



**OKLAHOMA**  
Health Care Authority

**PROVIDER PREVENTABLE CONDITIONS**  
PPC FORM

**DISCLOSURES:**

As required by Title 42 of the Code of Federal Regulations, sections 447, 434 and 438, the Oklahoma Health Care Authority (OHCA) requires all SoonerCare providers to report Provider Preventable Conditions (PPCs) that are associated with claims for SoonerCare payment or a Managed Care Organization (MCO), or with courses of treatment prescribed to a SoonerCare patient for which payment would otherwise be available. Note that a PPC is not a condition that existed prior to the initiation of treatment of the member by the provider.

Providers caring for patients with either Fee-for-Service (FFS) or SoonerCare Choice or MCO must report a PPC to OHCA after discovery of a PPC and confirmation that the patient is a SoonerCare member. Providers must comply with HIPAA and any other relevant privacy laws to ensure the confidentiality of member information. Providers may meet this reporting requirement in one of two ways:

- (1) Submit a claim in the usual workflow that includes the appropriate codes for these conditions per usual coding standards.
- (2) Complete the electronic form.
- (3) Submit the form via secured email to QAAdmin@okhca.org.

**FORM FIELDS NEEDED:**

<b><u>PROVIDER INFORMATION:</u></b>			
Name of the medical facility where the patient was staying when the PPC occurred:			
10-digit National Provider (NPI) of the facility where the PPC occurred:			
Facility Street Address	City	State	Zip Code
Report the date that the PCC occurred:			
Admission date if the beneficiary was admitted to an inpatient hospital:			

<b>For PPC, report <u>one</u> of the following</b> (for up-to-date list please see <a href="#">Hospital-Acquired Conditions   CMS</a> ):	
<input type="checkbox"/>	Provider performed the wrong surgical or other invasive procedure on a patient.
<input type="checkbox"/>	Provider performed a surgical or other invasive procedure on the wrong body part.
<input type="checkbox"/>	Provider performed a surgical or other invasive procedure on the wrong patient.

**NOTE:**

The list required by the OHCA (HCACs) is the same as the minimum federally required list and matches the Medicare list (HACs) with the following exception: providers are not required to report deep vein thrombosis/pulmonary embolism following total knee/hip replacement in the inpatient setting, for pregnant women and children under 21 years of age as noted below.



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

oklahoma.gov/OHCA  
mysoonerca.org



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



**OKLAHOMA**  
Health Care Authority

<b>For HCAC, report <u>one</u> of the following if the member experienced:</b>	
<input type="checkbox"/>	A clinically significant air embolism.
<input type="checkbox"/>	An incidence of blood incompatibility.
<input type="checkbox"/>	A catheter-associated urinary tract infection.
<input type="checkbox"/>	Deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement in an inpatient setting. Do <u>not</u> report if the beneficiary was under 21 or pregnant at time of PPC.
<input type="checkbox"/>	A significant fall or trauma that resulted in fracture, dislocation, intracranial injury, crushing injury, burn or electric shock.
<input type="checkbox"/>	Any unintended foreign object retained after surgery.
<input type="checkbox"/>	Iatrogenic pneumothorax with venous catheterization.
<input type="checkbox"/>	Any of the following manifestations of poor glycemic control: diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, or secondary diabetes with hyperosmolarity.
<input type="checkbox"/>	A stage III or stage IV pressure ulcer that developed during the patient's stay in the hospital.
<input type="checkbox"/>	A surgical site infection following: <ul style="list-style-type: none"> <li>• Mediastinitis following coronary artery bypass graft (CABG).</li> <li>• Bariatric surgery for obesity (either laparoscopic gastric bypass, gastroenterostomy, or laparoscopic gastric restrictive surgery).</li> <li>• Certain orthopedic procedures: <ul style="list-style-type: none"> <li>◦ Spine</li> <li>◦ Neck</li> <li>◦ Shoulder</li> <li>◦ Elbow</li> </ul> </li> <li>• Cardiac implantable electronic device (CIED) procedures.</li> </ul>
<input type="checkbox"/>	A vascular catheter-associated infection.

<b><u>MEMBER INFORMATION:</u></b>			
Member's name ( <i>First, Middle, Last</i> ):			
Member's SoonerCare ID number:			
Member's date of birth:			
Member's Home Street Address	City	State	Zip Code

<b><u>CLAIM INFORMATION:</u></b>	
Do you intend or do not intend to submit a claim for course of treatment?	
Enter the Claim ID number ( <i>ICN</i> ) if you have already submitted a claim:	

SoonerCare will withhold payment from providers for treatment associated with acquired PPCs. OHCA will investigate all reports of PPCs, including those discovered through any means, to determine if payment adjustment is necessary.



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

oklahoma.gov/OHCA  
mysoonerCare.org



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



---

**OKLAHOMA**  
Health Care Authority

---

**PERSON SUBMITTING REPORT:**

Name:	
Title:	
Provider's Name:	
SoonerCare ID Number:	
Work Phone Number:	
Email Address:	

OHCA Revised 3/14/2024



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/OHCA](http://oklahoma.gov/OHCA)  
[mysooner care.org](http://mysooner care.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767