Serious Reportable Events Payment Policy

Policy

The Plan follows the National Quality Forum's (NQF) definition of a Serious Reportable or "Never" Event. To be included on NQF's list, an event had to have been characterized as:

- Unambiguous—clearly identifiable and measurable, and thus feasible to include in a reporting system;
- Usually preventable—recognizing that some events are not always avoidable, given the complexity of health care;
- Serious—resulting in death or loss of a body part, disability, or more than transient loss of a body function; and
- Any of the following:
  - ✓ Adverse, and/or
  - ✓ Indicative of a problem in a health care facility's safety systems, and/or
  - ✓ Important for public credibility or public accountability.

The Plan will not reimburse for Serious Reportable Events.

Definitions

A Serious Reportable Event (SRE) is defined as an event that occurs on premises covered by a provider's license that results in an adverse patient outcome, is clearly identifiable and measurable, has been identified to be in a class of events that are usually or reasonably preventable, and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the provider.

Preventable means events that could have been avoided by proper adherence to applicable patient safety guidelines, best practices, and hospital policies and procedures.

National Quality Forum (NQF) means the not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting.

Reimbursement

The Plan will not reimburse for the below SREs as categorized by the National Quality Forum:

Surgical events:

1. Surgery or other invasive procedure performed on the wrong ~~body~~ site.
2. Surgery or other invasive procedure performed on the wrong patient.
3. Wrong surgical procedure or other invasive procedure performed on a patient.
4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure.
5. Intra-operative or immediately post-operative/post procedure death in a normal-health patient (defined as a Class 1 patient for purposes of the American Society of Anesthesiologists patient safety initiative).

Product or device events:

6. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the health care setting.
7. 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.
8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health setting.

Patient protection events:

9. Discharge or release of patient/resident of any age, who is unable to make decisions to other than an authorized person.
10. Patient death or serious injury associated with patient elopement (disappearance).

11. Patient suicide, attempted suicide, or self-harm resulting in serious disability while being cared for in a health care setting.

Care management events:

12. Patient death or serious disability associated with a medication error (e.g., error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).
13. Patient death or serious injury associated with the unsafe administration of blood products.
14. Maternal death or serious injury associated with labor or delivery on a low-risk pregnancy while being cared for in a health care setting.
15. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy.
16. Patient death or serious injury associated with a fall while being cared for in a healthcare setting.
17. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care setting.
18. Artificial insemination with the wrong donor sperm or wrong egg.
19. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.
20. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results

Environmental events:

21. Patient or staff death or serious disability associated with an electric shock in the course of patient care in a health care setting.
22. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances.
23. Patient or staff death or serious disability associated with a burn incurred from any source while being cared for in a health care setting.
24. Patient death or serious disability associated with the use of physical restraints or bedrails while being cared for in a health care setting.

Radiologic events:

25. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MR area

Criminal events:

26. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
27. Abduction of a patient/resident of any age.
28. Sexual assault on a patient/resident or staff member within or on the grounds of a health care setting.
29. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care setting.

The Plan follows, but is not solely limited to, the National Quality Forum's list of SREs.

Providers will not be reimbursed for services provided as a result of an SRE occurring on premises covered by the provider's license if the hospital determines that the SRE was:

a) Preventable, and
b) Within the hospital's control, and
c) Unambiguously the result of a system failure.

A provider may seek reimbursement for services it provides that result from an SRE that did not occur on its premises; however, a provider that provides services resulting from an SRE occurring

on premises of a separately licensed provider, may not charge or seek reimbursement for those services, if the treating facility and the responsible facility have common ownership or a common corporate parent.

Any dispute(s) arising between the hospital and the Plan shall be addressed through the provider appeals process.

Referral/notification/prior authorization requirements

Within seven days of discovery of an SRE, a provider must notify the Plan by calling Provider Services at 1-866-275-3247, prompt 4. Providers will be expected to provide the Plan with a copy of the initial and updated SRE reports that are filed with the Department of Public Health.

The provider will also be expected to inform the member or the member's representative verbally and in writing about:

- The occurrence of the SRE, including unanticipated outcomes of care, treatment, and services provided as the result of the SRE;
- The provider's policies and procedures and documented review process for making a preventability determination; and
- The option to receive a copy of the SRE reports filed with the Department of Public Health.

Billing/coding guidelines

Providers must immediately suspend or rescind any SRE related claims to the Plan pending the preventability determination and notification requirements.

The Plan reserves the right to audit both professional and facility medical records at any time regarding SREs.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	01/01/09
Previous revision date(s):	07/01/09 – changed policy name from Never Events to Serious Reportable Events; updated language in the Policy, Definitions, Reimbursement, and Referral/notification/preauthorization requirements sections. 09/01/2012 - Moved to new format for benefit application list and added language about post-payment audits at the end of the policy. 03/01/2016 - Annual review and updated to new Plan template.
Connection date and details:	January 2017 – Annual review. April 2018 – Updated National Quality Forum's (NQF) SRE's. April 2019 – Annual review, no updates. April 2020 – Annual review, no updates

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.