Santa Clara
Family Health Plan
The Spirit of Care

To: Providers

From: Provider Network Management

Date: September 12, 2017

Subject: **New DHCS Requirements – Provider Preventable Conditions**

Dear Providers:

The Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) require providers to report Provider Preventable Conditions (PPCs). Federal law prohibits Santa Clara Family Health Plan (SCFHP) from paying for the treatment of PPCs, and we may apply payment adjustments to involved claims. SCFHP must review all claim and encounter data to identify submitted PPCs and report them to the Audits and Investigation Division.

There are two categories of PPCs:

1. Other Provider Preventable Conditions (OPPCs) occurring in any health care settings and
2. Health Care Acquired Conditions (HCACs) in inpatient acute care hospital settings only.

Providers must report the occurrence of PPCs that did not exist prior to the provider initiating treatment for all SCFHP Medi-Cal members. Additional DHCS reporting information can be found here:
http://www.dhcs.ca.gov/individuals/Pages/AI_PPC.aspx

Providers must use the DHCS secure online reporting portal to report PPCs directly to DHCS. Please see the attached instructions about using the portal which includes the link to the online portal (https://apps.dhcs.ca.gov/PPC/SecurityCode.aspx).

The online portal replaces the one-page PPC reporting form (DHCS 7107) that you have previously submitted to DHCS. On July 1, 2017, **DHCS stopped accepting paper copies of form DHCS 7107.** However, you will continue to submit form DHCS 7107 to SCFHP. The online portal allows you to print the form after you press the 'submit' button. The printed form must be faxed to SCFHP at 408-874-1461.

Please Note:

1. Reporting PPCs for Medi-Cal beneficiaries to DHCS does not remove the reporting requirement of adverse events and healthcare-associated infections (HAI) to the California Department of Public Health: http://files.medi-cal.ca.gov/pubsdoco/ppc/ppc.asp pursuant to Health and Safety Code Sections 1279.1 and 1288.55.

2. All claims/encounters submitted to SCFHP for treatment of PPCs should also be identified on the claim/encounter form or file. Submitting PPCs on a claim or encounter form or file **does not** waive the requirement to submit form DHCS 7107 to SCFHP.

   HCACs must utilize diagnosis codes and in some cases, procedure codes, to indicate any Corresponding Complication (CC) or Major Complication or Co-morbidity (MCC) related to the PPC. Please reference the attached CMS Claim Reporting document for details.

3. Information regarding ICD-10 codes for HCACs can be found at:

   www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

4. For OPPCs, one of the following modifiers is required:

   PA: Surgery wrong body part
   PB: Surgery wrong patient
   PC: Wrong surgery on patient

5. SCFHP will request medical records to make a determination in the event it is unclear if the claim/encounter is a PPC.

Providers may email questions about PPCs to PPCHCAC@dhcs.ca.gov.

All DHCS 7107 forms should be faxed to SCFHP's Quality Improvement Department at 408-874-1461. For questions, please call SCFHP's QI Department at 408-874-1702.

Thank you for your cooperation!

INSTRUCTIONS FOR REPORTING PPCs

Providers must report PPCs after discovery of the event and confirmation that the patient is a Medi-Cal beneficiary. Providers must comply with HIPAA and any other relevant privacy laws to ensure the confidentiality of beneficiary information. Providers may email questions about PPCs to PPCHCAC@dhcs.ca.gov.

Facility information where PPC occurred:

- Enter the name of the medical facility where the patient was staying when the PPC occurred.
- Enter the 10-digit National Provider Identifier (NPI) of the facility where the PPC occurred.
- Enter the billing NPI if it is different from the NPI for the facility where the PPC occurred.
- Enter name of the facility where the PPC occurred.
- Enter the street address, city, state, and zip code of the facility where the beneficiary was being treated when the PPC occurred.

