

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services (CMCS)**

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Toby Douglas  
Director of Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

JUL - 9 2012

RE: California State Plan Amendment TN: 12-004

Dear Mr. Douglas:

We have reviewed the proposed amendment to Attachments 4.19-A, 4.19-B, and 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-004. This amendment proposes for the non-payment of identified provider-preventable conditions (PPCs), effective July 1, 2012.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 12-004 is approved effective July 1, 2012. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Mann".

Cindy Mann  
Director, CMCS

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 12-004	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
4. PROPOSED EFFECTIVE DATE July 1, 2012		
5. TYPE OF PLAN MATERIAL (Check One):		

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447, 434, 438; Social Security Act 1902(a)(4), 1902(a)(6), 1903	7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$454,000      \$(113,500) b. FFY 2013      \$454,000      \$(454,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 16a Attachment 4.19-A, Page 52 Attachment 4.19-A, Page 53 Attachment 4.19-A, page 54 Attachment 4.19-B, page 78 67 Attachment 4.19-B, page 79 68 Attachment 4.19-D, page 33 Attachment 4.19-D, page 34	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:  
  
Payment adjustment for Provider-Preventable Conditions

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

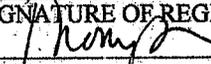
OTHER, AS SPECIFIED:  
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED:	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: JUL - 3 2012
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS
23. REMARKS:	

Reimbursement to Out-of-State Hospitals for Inpatient Services Provided  
to Medi-Cal Beneficiaries (continued)

Medi-Cal will adjust payment to out-of-state inpatient hospitals for provider preventable conditions, as described in 4.19-A. When treating a Medi-Cal patient, out-of-state providers must comply with the reporting provisions for provider preventable conditions described in Attachment 4.19-A.

State/Territory: California

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Payment Adjustment for Provider-Preventable Conditions

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Medi-Cal meets the requirements of 42 CFR Part 447, Subpart A, and Social Security Act sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-A.

- Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-A.

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

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TN No. 12-004  
Supersedes  
TN No. None

Approval Date: JUL - 3 2012

Effective Date: July 1, 2012

Medi-Cal does not reimburse providers for provider-preventable conditions (PPC).  
Provider-preventable conditions mean the following:

- Health Care-acquired Condition (HCAC), as identified in Title 42 of the Code of Federal Regulations, Part 447.26(b).
- Other Provider-Preventable Condition (OPPC), as identified in Title 42 CFR Part 447.26(b).

Providers shall report any PPCs that did not exist prior to initiation of treatment for that patient by the provider(s) that are associated with the course of treatment furnished to Medi-Cal patients for which Medi-Cal payment would otherwise be available. The reporting will be directed to the State. In addition to providers identifying PPCs using the Medi-Cal PPC reporting form, the State will identify and evaluate for payment adjustment any PPCs that it discovers or is made of aware of through other means, including reporting of a PPC by a beneficiary, other providers, or entity communicated in any manner; any review of Medi-Cal claims performed by the State, including audits and Treatment Authorization Requests (TARs); and reviewing charts. The State will accumulate these occurrences, evaluate whether a payment was made, and examine the details regarding each occurrence. The State understands the importance of implementing the provisions of payment adjustments when they occur, regardless of the provider's intent to bill. The State will use the "Federal Voluntary Self-Disclosure Protocol" regarding the evaluation and examination of the PPCs reported in the inpatient and outpatient settings.

Reduction in payment shall be limited to identified PPCs that would otherwise result in an increase in payment and to the extent that the State can reasonably isolate for nonpayment, that portion of the payment directly related to the PPC. Medi-Cal will not reduce payment for a PPC that existed prior to initiation of treatment for that patient by that provider. If the State has not yet paid the claim to treat the PPC, the State will deny payment to the same provider for any isolated acute days to treat a PPC that was not present upon admission in excess of the medically necessary days to treat the condition for which the patient was admitted. If the State previously paid for the PPC, the State will withhold future payment to the provider in an amount equivalent to any increase in payment to treat the PPC that the provider did not identify as existing prior to initiating treatment for that patient.

For providers that the State pays using the diagnosis-related grouping (DRG) system, the State will not pay increased payment solely attributable to any PPCs not present upon admission when the department considers that the presence of HCAC diagnosis and procedure codes affect the DRG assignment and payment for the resulting DRG. The POA indicator will be utilized on the claim form and the payment will be priced through the DRG grouper software to ensure no additional payment was provided for PPCs that were not present on admission. In addition, the State may disallow payment for the inpatient claim and any other related claims subject to the department's quality

review and determination that the services provided meet the OPPC definition. In addition to identifying PPCs through the present on admission indicator, the State will also identify and evaluate for payment adjustment any PPCs that it discovers or is made of aware of through other means, including reporting of a PPC by a beneficiary, provider, or entity communicated in any manner; any review of Medi-Cal claims performed by the State, including audits and Treatment Authorization Requests (TARs) and reviews of charts.

The State will adjust Medicare crossover payments to remove additional payment for PPCs. If the Medicare crossover claim has a PPC diagnosis that was not present prior to the initiation of treatment for the patient by that provider, the State will exclude the PPC from the payment calculation when it can reasonably isolate increased payments directly attributable to the PPC.

The State may examine reported and discovered PPCs.

State/Territory: California

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Payment Adjustment for Provider-Preventable Conditions

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Medi-Cal meets the requirements of 42 CFR Part 447, Subpart A, and Social Security Act sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-B.

