

Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form

By law, providers must identify provider-preventable conditions that are associated with claims for Medi-Cal payment or with courses of treatment furnished to Medi-Cal patients for which Medi-Cal payments would otherwise be available. See instructions for a more detailed description of PPCs.

| | | | |
|--|--|--|----------------------------|
| 1. Name of facility | | 2. National Provider Identifier (NPI): | |
| 3. Type of facility: <input type="checkbox"/> Inpatient | | <input type="checkbox"/> Outpatient | |
| 4. Address: | | | |
| City: | | State: | Zip code: |
| PPC – Other Provider-Preventable Condition (OPPC) in any health care setting: | | | |
| 5. Date of OPPC: | | | |
| 6. <input type="checkbox"/> Wrong surgery/invasive procedure | | | |
| 7. <input type="checkbox"/> Surgery/invasive procedure on the wrong body part | | | |
| 8. <input type="checkbox"/> Surgery/invasive procedure on the wrong patient | | | |
| PPC – Health Care-Acquired Conditions (HCAC) in an acute inpatient setting: | | | |
| 9. Date of HCAC: | | | |
| 10. <input type="checkbox"/> Air embolism | | 11. <input type="checkbox"/> Blood incompatibility | |
| 12. <input type="checkbox"/> Catheter-associated urinary tract infection | | 13. <input type="checkbox"/> Deep vein thrombosis/pulmonary embolism | |
| 14. <input type="checkbox"/> Falls/trauma | | 15. <input type="checkbox"/> Foreign object retained after surgery | |
| 16. <input type="checkbox"/> Iatrogenic pneumothorax with venous catheterization | | | |
| 17. <input type="checkbox"/> Manifestations of poor glycemic control | | 18. <input type="checkbox"/> Stage III or IV pressure ulcers | |
| 19. <input type="checkbox"/> Surgical site infection | | 20. <input type="checkbox"/> Vascular catheter-associated infection | |
| 21. Patient under 21 years old? | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 22. Patient's name: | | | |
| 23. Client Index Number (CIN): | | | |
| 24. Does the patient have Managed Care Medi-Cal? | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 25. Patient's address: | | | |
| City: | | State: | Zip Code: Apt.: |
| 26. Name of person completing report: | | | |
| 27. Title: | | | |
| 28. Phone: | | Email: | Fax: |

Signature: _____ Date: _____

29. Mark "PROTECTED HEALTH INFORMATION: CONFIDENTIAL" and send completed report related to a Medi-Cal beneficiary within 5 working days of discovery to:

Via Secure Fax
Department of Health Care Services
Audits and Investigations Division
Occurrence of Provider-Preventable Conditions
(916) 650-6720

Via U.S. Post Office
Department of Health Care Services
Occurrence of Provider-Preventable Condition
Audits and Investigations Division, MS 2100
P.O. Box 997413
Sacramento, CA 95899-7413

Via UPS, FedEx, or Golden State Overnight
Department of Health Care Services
Occurrence of Provider-Preventable Condition
Audits and Investigations Division, MS 2100
1500 Capitol Ave., Suite 72.624
Sacramento, CA 95814-5006

INSTRUCTIONS

*Providers must complete and send one form for each provider-preventable condition (PPC). **Please note that reporting PPCs to the Department of Health Care Services for a Medi-Cal beneficiary does not preclude the reporting of adverse events and healthcare associated infections (HAIs), pursuant to the Health and Safety Code, to the California Department of Public Health for the same beneficiary.** Providers must report any PPC to DHCS that **did not exist prior to the provider initiating treatment** for a Medi-Cal beneficiary, even if the provider does not intend to bill Medi-Cal.*

Facility information (boxes 1-4)

1. Enter name of facility where the PPC occurred.
2. Enter the facility's National Provider Identifier (NPI).
3. Check the appropriate box if the PPC occurred in an inpatient or outpatient facility.
4. Enter the street address, city, state, and zip code of the facility where the patient was being treated when the PPC occurred.

