

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>4-8-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011466</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Test, Depo, CMS file, Saxon</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-28-11</i> DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

Please call 410-2711, see attached e-mail number.

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



April 5, 2011

Mr. Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, SC 29201

Dear Mr. Keck:

Nationwide, States are looking for ways to improve quality and gain better value for the dollars spent on health care. Limiting instances in which Medicaid patients suffer from health care-acquired conditions (HCACs) is one such approach. On July 31, 2008, the Centers for Medicare & Medicaid Services (CMS) issued a State Medicaid Director Letter (SMDL #08-004) to provide information on Medicare policies with respect to HACs as well as on conditions that appear on the National Quality Forum's list of Serious Reportable events (commonly referred to as "Never Events"). The letter provided guidance to States on how they might implement Medicaid policies relating to HACs and Never Events. Since that guidance was issued, several States have implemented such policies, in some cases to prevent liability as a secondary payer to Medicare and in other cases extending the policy beyond the Medicare context. Medicare no longer pays for HACs and many private payers have similarly moved in this direction.

The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act, Public Law 111-148), enacted March 23, 2010 includes provisions prohibiting Medicaid Federal Financial Participation to States for payments for health care-acquired conditions (HCACs). Section 2702(a) specifically requires that the Secretary identify current State practices that prohibit payment for HCACs and incorporate those practices or elements of those practices which the Secretary deems appropriate for application to the Medicaid program. On February 17, 2011, CMS published a proposed rule that would implement the statutory requirements, which are effective July 1, 2011. That proposed rule can be found at, http://www.access.gpo.gov/su_docs/fedreg/frcont11.html.

CMS is issuing this survey to States to obtain information on State Medicaid practices for prohibiting payments for HCACs. The tool is designed to collect information on States' implementation of HCACs non-payment policies. The information gathered will be used to cross educate States; to provide technical assistance to States developing HCACs non-payment policies; and to inform Federal policy regarding HCACs across both the Medicare and Medicaid

Page 2 – Mr. Anthony E. Keck

programs. Additionally, this information will be used to facilitate dialogue with entities partnering to develop best practices for implementing HCACs non-payment policies.

These questions are asked and should be answered in relation to any payment policy and/or program that the State Medicaid Agency has implemented, or interpreted to have implemented, prohibiting or limiting State Medicaid payments for hospital acquired conditions (HACs), the National Quality Forum’s list of Serious Reportable events (commonly referred to as “Never Events”), HCACs, and/or critical incidents related to health care (Critical Incidents). The survey questions are specific to HACs, HCACs, Never Events, and Critical Incidents as defined by the State. This includes provisions outlined within the Medicaid State plan or otherwise and those provisions that the State has interpreted to implement related policy without State plan provisions or amendments.

We have tested the survey with States willing to participate on a voluntary basis and believe that the format is sufficient to provide valuable information. Once the survey is complete, we will share the results with States and engage you in continued policy development through one or more national teleconference calls. We look forward to learning more from you. Should you have questions about this survey, please contact Venesa Day at 410-786-8281 or Venesa.Day@cms.hhs.gov.

Please respond directly to Mr. Andrew Badaracco at Andrew.Badaracco@CMS.HHS.GOV within 30 days of receipt of this letter with a copy to me.

Sincerely,



Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

Enclosure

cc:

Jeff Saxon
Davida Kimble
Stanley Fields

Current State Practices Related to Payments to Providers for Health Care-Acquired Conditions (HCAC)

Survey (DATE)

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 **0938-1122**. The time required to complete this information collection is estimated to average 30 minutes to an hour per response, including the time to review instructions, search existing data resources, gather the data needed, and 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.

Please return completed survey responses electronically to Mr. Andrew Badaracco at Andrew.Badaracco@CMS.HHS.GOV.

Note: The respondent may attach additional sheets as necessary to elaborate on essay responses.

Section 1 – General Information

State:

Name of the Person Responding to this Survey:

Title:

Phone Number:

E-mail:

Continue to Section 2

Section 2 – Existing State Policy

1. Does the State have an existing policy prohibiting or limiting State Medicaid payment for HACs, HCACs, Never Events, and/or Critical Incidents as defined by the State?

