

## Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)<sup>2</sup>
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)<sup>2</sup>

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

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In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

This payment policy is effective for dates of service on or after October 1, 2016, for the products outlined below:

Tufts Health Plan administers a variety of government health care programs including Tufts Health Plan Senior Care Options (SCO) and Tufts Health Unify (both coordinated care programs providing health care benefits for dually eligible Medicaid and Medicare beneficiaries), Tufts Health Together (a program offered as part of Massachusetts' MassHealth program) and Tufts Medicare Preferred HMO (offered as part of the Medicare Advantage program). As such, these programs must adhere to the contractual and regulatory obligations under both federal and state guidelines.

Governmental programs have tried to reduce the incidence of spending health care dollars related to medical errors through a number of quality and payment initiatives. Tufts Health Plan recognizes adverse events and preventable conditions as identified and specified in several sources, including but not limited to the Centers for Medicare and Medicaid Services (CMS), the Massachusetts Department of Public Health (DPH), the Massachusetts Executive Office of Health and Human Services (EOHHS), the National Quality Forum (NQF), and HealthyMass.

In furtherance of this goal and in accordance with state and federal regulation, Tufts Health Plan does not compensate providers or permit providers to bill members for services related to care which meets the definition of a serious reportable event (SRE), serious reportable adverse event (SRAE), or a provider preventable condition (PPC), all defined below. Tufts Health Plan ensures that nonpayment of SREs, SRAEs and PPCs will not prevent access to care and continued service for our members. In addition, providers are required to notify Tufts Health Plan of SREs, SRAEs and PPCs that occur when providing services to Tufts Health Plan members no later than 15 working days of the event or the time frame required by applicable law, whichever is sooner.

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<sup>1</sup> Commercial products include HMO, POS, PPO, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

<sup>2</sup> Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

## DEFINITION

### **Serious Reportable Events (SREs) and Serious Reportable Adverse Events (SRAEs)**

These are unambiguous, serious, preventable adverse incidents involving death or serious harm to a patient resulting from a lapse or error in a healthcare facility. A listing of Serious Reportable Events (SREs) has been developed by the National Quality Forum.

For purposes of the Tufts Health Together and Tufts Health Unify programs, an SRE is an event that occurs on premises covered by a hospital's license that results in an adverse patient outcome, is clearly identifiable and measurable, usually or reasonably preventable, and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the hospital. An SRE is an event that is specified as such by the Massachusetts DPH and identified by the Massachusetts EOHHS.

### **Provider Preventable Conditions (PPCs)**

These are conditions that meet the definition of a "health care acquired condition" (HCAC) or an "other provider preventable condition" (OPPC) as defined by CMS in federal regulations at 42 CFR 447.26(b) or by the Massachusetts EOHHS.

Refer to the [National Quality Forum](#) for a list of and other information related to adverse events.

For more information, refer to the Medicaid [website](#) and to the following links:

- [CMS Hospital-Acquired Conditions \(Present on Admission Indicator\)](#)
- MassHealth Provider Manual Series: [Appendix V: MassHealth Billing Instructions for Provider Preventable Conditions](#) for information related to PPCs, including HCACs and OPPCs

## PROVIDER REPORTING AND BILLING

To report an SRE, SRAE and/or PPC to Tufts Health Plan, providers should fax their report to the Quality Management Department at 617.673.0973.

For events designated in more than one category, providers are required to report the event for each category. For example, if an event is both an SRE and PPC, providers are required to report the event to Tufts Health Plan via:

- Seven-day and 30-day DPH report submission to the Quality Management Department
- Claims submission per SRE, SRAE and PPC billing guidelines

Providers must report all SREs, SRAEs and PPCs as follows:

### **Events Designated as SREs**

For any event designated as an SRE, providers should report the event within seven calendar days of the event by submitting a [Serious Incident Reporting Form](#) to the Massachusetts DPH. Providers should subsequently submit an updated report to the DPH and to MassHealth within 30 calendar days of the event. Providers should fax a copy of each of these reports, including all appropriate diagnosis and procedure codes, to Tufts Health Plan's Quality Management Department at 617.673.0973. For further details, please see the DPH's [guidance](#) and [updated instructions](#) for reporting an SRE.

