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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-0028

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

NOV 21 2014

Ms. Beverly Mackereth, Secretary
Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Budget and Planning
P.O. Box 8046
Harrisburg, PA 17105

RE: State Plan Amendment (SPA) 14-028

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment 14-028. This SPA modifies Attachment 4.19D of Pennsylvania's Title XIX State Plan. Specifically, SPA 14-028 adds additional other provider preventable conditions (OPPCs) for nursing facility services and related payment adjustments for Medicaid.

We conducted our review of this amendment according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We are approving SPA 14-028, effective October 1, 2014. Enclosed are the approved HCFA-179 and the amended state plan pages.

If you have any questions, please call Gary Knight at (304) 347-5723.

Sincerely,

/S/

Timothy Hill
Director

A handwritten signature in black ink, appearing to be 'T Hill', written over a horizontal line.

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-028	2. STATE Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19D Part I, Pages 19 and 20 4.19 D Part I, Supplement IV, Pages 1 and 2 4.19D Part Ia, Pages 12 and 13 4.19 D Part Ia, Supplement III, Pages 1 and 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.19D Part I, Page 19 4.19D Part Ia, Page 12	
10. SUBJECT OF AMENDMENT: Expand the list of other provider-preventable conditions (OPPCs)/preventable serious adverse events (PSAE) that apply to nonpublic and county nursing facilities and amend the current payment policies and procedures for the three mandatory OPPCs so that they align with the additional OPPCs/PSAEs payment and policy procedures for nonpublic and county nursing facilities.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Secretary of Public Welfare			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/ Beverly D. Mackereth		16. RETURN TO: PA Department of Public Welfare Office of Long-Term Living/Forum Place 6 th Fl. Attention: Bureau of Policy and Regulatory Management P.O. Box 8025 Harrisburg, Pennsylvania 17105-8025	
13. TYPED NAME: Beverly D. Mackereth		14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: SEP 15 2014		17. DATE RECEIVED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: NOV 21 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Krustin FAN	22. TITLE: Deputy Director, FING
23. REMARKS:	

Methods and Standards for Governing Payment for Nursing Facility Services

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following OPPCs for non-payment under Section(s) 4.19 D Part I as Preventable Serious Adverse Events (PSAEs).

 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.

 X Additional Other Provider-Preventable Conditions identified below (*please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied. For example – 4.19(d) nursing facility services, 4.19(b) physician services*) of the plan:

4.19D Part I Methods and Standards Governing Payment for Nursing Facility Services

The mandatory OPPCs listed above and the additional OPPCs or events listed in Supplement IV qualify as a PSAE for nonpublic nursing facilities enrolled in the Medical Assistance (MA) Program if all of the following criteria are satisfied:

1. The event was preventable. To be preventable, the event could have been anticipated and prepared for, but, nonetheless, occurred because of an error or other system failure; and
2. The event was serious. The event is serious if the event subsequently results in death or loss of body part, disfigurement, disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a nursing facility; and
3. The event was within the control of the nursing facility. Control means that the nursing facility had the power to avoid the error or other system failure; and
4. The event occurred as a result of an error or other system failure within the nursing facility.

Payments for PSAEs (mandatory OPPCs and the additional OPPCs listed in Supplement IV) will be adjusted in the following manner:

1. Providers are required to report an OPPC/PSAE to the Department's PSAE coordinator; claims relating to an OPPC/PSAE shall be submitted using the appropriate code(s) as specified in the PROMISE provider handbook and billing guide for nonpublic and county nursing facilities.
2. No payment will be made for services for OPPCs/PSAEs.

In accordance with 42 CFR 447.26(c):

1. No reduction in payment for an OPPC/PSAE will be imposed on a provider when the condition defined as an OPPC/PSAE for a particular patient existed prior to the initiation of treatment for that patient by that provider.
2. Reductions in provider payment may be limited to the extent that the following apply:
 - a. The identified OPPC/PSAE will otherwise result in an increase in payment.
 - b. The Department can reasonably isolate for nonpayment the portion of the payment directly related to treatment for and related to the OPPC/PSAE.
3. The Department assures the Centers for Medicare and Medicaid Services that non-payment for OPPCs/PSAEs does not prevent access to services for Medicaid beneficiaries.

