

Private Hospital Directed Payment (PHDP) Phase II Information Exchange Forum



L.A. Care
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For All of L.A.

Thursday, February 21st, 2019

Agenda

1. Introduction & Meeting Purpose

James Alvarez, Program Manager, Enterprise Quality Management

- a. Accomplishments since last webinar
- b. Plan Partners Meeting

2. Contract Services Flagging

James Alvarez, Program Manager, Enterprise Quality Management

- a. DHCS Guidelines
- b. Contract Services Flagging Example
- c. Issues and Accuracy
- d. Attestation
- e. Timeline for March Submission

3. Encounter Remediation

Greg White, Director, Healthcare Analytics

- a. Encounter Submission Identifiers
- b. Error File Origination
- c. Submission Deadlines
- d. Claim and Encounter Correction



Introduction & Purpose

James Alvarez, Program Manager, Enterprise Quality Management



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Accomplishments since last webinar

James Alvarez, Program Manager, Enterprise Quality Management



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Accomplishments since the last webinar

- Distributed Phase II Encounter Data Files to Hospitals via secured e-mail
- Three file types:
 1. DHCSR – DHCS Rejections
 2. LACR – L.A. Care Health Plan Rejections
 3. ER – Paid Claim Extract Rejections
- Clarification of the Phase II Encounter Data Remediation and Contract Services Flagging Work Efforts



Plan Partners Meeting – Contract Services Flagging Update

James Alvarez, Program Manager, Enterprise Quality Management



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Plan Partners Meeting – Contract Services Flagging Update

- Retroactive contracts
 - While DHCS guidelines notes that the contract should have been in place at the time of the service, Hospitals are encouraged to reach out to the Plan Partners directly for further assistance.
- Plan Partners communication process
 - Care 1st / Promise: Care1stEncounter OPS@blueshieldca.com
- Attestation requirements and process



Contract Services Flagging

James Alvarez, Program Manager, Enterprise Quality Management



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DHCS Guidelines

- C – Contracted, N – Non-Contracted, H – Hospital to Hospital
- Plan Contract Status
 - Populated by Plans
- Hospital Contract Status
 - Populated by Hospitals
- Final Contract Status
 - Plans populate this value for the final submission



DHCS Contract Services Flagging Example

Plan Contract Status (February)	Hospital Contract Status (February)	Final Contract Status (March)
N	N	N
N	H	H
C	C	C
C	C	C
N	H	H
N	N	N
C	C	C



Issues & Accuracy

- Use the Volume Chart L.A. Care provides Partners
- Populate the values in the manner prescribed by DHCS
- Do not change or alter the column names or order (we ingest the data systematically)
- How are the Partners communicating with the Hospitals on what they are flagging?



Attestation

- Plans need to provide written documentation attesting to the accuracy of the information provided
- Attestation should be completed using the template to be provided by DHCS
- Send the attestation to Eddie Calles at L.A. Care by Friday, 03/29/2019



Timeline for March Submission

Date	Action Required
03/01/2019	DHCS releases updated Volume Chart
03/04/2019	L.A. Care distributes files to Plan Partners for final flagging
03/11/2019	Plan Partners return files to L.A. Care
03/13/2019	L.A. Care distributes files to Hospitals for final review
03/22/2019	Hospital updates must be sent to L.A. Care by this date
03/28/2019	L.A. Care will submit Master file to DHCS



Encounter Submission Identifiers

Greg White, Director, Healthcare Analytics



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**IDs Assigned Throughout the
Encounter Submission Process**

