

Medicaid: New Regulations Will Bar Payments For Health Care-Acquired Conditions.

On February 17, 2011 the US Centers for Medicare and Medicaid Services (CMS) published proposed new regulations that will bar payment under Medicaid for treatment of health care-acquired conditions.

The list of health care-acquired conditions for Medicaid non-payment is basically the same as that already in effect for non-payment under Medicare:

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Falls and trauma
 - Fractures
 - Dislocations
 - Intracranial injuries
 - Crushing injuries
 - Burns
 - Electric shock
- Manifestations of poor glycemic control
 - Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma
 - Secondary diabetes with ketoacidosis
 - Secondary diabetes / hyperosmolarity
- Catheter-Associated urinary tract infection
- Vascular catheter-associated infection
- Surgical site infection following
 - CABG - mediastinitis
 - Bariatric surgery
 - Laparoscopic gastric bypass
 - Lap gastric restrictive surgery
 - Orthopedic procedures / spine / neck shoulder / elbow
- Deep vein thrombosis or
- Pulmonary embolism following
 - Total knee replacement
 - Hip replacement

Individual states will have the flexibility to expand the list of provider-preventable conditions for which payment will not be made under Medicaid. Some states already have non-payment regulations in place. CMS's new regulations provide a baseline Federal standard.

FEDERAL REGISTER February 17, 2011
Pages 9283 - 9295

We have CMS's announcement from the Federal Register on our website at <http://www.nursinglaw.com/CMS021711.pdf>

The new Medicaid regulations are set to take effect on July 1, 2011.

CMS will accept comments from the public until March 18, 2011.

The new regulations are in response to the healthcare reform bill enacted last year, known as the Patient Protection and Affordable Care Act of 2010.

The goal, according to CMS's announcement, is to provide care and services in the best interests of beneficiaries and to provide payment that is consistent with efficiency, economy and quality of care.

To prevent loss of beneficiaries' access to care, reduction in payments are to be limited by state Medicaid plans to the amounts directly related to the provider-preventable condition and the resulting treatment.

That means, for example, that if a patient develops an infection after surgery, payment would be denied for the post-surgical infection but not for the surgical procedure itself.

FEDERAL REGISTER February 17, 2011
Pages 9283 - 9295