



October 12, 2012

Announcement 528

Screening for Provider Preventable Conditions

Beginning with claims dates of service on or after July 1, 2012, HP Enterprise Services (HPES) has been screening all prior authorization requests for Provider Preventable Conditions (PPCs). This is part of Nevada Medicaid's implementation of Section 2702 of the Patient Protection and Affordable Care Act, which prohibits payment for conditions caused by providers. It is similar to the treatment of hospital-acquired conditions (HACs) by the Medicare program.

For information on the final rule, visit the Medicaid website at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Provider-Preventable-Conditions.html>.

The conditions targeted for non-payment established by the Centers for Medicare & Medicaid Services (CMS) are high cost, high volume, or both and could reasonably have been prevented through the application of evidence-based guidelines.

If it is determined that a prior authorization request includes treatment for a PPC, the portion of the request attributable to the PPC will be denied.

NOTE: The denial is for payment only; any medically necessary treatment is to be delivered to recipients. The existing appeals process is available for determinations of a PPC.

The second part of the implementation will be a retrospective review of hospital claims. Claims fitting the criteria for a PPC will be identified and providers will be supplied information identifying the potential PPCs using the same process and timing for identifying and reviewing Medicare HACs. Providers will have 30 days to review and respond to any discrepancies and provider-confirmed PPCs will be subject to payment reduction.

Changes to the Medicaid Services Manual (MSM) Chapter 100 Section 105.2A and the State Plan sections 4.19a, 4.19b and 4.19d were made after input from providers at two public workshops.