PPC – Other Provider-Preventable Condition (boxes 5-8)

5. If reporting an OPPC (inpatient or outpatient), enter the date (mm/dd/yyyy) that the OPPC occurred.
6. Check the box if the provider performed the wrong surgical or other invasive procedure on a patient.
7. Check the box if the provider performed a surgical or other invasive procedure on the wrong body part.
8. Check the box if the provider performed a surgical or other invasive procedure on the wrong patient.

PPC – Health Care-Acquired Condition (boxes 9-20)

HCACs are the same conditions as hospital-acquired conditions (HACs) that are 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.

9. If reporting an HCAC (inpatient only), enter the date (mm/dd/yyyy) that a provider detected the HCAC.
10. Check the box if a patient experienced a clinically significant air embolism.
11. Check the box for an incidence of blood incompatibility.
12. Check the box if a patient experienced a catheter-associated urinary tract infection.
13. Check the box if the patient experienced deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement in an inpatient setting. Do **not** check the box if the patient was under 21 or pregnant at time of PPC.
14. Check the box if the patient experienced a significant fall or trauma that result in:
 - Fracture
 - Dislocation
 - Intracranial injury
 - Crushing injury
 - Burn
 - Electric shock
15. Check the box for any unintended foreign object retained after surgery.
16. Check the box if the patient experienced iatrogenic pneumothorax with venous catheterization.
17. Check the box if the patient experienced any of the following manifestations of poor glycemic control:
 - Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma
 - Secondary diabetes with ketoacidosis
 - Secondary diabetes with hyperosmolarity
18. Check the box if the patient developed a stage III or stage IV pressure ulcer.
19. Check the box if a patient experienced:
 - Mediastinitis following coronary artery bypass graft (CABG)
 - A surgical site infection following:
 - Bariatric surgery
 - Laparoscopic gastric bypass
 - Gastroenterostomy
 - Laparoscopic gastric restrictive surgery

- A surgical site infection following: *(continued)*
 - Orthopedic procedures
 - Spine
 - Neck
 - Shoulder
 - Elbow
 - Cardiac implantable electronic device (CIED) procedures
20. Check the box if a patient experienced a vascular catheter-associated infection.

Patient information (boxes 21-25)

21. Check “yes” if the patient was under 21 years old or “no” if the patient was age 21 or older when the PPC occurred.
22. Enter beneficiary’s name (last, first, middle) as listed on the Beneficiary Identification Card.
23. Enter beneficiary’s Client Index Number (CIN) from the Beneficiary Identification Card.
24. Check “yes” if the beneficiary receives Medi-Cal through a managed care contract or “no” if the patient has Fee-For-Service (FFS) Medi-Cal.
25. Enter beneficiary’s home street address, including city, state, zip code, and apartment number, if applicable.

Provider Contact information (boxes 26-28)

26. Enter the name of the person completing this report.
27. Enter the title of the person completing this report.
28. Enter a work phone number, email address, and fax number where DHCS can contact the person completing this report.

Department of Health Care Services (box 30)

29. Providers must send this form to the Department of Health Care Services (DHCS), Audits and Investigations Division via fax, U.S. Post Office, UPS, or FedEx. Providers must submit the form within five (5) working days of discovery of the event and confirmation that the patient is a Medi-Cal beneficiary. The preferred methods of sending the reports for confidentiality are No. 1, overnight courier with appropriate marking, No. 2, secure fax machine with appropriate marking, and No. 3, U.S. mail with appropriate marking. Providers must comply with HIPAA and any other relevant privacy laws to ensure the confidentiality of patient information. Providers may email questions about PPCs to PPCHCAC@dhcs.ca.gov.

THE INFORMATION CONTAINED IN THE COMPLETED FORMS IS PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION, UNDER FEDERAL (HIPAA) LAWS AND CA STATE PRIVACY LAWS. IT MUST BE SHARED ONLY WITH DHCS’ AUDITS AND INVESTIGATIONS DIVISION. THE PROVIDER IS RESPONSIBLE FOR ENSURING THE CONFIDENTIALITY OF THIS INFORMATION.