



<u>Payment Policy:</u> Serious Reportable Events		
<u>Original Date Approved:</u> 12/07/2017	<u>Effective Date</u> 1/1/2018	<u>Date Revised:</u> 12/23/2019
<u>Scope:</u> Commonwealth Care Alliance (CCA) Product Lines: <input checked="" type="checkbox"/> <u>Senior Care Options</u> <input checked="" type="checkbox"/> <u>One Care</u>		

PAYMENT POLICY SUMMARY

Serious Reportable Events (SREs) and Serious Reportable Adverse Events (SRAEs) are unequivocal serious, preventable adverse incidents involving death or serious harm to a patient resulting from a lapse or error in a health care facility. A listing of SRE's has been developed by the National Quality Forum (NQF). An SRE is an event that occurs on premises covered by a hospital's license that results in an adverse patient outcome, is clearly identifiable and measurable, and usually or reasonably preventable. The risk of occurrence is significantly influenced by the policies and procedures of the hospital. The event is specified as such by the Massachusetts Department of Health (DPH) and identified by the Massachusetts Executive Office of Health and Human Services (EOHHS).

Provider Preventable Conditions (PPCs) are conditions that meet the definition of Hospital Acquired Condition (HAC) or Other Provider Preventable Condition (OPPC) as defined by CMS in federal regulation 42 CFR 447.26 (b) or by the EOHHS.

PROVIDER REPORTING AND BILLING

To report a Serious Reportable Event, Serious Reportable Adverse Event, and Provider Preventable Condition(s) to CCA, providers should submit their reports to:

Commonwealth Care Alliance
PO Box 22280
Portsmouth, NH 03802-2280

A copy of the report should be faxed to CCA Chief Quality Officer: 857-246-8847

For events designated in more than one category, providers are required to report the event for each category. CCA requires all SRE, SRAE, and PPCs be reported within seven (7) calendar days of knowledge of the event. CCA may audit provider medical records at any time regarding SRE, SRAE, and PPCs to determine non-reporting. If an event is identified by CCA, all payments will be retracted for care rendered to the member and CCA will report findings to state and federal agencies for further action.

Following the initial report sent to CCA, a provider must complete a documented preventability



determination of the SRE, SRAE, and/or PPC in accordance with state requirements, and file an updated report with the Department of Public Health (DPH). A copy of the DPH report must be sent to CCA and the member no later than 30 days after the initial report to CCA.

APPLICABLE CODING GUIDELINES

Applicable coding is subject to codes being active on the date of service. The American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS), and the Executive Office of Health and Human Services (EOHHS) update codes more frequently or at different intervals than CCA policy updates; it is advised providers follow industry standards and understand this policy applies to all healthcare settings.

PROVIDER REIMBURSEMENT:

Reimbursement related to the occurrence of SREs, SRAEs, and PPCs will be adjusted according to the Present on Admission (POA) indicator guidelines as well as federal and state requirements. Adjustments will be made based on provider health services payment contracts. Preventing adverse events in healthcare is central to NQF patient safety efforts. To ensure that all patients are protected from injury while receiving care, NQF has developed and endorsed a set of SREs, SRAEs, and PPCs. This set is a compilation of serious, largely preventable, and harmful clinical events, designed to help the healthcare field assess, measure, and report performance in providing safe care.

Please refer to the list below as a guide to determine whether the reportable event may meet one of the definitions provided within this payment policy and therefore would be subject to reporting and non-payment.

CCA will not reimburse for the below SREs, SRAEs, and PPCs as categorized by the National Quality Forum (NQF):

Surgical Events:

- Surgery on the wrong body part
- Surgery performed on the wrong patient
- Wrong surgical procedure on a patient
- Retention of a foreign object in a patient after surgery or other procedure
- Intra-operative or immediately post-operative death in a normal-health patient (defined as a Class 1 patient for purposes of the American Society of Anesthesiologists patient safety initiative)

Product or Device Events:

- Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
- Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than intended
- Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility

Patient Protection Events:

- Infant discharged to the wrong person
- Patient death or serious disability associated with patient elopement (disappearance)
- Patient suicide or attempted suicide resulting in serious disability while being cared for in a healthcare facility

Care Management Events:

- Patient death or serious disability associated with a medication error (e.g. error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
- Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
- Maternal death or serious disability associated with labor or delivery on a low-risk pregnancy while being cared for in a healthcare facility
- Patient death or serious disability associated with Hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
- Death or serious disability (Kernicterus) associated with failure to identify and treat Hyperbilirubinemia in neonates
- Stage 3 or 4 pressure ulcers acquired after admission to healthcare facility
- Patient death or serious disability due to spinal manipulative therapy
- Artificial insemination with the wrong donor sperm or wrong egg

Environmental Events:

- Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility
- Any incident in which a line designated for oxygen or gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
- Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility



- Patient death or serious disability associated with a fall while being cared for in a healthcare facility
- Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility

Criminal Events:

- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider
- Abduction of a patient of any age
- Sexual assault on a patient within or on the grounds of a healthcare facility
- Death or significant injury of a patient or staff member resulting from a physical assault (i.e. battery) that occurs within or on the grounds of a healthcare facility

CCA follows, but is not solely limited to, the National Quality Forum’s list of SREs, SRAEs, and PPCs. Providers will not be reimbursed for services provided as a result of a reportable event occurring on premises covered by the provider’s license if the hospital determines the event was:

- a) Preventable
- b) Within the hospital’s control
- c) Unambiguously the result of a system failure.

AUDIT AND DISCLAIMER INFORMATION

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES

CMS Website: <http://www.mass.gov/courts/docs/lawlib/116-130cmr/130cmr433.pdf>

CMS The Practice of Acupuncture: <http://www.mass.gov/courts/docs/lawlib/230-249cmr/243cmr5.pdf>

CCA Website: <http://www.commonwealthcarealliance.org/>

Acupuncture Society of Massachusetts: <http://www.aomsm.org/masshealth>

Massachusetts Board of Registration in Medicine:
<http://www.mass.gov/eohhs/docs/borim/acupuncture/regs.pdf>



National Certification Commission for Acupuncture and Oriental Medicine:
<http://www.nccaom.org/state-licensure/>

POLICY TIMELINE DETAILS

1. December 2017 Drafted
2. Implemented 1/1/2018
3. Annual Review Revised Format, December 2019