

Medicare Will Not Pay For Hospital Mistakes And Infections, New Rule

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Starting in 2009, Medicare, the US government's health insurance program for elderly and disabled Americans, will not cover the costs of "preventable" conditions, mistakes and infections resulting from a hospital stay.

So for instance, if you are on Medicare and you pick up a hospital acquired infection while you are being treated for something that is covered by Medicare, the extra cost of treating the hospital acquired infection will no longer be paid for by Medicare. Instead, the bill will be picked up by the hospital itself since the rules don't allow the hospital to charge it to you.

According to a statement from the Centers for Medicare & Medicaid Services (CMS), the new rule is part of a step to:

"Improve the accuracy of Medicare's payment under the acute care hospital inpatient prospective payment system (IPPS), while providing additional incentives for hospitals to engage in quality improvement efforts."

That means Medicare won't be paying for surgery to remove objects accidentally left inside the patient in an operation, and neither will it pay for treating patients who receive the wrong blood type in a transfusion. But the main impact will be in the area of hospital acquired infections.

Hospital acquired infections kill nearly 100,000 Americans a year, according to the Centers for Disease Control and Prevention (CDC), with 2 million patients needing treatment that costs over 25 billion dollars a year.

Consumer groups say the changes will give hospitals a strong incentive to prevent such mistakes and thereby increase patients safety from infections and procedural errors.

Lisa McGiffert, director of Consumers Union's Stop Hospital Infections campaign welcomed the news:

"Every year, millions of Americans suffer needlessly from preventable hospital infections and medical errors."

"These new rules are a good beginning for Medicare to use its clout to mobilize hospitals to improve care and keep patients safe," she added.

According to the Consumers Union, at the moment, more than 60 per cent of the total national bill for treating hospital acquired infections is met by Medicare. And many of these infections could be prevented if hospitals followed simple infection control procedures such as making sure hospital staff washed their hands between patients.

The CMS said the new rules are possible because of provisions in the Deficit Reduction Act of 2005 (DRA). Already incorporated in many state health care programs, under the DRA hospitals have to start reporting on secondary diagnoses from 1st October this year. Starting in financial year 2009, Medicare will not pay the treatment costs for these secondary diagnoses unless they were present on admission.

The conditions that will no longer be covered by Medicare include mediastinitis after coronary artery bypass graft (CABG) surgery, bed sores, air embolism, falls, leaving objects inside the patient during surgery, vascular catheter-associated infections and certain catheter-associated urinary tract infections.

The new rules also expand the list of publicly reported quality measures and reduce Medicare's payment for devices that hospitals replace at reduced or no cost to themselves.

CMS said that the new rules will not only improve the quality of care for Medicare beneficiaries, but will save millions of taxpayer dollars every year. The total Medicare bill is currently over 400 billion dollars a year and is expected to rise as the baby boomers reach their middle 60s.

CMS Acting Deputy Administrator Herb Kuhn said the new rules are part of a strategy toward becoming "a more active purchaser of high quality care for Medicare beneficiaries."

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