Yes

No

2. Does the State have an existing policy prohibiting or limiting State Medicaid payment for Medicare crossover claims related to HACs, HCACs, Never Events, and/or Critical Incidents?

Yes

No

If the State has answered no to both items 1 and 2 the survey is complete.

If the State has answered yes to either or both 1 and 2, continue to Section 3.

Section 3 -- State Definitions

3. How does the State define the terms:
- A. Hospital Acquired Conditions (HACs)
 - B. Health Care-Acquired Conditions (HCACs)
 - C. Never Events
 - D. Critical Incidents

4. Does the State use any term(s) other than HACs, HCACs, Never Events, or Critical Incidents to express similar policies?

Yes

No

5. If yes, please list that term(s) and provide the State's definition of that term(s) for payment and/or reporting purposes.

6. Has the State adopted the definitions and standards of a particular organization such as Medicare, or the National Quality Forum, to set measures or qualify non-payable events?

Yes

No

7. If yes, list the organization(s), as well as the definitions and standards adopted by the State.

Continue to Section 4

Section 4 – State Policy Prior to July 13, 2008

8. Did the State have a policy prohibiting or limiting State Medicaid provider payments for HACs, HCACs, Never Events, and/or Critical Incidents prior to the issuance of the July 31, 2008 SMDL regarding HACs and Never Events?

Yes

No

9. If yes, please provide a summary describing the policy including the providers impacted, the payment adjustments required, and whether the State currently follows the policy.

10. Was the policy articulated in the State's Medicaid plan?

Yes

No

11. Is there State legislation related to this policy?

Yes

No

12. If yes, please provide the citation.

13. How does the State currently calculate rates for Medicaid inpatient hospital providers?

A. DRG

B. Per Diem

C. Cost

D. Other (please describe)

14. Did the State have to modify its existing Medicaid inpatient hospital rate structure to implement HACs, HCACs, Never Events, Critical Incidents or other similar payment policies?

Yes

No

15. If yes, please describe the modifications to the State's existing Medicaid inpatient hospital rate structure including why they were necessary.

Continue to Section 5 if the State has an existing policy prohibiting or limiting State Medicaid payments for Medicare cross over claims related to HACs, HCACs, Never Events, and/or Critical Incidents.

Section 5 – State Payment Policy for Medicare Crossover Claims

16. Does the State currently prohibit or limit State Medicaid inpatient hospital payments for Medicare crossover claims related to HACs, HCACs, Never Events, and/or Critical Incidents?

Yes

No

17. If yes, please detail the methodology of the payment process for this policy including information on how the State adjusts payments to providers, what triggers a payment adjustment, and how the State determines the adjustment amount.

18. If yes to 16, is this policy articulated in the State's Medicaid plan?

Yes

No

19. If yes to 16, is there State legislation related to this policy?

Yes

No

20. If yes to 19, please provide the citation.

21. What data sources are used to determine claims for non-payment or reduced payment?

22. Did the State have to acquire new or additional resources to implement this policy?

Yes

No

23. If yes, please describe the resources and how where they utilized.

24. Please describe how the State identifies Medicare cross over claims that result from Medicare's HAC payment adjustment policy.

25. Please describe any barriers the State has faced in implementing this policy?

26. What other options did the State consider prior to implementing its current policy?

27. Why did the State forego those options?

Continue to Section 6 if the State has an existing policy prohibiting or limiting State Medicaid payments HACs, HCACs, Never Events, and/or Critical Incidents.

Section 6 – State Medicaid Payment Policy

28. Does the State currently prohibit or limit State Medicaid inpatient hospital payments related to HACs, HCACs, Never Events, and/or Critical Incidents?

Yes

No

29. If yes, please detail the methodology of the payment process for this policy including information on how the State adjusts payments to providers, what triggers a payment adjustment, and how the State determines the adjustment amount.

30. If yes to 28, is the policy articulated in the State's Medicaid plan?

Yes

No

31. If yes to 28, is there State legislation related to this policy?

Yes

No

32. If yes to 31, please provide the citation.

33. What data sources are used to determine claims for non-payment or reduced payment?

34. Did the State have to acquire new or additional resources to implement this policy?

Yes

No

35. If yes, please describe the resources and how where they utilized.

36. What barriers has the State faced in implementing this policy?

37. What other options did the State consider prior to implementing its current policy?

38. Why did the State forego those options?

Continue to Section 7

Section 7 – Access and Reporting

39. Has there been a demonstrated impact on beneficiary access to inpatient hospital care related to State prohibited or limited payment of HACs, HCACs, Never Events and /or Critical Incidents?

