Private Hospital Directed Payment (PHDP) Phase II – Check-In Call

Thursday, April 4th, 2019

L.A. Care
HEALTH PLAN®

For All of L.A.

All participants are **muted** upon entry…
Please communicate via the **CHAT** feature

Participants | Chat | Recorder | Notes

Please type your question/comment here and click "Send". | Send
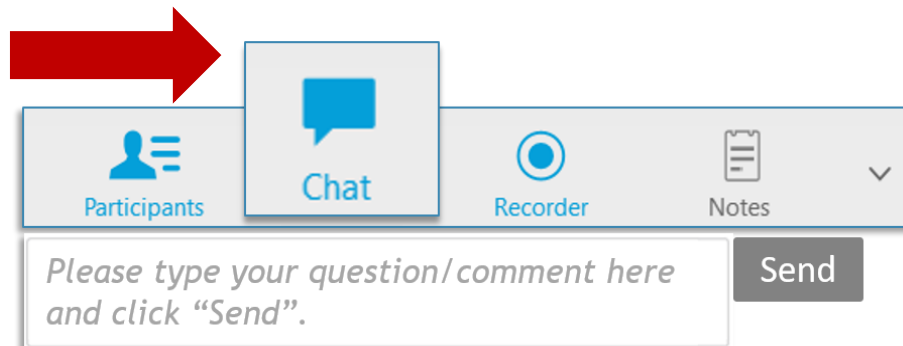
Agenda

1. ## Introduction & Meeting Purpose

   James Alvarez, Program Manager, Enterprise Quality Management

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2. ## Contract Services Flagging

   James Alvarez, Program Manager, Enterprise Quality Management

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   Greg White, Director, Healthcare Analytics

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Introduction & Purpose

James Alvarez, Program Manager, Enterprise Quality Management

Plan Partners – Contact Information

James Alvarez, Program Manager, Enterprise Quality Management

Plan Partners Meeting – Contact Information

- Care 1st / Promise:
  Care1stEncounter_OPS@blueshieldca.com

- Anthem:
  Andrew.farmer@anthem.com
  Jamie.louwerens@anthem.com

Contract Services Flagging

James Alvarez, Program Manager, Enterprise Quality Management

Contract Services Flagging Recap

- L.A. Care Health Plan (L.A. Care) submitted our Master file to DHCS on Friday, 03/29/19.

- The overall effort was challenging for many Hospitals. (For more information regarding the unbroken chain concept guidelines provided by DHCS, please reference the DHCS toolkit.)

- In future phases, we will make more time available to meet with Hospitals to discuss their issues.

- We received several last minute questions regarding flagging by Plan Partners. We will include Plan Partners in future webinars to promote communication between all.

Phase II Encounter File Remediation

James Alvarez, Program Manager, Enterprise Quality Management

Phase II Encounter File Remediation

- Updated encounter data files were distributed on Thursday, 03/18/19.
- There were four (4) files which included:

Name	Description
L.A. Care Rejections (LACR)	• Were accepted on intake • Failed L.A. Care encounter edits
DHCS Rejected (DHCSR)	• Were accepted on intake • Passed L.A. Care encounter edits • Failed DHCS edits when submitted
Paid Claim Extract Rejections (ER)	• Were paid through L.A. Care's claims system (QNXT) • Had adequate data to pay the claim • Failed L.A. Care's encounter edits
Paid Claim Extract Rejections (E) <u>from the Edifecs System.</u>	• Contains rejected claims, from Edifecs, that could not be extracted as encounters. The rejection status code is 'E'. • All other information is the same format as the other claims reject file. The only difference is the data format.

Future File Distribution

James Alvarez, Program Manager, Enterprise Quality Management

Phase II Encounter File Remediation

- L.A. Care will only send / distribute files via sFTP in the future. This for both Contract Services Flagging and Encounter Remediation data.

- Secured e-mail was used only for this initial year of the PHDP program to ensure Hospitals had access to their Encounter data, and would be able to fully participate.

- We strongly encourage all Hospitals who have not yet setup their sFTP sites with L.A. Care to do so immediately. There is a very long lead time to get this setup between your organization and our IT folks, so the sooner the better.

L.A. Care sFTP Access

- A Secure Connection Credentials (PGP) using an sFTP protocol must be established to send and receive encounter data. To do this, L.A. Care will need a static IP address that we will use to grant permissions to the site. If you do not currently have one, your Internet provider should be able to set one up for you.

- **Once you have the static IP address, contact your L.A. Care Account Manager and please do the following:**

    1. **Provide the IP address**

    2. **Provide the contact information for the point of contact (POC) who will be responsible for sending and receiving the Encounter data on the sFTP site**

- Once received, credentials to access the sFTP site will be granted to your POC and we will verify that: **1)** your ability to send data on the sFTP site and **2)** it can be accessed by L.A. Care.