TN 14-028

Supersedes

TN NEW

Approval Date: _____

NOV 21 2014

Effective Date: October 1, 2014

**Additional Other Provider-Preventable Conditions/Preventable Serious Adverse Events for
Nursing Facilities Enrolled in the Medical Assistance Program**

1. Product or Device Events

- A. Resident death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the nursing facility
- B. Resident death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
- C. Resident death or serious injury associated with intravascular air embolism that occurs while being cared for in a nursing facility

2. Patient Protection Events

- A. Resident death or serious injury associated with resident elopement (disappearance)
- B. Resident suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a nursing facility

3. Care Management Events

- A. Resident death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
- B. Any preventable Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a nursing facility
- C. Resident death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results

4. Environmental Events

- A. Resident death or serious injury associated with an electric shock in the course of a patient care process in a nursing facility
- B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances
- C. Resident death or serious injury associated with a burn incurred from any source in the course of a patient care process in a nursing facility
- D. Resident death or serious injury associated with the use of physical restraints or bedrails while being cared for in a nursing facility

5. Potential Criminal Events

- A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- B. Abduction of a resident of any age
- C. Sexual abuse/assault on a resident within or on the grounds of a nursing facility
- D. Death or serious injury of a resident resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a nursing facility

Methods and Standards for Governing Payment for County Nursing Facility Services

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following OPPCs for non-payment under Section(s) 4.19 D Part Ia as Preventable Serious Adverse Events (PSAEs).

 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.

 X Additional Other Provider-Preventable Conditions identified below *(please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied. For example – 4.19(d) nursing facility services, 4.19(b) physician services)* of the plan:

4.19D Part Ia Methods and Standards Governing Payment for County Nursing Facility Services

The mandatory OPPCs listed above and the additional OPPCs or events listed in Supplement III qualify as a PSAE for county nursing facilities enrolled in the Medical Assistance (MA) Program if all of the following criteria are satisfied:

1. The event was preventable. To be preventable, the event could have been anticipated and prepared for, but, nonetheless, occurred because of an error or other system failure; and
2. The event was serious. The event is serious if the event subsequently results in death or loss of body part, disfigurement, disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a nursing facility; and
3. The event was within the control of the nursing facility. Control means that the nursing facility had the power to avoid the error or other system failure; and
4. The event occurred as a result of an error or other system failure within the nursing facility.

TN 14-028

Supersedes

TN 11-020

Approval Date: _____

NOV 21 2014Effective Date: October 1, 2014

Payments for PSAEs (mandatory OPPCs and the additional OPPCs listed in Supplement III) will be adjusted in the following manner:

1. Providers are required to report an OPPC/PSAE to the Department's PSAE coordinator; claims relating to an OPPC/PSAE shall be submitted using the appropriate code(s) as specified in the PROMISE provider handbook and billing guide for nonpublic and county nursing facilities.
2. No payment will be made for services for OPPCs/PSAEs.

In accordance with 42 CFR 447.26(c):

1. No reduction in payment for an OPPC/PSAE will be imposed on a provider when the condition defined as an OPPC/PSAE for a particular patient existed prior to the initiation of treatment for that patient by that provider.
2. Reductions in provider payment may be limited to the extent that the following apply:
 - a. The identified OPPC/PSAE will otherwise result in an increase in payment.
 - b. The Department can reasonably isolate for nonpayment the portion of the payment directly related to treatment for and related to the OPPC/PSAE.
3. The Department assures the Centers for Medicare and Medicaid Services that non-payment for OPPCs/PSAEs does not prevent access to services for Medicaid beneficiaries.

**Additional Other Provider-Preventable Conditions/Preventable Serious Adverse Events for
County Nursing Facilities Enrolled in the Medical Assistance Program**

1. Product or Device Events

- A. Resident death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the nursing facility
- B. Resident death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
- C. Resident death or serious injury associated with intravascular air embolism that occurs while being cared for in a nursing facility

2. Patient Protection Events

- A. Resident death or serious injury associated with resident elopement (disappearance)
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3. Care Management Events

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- B. Any preventable Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a nursing facility
- C. Resident death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results

4. Environmental Events

- A. Resident death or serious injury associated with an electric shock in the course of a patient care process in a nursing facility
- B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances
- C. Resident death or serious injury associated with a burn incurred from any source in the course of a patient care process in a nursing facility
- D. Resident death or serious injury associated with the use of physical restraints or bedrails while being cared for in a nursing facility

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- A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- B. Abduction of a resident of any age
- C. Sexual abuse/assault on a resident within or on the grounds of a nursing facility
- D. Death or serious injury of a resident resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a nursing facility