Section D: Provider Responsibilities

D1: Role of the Primary Care Provider (PCP)

The primary care provider (PCP) plays the central role in managing care for CenCal Health members and to assure quality of care in accordance with prevailing, evidence-based, medical standards. The PCP is the main provider of healthcare services for CenCal Health members and is responsible for the structuring and delivery of healthcare to the provider's assigned members.

CenCal Health's model of care is built around the PCP, with the PCP as the center of a multidisciplinary team coordinating services rendered by other physicians and/or providers to meet the member's healthcare needs. A member may select a Specialist to be their PCP. In such case, the specialist would be required to fulfill the responsibilities and contractual requirements of a PCP, including completion of the Facility Site Review.

D2: Responsibilities of the Primary Care Provider (PCP)

PCP responsibilities include, but are not limited to:

- Provide care for the majority of healthcare issues presented by the member, including but not limited to: preventive, acute, and chronic healthcare.
- Supply risk assessment, treatment planning, coordination of medically necessary services, referrals, follow-up and monitoring of appropriate services, and resources required to meet the needs of the member.
- Case management of assigned members to ensure continuity of care, facilitate access to appropriate health services, reduce unnecessary referrals to specialists, minimize inappropriate use of the emergency department, maintain appropriate use of pharmacy benefits, and identify appropriate health education materials and interventions.
- Assure access to care 24 hours a day, seven days a week, including telephone access, accommodations for urgent care, performance of procedures, and inpatient rounds.
- Coordinate and direct appropriate care for members, including:
    - Initial Health Appointments.
    - Preventive services in accordance with established standards and periodicity schedules as required by age and according to the American Academy of Pediatrics (AAP) and the United States Preventive Services Task Force (USPSTF).
    - Second opinions.
    - Consultation with referral specialists.

  - Follow-up care to assess results of primary care treatment regimen and specialist recommendations.
  - Special treatment within the framework of integrated, continuous care.
  - Screen members for mental health and substance use difficulties, provide treatment within scope of practice, and assist the member with referrals to appropriate treatment providers.
- Coordinate the authorization of specialist and non-emergency hospital services for members.
- Contact and follow up with the member when the member misses or cancels an appointment.
- Record and document information in the member's medical record, including:
  - Member office visits, emergency visits, and hospital admissions.
  - Problem lists, including allergies, medications, immunizations, surgeries, procedures, and visits.
  - Efforts to contact the member.
  - Treatment, referral, and consultation reports.
  - Lab and radiology results ordered by the PCP.
  - Authorization to Release Information to and from the member's mental health and substance use provider.
- Make reasonable attempts to communicate with the member in the member's preferred language, using available interpretation or translation services.
- If the member is currently receiving mental health or substance abuse treatment services, coordinate the member's care with the existing mental health or substance use provider.

D3: Service Obligations of Hospital for CenCal Health's Medi-Cal Members

Licensing

The Hospital shall be:

- Licensed as a general acute care hospital in accordance with the requirements of the California Health Facilities Licensure Act (Health and Safety Code, Sections 1250 and following) and the regulations there under
- Certified as a hospital provider by Medicare and Medi-Cal
- Accredited by JCAHO to provide Covered Services
- Equipped, staffed, and prepared to provide benefits to CenCal Health Members

If the Hospital provides distinct part-skilled nursing beds, the Hospital shall be licensed as a general acute care hospital with distinct part-skilled nursing beds in accordance with Section 1250.8 of the Health and Safety Code and the licensing regulations contained in Titles 22 and 17 of CCR. If the Hospital ceases to provide this service for any reason, it must notify CenCal Health 90 days prior to the cessation of the availability of these services.

Services Provided by Hospital

The Hospital shall provide benefits to Members, subject to the availability of appropriate facilities and services. Members are entitled to receive inpatient services when ordered by a member's responsible physician or other qualified health practitioner and said services should be provided in accordance with regulations as set forth in 22 CCR Section 51301. Services to be rendered are subject to exclusions, limitations, exceptions, and conditions as agreed to by the Hospital and CenCal Health.

