ADVERSE INCIDENTS

Adverse Incidents are defined as events that fall into federally mandated categories identified as Never Events (NE), Health Care Acquired Conditions (HCAC) and Other Provider Preventable Conditions (OPPC). Federal requirements mandate that providers who incur events falling under these categories (HCAC or OPPC) may be subject to claims nonpayment.

On June 6, 2011, the Centers for Medicare and Medicaid Services (CMS) established an umbrella term of provider preventable conditions (PPCs), which encompasses HCACs and other provider preventable conditions (OPPCs), and promulgated regulations regarding Medicaid program payment prohibitions for PPCs.

A HCAC is defined as “a condition occurring in any inpatient hospital setting, identified currently or in the future, as a hospital-acquired condition (HAC) by the Secretary of HHS under section 1886(d)(4)(D) of the Social Security Act (Act), other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients”. Section 5001(c) of the Deficit Reduction Action provides for the revision of the list of (HAC) conditions from time to time. (See FR, Vol. 76, No. 160, 51476-51846).

An OPPC is defined as “a condition occurring in any health care setting that meets the following criteria:

- is identified in the state’s Medicaid State Plan;
- has been found by the state, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines;
- has a negative consequence for the beneficiary;
- is auditable; includes, at a minimum
  - wrong surgical or other invasive procedure performed on a patient;
  - surgical or other invasive procedure performed on the wrong body part; and
  - surgical or other invasive procedure performed on the wrong patient.

A state’s Medicaid State Plan must prohibit payment for PPCs, including Medicaid payments for services received by individuals dually eligible for Medicare and Medicaid. Additionally, a state’s Medicaid State Plan must require that providers identify PPCs that are associated with claims for Medicaid payment or with courses of treatment furnished to Medicaid recipients for which Medicaid program payment is otherwise available.

While the definitions in the published rules provide examples from Medical/Surgical care, Community Care has added the following that were taken in part from the National Quality Forum list of events that should never happen, to be added to the OPPC definition:

1. Patient death or serious disability associated with patient elopement (disappearance)
2. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
3. Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility
4. Patient death or serious disability associated with a fall while being cared for in a healthcare facility
5. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
6. 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 as intended
7. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility
8. Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
9. Patient death or serious disability associated with the use of restraints, including being restrained by a person or by equipment, or bedrails while being cared for in a healthcare facility
10. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
11. Abduction of a patient of any age
12. Sexual assault on a patient within or on the grounds of the healthcare facility
13. 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 the healthcare facility

Therefore, in the event of an Adverse Incident:

1. Providers must report all Adverse Incidents to Community Care within 24 hours of the incident or within 24 hours of the provider learning of the incident, as stated in the Community Care Provider Manual;

2. Providers should complete and submit to DPW the OPPC Self-Reporting Form (MA-551) available on the DPW website at the following link:

   http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/p_011955.pdf

   While the form is limited in the specific examples that a provider can select, the behavioral health provider should send in the form with the details in the comments section.

3. If it is determined that the Adverse Incident falls into the HCAC or OPPC category (according to CMS statutes: 42 CFR Parts 434, 438, and 447) the result may be a non-payment of claims for the identified Member related to the Adverse Incident.