

Correction Process

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

See correction suggestion presentation slides from 03/21/2019.

Regarding fee-for-service (FFS) claims submission, once a correction is made, can I be proactive and rebill all claims that need the same corrections?

Adjusted FFS Claims where L.A. Care is the payer must be submitted via the prescribed process we have documented in our webinar documentation. Please follow these specific instructions to ensure the encounter data can be successfully submitted.

Some of the data you provided in the files to us has 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 an error code in the files you've received is not on the correction suggestions table, it's likely the overall volume for that error for all hospitals submitting to L.A. Care was below 200 instances. In order to concentrate on the higher volume items in the time we have to investigate, we used the 200 limit as a cut off. If you can determine by the error description what needs to be corrected, please correct and resubmit as per the instructions given in provided slides.

What are we supposed to correct and how do we do this? How can I determine what the error / reason is for the why an encounter was not accepted by either L.A. Care or DHCS?

DHCS has made available a file of encounter data that has been successfully received from your Hospital (Volume Chart). L.A. Care has provided you files of Encounter data that was not accepted by either DHCS or L.A. Care due to specific error reasons. You should review the reasons the encounters were rejected, correct and then submit to L.A. Care. The method for re-submission is dependent upon the way you normally send encounter data to L.A. Care. We have provided suggestions for how top errors we have received should be corrected in our PHDP webinar materials on 03/21/2019.

Deadlines

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

Processing time and systems vary by the plan.

What is the deadline to submit remediated encounter data to L.A. Care so that we are eligible for PHDP funding?

Deadlines vary, based upon submission type.

Encounters received through a Plan Partner – 05/29/2019

Capitated Hospitals through Transunion – 05/27/2019

FFS Claims where L.A. Care is payer – 04/15/2019

Why can't the deadline be extended for claims?

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 06/30/2019 require that we back into that date. The dates provided are not arbitrary and cannot be moved.

Encounter Remediation Data Files

How can I determine which Claim is associated with a particular encounter?

The Claim ID field listed in the Encounter remediation files we provided is the information we received for that encounter.

How can I identify the patient name and identification number associated with this encounter?

Use the CIN (client identification number) and the date of service (DOS) we provided for the encounter and research in your system. You should be able to obtain this information. (The CIN "client identification number" is the unique identifier that is assigned by Medi-Cal for the member.)

What are the data files that you sent us?

For most hospitals, we distributed these three (3) files:

L.A. Care rejections (LACR)

DHCS rejections (DHCSR)

Paid Claim Extract Rejections (ER)

What data does the "DHCS Rejections (DHCSR)" contain?

Encounters were accepted on intake

Passed L.A. Care encounter edits

Failed DHCS edits when submitted

What data does the "L.A. Care Rejection File (LACR)" contain?

Encounters were accepted on intake

Failed L.A. Care encounter edits

What data does the "Paid Claim Extract Rejections (ER)" contain?

Encounters were paid through L.A. Care's claims system (QNXT)

Had adequate data to pay the claim

Failed L.A. Care's encounter edits

Errors & Submissions

Should I submit data corrections 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 stated prior, the data to be submitted to DHCS needs to go through the regular channels.

We resubmitted data but are still getting duplicate errors. Why?

This could be due to two (2) known reasons:

- 1. If DHCS already has this record in accepted in their system, there is nothing that can be done as submitting the same record again will create a duplication error.**
- 2. If you are submitting a corrected FFS claim through L.A. Care, you must follow the process laid out in the presentation to do so, otherwise when extracting the data, it will be seen as a duplicate of the previous paid claim.**

What are the errors on the DHCS “Rejected” file?

These are the error codes and descriptions from DHCS. We have provided tables with suggestions of how to remediate any errors from the three (3) files you should have received. If the DHCS error describes rejection due to duplication, these cannot be “fixed” and resent as DHCS sees the record as a duplicate and resubmitting will only create another duplicate error.

Who should I submit corrected data to?

Data submission may be dependent risk agreements. If a hospital submits encounters through an IPA/PPG who then submits to TransUnion, the hospital should work with who they submit data to. If a hospital is FFS and submits claims to L.A. Care, the claim needs to be remediated and resubmitted as per the instructions given in provided slides.

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

Plan Partners

How can I engage a Plan Partner to discuss our encounter remediation efforts?

Plan Partners can be contacted at the following e-mail addresses:

- Care 1st / Promise:
Care1stEncounter OPS@blueshieldca.com**
- Anthem:
Andrew.farmer@anthem.com
Jamie.louwerens@anthem.com**

Why are Plan Partners being sent the encounter data rather than it being sent to us? Hospitals are best to know who they are contracted with if there is an IPA involved as well.

Since a member is deleted to a Plan Partner, the Partner is responsible for remediating encounter data. Hence, L.A. Care sends the Partners the data and they should be working with you to make corrections. However, because encounter data can only be submitted to DHCS by L.A. Care, the Partners must submit Encounter data to L.A. Care, who will then submit to DHCS.

Miscellaneous Questions

Can we get a list of the 229 codes for DRGs?

For MS-DRG, check the CMS website

For AP-DRG check the DHCS website

What is PHDP?

Private Hospital Directed Payment (PHDP) is state program that provides funding to private Hospitals. Funding amounts are based upon the quality and accuracy of encounter data that is submitted to DHCS, and successfully passed their edits.

Why did we receive a DRG code rejection when there is a DRG code present?

See correction suggestion presentation slides from 03/21/2019.

Why is the number of encounter records contained in my DHCS volume chart less than what our Hospital systems show?

The DHCS Volume Chart contains those records that were successfully submitted (passed all edits). It may be less than what your Hospital records show because: You have rejected encounters listed in the files we provided which need to be corrected. The corrections you have made are still in process of being updated by DHCS (This process can take up to 3-4 weeks from the time L.A. Care has received the encounter.)