Yes

No

40. If yes, please provide detailed information on how the State determined the policy's impact on access.

41. Has the State taken measures to limit adverse impacts on beneficiary access to inpatient hospital care related to State prohibited or limited payment of HACs, HCACs, Never Events and /or Critical Incidents?

Yes

No

42. If so, please describe actions taken by the State to limit adverse impacts on beneficiary access.

43. Does the State require that providers report occurrences of HACs, HCACs, Never Events and /or Critical Incidents?

Yes

No

44. If yes, please provide a summary of the State's requirements to include the method and frequency of reporting, as well as any penalties for not reporting.

45. Does the State publish HACs, HCACs, Never Events and /or Critical Incidents reported to the State?

Yes

No

46. Does the State require that providers publish HACs, HCACs, Never Events and /or Critical Incidents?

Yes

No

47. Has the State implemented a universal reporting system for reportable events?

Yes

No

48. Please cite all State statutes and regulations which require reporting of HACs, HCACs, Never Events, or Critical Incidents relating to health care.

49. Has the State taken other measures to improved quality care and limit HACs, HCACs, Never Events, and/or Critical Incidents?

Yes

No

50. If yes, please describe the measures the State has taken.

Continue to Section 8

Section 8 – Other Providers

51. Has the State applied HACs, HCACs, Never Events, and/or Critical Incidents policies to providers providing services other than inpatient hospital services?

Yes

No

52. If yes, please provide a detailed summary of the HACs, HCACs, Never Events, and/or Critical Incidents policies the State has applied to providers providing services other than inpatient hospital services.

53. Please provide any additional information about the State's HACs, HCACs, Never Events, and/or Critical Incidents payment policies that is applicable.

2. Does the State have an existing policy prohibiting or limiting State Medicaid payment for Medicare crossover claims related to HACs, HCACs, Never Events, and/or Critical Incidents?

Yes

No XXX

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Yes

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25. Please describe any barriers the State has faced in implementing this policy?

26. What other options did the State consider prior to implementing its current policy?

27. Why did the State forego those options?

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Section 6 – State Medicaid Payment Policy

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Center for Medicaid, CHIP and Survey & Certification

Dear Colleague,

Nationwide, States are looking for ways to improve quality and gain better value for the dollars spent on health care. Limiting instances in which Medicaid patients suffer from health care-acquired conditions (HCACs) is one such approach. On July 31, 2008, the Centers for Medicare & Medicaid Services (CMS) issued a State Medicaid Director Letter (SMDL #08-004) to provide information on Medicare policies with respect to HACs as well as on conditions that appear on the National Quality Forum's list of Serious Reportable events (commonly referred to as "Never Events"). The letter provided guidance to States on how they might implement Medicaid policies relating to HACs and Never Events. Since that guidance was issued, several States have implemented such policies, in some cases to prevent liability as a secondary payer to Medicare and in other cases extending the policy beyond the Medicare context. Medicare no longer pays for HACs and many private payers have similarly moved in this direction.

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CMS is issuing this survey to States to obtain information on State Medicaid practices for prohibiting payments for HCACs. The tool is designed to collect information on States' implementation of HCACs non-payment policies. The information gathered will be used to cross educate States; to provide technical assistance to States developing HCACs non-payment policies; and to inform Federal policy regarding HCACs across both the Medicare and Medicaid programs. Additionally, this information will be used to facilitate dialogue with entities partnering to develop best practices for implementing HCACs non-payment policies.

These questions are asked and should be answered in relation to any payment policy and/or program that the State Medicaid Agency has implemented, or interpreted to have implemented, prohibiting or limiting State Medicaid payments for hospital acquired conditions (HACs), the National Quality Forum's list of Serious Reportable events (commonly referred to as "Never Events"), HCACs, and/or critical incidents related to health care (Critical Incidents). The survey questions are specific to HACs, HCACs, Never Events, and Critical Incidents as defined by the State. This includes provisions

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We have tested the survey with States willing to participate on a voluntary basis and believe that the format is sufficient to provide valuable information. Once the survey is complete, we will share the results with States and engage you in continued policy development through one or more national teleconference calls. We look forward to learning more from you. Should you have questions about this survey, please contact Venesa Day at 410-786-8281 or Venesa.Day@cms.hhs.gov.

