

Serious Reportable Events and Provider Preventable Conditions

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to providers who render services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut administers a variety of government health care programs including CareAdvantage Preferred and CarePartners Access. As such, these programs must adhere to the contractual and regulatory obligations under both federal and state guidelines.

Governmental programs have tried to reduce the incidence of spending health care dollars related to medical errors through various quality and payment initiatives. CarePartners of Connecticut recognizes adverse events and preventable conditions as identified and specified in a number of sources, including [CMS](#), the Connecticut [Department of Public Health](#) (DPH) and the [National Quality Forum](#).

In furtherance of this goal and in accordance with state and federal regulation, CarePartners of Connecticut does not compensate providers or permit providers to bill members for services related to care which meets the definition of a serious reportable event (SRE), serious reportable adverse event (SRAE), or a provider preventable condition (PPC), all defined below. CarePartners of Connecticut ensures that nonpayment of SREs, SRAEs and PPCs will not prevent access to care and continued service for our members. In addition, providers are required to notify CarePartners of Connecticut of SREs, SRAEs and PPCs that occur when providing services to CarePartners of Connecticut members no later than 15 working days of the event or the time frame required by applicable law, whichever is sooner.

Definition

Serious reportable events (SREs) and serious reportable adverse events (SRAEs): These are unambiguous, serious, preventable adverse incidents involving death or serious harm to a patient resulting from a lapse or error in a healthcare facility. A listing of Serious Reportable Events (SREs) has been developed by the National Quality Forum.

Provider preventable conditions (PPCs): These are conditions that meet the definition of a "health care acquired condition" (HCAC) or an "other provider preventable condition" (OPPC) as defined by CMS in federal regulations at 42 CFR 447.26(b).

Refer to the [National Quality Forum](#) for a list of and other information related to adverse events.

For more information, please refer to the following links:

- CMS' Hospital-Acquired Conditions (Present on Admission Indicator); IPPS FY 2013 [Final Rule](#)
- CMS' [Hospital-Acquired Conditions](#) ([Present on Admission Indicator](#))

Provider Reporting and Billing

To report an SRE, SRAE and/or PPC to CarePartners of Connecticut, providers should fax their report to the Quality Management Department at 617-673-0973.

For events designated in more than one category, providers are required to report the event for each category. For example, if an event is both an SRE and PPC, providers are required to report the event to CarePartners of Connecticut via:

- Seven-day and 30-day DPH report submission to the Quality Management Department
- Claims submission per SRE, SRAE and PPC billing guidelines

Providers must report all SREs, SRAEs and PPCs as follows:

Events Designated as SREs

For any event designated as an SRE, providers should report the event within seven calendar days of the event by submitting a Serious Incident Reporting Form to the Connecticut DPH. Providers should subsequently submit an updated report to the DPH within 30 calendar days of the event. Providers should fax a copy of each of these reports, including all appropriate diagnosis and procedure codes, to CarePartners of Connecticut Quality Management Department at 617-673-0973. For further details, please see the DPH's [information](#) under Adverse Event Forms for Health Care Facilities for reporting an SRE.

Providers cannot bill CarePartners of Connecticut, the member, the member's next of kin, authorized representative, or any other payer for care directly related to an SRE, correction or remediation of an SRE or subsequent complications arising from an SRE. Providers may not charge copayments and deductibles for admissions during which an SRE occurred.

CarePartners of Connecticut does not compensate for readmission or follow-up care at the same facility within 30 days of discovery of the event when the same provider, or a provider owned by the same parent organization, provides care related to an SRE, correction or remediation of an SRE, or subsequent complications arising from an SRE.

CarePartners of Connecticut will compensate eligible providers who accept members injured by an SRE that occurred at another facility or under another provider's care, subject to all billing and payment guidelines and policies.

Events Designated as SRAEs

For any event designated as an SRAE, providers should report the event to the Quality Management Department at 617-673-0973 (via the means shown above for SREs) and follow the billing guidelines as required by CMS.

Providers cannot bill CarePartners of Connecticut, the member, the member's next of kin, authorized representative, or any other payer for care directly related to an SRAE, correction or remediation of an SRAE or subsequent complications arising from an SRAE. Providers may not charge copayments and deductibles for admissions during which an SRAE occurred. In addition, CarePartners of Connecticut does not compensate for readmission or follow-up care at the same facility within 30 days of discovery of the event when the same provider, or a provider owned by the same parent organization, provides care related to an SRAE, correction or remediation of an SRAE, or subsequent complications arising from an SRAE.

CarePartners of Connecticut will compensate eligible providers who accept members injured by an SRE that occurred at another facility or under another provider's care, subject to all billing and payment guidelines and policies.

Events Designated as PPCs

Providers should report PPCs to CarePartners of Connecticut by billing for services or procedures rendered as follows:

- **Inpatient hospitals**
 - Services not directly related to the PPC: submit a reimbursable claim
 - Services directly related to the PPC: submit a no-pay claim on bill type 110, including appropriate modifiers, reason code 11, and Present on Admission (POA) indicator for reporting purposes only
- **Outpatient hospitals and freestanding ambulatory surgery centers**
 - Services not directly related to the PPC: submit a reimbursable claim
 - Services directly related to the PPC: submit a no-pay claim on bill type 130, including appropriate modifiers and reason code 11 for reporting purposes only
- **All other providers**
 - Services not directly related to a National Coverage Determination (NCD): submit a reimbursable claim
 - Services directly related to an NCD: submit a no-pay claim for reporting purposes only

Since HCACs and OPPCs are applicable only to hospitals and freestanding ambulatory surgery centers, all other providers should submit no-pay claims only for services directly related to NCDs.

