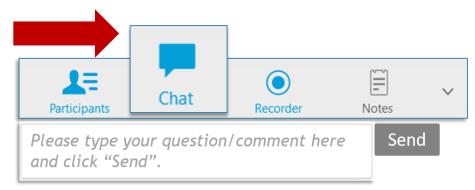
Private Hospital Directed Payment (PHDP) Check-In Call



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



Agenda

1. Introduction & Meeting Purpose

James Alvarez, Program Manager, Enterprise Quality Management

PHDP Reminders

James Alvarez, Program Manager, Enterprise Quality Management

3. Encounter Remediation Updates

Greg White, Director, Healthcare Analytics

Contract Services Flagging

Christopher Legaspi, Business Analyst III, Provider Network Management

Questions

James Alvarez, Program Manager, Enterprise Quality Management

PHDP Reminders

James Alvarez, Program Manager, Enterprise Quality Management



PHDP Timeline

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

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

Encounter Rejection File Names

Rejection File Name	File Name in the Memo	Hospital To Remediate
DHCS_Accepted	DHCS_Accepted	No
DHCS_Denied	DHCS_Rejected	Yes
ENC Rejected	Paid Claim Extract Rejections (ER)	Yes
LAC On Hold	LAC Suspended	TBD
LAC Rejected	LA Care Rejections (LACR)	Yes
	Paid Claim Extract Rejections (E) from	
ST_Rejected	the Edifecs System	Yes

PHDP Webinar Schedule & E-mail Address

- The last webinar for this service period will be taking place on Thursday, April 23, 2020
- The "Save the Date" will be sent out a week prior to the meeting
- If you have any questions or issues, please email PHDP@lacare.org

Process for Submitting Fee For Service (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*xxxxxxxxxxxx
- 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.

Encounter Remediation Updates

Greg White, Director, Healthcare Analytics



Top DHCS Errors

Error Code	L.A. Care Error Description	Possible Solution
I OXOOTO,	Diagnosis code data value 'xxxx' is not valid as Diagnosis Related Group (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. * 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.
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.
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

Error Code	L.A. Care Error Description	Possible Solution
0x0012F	Replacement and referenced encounters have mismatched claim identifier and/or Health Plan code	Investigating
0x00068	The beneficiary shows no Medi-Cal eligibility	DHCS shows Member not eligible
0x3939639	Value of sub-element SV202-02 is incorrect. Expected HCPCS Code (130)	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

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

Update to DRG HIPPS Code Rejections from DHCS

- L.A. Care Identified an issue where DHCS was rejecting entire files due to HIPPS Codes and DRG codes which were valid for time of service
- DHCS identified the issue with their PACES system and communicated it to L.A. Care January 2020
- Encounters that did not contain the erred HIPPS or DRGs were separated from the files and resubmitted in January. This process has been repeated through the fix period
- Fixes were updated into PACES in early March and testing is underway
- Data with correct HIPPS or DRG will be resubmitted through DHCS systems

Contract Services Flagging

Christopher Legaspi, Business Analyst III, Provider Network Management



Contract Flagging

- L.A. Care is in receipt of the Final Pass file received from DHCS on March 17th, 2020
- L.A. Care made 2 observations about the contents of the file, and are seeking clarity and guidance from DHCS. Until we can determine the file received is the correct file to use, L.A. Care is holding on releasing the file to its Plan Partners.
- As soon as L.A. Care and DHCS are able to confirm the Final Pass can be used, L.A. Care will kick-start the process to work with Plan Partners, and afterwards Hospitals, to determine Contract Status. L.A. Care will release a timeline with all applicable due dates.
 - Once the files are ready, please be mindful of the due dates, and please reach out to the applicable Plans in order to ensure your edits/comments are captured.

Please submit all your questions regarding this presentation to PHDP@lacare.org.



THANK