Services Not Covered and Not Compensated

The Hospital shall not be obligated to provide members services that are not covered under CenCal Health's contract with the State, and CenCal Health shall not be obligated to compensate the Hospital for the said services.

Services Rendered on Basis of Availability of Facility

The Hospital shall not discriminate against CenCal Health's Members in connection with its admission policies or practices. Admission of members to the Hospital for care and treatment must be based upon the severity of medical need and the availability of Hospital facilities and Hospital services. The decision as to whether or not a member requires specific medical care or hospital services is a professional medical decision to be made by the member's attending physician in accordance with applicable medical staff rules and regulations.

Additionally, the Hospital is expected to use its best efforts to maintain its current facilities, equipment, and patient service personnel (as well as allied health personnel) to meet its obligation to provide covered benefits to CenCal Health's Members. However, the Hospital is not obligated to provide said Members with inpatient, outpatient, or emergency services that are not maintained by the Hospital due to religious or other reasons.

Standard of Care

Members shall be entitled to receive hospital care in accordance with recognized evidence-based treatment guidelines or standards of care that are endorsed by professional and/or specialty medical associations, or hospital, professional, and applicable State licensing laws and regulations.

Emergency Services

Emergency Services, as defined in the Agreement, means those services required for alleviation of a medical or behavioral health condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the patient's health (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Serious risk of harm to self or others due to a mental health or substance use disorder.

Emergency Services, both in the emergency department and for in-patients who require immediate treatment for unexpected conditions, require the professional care of a physician who is immediately available on or near Hospital premises. The Hospital must arrange for such services to be available to all patients, including CenCal Health's members, requiring such services by a contract with physicians who have agreed to provide required emergency services on an independent contract basis. CenCal Health is responsible for payment for treatment and services rendered by these physicians.

Care of CenCal Health members who present to the emergency department with a mental health emergency must be coordinated with County Behavioral Health Services, which covers psychiatric in-patient services. CenCal Health members who, after stabilization of a mental health or substance use emergency, do not require in-patient admission must be provided with a referral to appropriate mental health and substance treatment services.

CenCal Health's members are permitted to obtain emergency services immediately at the nearest provider when the need arises. The Hospital shall provide Emergency Services to each member who presents at the emergency department and who, within the judgment of the attending physician, requires such Emergency Services. CenCal Health is responsible for payment for treatment and emergency room facility services rendered by the Hospital.

Prescribed Drugs Under Emergency Circumstances

When the course of treatment provided to a member under emergency circumstances requires the use of drugs, a sufficient quantity of drugs (including for the treatment of a mental health or substance use condition) shall be provided to the member to last until they can reasonably be expected to have a prescription filled.

Discharge Summaries and Emergency Room/Urgent Care Center or Treatment/Examining Room Reports

The Hospital shall prepare a written discharge summary within thirty (30) days of the CenCal Health Member's discharge and shall use best efforts to send a copy of the said summary to the member's Primary Care Physician (PCP) or case manager. The Hospital shall also prepare a written treatment summary of services, including mental health and substance use services rendered in the Hospital's emergency department, urgent care center, or treatment/examining room within thirty (30) days of treatment of a member and shall use best efforts to send a copy of said summary as indicated above and consistent with all applicable federal and state confidentiality and patient consent requirements. Said discharge summaries and treatment summaries shall contain information ordinarily prepared by the Hospital and provided to third-party payers at the time a bill for service is submitted and are important for the member's PCP to receive for continuity of care issues and optimum case management. Failure by the Hospital to send such summaries to the PCP or case manager may result in CenCal Health's denial of payment for services rendered *unless another means of communication to inform said physicians of the services rendered to CenCal Health 's members is agreed to by the parties*.

Notwithstanding the above, Hospital may discontinue sending the PCP or Case Manager a copy of the discharge summary if standardized digital Admission, Discharge, Transfer (ADT) data are technically configured and electronically transmitted to CenCal Health at a mutually agreed upon frequency.