PHDP Claim and Encounter Correction

Greg White, Director, Healthcare Analytics

Top Errors – L.A. Care Health Plan

File: L.A. Care Health Plan Rejections

Error Code	Number	L.A. Care Error Description	Possible Solution
H51102	2154	NUBC Revenue Code is not a valid .	Encounters must be re-submitted with valid NUBC revenue codes. Revenue codes should be 4 digits
H51000	1358	The Procedure Code '97001' is not a valid CPT or HCPCS Code for this Date of Service.	This was a local code issue. 97001 was populated from a crosswalk, however 97001 was then again replaced with **97163**. Resubmit as per instructions with correct non-local code. Check codes and dates to ensure correct code is for correct date of service.
H51106	990	NUBC Condition Code is not a valid .	Encounters must be re-submitted with valid NUBC condition codes
H51082	524	ICD-10 code must be coded to the highest specificity.	Do not use any ICD-10 code with description word 'Unspecified'
B21175	216	The 'Units of Service' should be greater than 0	TBD- looking into it

Top Errors – DHCS

File: DHCS Rejections

Error Code	Number	DHCS Error Description	Possible Solution
0x000CC	6130	This encounter is a duplicate of an existing encounter	Nothing can be done from a submitter or L.A. Care perspective. DHCS shows as a duplicate.
0x001C7	4994	Diagnosis code data value is not valid as Diagnosis Related Group (229). Only codes specified in code list 229 are allowed.	**If it is MS-DRG:** • Populate 3 digits. • Make sure it's a valid MS-DRG code. • Resubmit as per provided processes. **If it is APR-DRG:** • Populate 4 digits (do not send hyphen). • Make sure it's a valid APR-DRG code. • Resubmit as per provided processes. ** DHCS has updated the APR-DRG list in their system on 11/30/2018, they no longer deny the most current (SFY 2018-19) and prior 4-digit DRGs.*
0x0015E	3108	When using Contract Type Code 01 (in Loop 2300), a DRG code must be provided	Populate appropriate APR-DRG or MS-DRG according to contract. If correct DRG is populated and resubmitted through the provided processes, this should not be edited.

Top Errors – Claims System Extraction

File: Paid Claims Rejections

Error Code	Number	Paid Claim Extraction Error Description	Possible Solution
-319	9790	PROCEDURE CODE EXPIRED	Resubmit as per instructions with a valid procedure code. Check for validity at time of service
-317	4837	PROCEDURE CODE REQUIRED	These two errors were due to an EDI issue within L.A. Care. These just need to be resubmitted as per the instructions provided.
-306	4837	HC QUALIFIER MUST EXIST FOR HCPCS CODE	
-182	1931	RENDERING PROVIDER NPI IS INVALID	For institutional outpatient claims - If attending provider NPI was not sent, populate and send with proper Attending NPI - Attending is required when the claim contains any services other than non-scheduled transportation claims as per implementation guide.
-173	1813	REFERRING/ATTENDING PROVIDER NPI IS INVALID	For institutional inpatient and long term claims - If attending provider NPI was not sent, populate and send with proper Attending NPI - Attending is required when the claim contains any services other than non-scheduled transportation claims as per implementation guide.

Top Errors – Claims System Extraction (Cont.)

File: Paid Claims Rejections

Error Code	Number	Paid Claim Extraction Error Description	Possible Solution
-3	1715	CLM05-3 VALUE NOT ACCEPTED FOR THIS LOB	Populate the valid 'Claim Frequency Code.' This is the 3rd digit of the Type of Bill
-6	688	ADJUSTMENT CRN COULD NOT BE FOUND	TBD- looking into it
-90	530	GENDER REQUIRED	Populate the Gender code in the subscriber loop in 837
-80	530	DOB REQUIRED	Populate the Date of Birth in the subscriber loop in 837

Top Errors – Claims System Extraction (Cont.)

File: Paid Claims Rejections

Error Code	Number	Paid Claim Extraction Error Description	Possible Solution
-331	415	PROCEDURE QUANTITY INVALID	TBD- looking into it
-401	379	DAYS STAY INVALID	These errors are due to claim resubmissions for type of bill with frequency code "1" adding additional services for a claim that was previously submitted. The days stay invalid is misleading as the room and board rev code had already been paid and recorded on the previous claim.
-318	219	PROCEDURE CODE INVALID	Resubmit as per instructions with a valid procedure code

Questions and Answers (Q&A)

As a reminder, please send any PHDP-related inquiries to **PNMProjects@lacare.org**