PPC Type and Dates

Select either "OPPC – Other Provider-Preventable Condition in any health care setting" or "HCAC – Health Care-Acquired Condition in an acute inpatient setting"

- Enter the date that the PPC occurred.
- Enter the admission date if the beneficiary was admitted to an inpatient hospital.

OPPC selections

For an OPPC, select one of the following:

- Provider performed the wrong surgical or other invasive procedure on a patient.
- Provider performed a surgical or other invasive procedure on the wrong body part.
- Provider performed a surgical or other invasive procedure on the wrong patient.

HCAC selections

Note: HCACs are the same conditions as hospital-acquired conditions (HACs) that are reportable for Medicare, with the exception of reporting deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age as noted below.

For a HCAC, select one of the following if the beneficiary experienced:

- A clinically significant air embolism.
- An incidence of blood incompatibility.
- A catheter-associated urinary tract infection.
- Deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement in an inpatient setting. Do **not** check the box if the beneficiary was under 21 or pregnant at time of PPC.
- A significant fall or trauma that resulted in fracture, dislocation, intracranial injury, crushing injury, burn, or electric shock
- Any unintended foreign object retained after surgery.
- Iatrogenic pneumothorax with venous catheterization.
- Any of the following manifestations of poor glycemic control: diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, or secondary diabetes with hyperosmolarity
- A stage III or stage IV pressure ulcer that developed during the patient's stay in the hospital.

- A surgical site infection following: (select one from the drop down menu):
  - Mediastinitis following coronary artery bypass graft (CABG)
  - Bariatric surgery for obesity (either laparoscopic gastric bypass, gastroenterostomy, or laparoscopic gastric restrictive surgery
  - Certain orthopedic procedures (select one from the drop down menu)
    - Spine
    - Neck
    - Shoulder
    - Elbow
  - Cardiac implantable electronic device (CIED) procedures
- A vascular catheter-associated infection.

Patient information

- Enter beneficiary's name (first, middle, last) as listed on the Beneficiary Identification Card.
- Enter beneficiary's Client Index Number (CIN, nine numbers and one letter) from the Beneficiary Identification Card (BIC).
- Enter the beneficiary's birthdate (mm/dd/yyyy).
- Enter the beneficiary's home street address, including city, state, zip code, and apartment number, if applicable.
- Check "yes" if the beneficiary is enrolled in a Medi-Cal Managed Care Plan or "no" if the beneficiary has Fee-For-Service (FFS) Medi-Cal.
- If the beneficiary has Medi-Cal Managed Care:
  - Enter the beneficiary's Health Care Plan's (HCP) three-digit number from the drop-down menu.
  - Enter the county of the HCP where the PPC occurred from the drop-down menu.

Claim information

- Click "yes" if you intend to submit a claim to Medi-Cal for the course of treatment associated with the PPC, "no" if you do not intend to submit a claim, or "unknown" if you do not know at this time.
- Enter the Claim Control Number (CCN) if you have already submitted a claim for the course of treatment.

Person submitting report

- Enter the name of the person submitting this report.
- Enter the title of the person submitting this report.
- Check the appropriate checkbox to indicate whether the person completing this report is a representative for a Medi-Cal Managed Care Plan or a provider.
- Enter a work phone number, including extension if necessary, and email address where DHCS can contact the person who submitted this report.

THE INFORMATION CONTAINED IN THE COMPLETED SUBMISSIONS IS PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION, UNDER FEDERAL (HIPAA) LAWS AND CA STATE PRIVACY LAWS. THE PROVIDER IS RESPONSIBLE FOR ENSURING THE CONFIDENTIALITY OF THIS INFORMATION.

Provider-Preventable Conditions - Reporting

Is reporting mandatory?

Yes. Reporting is mandatory under federal regulations and state law.

When must I report a PPC?

Providers must report a PPC after discovery and confirmation that the patient is a Medi-Cal beneficiary.

When is "discovery"? What if the PPC was discovered after the patient was discharged?

