PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

Title:	**Partners Non-Payment Policy for Quality and Safety Events**
Department:	Clinical Affairs
Applies to:	All Partners Healthcare Entities, Employees, and Agents ("Partners Healthcare")
Approved by:	PHS Chief Medical Officers
Approval Date:	4/15/08
Revision Date:	

1. Purpose
   1.1. Partners HealthCare System is committed to patient safety and a high quality healthcare experience. As part of this commitment, certain costs associated with care delivered by any Partners hospital may be waived under specific circumstances, including, but not limited to, cases of serious preventable adverse events. This policy identifies serious reportable events that automatically qualify for payment review and adjudication. The policy also outlines a process to evaluate other cases based on previous decisions, as established by each hospital's designated review committee.

2. Serious Reportable Events
   2.1. Serious reportable events are errors in medical care that are clearly identifiable, preventable, and serious in consequences for patients. Reducing or eliminating these events is an important patient safety objective and Partners hospitals will review and waive attributable costs for events such as:
      - Surgery performed on the wrong body part
      - Surgery performed on the wrong patient
      - Wrong surgical procedure performed on a patient
      - Retention of a foreign object in a patient from surgery or other procedure
      - Patient death or serious disability associated with a medication error
   2.2. Additional serious reportable events, such as those defined by the National Quality Forum, may qualify under this section, as determined by the governing Quality/Safety/Risk Management body at each institution, and evolving external guidance.
   2.3. Personnel investigating and reporting on any serious adverse event must:
      - Ensure that a safety event report has been filed relative to the event or that an investigation by designated personnel has been initiated.
      - Notify the appropriate finance resource to hold the bill during the investigation.

- Perform an investigation to determine that the event was preventable, within control of the hospital, and resulted in physical harm.
- Review impacted hospital services/charges, provided the investigation determines the criteria of this policy have been met.

2.4. The intent of the financial review process is to identify and mitigate any additional hospital reimbursement resulting from the event. For example:
- If an incorrect procedure is performed (e.g. a wrong site surgery), the incorrect procedure should not be billed.
- If an additional procedure is performed to correct an error in the previous procedure (e.g. an object is retained during surgery), hospital charges related to the additional event will not be billed.
- If a patient is re-admitted due solely to a serious adverse event in the original admission, services provided directly related to the adverse event should not be billed.
- If a serious adverse event results in an increased length of stay, increased level of care, or other significant intervention, the hospital should "split out" those additional charges and either not bill them or make an adjustment with the payer.
- In the case of payers using the DRG system, if the event results in a higher DRG, adjustments should be made to bill the lower DRG. The medical record and the billing codes should still reflect all care and services provided.

2.5. Each hospital is encouraged to collaborate with physicians and/or physician groups to undertake a parallel review of associated professional charges, where appropriate.

3. Other Quality and Safety Events

3.1. Events not falling under the Serious Reportable Events noted above may also qualify for non-payment. A root cause analysis should determine that the event is preventable, within control of the hospital, and results in physical harm.

3.2. Patients, Providers, Hospital Departments, Quality/Safety/Risk Management, Patient Advocacy, Compliance, and Customer Service may initiate a request for a bill hold and review based on quality or safety considerations.
- Requests should be directed to the designated quality/safety/risk management leader for review, approval, and processing
- A standard process will be followed for reviewing all such requests for non-payment, consistent with prior decisions

4. Basic Principles

4.1. The event must have occurred at a Partners hospital. Care delivered to address an event that occurred at another institution will be considered billable.

4.2. In order for an event to be considered under this policy, a Safety Event Report must be filed or an investigation by designated personnel must be initiated.

4.3. Cases will be adjudicated in a payer blind fashion.

4.4. Associated copays, coinsurance, and deductibles will be reviewed in accordance with applicable regulations.

4.5. Cases should always be evaluated using principles established in prior non-payment decisions. As criteria are developed, they should be documented and added to this policy when reviewed and revised.

4.6. Depending on the circumstances of the incident, non-related charges may still be billed to insurance and/or the patient, if not impacted by the incident.

4.7. Depending on the circumstances of the incident, the hospital may elect to pay for immediate follow-up hospital care associated with the event. This will be determined during the initial incident review with re-assessment, as required.

4.7.1. Follow-up care covered under this policy is restricted to Partners affiliated acute hospitals.

4.8. Each institution will implement a methodology for tracking the financial impact of this policy. Hospital Finance and any office with Quality and Safety responsibility will jointly review the results annually.