Miscellaneous Requirements

The Hospital agrees to:

- Verify a CenCal Health member is eligible for benefits under the program indicated on their identification card.
- Comply with the CenCal Health's Utilization Management Protocols.
- Use its best efforts to ensure that discharge planning is performed for all CenCal Health members who are admitted to the Hospital in as expeditious and timely a manner as is possible, and to attempt to place these members, who otherwise qualify for placement in skilled nursing facilities, in alternative non-institutional settings whenever possible.
- Permit the member to be visited by his/her domestic partner, the children of the member's domestic partner, and the domestic partner of the member's parent or child.
- Assure that domestic partners are treated on an equal basis with spouses, including coverage of dependents of domestic partners as with spouses.
- Work with CenCal Health to ensure that Cultural and Linguistic needs of CenCal Health's members are met. Further information on Providing Culturally Competent Care, go to Section D, D7 in Member Services of this Provider Manual.

D4: PCP Requests for Member Reassignment

On *occasion*, a Primary Care Physician (PCP) may encounter a situation that warrants a request to have a patient reassigned to a new PCP. CenCal Health has established a mechanism to address these issues. Outlined below is the procedure that should be followed when submitting a request.

Make Sure You Have an Appropriate Reason to Request Reassignment

APPROPRIATE Reasons to Request Reassignment of a Member:

- Contractual: Pediatric PCPs may request reassignment of a member who is beyond their scope of services, e.g., members who are beyond their contracted age limit or who become pregnant.

- Note: if the maximum age limit is 16, the member cannot be removed from case management until their 17th birthday. Typically, reassignments based on age happen automatically.

- Non-Contractual: These reasons (listed below) often involve a lack of cooperation on the part of the member, although in some instances, the goal is to create the most beneficial relationship between member and provider. It is important that you supply sufficient information in the "Provider Remarks" section to enable us to determine if the request meets the criteria. Requests based on single or minor infractions will be denied. We also ask that you describe how you have attempted to correct the problem. Requesting member reassignment should be the last resort!
  - *Inappropriate Assignment by CenCal Health* - e.g., the member has re-linked to a provider who previously requested his reassignment to different providers.
  - *Member Drug Seeking* - specify how the behavior is manipulative in attempting to obtain substantially more medication than is warranted.
  - *Member Circumventing Case Management/Demanding Referrals/Self-Directing Care* - give examples that demonstrate a pattern.
  - *Member Abusing ER Services* – this will only be approved for extraordinary cases of deliberate circumvention of case management and will require extensive documentation.
  - *Language/Cultural Barriers*- this alerts CenCal Health that assignment to another provider (e.g., Spanish-speaking) may be more beneficial for the member. The member will be offered the choice of choosing a provider more familiar with his language/cultural needs.
  - *Member "No Shows"* - list dates the member no-showed for appointments without calling to cancel despite reminder calls/appointment verification (at least 3 separate dates in the past year to establish a pattern).
  - *Member Non-Compliant with Treatment* - there must be potentially serious consequences due to non-compliance and a disregard for medical advice on the member's part.
  - *Member Abusive/Threatening/Disruptive* - the member may just be disruptive (e.g., calling 20 times in one day for a non-urgent matter) or it may be more serious. Be specific with incidents/quotations. If the member poses an immediate threat to self or others, call the appropriate authorities!
  - *Unable to Establish Interpersonal Relationship* - describe how a personality conflict or difference in belief systems significantly affects care.
  - *Member Lying/Theft* - if the theft is of a serious nature (e.g., blank prescriptions) or there is an attempt of fraud, the appropriate authorities should be notified.