Sincerely,

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Bob
466-4/28/11
CMS

Center for Medicaid, CHIP and Survey & Certification

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Current State Practices Related to Payments to Providers for Health Care-Acquired Conditions (HCAC)

Survey (DATE)

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Note: The respondent may attach additional sheets as necessary to elaborate on essay responses.

Section 1 – General Information

State: South Carolina

Name of the Person Responding to this Survey: Roy E. Hess

Title: Interim Deputy Director Finance & Administration

Phone Number: 803.898.1058

E-mail: hessroy@scdhs.gov

Continue to Section 2

Section 2 – Existing State Policy

1. Does the State have an existing policy prohibiting or limiting State Medicaid payment for HACs, HCACs, Never Events, and/or Critical Incidents as defined by the State?

Yes

No XXX

2. Does the State have an existing policy prohibiting or limiting State Medicaid payment for Medicare crossover claims related to HACs, HCACs, Never Events, and/or Critical Incidents?

Yes

No XXX

If the State has answered no to both items 1 and 2 the survey is complete.

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Section 3 – State Definitions

3. How does the State define the terms:

- A. Hospital Acquired Conditions (HACs)
- B. Health Care–Acquired Conditions (HCACs)
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- D. Critical Incidents

4. Does the State use any term(s) other than HACs, HCACs, Never Events, or Critical Incidents to express similar policies?

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6. Has the State adopted the definitions and standards of a particular organization such as Medicare, or the National Quality Forum, to set measures or qualify non-payable events?

Yes

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Section 4 – State Policy Prior to July 13, 2008

8. Did the State have a policy prohibiting or limiting State Medicaid provider payments for HACs, HCACs, Never Events, and/or Critical Incidents prior to the issuance of the July 31, 2008 SMMDL regarding HACs and Never Events?

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26. What other options did the State consider prior to implementing its current policy?

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No

35. If yes, please describe the resources and how where they utilized.

36. What barriers has the State faced in implementing this policy?

37. What other options did the State consider prior to implementing its current policy?

38. Why did the State forego those options?

Continue to Section 7

Section 7 – Access and Reporting

39. Has there been a demonstrated impact on beneficiary access to inpatient hospital care related to State prohibited or limited payment of HACs, HCACs, Never Events and /or Critical Incidents?

Yes

No

40. If yes, please provide detailed information on how the State determined the policy's impact on access.

41. Has the State taken measures to limit adverse impacts on beneficiary access to inpatient hospital care related to State prohibited or limited payment of HACs, HCACs, Never Events and /or Critical Incidents?

Yes

No

42. If so, please describe actions taken by the State to limit adverse impacts on beneficiary access.
43. Does the State require that providers report occurrences of HACs, HCACs, Never Events and /or Critical Incidents?
Yes No
44. If yes, please provide a summary of the State's requirements to include the method and frequency of reporting, as well as any penalties for not reporting.
45. Does the State publish HACs, HCACs, Never Events and /or Critical Incidents reported to the State?
Yes No
46. Does the State require that providers publish HACs, HCACs, Never Events and /or Critical Incidents?
Yes No
47. Has the State implemented a universal reporting system for reportable events?
Yes No
48. Please cite all State statutes and regulations which require reporting of HACs, HCACs, Never Events, or Critical Incidents relating to health care.
49. Has the State taken other measures to improved quality care and limit HACs, HCACs, Never Events, and/or Critical Incidents?
Yes No
50. If yes, please describe the measures the State has taken.

Continue to Section 8

Section 8 – Other Providers

51. Has the State applied HACs, HCACs, Never Events, and/or Critical Incidents policies to providers providing services other than inpatient hospital services?

Yes

No

52. If yes, please provide a detailed summary of the HACs, HCACs, Never Events, and/or Critical Incidents policies the State has applied to providers providing services other than inpatient hospital services.

53. Please provide any additional information about the State's HACs, HCACs, Never Events, and/or Critical Incidents payment policies that is applicable.