- \_\_\_\_\_ Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B.

- X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

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TN No. 12-004  
Supersedes  
TN No. None

Approval Date: JUL - 3 2012

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Medi-Cal does not reimburse providers for Other Provider-Preventable Conditions (OPPC), as identified in Title 42 CFR Part 447.26(b).

Providers shall report any OPPCs that did not exist prior to initiation of treatment for that patient by the provider(s) that are associated with the claim for treatment furnished to Medi-Cal patients for which Medi-Cal payment would otherwise be available. The reporting will be directed to the State. In addition to providers identifying PPCs using the Medi-Cal PPC reporting form, the State will identify and evaluate for payment adjustment any PPCs that it discovers or is made of aware of through other means, including reporting of a PPC by a beneficiary, other providers, or entity communicated in any manner; any review of Medi-Cal claims performed by the State, including audits and Treatment Authorization Requests (TARs); and reviewing of charts. The State will accumulate these occurrences, evaluate whether a payment was made, and examine the details regarding each occurrence. The State understands the importance of implementing the provisions of payment adjustments when they occur, regardless of the provider's intent to bill. The State will use the "Federal Voluntary Self-Disclosure Protocol" regarding the evaluation and examination of the OPPCs reported in the inpatient and outpatient settings.

Reduction in payment shall be limited to identified OPPCs that would otherwise result in an increase in payment and to the extent that the State can reasonably isolate for nonpayment, that portion of the payment directly related to the OPPC. Medi-Cal will not reduce payment for an OPPC that existed prior to initiation of treatment for that patient by that provider. If the State has not yet paid the claim to treat the OPPC, the State will deny payment to the same provider for the treatment of an OPPC that was not present upon admission in excess of the expected payment for treatment of the condition for which the patient was admitted. If the State previously paid for the OPPC, the State will withhold future payment to the provider in an amount equivalent to any increase in payment to treat the OPPC that the provider did not identify as existing prior to initiating treatment for that patient.

The State will adjust Medicare crossover payments to remove additional payment for OPPCs. If the Medicare crossover claim has an OPPC diagnosis that was not present prior to the initiation of treatment for the patient by that provider, the State will exclude the OPPC from the payment calculation when it can reasonably isolate increased payments directly attributable to the OPPC.

The State may examine reported and discovered OPPCs.

State/Territory: California

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Payment Adjustment for Provider-Preventable Conditions

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Medi-Cal meets the requirements of 42 CFR Part 447, Subpart A, and Social Security Act sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-A.

- Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-D.

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

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TN No. 12-004  
Supersedes  
TN No. None

Approval Date: JUL - 3 2012

Effective Date: July 1, 2012

Medi-Cal does not reimburse providers for Other Provider-Preventable Condition (OPPC), as identified in Title 42 CFR Part 447.26(b).

Providers shall report any OPPCs that did not exist prior to initiation of treatment for that patient by the provider(s) that are associated with the claim for treatment furnished to Medi-Cal patients for which Medi-Cal payment would otherwise be available. The reporting will be directed to the State. In addition to providers identifying PPCs using the Medi-Cal PPC reporting form, the State will identify and evaluate for payment adjustment any PPCs that it discovers or is made of aware of through other means, including reporting of a PPC by a beneficiary, other providers, or entity communicated in any manner; any review of Medi-Cal claims performed by the State, including audits and Treatment Authorization Requests (TARs); and reviewing charts. The State will accumulate these occurrences, evaluate whether a payment was made, and examine the details regarding each occurrence. The State understands the importance of implementing the provisions of payment adjustments when they occur, regardless of the provider's intent to bill. The State will use the "Federal Voluntary Self-Disclosure Protocol" regarding the evaluation and examination of the OPPCs reported in the inpatient and outpatient settings.

Reduction in payment shall be limited to identified OPPCs that would otherwise result in an increase in payment and to the extent that the State can reasonably isolate for nonpayment, that portion of the payment directly related to the OPPC. Medi-Cal will not reduce payment for an OPPC when the OPPC existed prior to initiation of treatment for that patient by that provider. If the State has not yet paid the claim to treat the OPPC, the State will deny payment to the same provider for the days and services pertaining to treatment of an OPPC that was not present upon admission in excess of the expected payment for the days and services pertaining to treatment of the condition for which the patient was admitted. If the State previously paid for the OPPC, the State will withhold future payment to the provider in an amount equivalent to any increase in payment to treat the OPPC that the provider did not identify as existing prior to initiating treatment for that patient.

The State will adjust Medicare crossover payments to remove additional payment for OPPCs. If the Medicare crossover claim has an OPPC diagnosis that was not present prior to the initiation of treatment for the patient by that provider, the State will exclude the OPPC from the payment calculation when it can reasonably isolate increased payments directly attributable to the OPPC.

The State may examine reported and discovered OPPCs.

ENCLOSURE

Revised Pages for:  
CALIFORNIA MEDICAID STATE PLAN  
Under Transmittal of  
STATE PLAN AMENDMENT (SPA)  
**12-004\***

All new pages will have this SPA\* number identified as the new TN No., so it will not be repeated for each new insert pages.

<b>Remove Page(s)</b>	<b>Insert Page (s)</b>
None	Attachment 4.19-A, page 16a
None	Attachment 4.19-A, pages 52-54
None	Attachment 4.19-B, pages 67-68
None	Attachment 4.19-D, pages 33-34