- INAPPROPRIATE reasons to request reassignment of a patient:
  - PCPs cannot request reassignment of patients simply because they are very sick and have a diagnosed condition that would be difficult to manage. It is vital that these patients have a "medical home" with a PCP to coordinate their care. To allow such shifting of patients is neither good medicine nor is it in the best interests of any participating physician.
  - When a member moves to another area of the county and needs a PCP in closer proximity to their new home, the member must initiate a re-selection through a Member Services Representative. If you know a member has moved, please contact CenCal Health Member Services and be prepared to provide the member's new address or phone number.
  - A change to a special class is needed:
    - For those members who move to a skilled nursing facility by the first day of the month and are expected to remain there for more than 30 days, for members who have moved out of the county, and for members with certain other circumstances, inform the Member Services department at (877) 814-1861.

If you would like assistance in determining if a particular situation meets the criteria for reassignment requests, or if you have questions about the process, please call Provider Relations at (805) 562-1676.

- Submitting a Reassignment Request via the CenCal Health Website
  The PCP who wishes to request reassignment of a member under their case management should do so via the CenCal Health Provider Portal restricted site. You must have a valid username and password to access this feature; please follow the instructions for contacting the webmaster to obtain these if you have not done so already.

    - Select "PCP Reassignment Requests" from the list of forms. Enter your provider ID# (your NPI) and the member's Client ID# (CIN). If the member is not currently eligible or is not assigned to you, you will receive an error message informing you of this.
    - If the member is eligible and assigned to you, you will be taken to a different screen where you will choose the reason for your request from a drop-down list. All contractual and non-contractual reasons for requesting reassignment that meet CenCal Health criteria are on this list.
    - You must enter supporting information in the "Provider Remarks" section, e.g., dates of the member no shows, examples of how the member is non-compliant or abusive, etc. If left blank, the program will prompt you to enter your remarks.
    - When complete, click the "Submit" button on the form. Use the "Back" button to return to the previous screen to enter another request.
    - Requests will be approved if the documentation supports the request. If the documentation submitted is unclear or insufficient, the Provider Services Quality Liaison will pend the request, and an email will be generated to you requesting additional information. Requests submitted on the 10th of one month through the 9th of the next month are processed by the cut-off date (9th day of each month at 4 p.m.). An email will be generated to the PCP after the request has been processed to verify approval and the effective date. PCPs may also check the status of the request by using the "Query" button on the PCP Reassignment Request form.
    - The member's new assignment becomes effective the first day of the following month after the deadline on the 9th. The PCP who requested the reassignment continues to be responsible for the member's care until the new assignment is in effect.
    - If you do not have internet access, please call Provider Services at (805) 562-1676 for further instructions.

D5: Medical Records

Each primary care office is responsible for maintaining adequate medical records of patient care. Records must be maintained in accordance with applicable federal and state privacy laws. All medical records must be maintained in a manner consistent with professional practices and prevailing community standards. Providers are required to maintain records for ten years after termination of an agreement with CenCal Health, including the period required by the Knox-Keene Act and Regulations and Medicare and Medi-Cal programs.

If an unauthorized disclosure of member information occurs, providers are to notify CenCal Health immediately upon discovery by calling CenCal Health's toll-free 24-hour Compliance Hotline at (866) 775-3944.

Records Copying Surcharges

All Providers are expected to furnish any medical or other records requested by CenCal Health during the usual course of business at the Provider's expense, including but not limited to those for utilization review, case management, quality programs, claims adjudication, grievances and appeals, member records following termination, or other activities CenCal Health must conduct to administer its programs and benefits, or at the request of any governmental agency.

D6: Resources for Seniors and Persons with Disabilities

Members of CenCal Health have the right to have full access to health plan benefits, regardless of disabilities. We want to assist providers in meeting this obligation and ensure that members can receive the healthcare services they need. Below is information about our services and community resources that provide services to people with disabilities.

CenCal Health Services

- Non-Emergency and Non-Medical Transportation - CenCal Health contracts with:
  - Amwest Ambulance: (818) 859-7999
  - Ventura Transit System Inc.: (855) 659-4600

See "Non-Emergency Medical Transportation" in Section E, E9 for more information on this service.