Encounter Submission Identifiers

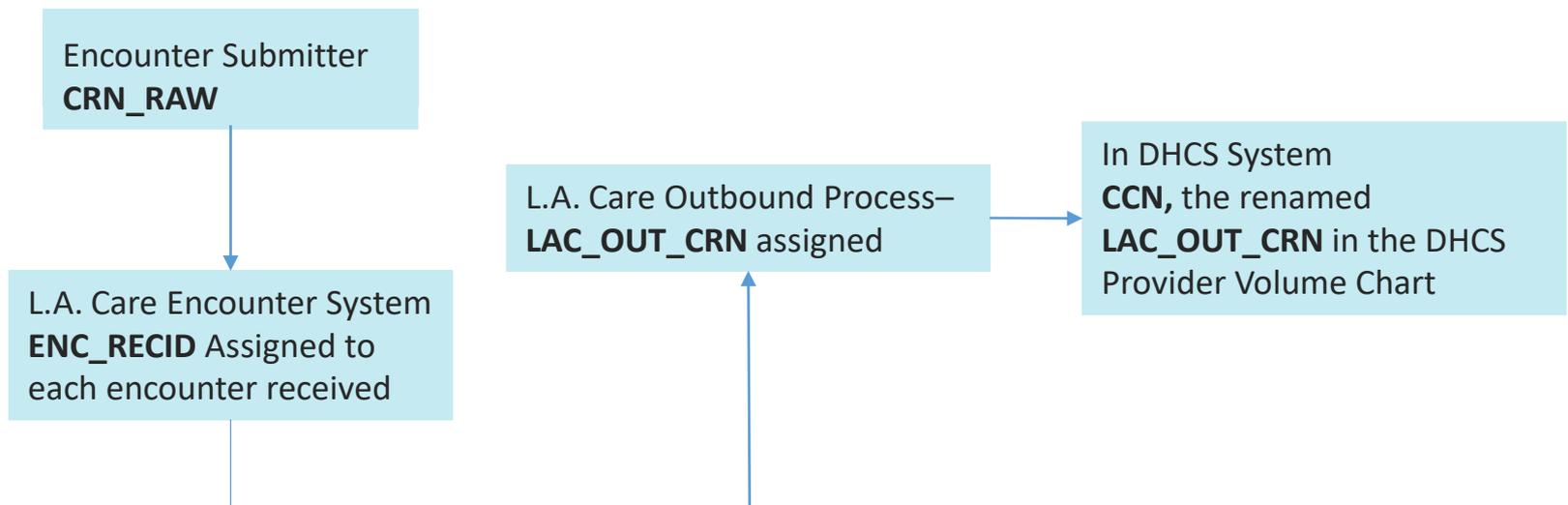
CRN_RAW – Submitters assigned claim ID

ENC_RECID – L.A. Care's identifier given to each received encounter

LAC_OUT_CRN* – Identifier sent out to DHCS.

One **LAC_OUT_CRN** can tie back to **MANY CRN_RAW**

