HealthPlan OF SAN MATEO

CONFIDENTIAL

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. Providers must complete and send one form for each provider-preventable condition (PPC). Please see attached instructions for completing this form.

1. Name of facility:	2. National Provider Identifier (NPI):
3. Type of facility: ☐ Inpatient ☐ Outpatient	
4. Address:	
City: State: Zip code:	
PPC — Other Provider-Preventable Condition (OPPC) in any health care setting:	
5. Date of OPPC:	
6. ☐ Wrong surgery/invasive procedure	
7. ☐ Surgery/invasive procedure on the wrong body part	
8. ☐ Surgery/invasive procedure on the wrong patient	
PPC — Health Care-Acquired Conditions (HCAC) in an acute inpatient setting:	
9. Date of HCAC:	
10. ☐ Air embolism	11. ☐ Blood incompatibility
12. ☐ Catheter-associated urinary tract infection	13. ☐ Deep vein thrombosis/pulmonary embolism
14. ☐ Falls/trauma	15. ☐ Foreign object retained after surgery
16. ☐ Iatrogenic pneumothorax with venous catheterization	
17. ☐ Manifestations of poor glycemic control	18. ☐ Stage III or IV pressure ulcers
19. ☐ Surgical site infection	20. ☐ Vascular catheter-associated infection
21. Patient under 21 years old? ☐ Yes ☐ No	
22. Patient's name:	
23. Client Index Number (CIN):	
24. Patient's address:	
City: State: Zip code:	
25. Name of person completing report:	
26. Title:	
27. Phone: Email: Fax:	

Signature: _____ Date: ____ / ____ / _____

28. Send completed report related to a HPSM Medi-Cal member within five (5) working days of discovery to:

Via Secure Fax

Health Plan of San Mateo
Occurrence of Provider-Preventable Conditions
(650) 616-8046

Via U.S. Post Office, UPS, FedEx

Health Plan of San Mateo
Occurrence of Provider-Preventable Condition
Recoveries — ***Confidential***
701 Gateway Blvd. #400
South San Francisco, CA 94080

INSTRUCTIONS

Please note that reporting PPCs for a HPSM Medi-Cal member 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 member. Providers must report any PPC to HPSM that* ***did not exist prior to the provider initiating treatment*** *for a HPSM Medi-Cal member, even if the provider does not intend to bill for Medi-Cal reimbursement.*

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)

1. If reporting an OPPC (inpatient or outpatient), enter the date (mm/dd/yyyy) that the OPPC occurred.
2. Check the box if the provider performed the wrong surgical or other invasive procedure on a patient.
3. Check the box if the provider performed a surgical or other invasive procedure on the wrong body part.
4. 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 (UTI).
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 resulted 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
        - 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 (BIC) or HPSM Medi-Cal Member ID Card.

23. Enter beneficiary's Client Index Number (CIN) from the Beneficiary Identification Card (BIC) or HPSM Medi-Cal Member ID Card.

24. Enter beneficiary's home street address, including city, state, zip code, and apartment number, if applicable.

25. Enter the name of the person completing this report.

Provider Contact information (boxes 26-28)

26. Enter the title of the person completing this report.

27. Enter a work phone number, email address, and fax number where HPSM can contact the person completing this report.

28. Providers must send this form to HPSM and must submit the form within five (5) working days of discovery of the event and confirmation that the patient is a HPSM Medi-Cal member. The preferred methods of sending the reports for confidentiality are 1, overnight courier with appropriate marking, 2, secure fax machine with appropriate marking, and 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.

THE INFORMATION CONTAINED IN THE COMPLETED FORMS IS PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION, UNDER FEDERAL (HIPAA) LAWS AND CA STATE PRIVACY LAWS. THE PROVIDER IS RESPONSIBLE FOR ENSURING THE CONFIDENTIALITY OF THIS INFORMATION.