- *Non-Medical Transportation* – Non-medical transportation services are provided as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service.
- *Interpreter Services* – telephonic, video and face to face when criteria is met for American Sign Language and spoken languages.
- *Certified Languages International (CLI) Telephonic Services* - We also give providers 24/7 free access to Certified Languages International - for our members, which provides an interpreter by phone for over 230 languages. Instructions are in the Provider Manual and on our website in the Language Assistance Program Resources Section N.
  - *Hearing Impaired* – can contact Member Services by using the California Relay Service at 711 or TTY (833) 556-2560.
- *Member Handbook* – available in large print and other formats upon request.
- *Information on wheelchair accessibility* and assistance with access issues.

Providers can reach a CenCal Health Member Services Representative by calling (877) 814-1861 option 3.

Education: Visit the Cultural Competency & Health Literacy page at CenCal Health's website for additional resources and learning opportunities to integrate into your practice.

Reference Link:
Cultural Competency & Health Literacy
www.cencalhealth.org/providers/cultural-linguistic-resources/cultural-competency-and-health-literacy/

D7: Providing Culturally Competent Care

CenCal Health does not discriminate against individuals based on race, ethnicity, national origin, religion, age, mental or physical disability or medical condition, genetic information, sexual orientation, or gender, including gender identity and gender expression.

What is Cultural Competence?

Cultural competence is the ability of healthcare providers and organizations to understand and respond effectively to the cultural and language needs of patients.

Cultural competence requires organizations and their personnel to:

- Value diversity.
- Assess themselves.
- Manage the dynamics of difference.
- Acquire and institutionalize cultural knowledge.
- Adapt to diversity and the cultural contexts of individuals and communities served.

Adapted from Cross et al., 1998 and U.S. Department of Health and Human Services, Office of Minority Health, 2000.

Why is Cultural Competence Important?

The racial, ethnic, and socio-cultural diversity of patients may create challenges as you strive to deliver high-quality services. Personal factors can consciously or unconsciously influence how we interact with patients. Becoming self-aware of one's own attitudes, beliefs, biases, and behaviors - and recognizing that they can impact patient care - can help providers improve their patients' quality of care, access to care, and health outcomes.

U.S. Department of Health and Human Services, Office of Minority Health, 2013.

Cultural Competence in Practice

Interpreter Services: CenCal Health members may request the use of telephonic or video Interpreter Services. For details about accessing Interpreter Services for patients, see Section N of this Manual.

Gender/Sexuality Non-Discrimination: Providers should strive to normalize inclusion of all gender identities and sexual orientations within the practice setting, to create inclusive service delivery systems, and to use gender neutral language and labels.

CenCal Health is required to treat members consistent with their gender identity. CenCal Health provides transgender members with the same level of healthcare benefits that are available to non-transgender members, including all medically necessary services and/or reconstructive surgery.

Health Literacy: Understanding health information can be difficult for everyone and particularly for those with poor reading skills, those who speak limited English, older adults, and those on "information overload." Patients may not understand medication instructions, when to schedule follow-up, etc.

Education: All CenCal Health contracted providers and training on the importance of Cultural Competency, Health Literacy, and Seniors and Persons with Disabilities (SPD). Please visit the Cultural & Linguistic Resources and Cultural Competency & Health Literacy website page at CenCal Health for additional resources and learning opportunities to integrate into your practice.

Reference Link:
Cultural & Linguistic Resources
www.cencalhealth.org/providers/cultural-linguistic-resources/

Cultural Competency & Health Literacy
www.cencalhealth.org/providers/cultural-linguistic-resources/cultural-competency-and-health-literacy/

D8: Disease Surveillance

Providers are required to comply with reporting obligations relating to contagious, infectious, or Communicable Diseases to both local and state public health authorities.

