#### LAC+USC MEDICAL CENTER POLICY

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Subject:  MEDI-CAL PROVIDER-PREVENTABLE		Original	- /0 / /0 /	Policy #			
		Issue Date:	5/31/21				
		Supersedes:		Effective	Date		
CONDITIONS REPORTING					5/3	31/	21
Departments Consulted:	Reviewed & Approved by: Attending Staff Association  Approved by:			:			
Administration							
Utilization Review	Executive Committee Senior Executive Council		(Signature on File)				
Risk Management			Chief Medical Officer				
Patient Financial Services			Offici	Modical	71110	<u> </u>	
Office of Regulatory Affairs							
Infection Control							
Nursing Services							
Health Information Management				nature on			
Information Systems			Chief I	Executive	Offic	cer	

### **PURPOSE**

To ensure timely reporting of the occurrence of Provider-Preventable Conditions (PPCs) that are associated with claims for Medi-Cal payment or with courses of treatment furnished to Medi-Cal patients for which Medi-Cal payment would otherwise be available.

# **POLICY**

In compliance with Section 2702 of the Patient Protection and Affordable Care Act (Pub. L. 111-148) (the ACA) and Title 42 Code of Federal Regulations (42 CFR) Parts 434, 438, and 447, LAC+USC Medical Center will report Provider Preventable Conditions (PPCs) to the Department of Health Care Services (DHCS) Audits and Investigations Division within five (5) days of discovery. Medicaid agencies are prohibited from paying providers for PPCs in violation of the federal requirements. LAC+USC Medical Center shall continue to remain compliant with federal requirements on PPCs, effective for dates of service on or after July 1, 2012.

#### **DEFINITIONS**

## Provider Preventable Conditions (PPCs)

Title 42 of Code Federal Regulations, parts 434, 438, and 447 lists 13 PPCs for Medicaid, which the Department of Health Care Services (DHCS) adopted for California. There are two types of PPCs: health care-acquired conditions (HCAC), which should be reported when they occur in inpatient acute care hospitals, and other provider-preventable conditions (OPPC), which should be reported when they occur in any health care setting. (See below for a description of HCACs and OPPCs.)

# Health Care Acquired Conditions (HCACs)

The Centers for Medicare and Medicaid Services (CMS) identified 10 HCACs based upon research showing what can reasonably be prevented through application of evidence-based guidelines. These are the same conditions as the healthcare-acquired conditions (HACs) that are

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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. CMS requires reporting of HCACs only in inpatient acute care hospitals. They are as follows below and at <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired\_Conditions">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired\_Conditions</a>

- Air embolism
- Blood incompatibility
- Catheter-associated urinary tract infection
- Deep vein thrombosis/pulmonary embolism (excluding pregnant women and children under 21 years old)
- Falls/trauma
  - Fracture
  - o Dislocation
  - o Intracranial injury
  - Crushing injury
  - o Burn
  - Electric shock
- Foreign object retained after surgery
- Manifestations of poor glycemic control or Diabetic ketoacidosis
  - Nonketotic hyperosmolar coma
  - Hypoglycemic coma
  - Secondary diabetes with ketoacidosis
  - Secondary diabetes with hyperosmolarity
- Stage III or IV pressure ulcers
- Surgical Site infection or Mediastinitis following coronary artery bypass graft (CABG)
  - The surgical site infections for the following:
    - Bariatric surgery
    - Laparoscopic gastric bypass
    - Gastroenterostomy
    - Laparoscopic gastric restrict surgery
    - Orthopedic procedures for spine, neck, shoulder, and elbow
- Vascular catheter-associated infection

#### Other Provider Preventable Conditions (OPPCs)

CMS identified three OPPCs, which are the same for Medicare, as:

- Wrong surgery/invasive procedure
- Surgery/invasive procedure performed on the wrong patient
- Surgery/invasive procedure performed on the wrong body part

CMS requires reporting of OPPCs that occur in any health care setting.

#### **PROCEDURE**

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### **Reporting Process**

All PPCs as described above shall be reported by hospital staff using Safety Intelligence (SI). Risk Management will identify the Safety Intelligence reports related to PPCs events and will forward the events to Office of Regulatory Affairs (ORA).

Additional "case finders" which may identify potential PPCs are as follow:

- Health Information Management (HIM)
- Infection Control
- Wound Care Nurses
- ORA
- Risk Management
- Information Systems ICD-10 HAC codes query report

## Patient Financial Services (PFS)

PFS will verify financial status and confirm if case involved a Medi-Cal patient. Confirmation will be documented in the PPC data base.

## **Health Information Management**

HIM will verify documentation of the case in the medical record and confirm that documentation supports the PPC. Confirmation will be documented in the PCC data base.

## Database

All identified potential PPC cases will be entered into the electronic PPC database by the ORA. Database will contain all pertinent information needed to determine reportability and confirmation that PCC has been reported.

# Office of Regulatory Affairs (ORA)

The ORA is responsible for submitting all reportable PPCs and HAHCs to DHCS and maintaining the PPC data base up to date.

# Final Reports

ORA will file report once clinical and financial reportability has been determined by HIM and PFS staff. Copies of cases will be maintained according to record keeping policy.

# <u>Audits</u>

ORA and Utilization Review will provide PPC records as appropriate for audit purposes.

### **RESPONSIBILITY**

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Administration
Risk Management
Office of Regulatory Affairs
Infection Control
Utilization Review
Patient Financial Services
Health Information Management
Attending Staff
Housestaff
Allied Health Professionals
Nursing Staff
Information Systems

### <u>REFERENCES</u>

State of California-Health and Human Services Agency, California Department of Public Health AFL-12-38

Title 42 of Code Federal Regulations, parts 434, 438, and 447

Section 2702 of the Patient Protection and Affordable Care Act

Section 5001(c) of Deficit Reduction Act of 2005, Hospital-Acquired Conditions

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