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State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN, JR.
Governor

October 5, 2012

AFL 12-38

TO: All Licensed and Certified Facilities, Clinics or Agencies
SUBJECT: Medi-Cal Provider-Preventable Conditions Reporting
AUTHORITY: Patient Protection and Affordable Care Act, Section 2702
Title 42 Code of Federal Regulations (42 CFR) Parts 434, 438, 447

NOTE: This AFL addresses a reporting requirement for all providers of inpatient or outpatient care to Medi-Cal patients. This requirement does not apply to entities that do not provide care to Medi-Cal patients.

Effective July 1, 2012, all Medi-Cal reimbursed health care providers became subject to a new reporting requirement. Specifically, for beneficiaries enrolled in Medi-Cal fee-for-service, providers must report all Provider-Preventable Conditions (PPC) that did not exist prior to the initiation of treatment to the Department of Health Care Services (DHCS) Audits and Investigations Division. For beneficiaries enrolled in a Medi-Cal managed care plan, providers must report to the beneficiary's plan. DHCS will provide additional information on reporting requirements for Medi-Cal managed care plans once it receives guidance from the Centers for Medicare and Medicaid Services (CMS). A copy of the form to use is attached (DHCS 7107). It can also be obtained online at: http://files.medi-cal.ca.gov/pubsdoco/Forms/dhcs_7107.pdf

Providers must submit this form for PPCs associated with claims for Medi-Cal payment or with courses of treatment furnished to Medi-Cal patients, whether or not they seek Medi-Cal reimbursement for services to treat the PPC. The form must be sent to DHCS within five days of the discovery of the PPC and confirmation that the patient is a Medi-Cal recipient.

PPCs are defined in federal regulations as Other Provider-Preventable Conditions (OPPCs) in all health care settings and Health Care-Acquired Conditions (HCACs) in inpatient hospital settings only.

OPPCs are defined as:

- 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

HCACs are defined as:

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma resulting in fractures, dislocations, intracranial injuries, crushing injuries, burns and electric shock
- Manifestations of poor glycemic control
 - Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma
 - Secondary diabetes with ketoacidosis
 - Secondary diabetes with hyperosmolarity
- Catheter-associated Urinary Tract Infection (UTI)
- Vascular catheter-associated infection
- Surgical site infection:
 - Mediastinitis following Coronary Artery Bypass Graft (CABG)
 - Following bariatric surgery, i.e. laparoscopic gastric bypass, gastroenterostomy and laparoscopic gastric restrictive surgery
 - Following orthopedic procedures of spine, neck, shoulder and elbow
 - Following cardiac implantable electronic device (CIED) procedures (effective October 1, 2012)
- Latrogenic pneumothorax following venous catheterization (effective October 1, 2012)
- For non-pediatric/obstetric population, Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) resulting from:
 - Total knee replacement
 - Hip replacement

Many of these conditions would additionally qualify as unusual occurrences or adverse events and must also continue to be reported as such. To ensure compliance with all reporting requirements, please review the adverse event and healthcare-associated infections (HAIs) reporting requirements in the California Health & Safety Code Section 1279.1 and the unusual occurrence reporting requirements as provided in Title 22 of the California Code of Regulations, Division 5, under each facility or provider type.

Additional information regarding the PPC reporting requirement can be found on line at the Medi-Cal website: www.Medi-Cal.ca.gov. For additional information about adverse events and HAIs reporting, please contact your local District Office.

Sincerely,

Original signed by Debby Rogers

Debby Rogers, RN, MS, FAEN
Deputy Director
Center for Health Care Quality

Attachment

Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form

By law, providers must identify provider-preventable conditions that are associated with claims for Medi-Cal payment or with courses of treatment furnished to Medi-Cal patients for which Medi-Cal payments would otherwise be available. See instructions for a more detailed description of PPCs.

1. Name of facility		2. National Provider Identifier (NPI):	
3. Type of facility: <input type="checkbox"/> Inpatient		<input type="checkbox"/> Outpatient	
4. Managed care facility? Y <input type="checkbox"/> N <input type="checkbox"/>		Managed care plan code:	
5. Address:			
City:		State:	Zip code:
PPC – Other Provider-Preventable Condition (OPPC) in any health care setting:			
6. Date of OPPC:			
7. <input type="checkbox"/> Wrong surgery/invasive procedure			
8. <input type="checkbox"/> Surgery/invasive procedure on the wrong body part			
9. <input type="checkbox"/> Surgery/invasive procedure on the wrong patient			
PPC – Health Care-Acquired Conditions (HCAC) in an inpatient setting:			
10. Date of HCAC:			
11. <input type="checkbox"/> Air embolism		12. <input type="checkbox"/> Blood incompatibility	
13. <input type="checkbox"/> Catheter-associated urinary tract infection		14. <input type="checkbox"/> Deep vein thrombosis/pulmonary embolism	
15. <input type="checkbox"/> Falls/trauma		16. <input type="checkbox"/> Foreign object retained after surgery	
17. <input type="checkbox"/> Manifestations of poor glycemic control		18. <input type="checkbox"/> Stage III or IV pressure ulcers	
19. <input type="checkbox"/> Surgical site infection		20. <input type="checkbox"/> Vascular catheter-associated infection	
21. Does the provider intend to file a claim for payment for PPC? Y <input type="checkbox"/> N <input type="checkbox"/>			
22. Patient under 21 years old? Y <input type="checkbox"/> N <input type="checkbox"/>			
23. Patient's name:			
24. Client Index Number (CIN):			
25. Patient's address:			
City:		State:	Zip Code:
Apt.:			
26. Name of person completing report:			
27. Title:			
28. Phone:		Email:	Fax:

