For Headquarter Use Only

Phase:_____Reviewer:_____
Effective Date: _____

DEPARTMENT OF HEALTH CARE SERVICES

NON-DESIGNATED PUBLIC AND PRIVATE HOSPITAL FACILITY RESPONSIBILITIES FOR PARTICIPATION IN THE SUPERIOR SYSTEMS WAIVER TAR-FREE PROCESS

I. Facility Contact Person

Provide facility name and address. Also provide a single facility contact person's name, phone number, and e-mail address. This person will be the primary contact for the Department of Health Care Services' (DHCS) Treatment Authorization Request (TAR)-Free process.

Facility Name: _____

Address: _____
Street Address Suite/Unit #

_____
City State ZIP Code

Primary Contact Name: _____ Phone: (_____) _____

E-mail: _____

Provide NPI Number for Participating Hospital Facility: _____

II. Utilization Review Process

As the single state Medicaid agency, DHCS is required to provide technical assistance, oversight and monitoring of state and federal funds. In the Superior Systems Waiver's (SSW) TAR-Free process, DHCS' role changes from direct-100 percent review and authorization of inpatient hospital stays to monitoring and oversight of the facility's evidence-based standardized medical review criteria processes and outcomes for most admissions.

Use of **the most current version of** an evidence-based standardized medical review criteria tool is required in the SSW's TAR-Free process. Please indicate below which system your facility uses:

- ☐ InterQual **[version: _____]**
- ☐ MCG – formerly Milliman Care Guidelines **[version: _____]**
- ☐ Other (Please Specify): _____ **[version: _____]**

If your facility changes its evidence-based standardized medical review criteria system, please notify DHCS via email or by telephone:

DRGTARFree@dhcs.ca.gov

DHCS Main Line (916) 552-9100

III. Requirements

As a participant in the SSW's TAR-Free process the facility is required to:

- Use the current version of evidence-based standardized medical review criteria for acute inpatient care. (Please note – Your facility determines which product it will use.)

- Ensure that utilization review (UR) staff is trained on the use of evidence-based standardized medical review criteria.
- Receive training by DHCS staff for applicable facility UR staff on the new UR process, requirements, and relevant Medi-Cal policies prior to beginning the new UR process, and ongoing training as needed.
- Allow DHCS staff electronic access to fee-for-service Medi-Cal beneficiary medical records, evidence-based standardized medical review criteria determinations, and secondary review decisions.
- Report within 30 calendar days after the end of each calendar quarter, in an electronic format identified by DHCS, all Medi-Cal fee-for-service admissions that did not meet standardized medical review criteria and were not authorized on secondary review.

IV. Utilization Review Committee

As Medi-Cal providers, facilities are required to have an UR committee.

Code of Federal Regulations Title 42, section 482.30(b) requires a facility's UR committee to be composed of two or more practitioners who carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in section 482.12(c)(1).

For further information, please refer to Code of Federal Regulations Title 42, sections 456.1 through 456.51, 482.12, and 482.30.

V. Secondary Review Process

If an acute hospital admission does not meet evidence-based standardized medical review criteria, and the facility wants to be reimbursed by Medi-Cal, the facility must perform a secondary review. This secondary review determination must be performed by a doctor of medicine or osteopathy with a current active medical license in the State of California. This physician may be a member of the UR committee, but may not be one of the attending physicians for the case under review.

VI. TAR Free Claiming

TARs will no longer be required for most acute inpatient stays prior to claim submission with participation in the SSW's TAR-Free process.

This excludes the following:

- Restricted Aid Codes, excluding newborn and obstetrical delivery stays
- Administrative Days – Level 1 (Nursing Facility A or B, Obstetrical Administrative Days, Tuberculosis Administrative Days)
- Administrative Days – Level 2 (Subacute Level of Care, Pediatric and Adult)
- Acute Inpatient Intensive Rehabilitation
- Hospice General Inpatient Care

After the facility's own UR process is completed, and a secondary review has been performed if necessary, the participating facility may then submit a claim form directly to the DHCS fiscal intermediary.

Evidence-based standardized medical review criteria must be utilized before submitting a claim for acute inpatient days. Evidence based-decisions, access to the evidence-based standardized review acute criteria system, and secondary reviews should be available to DHCS upon request; if these requirements are not met, DHCS will instruct the participating facility to adjust claims.

VII. Organizational Chart

Please attach the UR/case management department's organizational chart along with the primary contact name and number for the UR/case management, medical records and billing departments. Please forward updates to:

DRGTARFree@dhcs.ca.gov

VIII. DHCS Oversight

DHCS will review statistically valid samples of medical records as well as perform, as applicable, focused reviews to validate the facility's UR process and adherence to Medi-Cal specific admission and service authorization policies. If DHCS determines there was erroneous billing, the facility will be instructed to void the claim. A dispute process is available to facilities. Claims must be voided within 60 days of notification by DHCS or within 30 days following the final resolution of any applicable dispute.

One purpose of the DHCS monitoring and oversight process is to provide information and additional training in order to correct variances in the facility's UR process. The facility is also required to provide ongoing training on the TAR- Free UR process to current and new staff. If information sharing and training does not correct a facility's variances, a referral to DHCS Audits and Investigations may occur for further follow up. The audit process may ultimately lead to recoupment from the facility.

IX. Electronic Medical Records System Access

_____ (Facility name) agrees to make its electronic medical records system (EMR) accessible to authorized DHCS users for the sole and specific purpose of conducting utilization reviews.

DHCS will provide _____ (facility) with a list of authorized users who have been properly screened by DHCS, and who will comply with all federal and state laws and regulations which protect the confidentiality of Protected Health Information (PHI) as defined by 45 C.F.R. 160.501. The list of authorized users will contain the names, e-mail addresses, and contact telephone numbers of all DHCS individuals authorized to access EMRs. DHCS will regularly update the list of authorized users as changes occur.

DHCS authorized users will only review cases involving Medi-Cal beneficiaries. DHCS will provide _____ (facility) with the list of sample cases in advance of each review. DHCS authorized users will not use or disclose PHI other than as permitted or required by law.

X. Acknowledgement

I have read and understand the facility responsibilities outlined above. This document is intended to provide general information about facility responsibilities for participation in the SSW's TAR-Free process. It is not a complete or exhaustive list of all facility responsibilities. This agreement shall be updated annually from the date signed. By signing, the authorized representative acknowledges his/her authority to enter into this agreement.

Facility Representative [Print Name]:	Facility Representative Signature:	Title	Date
Email Address:	Phone Number:		
		This section intentionally left blank	
DHCS Representative:	DHCS Representative Signature:	Title	Date
Doug Robins		**Chief, Clinical Assurance and Administrative Support Division**	