Payment Policy

Serious Reportable Events / Provider Preventable Conditions

Purpose

The purpose of this payment policy is to document and define the regulations and managed care organization contract requirements with respect to the reporting and reimbursement of Serious Reportable Events (SREs) or Adverse Events in New Hampshire (NH) (collectively referred to as "Events"). It should be followed by responsible parties upon identification of Events and used as guidance to maintain compliance with reporting information as it relates to an Event.

Applicable Plans

☒ MHI MA Plans
☒ MHI NH Plans

Definitions

Serious Reportable Adverse Event (SRE)/Adverse Events (NH) - Events that occur on premises covered by Provider's license that results in an adverse patient outcome, is clearly identifiable and measurable, has been identified to be in a class of events that are usually or reasonably preventable, and of a nature such that the risk of occurrence is significantly influenced by Provider's policies and procedures. SREs shall include all those events identified and endorsed by the National Quality Forum as Serious Reportable Events. For NH providers this list also includes the exposure of a patient to a non-aerosolized bloodborne pathogen by a health care worker's intentional, unsafe act.

Never Event - Any wrong procedure(s) performed on the wrong side, wrong body part, or wrong person. These never events are not medically necessary as they are not required to diagnose or treat an illness, injury, disease or its symptoms, and are not consistent with generally accepted standards of medical practice. All never events involving a wrong procedure performed on the wrong side, wrong body part, or wrong person are considered not medically necessary.

The National Quality Forum ("NQF") - A not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting, has identified 28 Serious Reportable Events and Never Events in 1 of 6 categories: surgical, product or device, patient protection, care management, environment, and criminal.

MHI Review Date: 11/1/2015, 11/01/2016

Requirements

Identification of Serious Reportable Events

MHI Plans - For purposes of this policy MHI has adopted the definitions and their revisions of Serious Reportable Events as defined by the National Quality Forum (NQF).

For purposes of the rest of this policy, the term "Events" will be used to refer to any NQF or PPC occurrences.

Reporting Requirements

All providers shall report Events to MHI within seven (7) days of the event. Providers that are required to report SREs to the Massachusetts and/or New Hampshire Department of Public Health ("DPH") shall report that event simultaneously to MHI when the event involves an MHI member.

The facility shall accomplish this reporting requirement by faxing a copy of the DPH report, currently identified in MA DPH Circular Letter DHCQ 08-07-496, or the NH DHHS OOS letter located here: http://www.dhhs.nh.gov/oos/bhfa/documents/adverseevent.pdf to the MHI Chief Medical Officer at fax number 413-734- 3356.

In order to identify inefficient care and preventable conditions, all facilities must provide Present on Admission ("POA") indicators on all inpatient claims. Failure to indicate POA conditions on an inpatient claim will result in delayed reimbursement or denial of the claim.

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MHI Reimbursement for Events

Consistent with state and federal guidelines, MHI does not reimburse providers for the cost of services that are attributable to Events. If a condition defined as an Event existed for a member prior to the onset of treatment by a provider, no reduction in payment will be imposed on that particular provider.

MHI may limit reductions in payments to providers to the extent that (1) an identified Event would otherwise result in an increase in payment and/or (2) it can reasonably isolate for nonpayment the portion of payment directly related to treatment for, and related to, the Event.

MHI will not reimburse providers for Events and for services provided as a result of an Event occurring on premises covered by the provider's license if the provider determines that the Event was preventable, within the provider's control, and unambiguously the result of a system failure. Unless otherwise prohibited by law, all providers in the operating room when the error occurs who would bill either individually or though the hospital for their services are not eligible for payment.

Providers shall not bill MHI members for charges associated with the Event for which MHI denies reimbursement, and for any subsequent care needed to address the events. Providers shall waive any copayment or deductible due from the MHI member for the admission during which the Event occurred.

MHI shall retract payment for any services after payment has been made if the claim is identified to have met the requirements for non-reimbursement as an Event.

MHI does not reimburse for readmission or follow-up care at the same facility within 30 days of discovery of the Event when the same provider, or a provider owned by the same parent organization, provides care related to an Event, correction or remediation of an Event, or subsequent complications arising from an Event.

MHI reserves the right to audit both professional and facility medical records at any time regarding Events.

MHI will not publicly disclose information reported under this policy unless otherwise required to do so by law, statute, or regulation.

Authorization Requirements

None

Attachments

None

Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT®[1]), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
MHI Provider Manual

History

Updated 11/1/2015; 11/1/2016

[1] CPT® is a registered trademark of the American Medical Association.