Signature: _____ Date: _____

29. Mark "PROTECTED HEALTH INFORMATION: CONFIDENTIAL" and send completed report related to a Medi-Cal beneficiary within 5 days of discovery to:

Via Secure Fax
 Department of Health Care Services
 Audits and Investigations Division
 Occurrence of Provider-Preventable Conditions
 (916) 650-6690

Via U.S. Post Office
 Department of Health Care Services
 Occurrence of Provider-Preventable Condition
 Audits and Investigations Division, MS 2100
 P.O. Box 997413
 Sacramento, CA 95899-7413

Via UPS, FedEx, or Golden State Overnight
 Department of Health Care Services
 Occurrence of Provider-Preventable Condition
 Audits and Investigations Division, MS 2100
 1500 Capitol Ave., Suite 72.624
 Sacramento, CA 95814-5006

INSTRUCTIONS

*Providers must complete and send one form for each provider-preventable condition (PPC). Please note that reporting PPCs to the Department of Health Care Services for a Medi-Cal beneficiary does not preclude the reporting of Adverse Events, pursuant to Health and Safety Code Section 1279.1, to the California Department of Public Health. Providers must report any PPC to DHCS that **did not exist prior to the provider initiating treatment** for a Medi-Cal beneficiary, even if the provider does not intend to bill Medi-Cal.*

Facility information (boxes 1-5)

1. Enter name of facility where the PPC occurred.
2. Enter the facility's National Provider Identifier (NPI).
3. Check the appropriate box if the PPC occurred in an inpatient or outpatient facility.
4. Check the appropriate box if the facility bills Medi-Cal through a managed care contract. Managed care plans should list their three-digit managed care plan code.
5. Enter the street address, city, state, and zip code of the facility where the patient was being treated when the PPC occurred.

PPC – Other Provider-Preventable Condition (boxes 6-9)

6. If reporting an OPPC (inpatient or outpatient), enter the date (mm/dd/yyyy) that the OPPC occurred.
7. Check the box if the provider performed the wrong surgical or other invasive procedure on a patient.
8. Check the box if the provider performed a surgical or other invasive procedure on the wrong body part.
9. Check the box if the provider performed a surgical or other invasive procedure on the wrong patient.

PPC – Health Care Acquired Condition (boxes 10-20a)

10. If reporting an HCAC (inpatient only), enter the date (mm/dd/yyyy) that a provider detected the HCAC.
11. Check the box if a patient experienced a clinically significant air embolism.
12. Check the box for an incidence of blood incompatibility.
13. Check the box if a patient experienced a catheter-associated urinary tract infection.
14. Check the box if the patient experienced 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 patient was under 21 or pregnant at time of PPC.
15. Check the box if the patient experienced a significant fall or trauma including:
 - Fracture
 - Dislocation
 - Intracranial injury
 - Crushing injury
 - Burn
 - Electric shock
16. Check the box for any unintended foreign object retained after surgery.
17. Check the box if the patient experienced any of the following manifestations of poor glycemic control:
 - Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma
 - Secondary diabetes with ketoacidosis
 - Secondary diabetes with hyperosmolarity
18. Check the box if the patient developed a stage III or stage IV pressure ulcer.
19. Check the box if a patient experienced:
 - Mediastinitis following coronary artery bypass graft (CABG)
 - A surgical site infection following:
 - Bariatric surgery
 - Laparoscopic gastric bypass
 - Gastroenterostomy
 - Laparoscopic gastric restrictive surgery
 - Orthopedic procedures
 - Spine
 - Neck
 - Shoulder
 - Elbow
20. Check the box if a patient experienced a vascular catheter-associated infection.

PPC claim (box 21)

21. Check the box if the provider intends to file a claim to treat the PPC.

Patient information (boxes 22-25)

22. Check “yes” if the patient was under 21 years old or “no” if the patient was age 21 or older when the PPC occurred.
23. Enter beneficiary’s name (last, first, middle) as listed on the Beneficiary Identification Card.
24. Enter beneficiary’s Client Index Number (CIN) from the Beneficiary Identification Card.
25. Enter beneficiary’s home street address, including city, state, zip code, and apartment number, if applicable.

Provider Contact information (boxes 26-28)

26. Enter the name of the person completing this report.
27. Enter the title of the person completing this report.
28. Enter a work phone number, email address, and fax number where DHCS can contact the person completing this report.

Department of Health Care Services (box 29)

29. Providers must send this form to the Department of Health Care Services (DHCS), Audits and Investigations Division via fax, U.S. Post Office, UPS, or FedEx. Providers must submit the form within 5 days of discovery of the event and confirmation that the patient is a Medi-Cal beneficiary. The preferred methods of sending the reports for confidentiality are No. 1, overnight courier with appropriate marking, No. 2, secure fax machine with appropriate marking, and No. 3, U.S. mail with appropriate marking. Providers must comply with HIPAA and any other relevant privacy laws to ensure the confidentiality of patient information. Providers may email questions about PPCs to PPCHCAC@dhcs.ca.gov.

THE INFORMATION CONTAINED IN THE COMPLETED FORMS IS PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION, UNDER FEDERAL (HIPAA) LAWS AND CA STATE PRIVACY LAWS. IT MUST BE SHARED ONLY WITH DHCS’ AUDITS AND INVESTIGATIONS DIVISION. THE PROVIDER IS RESPONSIBLE FOR ENSURING THE CONFIDENTIALITY OF THIS INFORMATION.