* The **LAC_OUT_CRN** in the **DHCS Provider Volume Chart** is identified as **'CCN'**



Error File Origination

Greg White, Director, Healthcare Analytics



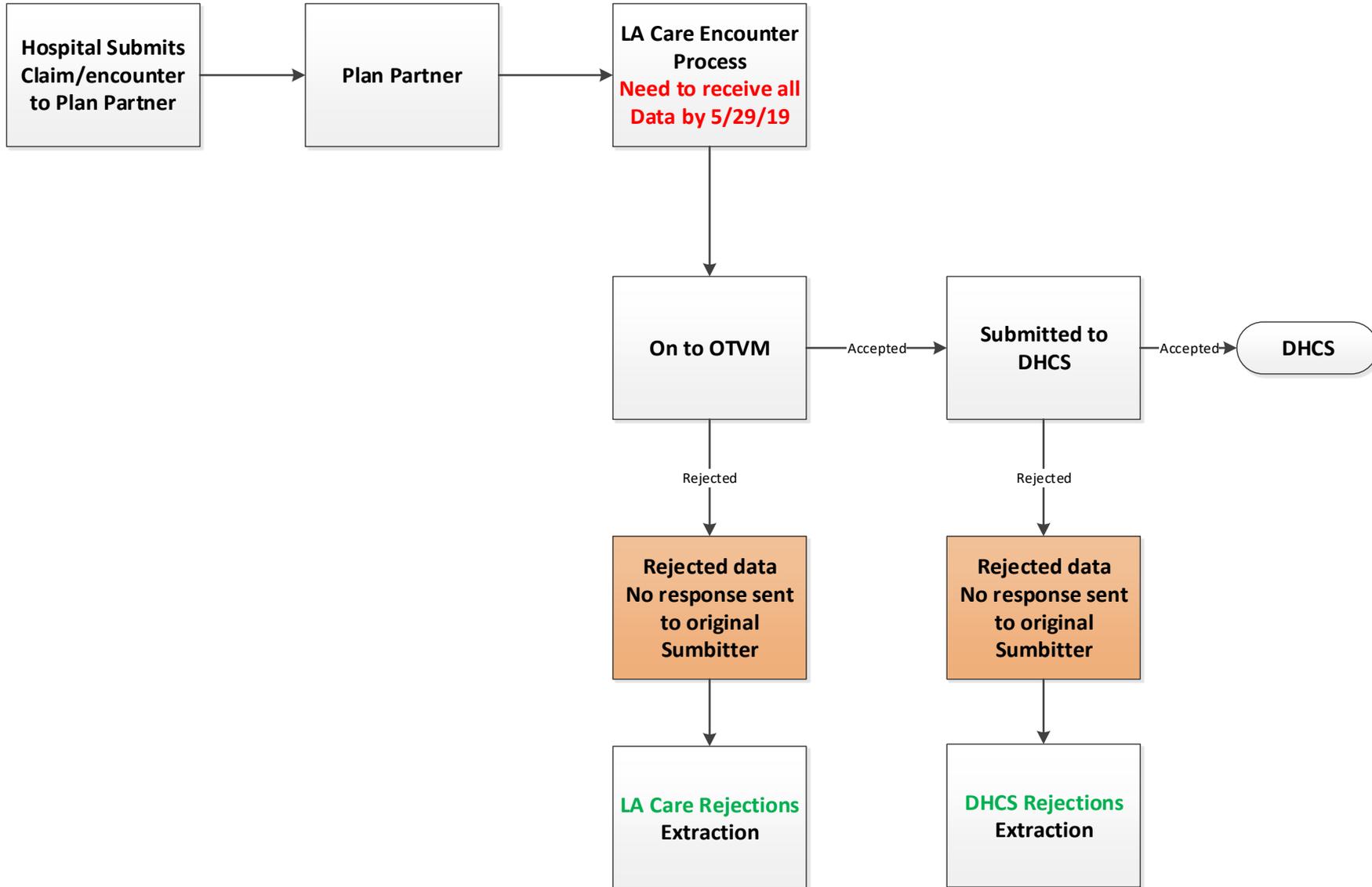
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By Submitter Type

