

MVP FASTFAX

News for West Region – Rochester/Buffalo Providers

Serious Reportable Adverse Events (SRAE) (Formerly referred to as “Never Events”) and Hospital Acquired Conditions (HACs) for Commercial and ASO Plans.

Effective September 1, 2016, MVP will extend its policy on Hospital Acquired Conditions (HAC) and Serious Reportable Adverse Events (SRAE) to its **Commercial** and **ASO** plans. Currently this policy applies only to MVP’s Governmental Programs and Medicare Advantage lines of business.

MVP will apply the New York State DOH list of HACs and SRAEs to its commercial and ASO lines of business. This list is not intended to capture all of the SRAEs and HACs that could possibly occur in hospital facilities, outpatient/office based surgery centers, ambulatory practice settings/office based practice, and long term/skilled nursing facilities, but it is intended to provide guidance as to what would likely be considered HACs and SRAEs. The actual HACs and SRAEs governed under MVP’s policy will change over time, as may be dictated by federal or state mandate or by the needs of our customers and members.

MVP Commercial/ASO Products

MVP will deny a claim submitted with a SRAE and MVP will reduce payment on a claim billed with a HAC diagnosis and a Present-on-Admission (POA) indicator of “N”. For hospitals billing with APR DRG’s for commercial line of business, MVP will reference the then current list of HACs and SRAEs as published by the New York State DOH. For hospitals billing with MS DRGs for commercial line of business, MVP will reference the then current list of HACs and SRAEs published by CMS. Providers will bill MVP according to the applicable CMS rules relating to SRAEs and HACs. The applicable NYS DOH or CMS list utilized will be determined by the date services were rendered.

Facility notification/claims submission related to SRAE for Commercial/ASO Members:

1. Facility/Provider will bill MVP for these Inpatient and Outpatient services, according to the standard process
2. MVP will deny a claim if an SRAE is identified upon medical record review.
3. Should the facility disagree with MVP’s denial of the claim, the hospital may appeal to MVP within thirty (30) days of the date of the denial letter.
4. Subsequent Inpatient or Outpatient readmissions to the same facility caused by the SRAE and admissions related to the SRAE will also be denied by MVP.
5. SRAEs and HACs are non-reimbursable services and members may not be balanced billed.

Please refer to the MVP Provider Resource Manual for the entire procedure that can be found at www.mvphealthcare.com or contact your MVP Contract Manager for further clarification or questions.

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-684-9286.

