

# ADMINISTRATIVE POLICY STATEMENT

## Georgia Medicaid

Policy Name & Number	Date Effective
Sentinel Events and Provider Preventable Conditions-GA MCD-AD-1163	05/01/2024
Policy Type	
<b>ADMINISTRATIVE</b>	

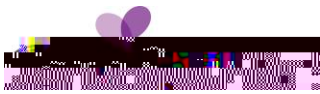
Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

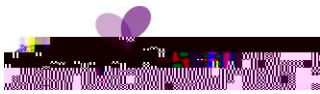
**Sentinel Events (SE) and Provider Preventable Conditions (PPC)**

B. Background

Medical errors can cause harmful or disastrous results for patients and can be related to negligence or professional misconduct, but most are preventable. In 1996, The Joint Commission (TJC) introduced a sentinel event (SE) policy to improve patient care and prevent safety events. The National Quality Forum followed by developing an initial standardized list of Serious Reportable Events (SREs). That list has been revised twice and now consists of 29 events grouped into 7 categories.

In 2011, Centers for Medicare and Medicaid Services (CMS) published a final rule implementing the requirements of Section 2702 of the Patient Protection and Affordable Care Act outlining Medicaid regulations that prohibit federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for provider preventable conditions (PPCs) specified in the regulation. It also authorized States to identify other provider-preventable conditions for which Medicaid payments will be prohibited. There are two types of PPCs: health care-acquired conditions (HCAC), reported when occurring in inpatient acute care hospitals, and other provider-preventable conditions (OPPC), reported ),





- C. Patient Protection Events
  1. patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility
  2. discharge or release of a patient/resident of any age, who is unable to make decisions
  3. patient death or serious injury associated with patient elopement
- D. Care Management Events
  1. patient death or serious injury associated with a medication error
  2. patient death or serious injury associated with unsafe administration of blood products
  3. maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting
  4. death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy
  5. patient death or serious injury associated with a fall while being cared for in a healthcare setting
  6. any Stage 3, 4, or unstageable pressure ulcers acquired after admission or presentation to a healthcare setting
  7. artificial insemination with the wrong donor sperm or wrong egg
  8. patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen
  9. patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology or radiology test results
- E. Environmental Events
  1. patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting
  2. any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas or are contaminated by toxic substances
  3. patient or staff death or serious injury associated with a burn incurred from any source during a patient care process in a healthcare setting
  4. patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting
- F. Radiologic Events
  1. death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area
- G. Potential Criminal Events
  1. any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed healthcare provider
  2. abduction of a patient/resident of any age
  3. sexual abuse or assault on a patient or staff member within or on the grounds of a healthcare setting
  4. death or serious injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a healthcare setting

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



II. Provider Preventable Conditions (PPC)

CareSource will not reimburse providers for PPCs, consisting of category 1 healthcare acquired conditions (HCACs) and category 2 other provider preventable conditions (OPPs), in accordance with CMS guidelines, including the same wholly owned healthcare system inpatient facility (IPF) for treatment of a PPC that occurred within that system. If CareSource can reasonably identify and isolate the portion of the claim directly related to the treatment of the HCAC, then CareSource will reduce reimbursement of the claim by the specific amount related to the PPC. The level of reduction will follow CMS's most recently published guidelines. The minimum set of conditions, including infections and events, that states must identify for non-payment include the following:

A. HCACs, including, but not limited to, the following:

1. c



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