

# **Scope of Work**

## **Appendix 1**

### **Hospital/Healthcare Acquired Conditions**

### **Never Events**

Note: this Appendix contains excerpts from the GA Medicaid Part II Policies and Procedures for Hospital Services. View the complete manual online at <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital%20Services%2005-08-2015%20142839.pdf>

**Appendix T****LIST OF CMS' 28 NEVER EVENTS**

1. [Artificial insemination](#) with the wrong donor sperm or donor egg
2. Unintended retention of a [foreign object](#) in a patient after surgery or other procedure
3. Patient death or serious disability associated with patient elopement (disappearance)
4. Patient death or serious disability 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](#))
5. Patient death or serious disability associated with a hemolytic reaction due to the administration of [ABO/HLA](#)-incompatible blood or blood products
6. Patient death or serious disability associated with an [electric shock](#) or elective cardioversion while being cared for in a healthcare facility
7. Patient death or serious disability associated with a fall while being cared for in a healthcare facility
8. [Surgery](#) performed on the wrong body part
9. [Surgery](#) performed on the wrong patient
10. Wrong [surgical procedure](#) performed on a patient
11. Intraoperative or immediately post-operative death in an [ASA Class I](#) patient
12. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
13. 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
14. Patient death or serious disability associated with intravascular [air embolism](#) that occurs while being cared for in a healthcare facility
15. Infant discharged to the wrong person
16. Patient suicide, or [attempted suicide](#) resulting in serious disability, while being cared for in a healthcare facility
17. [Maternal death](#) or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility
18. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
19. Death or serious disability ([kernicterus](#)) associated with failure to identify and treat [hyperbilirubinemia](#) in neonates
20. Stage 3 or 4 [pressure ulcers](#) acquired after admission to a healthcare facility
21. Patient death or serious disability due to [spinal manipulative therapy](#)
22. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
23. Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
24. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility
25. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
26. Abduction of a patient of any age
27. [Sexual assault](#) on a patient within or on the grounds of the healthcare facility
28. 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 the healthcare facility.

**APPENDIX U****PROVIDER PREVENTABLE CONDITIONS, NEVER EVENTS, and HOSPITAL ACQUIRED CONDITIONS**

Effective July 1, 2012, the Centers for Medicare and Medicaid Services (CMS) directed all state Medicaid agencies to implement its final rule outlined in **42 CFR 447.26, regarding PROVIDER PREVENTABLE CONDITIONS (PPCs), NEVER EVENTS (NEs), and HOSPITAL ACQUIRED CONDITIONS (HACs)** acquired in **ALL** hospital settings and other non-inpatient health care settings.

**HACs** are defined as diagnoses determined by either the state and/or Medicare to be reasonably preventable, i.e., Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following a total knee replacement or hip replacement surgery, and PPCs, i.e., the wrong body part and surgical invasive procedures performed by a practitioner or provider to the wrong patient that should never happen in an admission to treat a medical condition. CMS specifically in Section 2702 of the Patient Protection and Affordable Care Act, prohibits payment to providers for Other Provider-Preventable Conditions (OPPPCs) as specified in 42 CFR 434, 438, and 447 of the Federal Register, page 32816.

**The Hospital Services Manual** in Section 1102(e) outlines the Department's policies and procedures on HACs as identified by Medicare's federal regulations published in October 2010. The Georgia Medicaid Management System (GAMMIS) was configured on July 1, 2011 with the HACs edits. The Department of Community Health will not reimburse inpatient facilities (if applicable) or enrolled Medicaid practitioners/providers for treatment of any HACs and/or PPCs identified through the claims adjudication and/or medical records review process. NEs in Inpatient Hospitals, Outpatient Hospitals, Ambulatory Surgical Centers (ASC) and practitioners and providers regardless of the healthcare setting are required to report NEs. Refer to the Reimbursement sections of the **Hospital Services and Physician Services Policies and Procedures Manuals** for additional information.

Claims will be subject to retrospective review in accordance to CMS' directive and the State Plan Amendment, Appendix 4.19. When a claim's review indicates an increase of payment to the provider for an identified PPC, HAC, or NE, the amount for the event or provider preventable condition will be excluded from the provider's total payment.

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. Non-payment of provider-preventable conditions shall not prevent access to services for Medicaid beneficiaries.