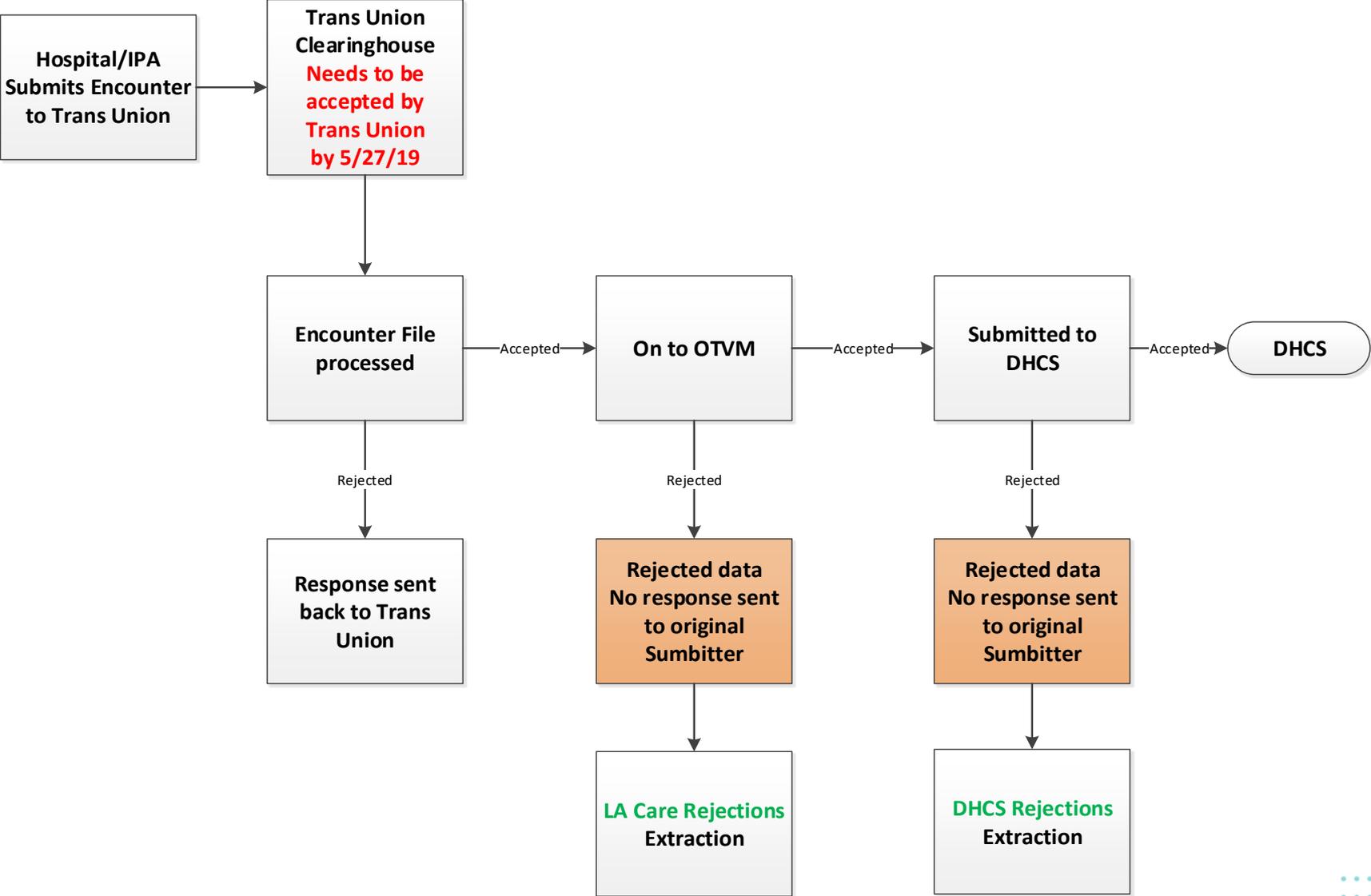
PHDP Error File Origin

Encounter Submissions by Plan Partners (Anthem, Kaiser, Promise)



