

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
 - Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Reminder: Reporting Requirements Related to Provider Preventable Conditions APL 17-009

This is an advisory notification to remind our Molina Healthcare of California (MHC) network providers of the updated reporting requirements for encounter data resulting from Provider Preventable Conditions (PPC). These PPC reporting requirements were issued by the federal Centers for Medicare and Medicaid Services (CMS) in rulemaking CMS-2390-F, dated May 6, 2016. This date supersedes APL 16-011.

This notification is based on All Plan Letter (APL) 17-009 issued on May 23, 2017, which can be found in full on the Department of Health Care Services (DHCS) website at the following link:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-009.pdf>.

Background

Title 42 of the Code of Federal Regulations (CFR) Sections 438.3(g), 434.6(a)(12)(i), and 447.26 and Welfare and Institutions Code Section 14131.11 prohibit the payment of Medicaid/Medi-Cal funds to a provider for the treatment of a PPC, except when the PPC existed prior to the initiation of treatment for that beneficiary by that provider. PPCs include both the "Health Care Acquired Conditions" (HCACs) defined in section 1886(d)(4)(D)(ii) and (iv) of the Social Security Act and "Other Provider Preventable Conditions" (OPPCs). The Attachment provided below contains the minimum set of such conditions defined by CMS. CMS further defined OPPCs as conditions that: 1) are identified by the State Plan, 2) are reasonably preventable through the application of procedures supported by evidence-based guidelines, 3) have negative consequence for the beneficiary, 4) are auditable, and 5) include, at a minimum, the procedures listed in the Attachment below. As of July 1, 2012, CMS stopped making payments for HCACs that occur in an inpatient setting or for OPPCs that occur in any health care setting.

When this is happening:

On April 3, 2017, DHCS replaced paper form DHCS 7107 with online reporting of PPCs for Medi-Cal. As a result, starting May 15, 2017, DHCS will no longer accept paper forms.

What you need to know:

Health Plans must use DHCS' secure online reporting portal to report PPCs to DHCS. DHCS' secure online reporting portal can be found at:

<https://ppccloud.cloudapps.dhcs.ca.gov/SecurityCode>.

What you need to do:

Providers must submit PPCs directly to DHCS via the online reporting portal upon discovery of the preventable condition.

Providers must also email MHC a copy of any PPCs submitted to DHCS at: MHC_PPC@MolinaHealthCare.com using "PPC_Online Form [Date Submitted]" as the file and subject name or fax to: (562) 491-7025. The plan screens encounter data and claims to report PPCs that network providers may have overlooked.

Policy

- Title 42, CFR, Section 438.3(g) requires Health Plans to report PPC-related encounters "in a form and frequency as specified by the State."
 - Health Plans must screen the encounter data, including data received from their network providers, for the presence of PPCs on a monthly basis.
- Health Plans must report any identified PPCs pursuant to these instructions and in accordance with the steps below:
 - Review encounter data submitted by network providers for evidence of PPCs that must be reported via the online reporting portal beginning on the date of the issuance of this APL.
 - Report each PPC per the instructions for the online reporting portal.
 - Issue a special notice informing all of their network providers that they must report PPCs to DHCS using the online reporting portal.
 - Require their network providers to also send them a copy of all PPCs submitted to the online portal.
 - Retain copies of all submissions.
- Health Plans are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, and other contract requirements, including applicable APLs and Dual Plan Letters.
 - Health Plans must receive prior approval from DHCS for each delegate.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, primary care providers (PCPs) and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

Attachment: Provider Preventable Conditions

Category 1 – HCACs (For Any Inpatient Hospital Settings in Medicaid)

- Any unintended foreign object retained after surgery
- A clinically significant air embolism
- An incidence of blood incompatibility
- A stage III or stage IV pressure ulcer that developed during the patient's stay in the hospital
- A significant fall or trauma that resulted in fracture, dislocation, intracranial injury, crushing injury, burn, or electric shock
- A catheter-associated urinary tract infection
- Vascular catheter-associated infection
- 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 surgical site infection following:
 - Coronary artery bypass graft (CABG) - mediastinitis
 - Bariatric surgery; including laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery
 - Orthopedic procedures; including spine, neck, shoulder, elbow

- Cardiac implantable electronic device procedures
- Deep vein thrombosis/pulmonary embolism following total knee replacement or hip replacement with pediatric and obstetric exceptions
- Latrogenic pneumothorax with venous catheterization
- A vascular catheter-associated infection

Category 2 – Other Provider Preventable Conditions (For Any Health Care Setting)

- Wrong surgical or other invasive procedure performed on a patient
- Surgical or other invasive procedure performed on the wrong body part
- Surgical or other invasive procedure performed on the wrong patient

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
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	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
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