"Discovery" refers to when a provider first learns that a patient had a PPC and confirms that the patient is a Medi-Cal beneficiary. DHCS understands that discovery might be after the patient has been discharged, including discovery during coding and billing.

Do I need to report a PPC for a patient whose Medi-Cal approval is pending?

If the patient's Medi-Cal eligibility was pending at the time of discovery, the provider should report the PPC after confirming Medi-Cal eligibility.

How do providers report a PPC?

Providers should report PPCs by filling out the form using the secure online portal on the DHCS PPC webpage. The reports are then entered into a secure database.

How do providers in managed care plans (MCP) report PPCs?

Providers who work for a MCP should use the secure online portal and notify the patient's MCP about the PPC. Please see All Plan Letter 17-009 for more information about reporting requirements for managed care plans. The online portal will allow providers to print their report after they submit the report if they also need to send a copy of the report to the MCP.

If I report an adverse event or a healthcare-associated infection (HAI) to the California Department of Public Health (CDPH), as required by state law, do I still need to report the same PPC to DHCS?

Yes. Providers need to report to both departments if the patient is a Medi-Cal beneficiary and the condition meets the reporting requirements for CDPH. The reporting requirements for PPCs are different than those for adverse events and HAIs to CDPH. The differences in reporting requirements include 1) the type of events providers must report, 2) the severity of the events reported, 3) the consequences of the events, and 4) the timeframe for reporting HAIs to CDPH.

If my patient already had a PPC when I began treating him/her, do I still need to report it?

No. Providers should not report a PPC that existed prior to the initiation of treatment by that provider.

Provider-Preventable Conditions - Reporting

What is the threshold of severity for when I need to report a PPC?

Providers need to report all PPCs that are associated with claims for Medi-Cal payment or with courses of treatment given to a Medi-Cal patient for which payment would otherwise be available.

Do Long-Term Care (LTC) facilities need to report PPCs?

LTC facilities need only report OPPCs.
LTC facilities include the following:

- Freestanding skilled nursing facilities
- Freestanding or distinct part intermediate care facilities
- Intermediate care facilities/developmentally disabled – habilitative
- Intermediate care facility/developmentally disabled
- Intermediate care facility/developmentally disabled – nursing
- Freestanding and distinct part subacute facilities (adult and pediatric)
- Distinct part skilled nursing facilities

LTC facilities must also report OPPCs that occur during the delivery of services reimbursed via the following: rural swing beds, hospice services, bed hold days, special treatment programs, and administrative day rates.

My facility has both acute inpatient hospital units and skilled nursing facility (SNF) units. Which PPCs am I required to report?

Inpatient acute care hospitals must report all HCACs and OPPCs, while all other facilities only report OPPCs

If a facility has both acute inpatient care hospital units and SNF units, the facility should use bed licensing to determine reporting requirements for each unit.

What is the process for reporting PPCs for California Children's Services' (CCS) patients?

If the CCS patient has Medi-Cal, the provider should use the secure online portal to report PPCs.

Do the PPC reporting requirements and payment adjustment apply to out-of-state providers for Medi-Cal beneficiaries?

Yes.

What does DHCS do with reports of PPCs?

DHCS uses PPC reports to determine if a payment adjustment is appropriate. DHCS abides by Health Insurance Portability and Accountability Act (HIPAA) requirements for confidentiality and will also evaluate the data of reported PPCs to develop quality improvement programs.

Provider-Preventable Conditions - Reporting

How do we retract a report we already submitted if we later determine that it did not meet the criteria for reporting?

If the beneficiary has fee-for-service Medi-Cal, DHCS Audits and Investigations (A&I) Division, which includes medical experts, reviews all reports of PPCs to see if they meet the criteria for a PPC and if a payment adjustment is necessary. If you believe that you should not have reported a PPC, please send the information about the event and why you believe it should not have been reported to PPCHCAC@dhcs.ca.gov. A&I will match up your concerns with the previously submitted reports for its review and have a record of your request to retract the report when it conducts an audit.