

POLICY AND PROCEDURE	
TITLE: Provider Preventable Condition Monitoring and Reporting.	
DEPARTMENT POLICY OWNER: UM	POLICY #: UM69
IMPACTED DEPARTMENT(S): Check all departments impacted by this policy	
<input type="checkbox"/> Administration <input type="checkbox"/> Claims <input type="checkbox"/> Compliance <input type="checkbox"/> Customer Service <input type="checkbox"/> External Affairs <input type="checkbox"/> Facilities <input type="checkbox"/> Finance	<input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technology <input type="checkbox"/> Marketing <input type="checkbox"/> Medical Management <input type="checkbox"/> Provider Networks <input type="checkbox"/> Project Management <input type="checkbox"/> ALL
EFFECTIVE DATE: 06/21/2015	REVIEW/REVISION DATE: 02/16, 06/16, 06/17, 06/19, 07/20, 11/21
COMMITTEE APPROVAL DATE: PRC: 06/19; 07/20, 12/21 Compliance Committee: 07/ 19	RETIRE DATE: MM/YY
PRODUCT TYPE: Medi-Cal	REPLACES: Policy # and Policy Title

I. PURPOSE

To describe the process for monitoring and reporting Provider Preventable Conditions (PPC) to the Department of Health Care Services (DHCS). To ensure that the Health Plan of San Joaquin (HPSJ) is compliant with the required surveillance, monitoring and documentation required in All Plan Letter (APL) 17-009. To ensure that HPSJ providers are educated on their requirement to report Provider Preventable Conditions.

II. POLICY

HPSJ is required to participate in the identification and reporting of PPC-related encounters. PPCs include Health Care Acquired Conditions (HCAC) and Other Provider Preventable Conditions (OPPC). HPSJ will review encounter data for the presence of PPCs and report them to the Department of Health Care Services. Reporting of identified PPC encounters will be made by submitting the PPC online to DHCS via their online secure portal.

III. PROCEDURE

- A. HPSJ's Medical Management Department reviews encounter data submitted by network providers for evidence of PPCs that must be reported to DHCS via the DHCS online portal. Encounter data is reviewed monthly, any potential PPC identified is submitted via the DHCS online portal.
- B. HPSJ's Provider Services issues special notices throughout the provider network to inform providers that they must report PPCs by going online to the DHCS website. Providers are required to fax a copy of the PPC form, DHCS 7107, to the HPSJ UM Department.
- C. A nurse reviewer identifies PPCs among encounter data from HPSJ network providers who are not enrolled as Medi-Cal providers. Medi-Cal enrolled providers have already been informed of these requirements and are more likely to report PPCs to DHCS. The nurse will look to identify PPCs in encounter data that network providers may have inadvertently overlooked. Provider services issues a special notice throughout the provider network to inform all their providers of this reporting requirement.
- D. If a concurrent review nurse identifies a potentially preventable condition when reviewing patients during the inpatient stay, online submission is completed.
- E. Screening for Potential Quality of Care Issues
 - 1. HPSJ screens all PPCs for possible quality of care issues. Any issue identified as a potential quality of care issue will be referred to the Quality Management Department as a PQI to be reviewed as part of the plan's quality management process. Once a PQI has been identified HPSJ will follow the current PQI policy and procedure.
- F. The Following is a list of Provider Preventable Conditions
 - 1. Category 1
 - a. Any unintended foreign object retained after surgery
 - b. A clinically significant air embolism
 - c. An incidence of blood incompatibility
 - d. Stage III and IV pressure ulcer that developed during the patient's stay in the hospital
 - e. A significant fall or trauma; resulting in fractures, dislocations, intracranial injuries, crushing injuries, burns or electric shock
 - f. Catheter-associated urinary tract infections
 - g. Vascular catheter-associated infection
 - h. Manifestations of poor glycemic control; including diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic

coma, secondary diabetes with ketoacidosis, secondary diabetes with hyperosmolarity

- i. Surgical site infection following:
 - i. Coronary artery bypass graft (CABG) – mediastinitis
 - ii. Bariatric surgery; including laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive procedure
 - iii. Orthopedic procedures; including spine, neck, shoulder, elbow
 - iv. Cardiac implantable electronic device (CIED) procedures
 - v. Deep vein thrombosis (DVT)/pulmonary embolus (PE) following total knee replacement or hip replacement with pediatric and obstetric exceptions
 - vi. Latrogenic pneumothorax with venous catheterization

2. Category 2

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

IV. ATTACHMENT(S)

- a. [Glossary of Terms Link](#)

V. REFERENCES

- A. DHCS All Plan Letter 17-009
- B. DHCS PPC Reporting Form 7107 (Rev 02/15)
- C. 1886(d)(4)(D)(ii) and (iv) of the Social Security Act
- D. Title 42, CFR, Section 438.3(g)

VI. REGULATORY AGENCY APPROVALS

VII. REVISION HISTORY

STATUS	DATE REVISED	REVISION SUMMARY
Revised	06/19/2019	New template. No changes.
Revised	07/12/2019	Removed watermark.
Revised	11/18/2021	Reviewed and made minor grammar/formatting changes