California Department of Health Care Services
Clinical Assurance and Administrative Support Division (CAASD)

Questions and Answers from the April 16, 2015
Superior Systems Waiver Stakeholder Webinar

1. **Is this sampling and review process different from how the Designated Public Hospitals (DPHs) do this today? If yes, does this apply to DPH as well?**

   Answer: Yes, the proposed sampling and review process for non-designated public hospitals (NDPHs) and Private hospitals will be different from the DPH process which has a hospital-specific sample. This is because NDPHs/Private hospitals are paid through the DRG methodology, which is different from how DPHs are paid. In addition, the proposal includes NDPHs and Private hospitals continuing to submit Treatment Authorization Requests (TARs) for restricted aid code beneficiaries as well as for acute administrative days and acute inpatient intensive rehabilitation (AIIR). DPHs will not submit TARs for these beneficiaries and services once they go TAR-free for AIIR in the next several months.

2. **What is a hospital secondary review decision?**

   Answer: If a case is run through InterQual or MCG acute criteria and does not meet criteria and the hospital wants to bill acute days, the hospital has the opportunity to have a California licensed physician who was not treating the patient review the case and approve as acute care. Our expectation is that the hospital will document the rationale as to why their physician believes the care was acute and that the physician will sign off on the case. For those cases, DHCS will have their California licensed medical consultants review the case including the hospital's documented rationale for the approval.

3. **Can we get a copy of the PowerPoint presentation?**

   Answer: The PowerPoint presentation is available at:

   http://www.dhcs.ca.gov/services/medi-cal/Documents/SSW_Renewal_Webinar_4-16-15.pdf

4. **Will the claims review under random sample for compliance of medically necessary care be exempt from further review from a Medicaid RAC audit? How will the agency flag those claims previously reviewed, accepted, or denied and then perhaps rebill to ensure multiple contractors reviewing claims don't reexamine the claims and come to different conclusions?**

   Answer: We'll have to get back to you on this topic. To our knowledge, RAC isn't looking at inpatient stays. We'll follow this question up as part of the FAQs. We will have a process to ensure that if we have a finding in our database; it is the current finding, to include the appeal decision, if applicable.

5. **What happens if CCS later denies a neonate referral/case two months after the stay? How will this impact the UR review process for TAR?**

   Answer: Under DRG currently, a case would need an admission SAR or an admission TAR. If it requires an admission SAR, it would not be in the sample. If it requires an admission TAR, it would be in the sample. If the admission SAR is denied and the hospital wants to submit to FFS Medi-Cal then they would follow the applicable TAR process. If it would have been an admit TAR (sick newborn) then it would be reviewed by the hospital utilizing InterQual or MCG acute criteria. To allow for these situations DHCS is pulling the random sample 6 months after claim submission for review.

6. **Access to medical record recording during patients stay or after discharge?**

   Answer: DHCS would need electronic access to medical records after the patient has been discharged.

7. **Will hospitals have the option to "opt out" of this process and continue with e-TARs?**

   Answer: No, it is a requirement for the nDPHs and private hospitals be enrolled in this new utilization review (UR) process if the proposal is approved through the SSW by CMS.

8. How will this new process affect staffing within DHCS?

Answer: It is not anticipated that CAASD's staffing will change with the introduction of this new process. Staff's workload will likely be weighted more toward review of medical records, rather than TAR adjudication, but the overall volume of work is expected to remain relatively constant. We do expect staff will be able to complete work more efficiently as a result of providers' increased use of electronic TARs and electronic health records. Contributing to the increase in efficiency, CAASD can electronically shift assignments between field offices to match workload to available staffing.