Private Hospital Directed Payment (PHDP) Check-In Call

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

Please type your question/comment here and click “Send”.

Send
Agenda

1. Introduction & Meeting Purpose
   Duc Nguyen, Program Manager, Enterprise Quality Management

2. PHDP Reminders
   Duc Nguyen, Program Manager, Enterprise Quality Management

3. Encounter Remediation Updates
   Greg White, Director, Healthcare Analytics

4. Closing
   Duc Nguyen, Program Manager, Enterprise Quality Management
PHDP Reminders

Duc Nguyen, Program Manager, Enterprise Quality Management
PHDP Timeline

- The Encounter Submission Timeline for the 01/01/2019 to 06/30/2019 Service Period is:

<table>
<thead>
<tr>
<th>Activities</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline to Submit Fee For Service (FFS) Claims to L.A. Care Health Plan (L.A. Care) (where L.A. Care is the payer)</td>
<td>Thursday, 04/30/2020</td>
</tr>
<tr>
<td>Deadline for all Encounter Data to have been received at L.A. Care</td>
<td>Friday, 05/29/2020</td>
</tr>
<tr>
<td>Department of Health Care Services (DHCS) Deadline to Receive Encounter Data</td>
<td>Tuesday, 06/30/2020</td>
</tr>
</tbody>
</table>
Process for Submitting FFS Claims Directly to L.A. Care

• Submit all corrected claims in one batch
• Use the appropriate bill type ending with “7” in Loop 2300 / Segment CLM5-3
• The original LACARE claim ID that is being corrected MUST be in Loop 2300 / Segment REF*F8*xxxxxxxxxx
• Authorization field [Loop 2300 REF G1] must state – “PHDP”
• If complete information is not provided, the replacement claim will be denied with the following information: Missing / Incomplete / Invalid replacement claim information.
• Please Note: The deadline to submit corrected claims to L.A. Care is Thursday, April 30, 2020.
Prevalent Error in Recent PHDP Phase

One of the top errors across all submitters is a DHCS rejection: 0x002C6

HCPCS ‘xxxxx’ requires an National Drug Code (NDC) code in LIN03, but none was provided.

• HCPCS code which requires an NDC code did not have an NDC code associated with it
• All are related to Physician Administered Drug (PAD) drugs
• DHCS began enforcing this edit Monday, July 01, 2019
• Enforcement based on SUBMISSION DATE not Service date
• Edit has been in place requiring these codes for years but was not enforced until Monday, July 01, 2019
• Code sets and coders need to stay updated with these requirements
## Top DHCS Errors

<table>
<thead>
<tr>
<th>Error Code</th>
<th>L.A. Care Error Description</th>
<th>Possible Solution</th>
</tr>
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</table>
| 0x001C7    | Diagnosis code data value ‘xxxx’ is not valid as Diagnosis Related Group (DRG) (229) | **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.  
*See timeline and explanation of issue in later slide* |
| 0x002C6    | HCPCS (not limited to) C9399, J0131, J1170, J1885, J2405, J2704, J3490, J7297 requires an NDC code. | Must resubmit with an NDC code. Submitter should reference Code Sets for any changes in requirements.  
*If correct NDC code WAS submitted, then issue will be addressed in later slide.* |
| 0x000CC    | 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. |
## Top DHCS Errors

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<td>0x0012F</td>
<td>Replacement and referenced encounters have mismatched claim identifier and/or Health Plan code.</td>
<td>This is DHCS processing issue, L.A. Care is working with DHCS to resolve the error.</td>
</tr>
<tr>
<td>0x00068</td>
<td>The beneficiary shows no Medi-Cal eligibility</td>
<td>DHCS shows Member not eligible.</td>
</tr>
<tr>
<td>0x3939639</td>
<td>Value of sub-element SV202-02 is incorrect. Expected HCPCS Code (130)</td>
<td>Can be due to many HCPCS related issues (i.e. local code, invalid or expired codes etc.) Ensure HCPCS code is valid National code and resubmit.</td>
</tr>
</tbody>
</table>
# Top L.A. Care Error

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<td>CAI016</td>
<td>Duplicate at ServiceLine level. DupKeyID:0 is a duplicate of DupKeyID:0 from EncounterID:xxxxxxxxxxxx.</td>
<td>Working with DHCS to determine next steps. <em>Further explanation in later slide</em></td>
</tr>
</tbody>
</table>
Update to DRG HIPPS Code Rejections from DHCS

11/30/2018
– DHCS accepts APR-DRG in HI loops only, not in HCP06 segment

11/13/2019
– DHCS claimed that they accept APR-DRG in HCP06 as well
(There is still a bug.)

01/16/2020
– DHCS finally fixed the APR-DRG in HCP06 issue

03/04/2020
– DHCS fixed the issue to accept DRG based on end Date of Service (DOS) rather than transaction date (BHT04)
Duplicate Line Error

• Claims with claim lines that were considered duplicate by DHCS are payable in the claims system

• DHCS instructed us that the edit is for lines per encounter and not a previous line from a previous encounter

  “Duplicate service lines will be denied as duplicates….Previously can mean a previous service line within the same encounter. The process checks line by line.”

• L.A. Care’s encounter process incorporated this instruction into the edit process

• L.A. Care is working with DHCS to determine if the edit can be relaxed and we can resubmit them
Please submit all your questions regarding this presentation to PHDP@lacare.org.
THANK YOU!