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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

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.

- 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.

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;
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;
9. 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;
13. 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;
18. 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;

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 was present on admission or not.

Other 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).

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- 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.

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.

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;
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;

9. 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;
13. 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;
18. 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;
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State Plan TN# 13-08

Supersedes TN# New Page

Effective Date July 1, 2012

Approval Date

~~DEC 23 2014~~