
5.	Tyra Taylor	DHCS CAD
6.	Shelly Taunk	DHCS CAD
7.	Shanell White	DHCS CAD
8.	Cynthia Hicks	DHCS CAD
9.	Kelli Mendenhall	DHCS CAD
10.	Richard Luu	DHCS CAD
11.	Janelle Jones	DHCS CAD
12.	Monique Doduc	DHCS CAD
13.	Cherease Baker	DHCS CAD
14.	Angela Carlos	DHCS CAD
15.	Kiana Wilgus	DHCS CAD
16.	Stephan Fukasawa	DHCS A&I
17.	Lynzee Belen	DHCS A&I
18.	James Cheng	DHCS A&I
19.	Jason Perisho	DHCS OLS
20.	Ahmad Asir	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: Notification of EMR System Changes

Discussion: As a reminder, DHCS must be notified as soon as possible, preferably within 90 days, of any changes to your electronic medical system. This includes fire wall changes and any changes that will affect our nurses accessing your electronic medical record (EMR) system. If applicable, in-service training

regarding the system changes must be provided to DHCS staff. Failure to do so, may result in delayed DPH reviews.

Agenda Item III: Skilled Nursing and Presumptive Eligibility

Discussion: CAD has reach out to sister divisions within DHCS to discuss a concern the hospitals are having with Skilled Nursing Facilities (SNF) and a presumptive eligibility aid code. DHCS has determined the presumptive eligibility aid codes will be honored for 60 days.

DPHs are advised to inform their SNF partners that the presumptive aid codes are full scope for the first two months of eligibility until there is a finalized full scope or restricted aid code. DPHs are also encouraged to reach out to their respective county, in establishing a permanent aid code for those beneficiaries as soon as possible because eligibility is determined at the county level. DHCS is aware some SNFs do not want to take our presumptive eligibility aid code for fear of non-payment. DHCS has a contact to refer hospitals to if further assistance is needed.

Question: Providers state they will not accept patients with the P3 aid code because the Medi-Cal aid code chart does not state it covers the long-term care benefits. In the past they have been burned and not able to recoup that cost. Therefore, what do we tell these providers? If they bill for those 60 days and they are not reimbursed, what do they do?

Answer - In our claims system, if the patient has a P3 aid code which is valid for the 60 days, but then eligibility determines it's a restricted aid code, they back date that to the actual date of the presumptive eligibility so the recipient now has two aid codes (presumptive and the newly defined aid code, which could be restricted). If it's restricted and the SNF hasn't billed yet prior to the eligibility being determined, the claim is going to deny as a restricted aid code and it becomes a claiming issue.

DHCS will work with our partners to:

1. Release a news flash or provider bulletin addressing this issue to the SNF community
2. Contact specific providers with our state fiscal intermediary to determine if there are any billing issues

Question: Presumptive Medi-Cal is effective from the date the hospital filed and is approved online and the following month, so is it not always 60 days, is that correct?

Answer - Correct, eligibility begins on the date the application was signed by the recipient and filed by the hospital.

Agenda Item IV: COVID Flexibilities

Discussion: As a reminder, we are utilizing COVID-19 flexibilities during the paid claim reviews for dates of service 3/18/2020 to current. When documenting in medical charts, provide as much information you can and if applicable, notate any COVID-19 flexibilities, as this is extremely helpful to DHCS during the review process.

Agenda Item V: Admin Day Call List Requirements

Discussion: DHCS requires 10 calls (through physical calls or electronic transmission) for each Acute Administrative Day (AAD) which must include:

- Facility name
- Date
- Facility response
- Time
- Name of person contacted

Question: We have many patients that are hard to place, therefore, we have to work with housing for help. Will we be reimbursed?

Answer - To be considered for reimbursement for AAD, the recipient must be at an admin day level of care, which is the SNF level of care and must meet discharge requirements. Home and board does not qualify for an admin day.

Question: We are receiving denials for patients that are ready to transfer, but are not transferred because there is nowhere to send these patients until they receive their full scope aid code or managed Medi-Cal. Is there a way to say we are trying to release the patient and they can't go home?

Answer - Denials are related to patients in an admin day bed and not having a full call list or requirements. Home health is not an admin level of care.

Question: Does the Medi-Cal County Inmate Program (MCIP) have the same benefits as regular Medi-Cal, for example, Admin days, COVID, and TB?

Answer – Aid codes that fall under the MCIP are not eligible for TB/OB/COVID acute administrative days.[1]

Question: Why do we have to call, can we send referrals? Do we send every day?

Answer- It depends, you may call or send electronic referrals. Ten calls are required per day, excluding Saturday, Sunday, and state designated holidays.

[1] In the original meeting minutes, incorrect information was provided stating county inmates were eligible for COVID-19 and TB Admin day(s).

Question: What is the definition of AAD for Medi-Cal beneficiaries who are awaiting placement in a nursing home, sub-acute or post-acute care? May you please give us an example of post-acute care?

Answer - Transfers to psychiatric units, board and care, and home help are not allowed. Allowed transfers include, SNF, ICF/DD, or sub-acute facilities. For sub-acute, you do not need to bill for AAD, if you have an acute patient waiting sub-acute placement, you continue to bill as an acute day.

Question: For retroactive Medi-Cal full scope, a call list is not required?

Answer - Correct, if it is a retro aid code there is no call list because at that time of service you were not aware.

Follow-Up:

- DHCS will send out a summarized reminder of the AAD requirements and where discharges are allowed.
- DHCS will address hospital's top issues with skilled nursing placement.

Agenda Item VI: Quarterly Denied Days

Discussion: The Fall Denied Medi-Cal Days data for dates of admission October 1, 2021 – December 31, 2021 is due on or before March 31, 2022.

Agenda Item VII: Open Forum

Discussion: When should DPHs anticipate the website to be correct with the patient's eligibility?

Answer - 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. This is an ongoing concern and will be more frequent as we move towards CalAim. Our paid claims data goes through a very intense review prior to submitting a sample to check and see if a restricted aid code, for example had presumptive eligibility at the time of service. We try to catch those more on the front end when the paid claim comes through and we focus more on the eligibility at the time of service.

The reviews are based on claims and edits, therefore, please keep in mind while reviewing the Statement of Findings (SOF) if you feel that at that point in time eligibility was full scope and later when claim stay/day eligibility was changed, we do look at that and consider those and work with you to give you the aide code coverage that was applicable at the time you provided the service.

Question: If a patient is admitted under observation, but on the day of discharge, specifically a late discharge to meet inpatient, will we be able to bill that as a one day stay?

Answer – DHCS will review and address during the next meeting.

Question: We can't discharge hemodialysis patients until we have a solid and secure dialysis center. If making the required calls/referrals, can we bill that as an AAD?

Answer – No, that does not meet an AAD request.

Discussion: The "Midnight Rule" for NICU infants that transfer to newborn nursery prior to midnight is a billing issue outside of CAD scope.

Discussion: Becky See and Kelli Mendenhall will be leaving the CAD division for another position within DHCS and will not be in attendance at the next scheduled Technical Workgroup meeting.

Follow-Up:

- DHCS will follow up with Managed Care and Eligibility divisions and confirm MEDS eligibility crossover date for when providers should confirm eligibility for extended stays.
- DHCS will discuss issues involving hemodialysis and allotted time for beneficiary placement to a dialysis center.

Agenda Item VIII: Next Meeting Date – Monday, June 6th, 2022 at 11:00 am