Providers cannot bill Tufts Health Plan, the member, the member's next of kin, authorized representative, or any other payer for care directly related to an SRE, correction or remediation of an SRE or subsequent complications arising from an SRE. Providers may not charge copayments and deductibles for admissions during which an SRE occurred.

Tufts Health Plan does not compensate 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 SRE, correction or remediation of an SRE, or subsequent complications arising from an SRE.

Tufts Health Plan will compensate eligible providers who accept members injured by an SRE that occurred at another facility or under another provider's care, subject to all billing and payment guidelines and policies.

### **Events Designated as SRAEs**

For any event designated as an SRAE, providers should report the event to the Quality Management Department at 617.673.0973 (via the means shown above for SREs) and follow the billing guidelines as required by CMS and/or MassHealth.

Providers cannot bill Tufts Health Plan, the member, the member’s next of kin, authorized representative, or any other payer for care directly related to an SRAE, correction or remediation of an SRAE or subsequent complications arising from an SRAE. Providers may not charge copayments and deductibles for admissions during which an SRAE occurred. In addition, Tufts Health Plan does not compensate 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 SRAE, correction or remediation of an SRAE, or subsequent complications arising from an SRAE.

Tufts Health Plan will compensate eligible providers who accept members injured by an SRE that occurred at another facility or under another provider’s care, subject to all billing and payment guidelines and policies.

**Events Designated as PPCs**

Providers should report PPCs to Tufts Health Plan by billing for services or procedures rendered as follows:

- Inpatient hospitals
  - Services not directly related to the PPC: submit a reimbursable claim
  - Services directly related to the PPC: submit a no-pay claim on bill type 110, including appropriate modifiers, reason code 11, and Present on Admission (POA) indicator for reporting purposes only
- Outpatient hospitals and freestanding ambulatory surgery centers
  - Services not directly related to the PPC: submit a reimbursable claim
  - Services directly related to the PPC: submit a no-pay claim on bill type 130, including appropriate modifiers and reason code 11 for reporting purposes only
- All other providers:
  - Services not directly related to a National Coverage Determination (NCD): submit a reimbursable claim
  - Services directly related to an NCD: submit a no-pay claim for reporting purposes only

Since HCACs and OPPCs are applicable only to hospitals and freestanding ambulatory surgery centers, all other providers should submit no-pay claims only for services directly related to NCDs.

**COMPENSATION/REIMBURSEMENT INFORMATION**

Tufts Health Plan will not compensate providers or permit providers to bill members for services related to the occurrence of SREs, SRAEs and/or PPCs. Such nonpayment will not prevent member access to health care services.

Compensation will be adjusted according to POA indicator guidelines as well as federal and state requirements. Adjustments will be made based on provider health services payment contracts. For non-APR DRG facilities contracted with Tufts Health Together, there will be a 25 percent reduction in the payment.

Use the table below as a guide to determine whether an event may meet one of the definitions above and therefore would be subject to non-payment. The table is not an exhaustive list of SREs, SRAEs and PPCs. Licensed health care providers should check federal and applicable state web sites for the most comprehensive listings.

Condition or Event	SRE	SRAE	PPC		
			HCAC	OPPC	NCD
<b>Surgical or Invasive Procedure Events</b>					
Surgery or other invasive procedure performed on the wrong body part	x	x			x
Surgery or other invasive procedure performed on the wrong patient	x	x			x
Wrong surgery or other invasive procedure performed on the patient	x	x			x
Intraoperative or immediate postoperative or post-procedural death of an otherwise healthy patient (ASA class 1)	x	x		x	