Compensation/Reimbursement Information

CarePartners of Connecticut will not compensate providers or permit providers to bill members for services related to the occurrence of SREs, SRAEs and/or PPCs. Such nonpayment will not prevent member access to health care services.

Compensation will be adjusted according to POA indicator guidelines as well as federal and state requirements. Adjustments will be made based on provider health services payment contracts.

Use the table below as a guide to determine whether an event may meet one of the definitions above and therefore would be subject to nonpayment. The table is not an exhaustive list of SREs, SRAEs and PPCs. Licensed health care providers should check federal and applicable state web sites for a more comprehensive listing.

Condition or Event	SRE	SRAE	PPC		
			HCAC	OPPC	NCD
Surgical or Invasive Procedure Events					
Surgery or other invasive procedure performed on the wrong body part	x	x			x
Surgery or other invasive procedure performed on the wrong patient	x	x			x
Wrong surgery or other invasive procedure performed on the patient	x	x			x
Intraoperative or immediate postoperative or post-procedural death of an otherwise healthy patient (ASA class 1)	x	x		x	
Foreign object retained after surgery	x	x	x		
Patient Protection Events					
Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person	x				
Patient suicide, attempted suicide, or self-harm resulting in serious injury while being cared for in a health care setting	x			x	
Patient disappearance resulting in death or serious injury	x			x	
Product or Device Events					
Air embolism resulting in death or serious injury	x	x	x		
Use of contaminated drugs, devices, or biological treatments provided in a health care setting resulting in death or serious injury	x			x	
Use or function of a device in a way other than its intended use or function resulting in death or serious injury	x			x	
Introduction of a metallic object into the MRI area resulting in death or serious injury	x			x	
Care Management Events					
Pressure ulcers - Any Stage 3 or 4 pressure ulcer; unstageable pressure ulcer acquired after admission or presentation in a health care setting	x	x	x	x	
Blood incompatibility, unsafe administration of blood products resulting in death or serious injury	x	x	x		
Manifestations of poor glycemic control, including: <ul style="list-style-type: none">• Diabetic ketoacidosis• Nonketotic hyperosmolar or hypoglycemic coma• Secondary diabetes with ketoacidosis or hyperosmolarity	x	x	x		
Irretrievable loss of an irreplaceable biological specimen resulting in patient death or serious injury	x			x	
Iatrogenic pneumothorax with venous catheterization		x	x		
Catheter-associated urinary tract infection (UTI)		x	x		
Vascular catheter-associated infection		x	x		
Deep vein thrombosis following a total knee replacement or hip replacement, except for obstetric and pediatric patients		x	x		
Falls and trauma, including those related to fracture, dislocation, or intracranial or crushing injury resulting in patient death or serious injury	x	x	x		
Care Management Events (cont.)					
Mediastinitis (surgical site infection) following: <ul style="list-style-type: none">• Coronary artery bypass graft (CABG)• Cardiac implantable electronic device (CIED) procedures• Bariatric surgery for obesity, including laparoscopic gastric bypass, gastroenterostomy, and laparoscopic gastric restrictive surgery.• procedures, including those to the spine, neck, shoulder, and elbow		x	x		
Spinal manipulative therapy resulting in death or serious injury	x			x	
Medication error (wrong dose, patient, time, rate, preparation, route of administration) resulting in death or serious injury	x			x	

Condition or Event	SRE	SRAE	PPC		
			HCAC	OPPC	NCD
Maternal death or serious injury associated with labor and delivery in a low-risk pregnancy while being cared for in a health care setting	x			x	
Death or serious injury of a neonate associated with labor and delivery in a low-risk pregnancy	x			x	
Death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results	x			x	
Artificial insemination with the wrong donor sperm or wrong egg	x				
Environmental Events					
Line for oxygen, or other gas, administered to patient contains wrong gas or is contaminated with toxic substances	x	x			
Use of physical restraints or bedrails while being cared for in a health care setting resulting in death or serious injury	x			x	
Burn or electric shock resulting in death or serious injury	x	x	x		
Potential Criminal Events					
Abduction of patient at any age	x				
Sexual assault on a patient within, or on the grounds of, a health care setting	x				
Care ordered or provided by someone impersonating a doctor, nurse, pharmacist, or other licensed health care provider	x				
Death or serious injury if a patient or staff member resulting from a physical assault	x			x	

Policy Reference

- 42 C.F.R. § 434.6(a)(12)
- 42 C.F.R. § 438.6(f)(2)
- 42 C.P.R. § 447.26

Document History

- November 2025: Annual policy review; administrative updates
- November 2024: Annual policy review; no changes
- December 2023: Annual policy review; no changes
- December 2021: Annual policy review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.