

Applies to:**Commercial Products**

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health does not reimburse services associated with Serious Reportable Events (SRE) and Provider Preventable Conditions (PPC). Providers are not permitted to bill members related to these events and/or conditions. This policy applies to services performed in all settings and provider types.

Definitions

Serious Reportable Event (SRE): These are events that are clearly identifiable and measurable, usually preventable, and which are serious in their consequences (e.g., resulting in death or loss of a body part, injury more than transient loss of a body function). These events are also characterized as adverse in nature, represent a clear indication of a health care provider's lack of safety systems, and/ or are events that are important measures for public credibility or public accountability.

Provider Preventable Condition (PPC): A condition that meets the definition of a "Health Care Acquired Condition (HCAC)", or an "Other Provider Preventable Condition (OPPC)" as defined by the Centers for Medicare & Medicare Services (CMS) in federal regulations at 42 CFR 447.26(b).

Health Care Acquired Condition (HCAC): Any condition occurring in the inpatient hospital setting identified in the CMS full list of hospital-acquired conditions (HACs) pursuant to Section 1886(d)(4)(D)(iv) of the Social Security Act (SSA).

Other Provider-Preventable Condition (OPPC): A condition occurring in any health care setting as defined in CMS federal regulations at 42 CFR 447.26(b). The three Medicare National Coverage Determinations (NCD) are:

- Surgical or other invasive procedure performed on the wrong body part
- Surgical or other invasive procedure performed on the wrong patient
- Wrong surgical or other invasive procedure performed on a patient

Point32Health Reimburses

Point32Health reimburses physicians who treat/repair a member for an SRE and/or PPC caused by another provider, subject to all billing and payment guidelines and policies. Refer to federal regulations for a complete listing of conditions and events. Some examples of SREs and PPCs are: Any patient death or serious injury determined to be preventable

- Blood incompatibility
- Catheter-associated urinary tract infection (UTI)

- Deep vein thrombosis following a total knee replacement or hip replacement (not applicable to patients under 21 years of age or obstetric patients)
- Discharge or release of a patient/resident of any age, who is unable to make decisions, to anyone other than an authorized person
- Falls and trauma, including those related to fractures, dislocations, intracranial injuries, crushing injuries or burns
- Manifestations of poor glycemic control
- Pressure ulcers- stage III or IV, or unstageable pressure ulcers acquired after admission/ presentation to a healthcare setting
- Surgical site infections

Provider Billing and Reporting Requirements

Reporting

Providers are required to notify Point32Health of SREs and PPCs that occur when providing services to Point32Health members, and in accordance with applicable state regulations. Providers should submit notification, including all appropriate diagnosis and procedure codes, to the Point32Health Quality Management Department via fax at 617-673-0973 or via email to adverse_events_submission@point32health.org. Providers should also include an indication of all event types being reported. Notifications must be submitted within 30 calendar days of the date the SRE and/or PPC event occurred.

Billing

Providers should include the appropriate diagnosis code and present on admission (POA) indicator, where applicable, on claims submitted to Point32Health.

Providers should report PPCs to Point32Health 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

Present on Admission (POA) Indicators

POA Indicator	Description
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 was present on admission)
W	Clinically undetermined (provider is unable to determine whether condition was present on admission)
1 or Blank	1 (on electric claims) or blank (for paper claims) = exempt from POA indicator

Modifiers

Modifier	Description
PA	Surgery on wrong body part
PB	Surgery on wrong patient
PC	Wrong surgery on patient

Other Information

- Providers cannot bill Point32Health, the member, the member's next of kin, authorized representative, or any other payer for care directly related to an SRE, or PPC; correction or remediation of an SRE or PPC or subsequent complications arising from an SRE or PPC. Such nonpayment will not prevent member access to health care services.
- Providers may not charge copayments and deductibles for admissions during which an SRE or PPC occurred. Point32Health 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 or PPC, correction or remediation of an SRE or PPC, or subsequent complications arising from an SRE or PPC.

- 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 will be adjusted according to Present on Admission (POA) indicator guidelines as well as federal CMS requirements. Adjustments will be made based on provider health services payment contracts. To determine whether an event may meet one of the definitions above and therefore would be subject to nonpayment, licensed health care providers should check federal web sites for a comprehensive listing.
 - **Tufts Health Together:** For contracted non-APR DRG facilities, there will be a 25% reduction in the payment.
- When provider payments are denied or retracted, in accordance with SREs and PPCs, an explanatory notification will be included on the claim Explanation of Payment (EOP).

Publication History

01/02/2024: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.