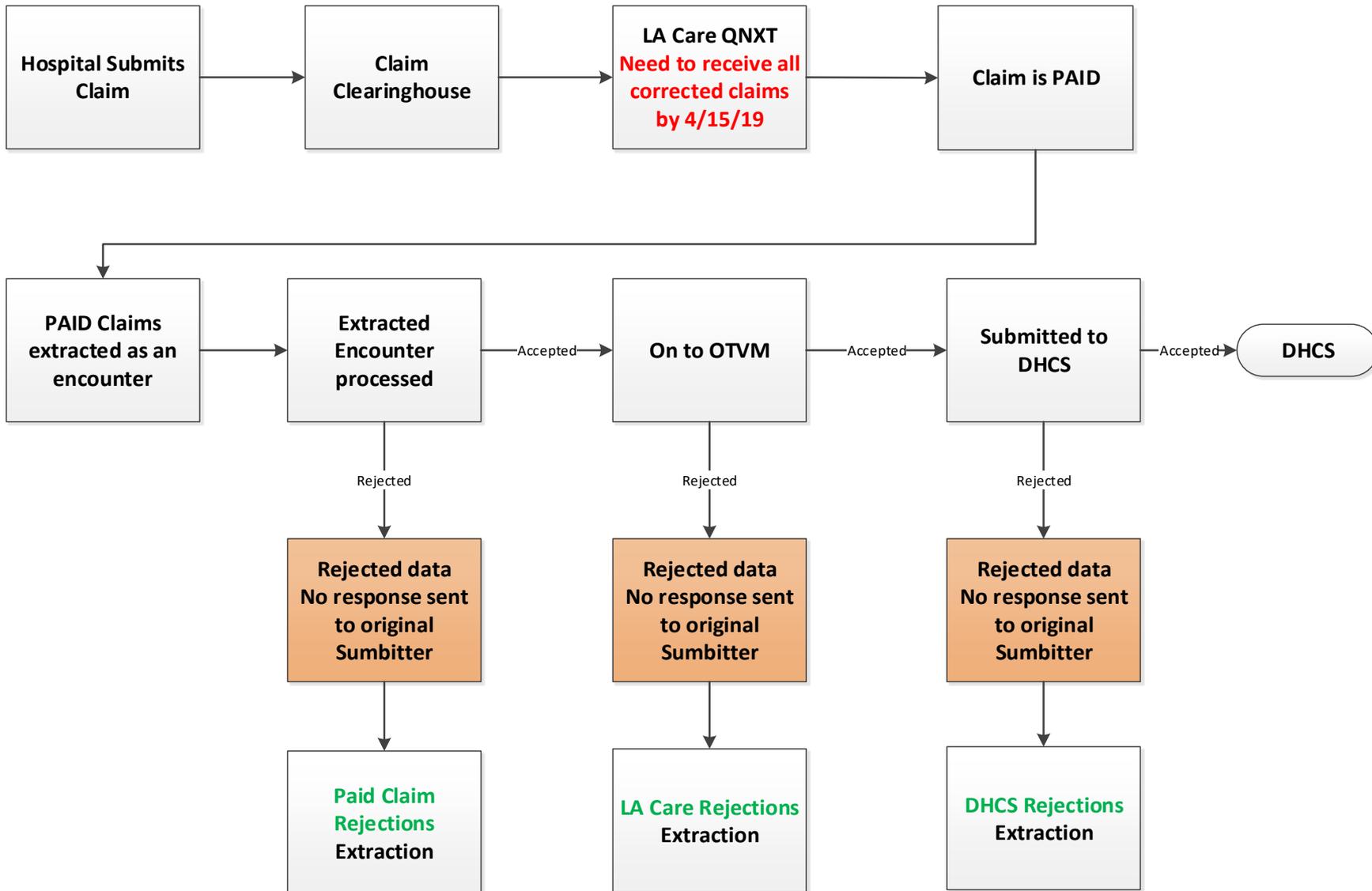
PHDP Error File Origin

Submitted Encounters Through Trans Union



PHDP Error File Origin

Submitted Claims



Error File Descriptions

- **L.A. Care Rejections**

- These are records which:
 - Were accepted on intake
 - Failed L.A. Care's encounter edits

- **DHCS Rejections**

- These are records which:
 - Were accepted on intake
 - Passed L.A. Care's encounter edits
 - Failed DHCS edits when submitted

- **Paid Claim Rejections**

- These are records which:
 - Were paid through L.A. Care's claims system (QNXT).
 - Had adequate data to pay the claim
 - Failed L.A. Care's encounter edits



Submission Deadlines

Greg White, Director, Healthcare Analytics



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By Submitter Type

Submission Deadlines*

*Dates will vary depending on your submission type

Plan Partners (Anthem, Kaiser, Promise)

In order for L.A. Care to be able to process the encounters and submit to DHCS on time, L.A. Care requires that we receive data from Plan Partners no later than Wednesday, **05/29/19**.

This is a hard deadline and cannot be extended.

This means if you submit through a Plan Partner, you will need to send data to them in time for them to process and submit to L.A. Care by this date.



Submission Deadlines*

*Dates will vary depending on your submission type

Capitated Hospitals through Trans Union

In order for L.A. Care to be able to process the encounters and submit to DHCS on time, L.A. Care requires that we receive data from Trans Union no later than Monday, **05/27/19**.

This is a hard deadline and cannot be extended.

This means if you submit through Trans Union, you will need to send data to them in time for them to process and submit to L.A. Care by this date.



Submission Deadlines*

*Dates will vary depending on your submission type

Hospitals Submitting Claims to L.A. Care

In order for L.A. Care to be able to process the encounters and submit to DHCS on time, L.A. Care requires that we receive data from Hospitals no later than Monday, **04/15/19**.

This is a hard deadline and cannot be extended.

This means if you submit through a clearinghouse or another path prior to L.A. Care receiving data, you will need to send data to them in time for them to process and submit to L.A. Care by this date.



PHDP Claim and Encounter Correction

Greg White, Director, Healthcare Analytics



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Top Errors – L.A. Care Health Plan

File: L.A. Care Health Plan Rejections

Error Code	Number	L.A. Care Health Plan Error Description
H51102	2154	NUBC Revenue Code is not a valid.
H51000	1358	The Procedure Code '97001' is not a valid CPT or HCPCS Code for this Date of Service.
H51106	990	NUBC Condition Code is not a valid.
H51082	524	ICD-10 code must be coded to the highest specificity.
B21175	216	The 'Units of Service' should be greater than 0.



Top Errors – DHCS

File: DHCS Rejections

Error Code	Number	DHCS Error Description
0x000CC	6130	This encounter is a duplicate of an existing encounter.
0x001C7	4994	Diagnosis code data value is not valid as Diagnosis Related Group (229). Only codes specified in code list 229 are allowed.
0x0015E	3108	When using Contract Type Code 01 (in Loop 2300), a DRG code must be provided.



