

Private Hospital Directed Payment (PHDP)

Frequently Asked Questions

Can we submit our file of data corrections directly to L.A. Care Health Plan?

No, the corrections need to go through the regular submission processes in order to be processed and submitted to DHCS.

Should I submit data to the sFTP folder we created?

The only data that should be sent to the sFTP folder are examples of items we have asked for to investigate what may have happened to specific encounters. As previously stated, the data to be submitted to DHCS needs to go through the regular channels.

Why can't the deadline for corrected claims be extended past 11/09/18?

Our processes require that we manually adjudicate the corrected claims in order for them to not be extracted as duplicates. The extraction, processing of the encounters generated from the claims, and file creation and submission to DHCS by 12/31/18 require that we collect all submissions by that date. It's not an arbitrary date.

Other plans have due dates for data much later than L.A. Care Health Plan. Why is that?

Processing and systems vary by health plan.

Some of the data you provided in the files to us have error codes that are not identified on the table provided in the presentation slides. What are these errors and what should we do with them?

If the error code (H Code) in your "Accepted" file is not on the correction table, this means the overall volume for that error for all hospitals submitting to L.A. Care Health Plan was below 200 instances. In order to concentrate on the higher volume items, in the time we had, we used the 200 limit as a cut off. If you can determine what needs to be corrected based on the error description, feel free to correct and resubmit per the instructions given in provided slides.

What are the errors on the DHCS "Rejected" file?

These are the error codes and descriptions from DHCS. We are investigating these just as we did the "H" codes to determine what, if anything, can be done. If the DHCS error describes rejection due to duplication, these cannot be "fixed" and resubmitted.

Who should I submit corrected data to?

Data submission may be dependent upon risk agreements.

If a hospital submits encounters through an IPA/PPG, who then submits to TransUnion, the hospital should work with the IPA/PPG.

If a hospital is FFS and submits claims directly to L.A. Care Health Plan, the claim needs to be remediated and resubmitted per the instructions given in provided slides.

DO NOT EMAIL DATA FILES DIRECTLY TO INDIVIDUALS AT L.A. CARE HEALTH PLAN.

