POLICY AND PROCEDURE	
Title: Provider Preventable Condition Monitoring and Reporting	
Primary policy owner: Utilization Management (UM)	**Policy #:** *UM69*
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☐Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☐ Case Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10)☐ Cultural & Linguistics (CL) 11)☐ Customer Service (CS)	12)☐ Facilities (FAC) 13)☐ Finance (FIN) 14)☐ Human Resources (HR) 15)☐ Information Technology / Core Systems (IT) 16)☒ Pharmacy (PH) 17)☐ Provider Networks (PRO) 18)☐ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19)☒ Utilization Management (UM) 20)☐ Procurement (PRM) 21)☐ Administration (SAF/BC/EM) 22)☒ Medical Management (MM)
Product Type: ☒Medi-Cal ☐D-SNP	**Supersedes Policy Number:** *NA*

I. PURPOSE

To ensure that Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") is compliant with required surveillance, monitoring and reporting of all Provider Preventable Condition (PPC) events, and that Health Plan providers are educated on their requirement to report Provider Preventable Conditions.

II. POLICY

A. Health Plan screens claims and encounter data to identify any PPC events and ensure required reporting to DHCS. PPCs include Health Care Acquired Conditions (HAC) and Other Provider Preventable

Conditions (OPPC).

B. HCAC means a condition occurring in any inpatient hospital setting, identified as a Hospital Acquired Condition (HAC) that are reportable for Medicare, except deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age, further defined in this Policy, section III.F.1.

C. Other Provider Preventable Conditions (OPPC), also known as Never Events and Serious Reportable Events under Medicare, are identified by DHCS and further defined in this Policy, section III.F.1-2.

III. PROCEDURE

A. Health Plan contracted providers are educated about the requirement to report PPCs to DHCS and Health Plan through:
   1. Initial Provider training
   2. Health Plan Provider Manual
   3. Provider Alerts

B. Health Plan's Concurrent Review Team receives and reviews a monthly SQL report of claims and encounter data for evidence of PPCs.

C. HCACs may also be identified during the concurrent review process.

D. Any potential PPC identified is referred to the Quality Management Team via the medical management system for verification.
   1. The Health Plan Quality Nurse investigates the identified PPC and if the provider has submitted to DHCS, then no further action required.
   2. If the provider has not submitted the identified PPC, the Quality Nurse will report to DHCS

E. If confirmed as a PPC, the information is submitted via the DHCS online portal by the Quality Management team.
   1. All PPCs are reviewed for potential quality of care issues. PQIs are reviewed in accordance with Health Plan Policy QM27 Potential Quality Issue (PQI) Report.

F. The Following is a list of Provider Preventable Conditions
   1. Category 1- HCACs (Any Inpatient Hospital Settings)
      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. Iatrogenic pneumothorax with venous catheterization
j. Deep vein thrombosis/pulmonary embolism following a total knee replacement or hip replacement with pediatric and obstetric exceptions
k. Iatrogenic pneumothorax with venous catheterization

2. Category 2- Other Provider Preventable Conditions (For Any Health Care Setting)
    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. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
B. Glossary of Terms Link
C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. Department of Health Care Services (DHCS) All Plan Letter (APL) 17-009: Reporting Requirements Related To Provider Preventable Conditions (Supersedes All Plan Letter 16-011)
B. Health Plan Policy QM27 Potential Quality Issue (PQI) Report
C. Social Security Act Section1886 (d)(4)(D)(ii) and (iv).
D. Title 28 California Code of Regulations Section 1300.70(b)(2)(I)(1)(a)
E. Title 42, CFR, Section 438.3(g), 434.6(a)(12)(i), and 447.26
F. Welfare and Institutions Code 14131.11

VI. REVISION HISTORY

Version*	Revision Summary	Date
001	New template. No changes.	06/19/2019
002	Removed watermark.	07/12/2019
003	Reviewed and made minor grammar/formatting changes	11/18/2021
004	Reviewed and updated to align with process established between UM and Quality, removed reference to non-Medi-Cal enrolled providers, formatting changes. Added	04/03/2023
005	Reviewed and made minor grammar edits, replaced HPSJ with Health Plan	10/18/2024
006	Reviewed and made minor grammar edits, Reviewed and updated section III B, In III.D.1-2, verbiage on Health Plan Quality Nurse responsibilities for investigating PCCs and reporting to DHCS added.	01/20/2026
Initial Effective Date: 06/21/2015		
Published Date:10/22/2026		

VII. Committee Review and Approval to be Completed by Compliance

Committee Name	Version	Date
Compliance Committee (CC)	006	10/09/2026
• Privacy & Security Oversight Committee (PSOC)		

• Program Integrity Committee (PIC)		
• Audits & Oversight Committee (AOC)		
• Policy Review Committee (PRC)		
Quality Improvement Health Equity Committee (QIHEC)	006	05/20/2026
• Quality Operations Committee (QOC)		
• Grievance Committee (GC)		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare Services (DHCS)	DHCS Account Manager	004	06/08/2023
Department of Managed Care (DMHC)			

IX. Approval Signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy.