



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN, JR.
Governor

March 14, 2013

AFL 13-04

TO: All Licensed and Certified Facilities, Clinics or Agencies

SUBJECT: Medi-Cal Provider-Preventable Conditions Reporting Guidance

AUTHORITY: Patient Protection and Affordable Care Act, Section 2702
Title 42 Code of Federal Regulations (42 CFR) Parts 434, 438, 447

NOTE: This All Facilities Letter (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.

In October 2012, as a courtesy to the Department of Health Care Services (DHCS) which oversees Medi-Cal Provider Preventable Conditions (PPC) reporting, the California Department of Public Health (CDPH) released AFL 12-38 to convey recent changes in the PPC reporting requirements.

This AFL is issued to inform all licensed and certified facilities, clinics and agencies about DHCS' new website and contact information concerning the PPC reporting requirements outlined in AFL 12-38.

In order to keep Medi-Cal providers informed of the latest developments concerning PPC requirements, DHCS has created a one-stop website with current information and links to PPC documents, including the updated PPC reporting form. Providers are encouraged to bookmark the link at the following address:

<http://files.medi-cal.ca.gov/pubsdoco/ppc/ppc.asp>

Reporting is mandatory under federal law. A provider must report the occurrence of any PPC in any Medi-Cal patient that did not exist prior to the provider initiating treatment, regardless of whether or not the provider seeks Medi-Cal reimbursement for services to treat the PPC.

A provider reports a PPC by completing and submitting the PPC Reporting Form (DHCS 7107), available online at the site provided above. Providers must submit the form within five days of discovering the condition and confirming that the patient is a Medi-Cal beneficiary.

As a reminder, long-term care facilities and other providers who do not provide acute inpatient hospital care are required to report only Other Provider-Preventable Conditions (OPPCs), which are:

- 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

For a complete list of PPCs, including health care-acquired conditions (HCAC) that acute inpatient hospitals must report in addition to OPPCs, please see the DHCS website (provided above), which contains a link to frequently asked questions. Providers with questions that are not answered at DHCS website may email: ppchcac@dhcs.ca.gov. DHCS has indicated that providers may expect a response within 5-10 working days.

NOTE: Reporting a PPC for a Medi-Cal recipient does not replace a provider's responsibility for reporting adverse events and healthcare-associated infections (HAIs), pursuant to *Health and Safety Code* (H&S Code), Sections 1279.1 and 1288.55, to CDPH. For questions regarding whether a PPC rises to the level of an adverse event, please contact your local District Office.

Sincerely,

Original signed by Debby Rogers

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