

Citation

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

Payment Adjustment for Provider Preventable Conditions

Wyoming Medicaid 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.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19 (A)

 X 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.

Wyoming Medicaid will adopt the baseline health care-acquired conditions as described above for inpatient hospital reimbursement:

(i) For any Wyoming Medicaid claims with dates of service after October 1, 2011, Wyoming Medicaid will follow the minimum CMS regulations in 42 CFR §447 and deny payment for all of the health care-acquired conditions identified in 42 CFR §447. Denial of payment shall be limited to the additional care required by the provider preventable condition.

(ii) Wyoming Medicaid will review discharges relating to provider preventable conditions and make use of the "Present on Admission" indicator to identify health care-acquired conditions and deny reimbursement for any service associated with treating the health care-acquired condition. For discharges with a health care-acquired condition, Wyoming Medicaid will request that the hospital resubmit the claim identifying all charges associated with the health care-acquired condition as non-covered. Wyoming Medicaid will determine the total

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(iii) payment (discharge payment plus outlier payment) for the covered portion of the claim and compare this payment to prior payment of the claim. If the total payment is less than what was originally paid for the claim, then Wyoming Medicaid will request a refund from the hospital for the difference. Denial of payment shall be limited to the additional care required by the provider preventable condition. Wyoming Medicaid requires hospitals to document a valid Present on Admission (POA) indicator for each inpatient diagnosis, pursuant to CMS regulations in 42 CFR §412. Wyoming Medicaid uses POA definitions as outlined by CMS, described in MLN Matters Number 5499, and detailed at: <http://cms.hhs.gov/Transmittals/downloads/R1240CP.pdf>

(iv) Wyoming Medicaid shall not pay the approved inpatient hospital rates, or any other hospital payments including disproportionate share and qualified rate adjustments pursuant to Attachment 4.19A, Parts 1 and 2, for provider preventable conditions that are identified as non-payable by CMS. Wyoming Medicaid shall not be liable for payment of any services related to provider preventable conditions that are identified as non-payable by CMS.

(v) Wyoming Medicaid shall review from time to time the list of provider preventable conditions and add to the list in the event that Wyoming Medicaid makes a medical finding using evidence-based guidelines. In such an event, the Department shall disseminate to providers, through manuals or bulletins, a current list of provider preventable conditions pursuant to this Attachment.

In compliance with 42 CFR 447.26(c), Wyoming Medicaid provides:

1) That 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 that provider.

2) That reductions in provider payment may be limited to the extent that the following apply:

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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.

3) Assurance that non-payment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions (OPPCs) for non-payment under Section(s) 4.19(A) :

 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.

Wyoming Medicaid will adopt the baseline for other provider-preventable conditions as described above. The following reimbursement changes will apply:

Payment will be denied for these conditions in any Health Care Setting as identified in Attachments 4.19(A) and any other settings where these events may occur. For any Wyoming Medicaid claims with dates of service after July 1, 2012, Wyoming Medicaid will follow the minimum CMS regulations in 42 CFR §447 and deny payment for all of the OPPCs identified in 42 CFR §447. In the event that individual cases are identified throughout the PPC implementation period, the State will adjust reimbursements according to the methodology above. Denial of payment shall be limited to the additional care required by the provider preventable condition. Wyoming Medicaid shall review from time to time the list of OPPCs and add to the list in the event that Wyoming Medicaid makes a medical finding using evidence-based guidelines. In such an event, the Department shall disseminate to providers, through manuals or bulletins, a current list of provider preventable conditions pursuant to this Attachment.

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____ 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:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-New. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Payment Adjustment for Provider Preventable Conditions

Wyoming Medicaid 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 Other Provider-Preventable Conditions (OPPCs) for non-payment under Section(s) 4.19(B):

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.

Wyoming Medicaid will adopt the baseline for other provider-preventable conditions as described above. The following reimbursement changes will apply:

Payment will be denied for these conditions in any Health Care Setting as identified in Attachment 4.19(B) and any other settings where these events may occur. For any Wyoming Medicaid claims with dates of service after July 1, 2012, Wyoming Medicaid will follow the minimum CMS regulations in 42 CFR §447 and deny payment for all of the OPPCs identified in 42 CFR §447.

In compliance with 42 CFR 447.26(c), Wyoming Medicaid provides:

1) That 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 that provider.

2) That 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.

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(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.

3) Assurance that non-payment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

In the event that individual cases are identified throughout the PPC implementation period, the State will adjust reimbursements according to the methodology above. Denial of payment shall be limited to the additional care required by the provider preventable condition. Wyoming Medicaid shall review from time to time the list of OPPCs and add to the list in the event that Wyoming Medicaid makes a medical finding using evidence-based guidelines. In such an event, the Department shall disseminate to providers, through manuals or bulletins, a current list of provider preventable conditions pursuant to this Attachment.

____ 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:

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OS Notification

State/Title/Plan Number: Wyoming 11-009

Type of Action: SPA Approval

Required Date for State Notification: March 21, 2012

Fiscal Impact: FFY 2012 \$0
FFY 2012 \$0

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0

Number of Potential Newly Eligible People: 0

Eligibility Simplification: No

Provider Payment Increase: No

Delivery System Innovation: No

Number of People Losing Medicaid Eligibility: No

Reduces Benefits: No

Detail: Effective October 1, 2011, this SPA implements Provider Preventable Conditions (PPCs) for Attachment 4.19-A and Attachment 4.19-B required by CMS' Final Rule published on June 6, 2011. For Attachment 4.19-A, WY is adopting the baseline for Hospital Acquired Conditions (HACs). Payment will be denied for all HACs and will be limited to the additional care required by the PPC. WY will review discharges related to the PPC and make use of the "Present on Admission" indicator to identify HACs. The plan language also assures that no reduction in payment will be imposed on a provider when the condition defined as a PPC existed prior to treatment; reductions in payment is limited to the extent that the identified PPC would otherwise result in an increase and the State can reasonable isolate the nonpayment portion; and, the nonpayment does not prevent access to care. For inpatient hospitals, WY is also adopting the baseline for Other Provider Preventable Conditions (OPPCs). For Attachment 4.19-B, WY is adopting the baseline for OPPCs, and any other setting where these events may occur. Language under Attachment 4.19-B mirrors the assurances provided under Attachment 4.19-A. WY did not elect any additional OPPCs under either attachment.

Per CMS instruction, the State incorporated the "ramp up" language in both Attachments that clarifies that in the event that individual cases are identified throughout the PPC implementation period, the State will adjust reimbursement, accordingly.

Public notice and tribal consultations requirements were met. The State did not receive any adverse feedback or comments as a result of tribal consult or through public process communication. The responses to the funding questions were deemed appropriate. The non-Federal share for hospital payments is derived from General Funds and IGTs. There is no FFP impact. This is the case due to the very low volume of instances the State has experienced thus far under their current HAC policy, which has been in place since 2008.

Other Considerations: This plan amendment has not generated significant outside interest and we do not recommend the Secretary contact the governor.

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