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State/Territory Name: MO

State Plan Amendment (SPA) #: 13-08

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

DEC 23 2014

Brian Kinkade, Director Missouri Department of Social Services Broadway State Office Building P.O. Box 1527 Jefferson City, MO 65102

RE: Missouri State Plan Amendment TN: 13-08

Dear Mr. Kinkade:

We have reviewed the proposed amendment to Attachment 4.19-A and Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 13-08. This amendment provides for the implementation of the federal law (Section 2702 of the Affordable Care Act of 2010) which prohibits the payment of identified provider-preventable conditions (PPCs).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 13-08 is approved effective July 1, 2012. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Timothy Hill Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER8	: 2. STATE Missouri
	3. PROGRAM IDENTIFICATI TITLE XIX OF THE SOCIA (MEDICAID)	L SECURITY ACT
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE D July 1, 2012	ATE
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDER COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN		
 FEDERAL STATUTE/REGULATION CITATION: 42 CFR 434, 438, 447 Federal Register, Vol. 76, No.108, dated June 6, 2011 	7. FEDERAL BUDGET IMP a. FFY <u>2013</u> b. FFY <u>2014</u>	ACT: \$_0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, pg 14aa, 14 ab, 14ac Attachment 4.19-B, pg 2-1, 2-2	9. PAGE NUMBER OF THE SU OR ATTACHMENT (If App New Material	
 10. SUBJECT OF AMENDMENT: This state Plan Amendment provides for the implementation of paying for provider-preventable conditions. 11. GOVERNOR'S REVIEW (Check One) 		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIF	TED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO: MO HealthNet Division 615 Howerton Court P.O. Box 6500	
13. TYPE NAME: Brian Kinkade 14. TITLE: Acting Director 15. DATE SUBMITTED: September 18, 2013	Jefferson City, MO 65102	
	OFFICE USE ONLY	
17. DATE RECEIVED:	18: DATE APPROVED:	
PLAN APPROVED - O	NE COPY ATTACHED	C 2 3 2014
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF BEGIONAL OFFIC	
21. TYPED NAME: KRISTEN FAN	22 TITLE Deputy Direch	or FMG
23. REMARKS; Pentink change made to	box 8 to add page	14ac.

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FORM HCFA-179 (07-92)

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Attachment 4.19-A 14-aa

XI-1. Payment Adjustment for Provider-Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 434, 438, 447, and 1902(a)(4), 1902(a)(6), and 1903 of the Social Security Act, with respect to non-payment for provider-preventable conditions (PPC).

In addition, the Medicaid agency meets the following requirements under 42 CFR 447.26(c)(2) – (5), as follows:

(c)(2) – No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by the provider.

(c)(3) – Reductions in provider payment may be limited to the extent that the following apply:

- i. The identified provider-preventable conditions would otherwise result in an increase in payment.
- ii. The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider-preventable conditions.

(c)(5) – Non-payment of provider-preventable conditions shall not prevent access to services for Medicaid beneficiaries.

Health Care-Acquired Conditions

The state identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19- A of this State Plan.

_____ Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-A of this state plan.

_X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

State Plan TN# <u>13-08</u> Supersedes TN# <u>New Page</u> Effective Date July 1, 2012 Approval Date______ DEC 23 2014 X Additional Other Provider-Preventable Conditions identified below:

- 1. Foreign object left in a patient after surgery or other procedure;
- 2. Intra-operative or immediately post-operative death in a hormal health patient;
- 3. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility;
- 4. 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;
- 5. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility;
- 6. Infant discharged to the wrong person;
- 7. Patient death or serious disability associated with patient elopement (disappearance) for more than four (4) hours;
- 8. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility;
- Patient death or serious disability associated with a medication error (error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration);
- 10. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products;
- 11. Maternal death or serious disability associated with labor or delivery on a low- risk pregnancy while being cared for in a healthcare facility;
- 12. 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;
- 14. Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility;
- 15. Patient death or serious disability due to spinal manipulative therapy;
- 16. Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility;
- 17. Any incident in which a line designated for oxygen or other 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 healthcare facility;
- 19. Patient death associated with a fall while being cared for in a healthcare facility;
- 20. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility;
- 21. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider;
- 22. Abduction of a patient of any age; or
- 23. Sexual assault on a patient within or on the grounds of a healthcare facility;

State Plan TN# <u>13-08</u> Supersedes TN# <u>New Page</u> Effective Date July 1, 2012 Approval Date______UEC 232014 The State will identify the occurrence of PPCs and adjust provider payments as follows:

- The MMIS will flag all claims with diagnoses identified as Health Care-Acquired Conditions (HCAC) for non-payment. Of these claims, those indicating the diagnosis was "not present on admission" will edit to "Pay But Report" for retrospective clinical review and potential recoupment of inpatient days associated with the HCAC.
- The MMIS will deny payment for claims in which the Present on Admission (POA) indicator is not filled with a valid POA indicator. Valid POA indicators are:

Y = Yes - present at the time of inpatient admission N = No - not present at the time of inpatient admission

U = Unknown – documentation is insufficient to determine if condition is present on admission.

W = Clinically undetermined – provider is unable to clinically determine whether condition ws present on admission or not.

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(c)(5) – Non-payment of provider-preventable conditions shall not prevent access to services for Medicaid beneficiaries.

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B of this state plan.

Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

X Additional Other Provider-Preventable Conditions identified below:

- 1. Foreign object left in a patient after surgery or other procedure;
- 2. Intra-operative or immediately post-operative death in a normal health patient;
- Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility;
- 4. 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;
- 5. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility;
- 6. Infant discharged to the wrong person;
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- Patient death or serious disability associated with a medication error (error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
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- 15. Patient death or serious disability due to spinal manipulative therapy;
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- 17. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;
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