Communicable Diseases, as defined by 22 CCR Section 2500(a)(8), means an illness due to a specific microbiological or parasitic agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

Providers must report such serious diseases or conditions (or suspected cases of such diseases or conditions) when known, which include those set forth under 17 CCR Section 2500(j). Providers must report members

with active Tuberculosis (TB) and members who have treatment resistance or non-compliance issue risks to CenCal Health and the TB control officer of the Local Health Department (LHD) for Direct Observed Therapy (DOT). The report shall be in compliance with the requirements set forth in 17 CCR section 2500. Providers shall also implement any directives issued by the local health officer or other public health authorities. Upon receipt of any such directive, provider and CenCal Health shall comply with and implement directed actions within the time frame required to prevent the spread of contagious, infectious, or communicable diseases or conditions.

CenCal Health Policy Reference:
HS-MM50 – Disease Surveillance Policy

Reference Link:
Reporting to Local Health Authority
View Document - California Code of Regulations (westlaw.com)

D9: Compliance with Statutes and Regulations

Providers shall comply with all applicable federal, state and local laws and regulations, including without limitation: (i) Medicaid and Medi-Cal laws and regulations; (ii) the California Code of Regulations ("CCR"); (iii) privacy laws, including, but not limited to, the Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, the Health Information Technology for Economic and Clinical Health ("HITECH") Act, and the California Confidentiality of Medical Information Act; (iv) laws governing the use of federal funds, such as fraud and abuse prevention and detection laws; (v) Americans with Disabilities Act (ADA); and (vi) guidance, executive orders, instructions, letters, bulletins, and policies of regulatory agencies having jurisdiction over CenCal Health and/or Providers.

D10: Data Reporting

Provider data has broad applications across CenCal Health and is collected from a variety of sources: provider onboarding and credentialing documentation, provider rosters, provider change requests, annual provider attestation, claims reporting, and encounter data. Data received from providers must follow protocols for timeliness, consistency, and accuracy for use in reporting and claims payment, and providers agree to submit such data pursuant to standards defined by CenCal Health.

Providers shall supply CenCal Health with necessary reports and information to enable CenCal Health to meet federal and state legal and contractual reporting requirements, including without limitation, data reporting requirements to DHCS, reports pertaining to Covered Services provided to members or provider's financial resources.

In addition, providers are required to attest to their data annually if they are a practice with multiple practitioners or two times per year, if operating in a solo practice. Providers can use the CenCal Health roster for this purpose.

D11: Mandated Reporting of Provider Preventable Conditions (PPC)

Provider Preventable Conditions (PPCs) consist of health care-acquired conditions (HCAC) when they occur in acute inpatient hospital settings only and other provider-preventable conditions (OPPC) when they occur in any healthcare setting. HCACs are the same as hospital-acquired conditions (HAC) for Medicare, except that Medi-Cal does not require providers to report deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age.

Requirement Timelines

In March 2013, CenCal Health providers were notified that the Department of Health Care Services (DHCS) received approval from the Centers for Medicare & Medicaid Services (CMS) to require providers to report Provider Preventable Conditions (PPCs). Federal legislation prohibits CenCal Health from paying for the

treatment of PPCs, and payment adjustment may be applied. PPCs are divided into two categories: Other Provider Preventable Conditions (OPPCs) in all healthcare settings and health care-acquired conditions (HCACs) in inpatient acute care hospital settings only.

On March 30, 2016, CMS issued new PPC reporting requirements in rulemaking CMS-2390-F, in which CMS further defines OPPC's 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 a negative consequence for the beneficiary; 4) are auditable, and 5) include, at a minimum, the procedures referenced below.

OPPCs are also known as "never events" and Serious Reportable Events under Medicare. For Medi-Cal, OPPCs are defined as follows: providers must report the following three OPPCs when these occur in any healthcare setting. "Invasive procedure" refers to a surgical procedure.