Condition or Event	SRE	SRAE	PPC		
			HCAC	OPPC	NCD
Foreign object retained after surgery	x	x	x		
<b>Patient Protection Events</b>					
Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person	x				
Patient suicide, attempted suicide, or self-harm resulting in serious injury while being cared for in a health care setting	x			x	
Patient disappearance resulting in death or serious injury	x			x	
<b>Product or Device Events</b>					
Air embolism resulting in death or serious injury	x	x	x		
Use of contaminated drugs, devices, or biological treatments provided in a health care setting resulting in death or serious injury	x			x	
Use or function of a device in a way other than its intended use or function resulting in death or serious injury	x			x	
Introduction of a metallic object into the MRI area resulting in death or serious injury	x			x	
<b>Care Management Events</b>					
Pressure ulcers - Any Stage 3 or 4 pressure ulcer; unstageable pressure ulcer acquired after admission or presentation in a health care setting	x	x	x	x	
Blood incompatibility, unsafe administration of blood products resulting in death or serious injury	x	x	x		
Manifestations of poor glycemic control, including: <ul style="list-style-type: none"> <li>• Diabetic ketoacidosis</li> <li>• Nonketotic hyperosmolar or hypoglycemic coma</li> <li>• Secondary diabetes with ketoacidosis or hyperosmolarity</li> </ul>	x	x	x		
Irretrievable loss of an irreplaceable biological specimen resulting in patient death or serious injury	x			x	
Iatrogenic pneumothorax with venous catheterization		x	x		
Catheter-associated urinary tract infection (UTI)		x	x		
Vascular catheter-associated infection		x	x		
Deep vein thrombosis following a total knee replacement or hip replacement, except for obstetric and pediatric patients		x	x		
Falls and trauma, including those related to fracture, dislocation, or intracranial or crushing injury resulting in patient death or serious injury	x	x	x		

Condition or Event	SRE	SRAE	PPC		
			HCAC	OPPC	NCD
Mediastinitis (surgical site infection) following: <ul style="list-style-type: none"> <li>• Coronary artery bypass graft (CABG)</li> <li>• Cardiac implantable electronic device (CIED) procedures</li> <li>• Bariatric surgery for obesity, including laparoscopic gastric bypass, gastroenterostomy, and laparoscopic gastric restrictive surgery</li> <li>• procedures, including those to the spine, neck, shoulder, and elbow</li> </ul>		x	x		
Spinal manipulative therapy resulting in death or serious injury	x			x	
Medication error (wrong dose, patient, time, rate, preparation, route of administration) resulting in death or serious injury	x			x	
Maternal death or serious injury associated with labor and delivery in a low-risk pregnancy while being cared for in a health care setting	x			x	
Death or serious injury of a neonate associated with labor and delivery in a low-risk pregnancy	x			x	
Death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results	x			x	
Artificial insemination with the wrong donor sperm or wrong egg	x				
<b>Environmental Events</b>					
Line for oxygen, or other gas, administered to patient contains wrong gas or is contaminated with toxic substances	x	x			
Use of physical restraints or bedrails while being cared for in a health care setting resulting in death or serious injury	x			x	
Burn or electric shock resulting in death or serious injury	x	x	x		
<b>Potential Criminal Events</b>					
Abduction of patient at any age	x				
Sexual assault on a patient within, or on the grounds of, a health care setting	x				
Care ordered or provided by someone impersonating a doctor, nurse, pharmacist, or other licensed health care provider	x				
Death or serious injury if a patient or staff member resulting from a physical assault	x			x	

**Serious Reportable Events (“Never Events”)**

Tufts Health Plan does not routinely compensate for any procedure when billed with modifier PA (surgical or other invasive procedure on wrong body part), PB (surgical or other invasive procedure on wrong patient), or PC (wrong surgery or other invasive procedure on patient).

**POLICY REFERENCE**

- 42 C.F.R. § 434.6(a)(12)
- 42 C.F.R. § 438.6(f)(2)
- 42 C.P.R. § 447.26

## **DOCUMENT HISTORY**

- May 2020: Added previously communicated serious reportable events claim edit
- March 2018: Template updates
- November 2017: updated title of Clinical Quality Improvement Department to Quality Management Department
- June 2016: Added Tufts Medicare Preferred HMO and Tufts Health Plan SCO to policy
- November 2015: Document originated

## **AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.