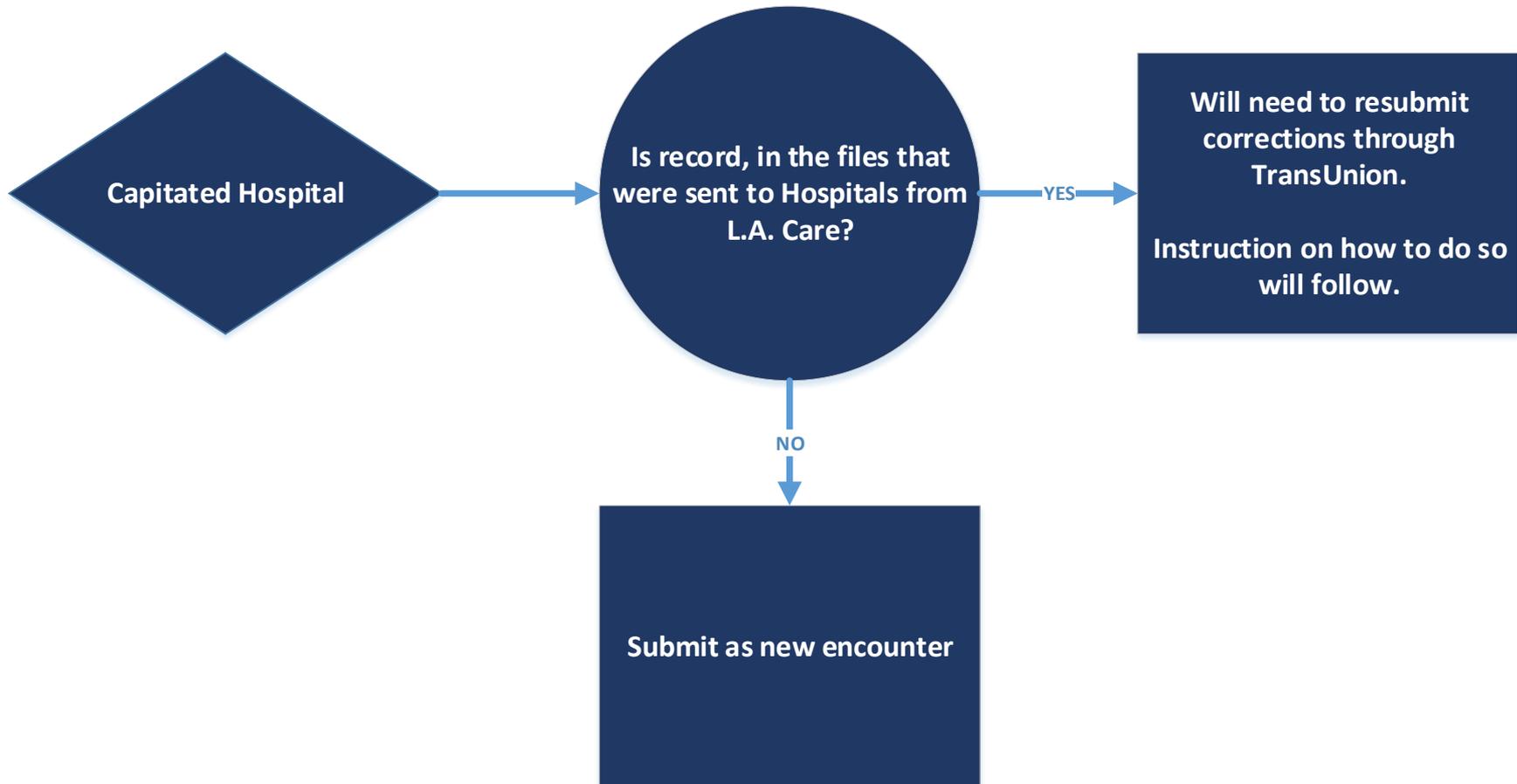
Top Errors – Claims System Extraction

File: Paid Claims Rejections

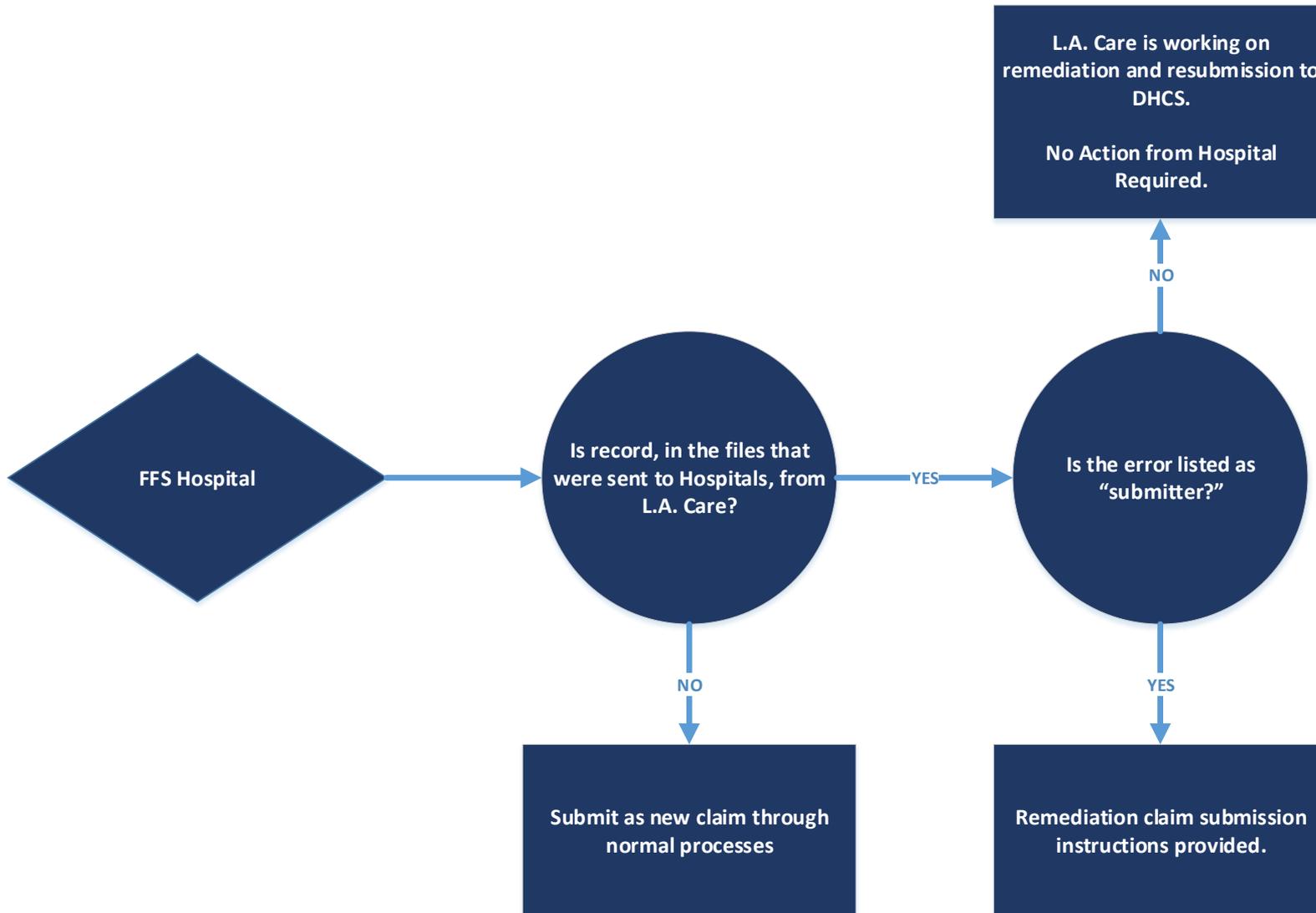
Error Code	Number	Paid Claim Extraction Error Description
-319	9790	PROCEDURE CODE EXPIRED
-317	4837	PROCEDURE CODE REQUIRED
-306	4837	HC QUALIFIER MUST EXIST FOR HCPCS CODE
-182	1931	RENDERING PROVIDER NPI IS INVALID
-173	1813	REFERRING/ATTENDING PROVIDER NPI IS INVALID
-3	1715	CLM05-3 VALUE NOT ACCEPTED FOR THIS LOB
-6	688	ADJUSTMENT CRN COULD NOT BE FOUND
-90	530	GENDER REQUIRED
-80	530	DOB REQUIRED
-331	415	PROCEDURE QUANTITY INVALID
-401	379	DAYS STAY INVALID
-318	219	PROCEDURE CODE INVALID



Decision Tree for Capitated Encounters Resubmission to TransUnion



Decision Tree for FFS Claim Resubmission Directly to L.A. Care



Process for submitting corrected 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*xxxxxxxxxxx
- 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.



Next Webinar

James Alvarez, Program Manager, Enterprise Quality Management



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Next Webinar

- Thursday, March 7th, 2019 from 10:00 a.m. to 11:00 a.m.
- Save-the-date will be forthcoming



**THANK
YOU!**