- 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

Providers must report the occurrence of PPCs that are associated with claims for Medi-Cal payment or with courses of treatment prescribed to a CenCal Health beneficiary for which payment would otherwise be available. Providers do not need to report PPCs that existed prior to the initiation of treatment of the beneficiary by the provider. Reporting is required to evaluate whether the occurrence extended care and determine whether CenCal Health can adjust any payment previously made. PPC reporting is mandated for Medi-Cal beneficiaries eligible through the State Medi-Cal Program under Fee-For-Service, as well as for members of CenCal Health.

Inpatient acute care hospitals and facilities are required to report OPPCs and HCACs for any CenCal Health member. To report a PPC, providers must:

- Login to the California Department of Health Care Services website to submit information for each provider-preventable condition, and;
- Send CenCal Health a copy of the PPC Report via fax to (805) 681-3075. Generating this form is described within DHCS's Provider-Preventable Conditions page; the online portal allows providers to print their PPC Report after they submit the PPC Report to DHCS via the portal.

Providers must submit the form within a reasonable timeframe of discovering the event.

Please note: reporting PPC to CenCal Health, or DHCS, for any Medi-Cal beneficiary does not preclude the provider from reporting adverse events and healthcare associated infections (HAIs) to the California Department of Public Health for the same member.

Claims submitted for treatment of PPCs should also be identified on the claim form. For OPPCs, a modifier is required to be reported, whereas 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.

For any questions regarding this federally mandated DHCS reporting, please contact the Provider Relations Department at (805) 562-1676, or providers may email questions about PPCs to PPCHCAC@dhcs.ca.gov.

Provider Preventable Conditions

Other Provider Preventable Conditions (OPPC) – reportable in all healthcare settings; claims for OPPC must include the PPC modifiers as indicated in parentheses ().

Health Care-Acquired Conditions (HCAC) – reportable in inpatient acute care hospital settings only; claims for HCACs must include the Corresponding Complication (CC) or Co-Morbidity/Major Complication (MCC) ICD-10 diagnosis codes and/or procedure code; please refer to the list of HCAC claim coding on our website in the Hospital Provider Obligations section of the Provider Manual under Section D, D3.

Providers need to report HCACs only when they occur in inpatient acute care hospitals.

HCACs:

- Air embolism
- Blood incompatibility
- Catheter-associated urinary tract infection (UTI)
- Deep vein thrombosis/pulmonary embolism (excluding pregnant women and children under 21 years of age)
    - Total Knee Replacement
    - Hip Replacement
- Falls/trauma resulting in the following:
    - Fracture
    - Dislocation
    - Intracranial injury
    - Crushing injury
    - Burn
    - Other injuries
- Foreign object retained after surgery
- Iatrogenic pneumothorax with venous catheterization
- Manifestations of poor glycemic control
    - Diabetic ketoacidosis
    - Nonketotic hyperosmolar coma
    - Hypoglycemic coma
    - Secondary diabetes with ketoacidosis
    - Secondary diabetes with hyperosmolarity

- Stage III or IV pressure ulcers
- Surgical site infection
    - Mediastinitis following coronary artery bypass graft (CABG)
    - Surgical site infections following:
        - Bariatric surgery
            - Laparoscopic gastric bypass
            - Gastroenterostomy
            - Laparoscopic gastric restrictive surgery
        - Orthopedic procedures for spine, neck, shoulder, and elbow
    - Cardiac implantable electronic device (CIED) procedures
- Vascular catheter-associated infection

Claim Reporting

HCAC must utilize diagnosis codes to indicate any Corresponding Complication (CC) or co-morbidity or major complication (MCC) related to the PPC. Federal legislation prohibits Medi-Cal payment for the treatment of PPC, and payment adjustment may be applied.

Please reference the CMS.gov website for a list of required diagnosis codes, and in some cases procedure codes that can be reported on a claim related to HCAC.

CenCal Health Policy Reference:
PS-CR31 – Provider Preventable Conditions

Reference Link:
California Department of Health Care Services
https://apps.dhcs.ca.gov/PPC/SecurityCode.aspx

DHCS's Provider-Preventable Conditions
https://www.dhcs.ca.gov/individuals/Pages/PPC_Reporting.aspx