

Q: Will you be addressing the issue that some centers believe that participating in this process pierces their peer review protection?

My answer at the time was that we would be asking for an attorney general's opinion as to whether KHS had standing to set up a peer review committee which could share privileged information with provider peer review committee. Our plans changed the day after the training. We will not be requesting such counsel and will not proceed with setting up a peer review committee.

According to Martie Ross, our counsel, the information we are requesting in the critical incident reporting process (who, what, when, where, how) is discoverable and would not be protected by a peer review process. Even if we were to follow up after receipt of an incident report with a request for medical records, the records are discoverable and not protected via peer review. Ms. Ross writes, "Medical records are not subject to any special protection from discovery. If a party to litigation can demonstrate the record is relevant, and the party is willing to agree to appropriate restrictions on disclosure, a judge will order production of the record. For this reason, a provider must keep peer review/risk management records separate from the medical record itself.

In light of this, there's no basis for providers' concerns regarding the release of records to KHS. The disclosure is covered by the payment exception under the HIPAA Privacy Rule, and KHS as a HIPAA covered entity has a duty to protect the confidentiality of that information to the same extent the provider has such an obligation."

---

Q: Will you be clarifying what you mean by "medical services?" Do you mean a trip to the E.R., where no services were provided by the E.R. staff, treatment in the E.R. that didn't result in an admission, or only full admissions?

"Medical services" means the actual provision of treatment by medically trained staff, i.e., a visit by EMT, treatment by emergency room staff, treatment in an outpatient office by a primary care physician, PA or ARNP. The definition on the form suggests treatment beyond first aid.

---

Q: Request an autopsy report, or an actual autopsy?

I realized I said autopsy. I should have said autopsy report.

---

Q: Do we report self-inflicted injuries that do not result in medical treatment?

No.

Q: What would be the nature of the criminal activity reported as well as property damage??

The criminal activity needs to occur on the provider premises or during a provider-sponsored activity. It is any activity for which a reasonable person might contact law enforcement. The policy and form are specific to “provider property.”

---

Q: What if Medicaid is secondary payer source, or if consumer doesn't have Medicaid at the time of the occurrence?

This policy pertains to KHS members only. So, the answer to the first part of the question is yes and the second part of the question is no. However, the provider should be familiar about the expectations of the state and other payors regarding the reporting of incidents.

---

Q: Are homes who receive in home family therapy considered "provider premises"?

No.

---

Q: Is physical injury resulting from restraint/seclusion or suspected/alleged criminal activity reportable only in relation to client, or to staff?

Both relate to clients/members.

---

Q: So, the expectation is that any time we are in the E.R. doing a screening, that by definition would be a reportable critical incident?

No. A screening is not a reportable critical incident.

---

Q: Is a School/community based location considered "provider premises?"

Only if the school is owned or run by a provider.

---

Q: What if the E.R. opens a chart on the person we are screening, but does nothing but check vitals, get history, and document that we are there doing a screening or some type of crisis intervention?

Not a reportable incident

---

Q: When do you expect the A.G. opinion?

See the answer to the first question.

---

Will this apply to PRTFs since we already do critical incident reporting to multiple entities at SRS and JJA and we have state serious occurrence reporting? Can these processes be consolidated?

No, this policy and procedure does not apply to PRTF's.

---

Will we receive a hard copy of the PowerPoint?

It will be made available on the KHS website.

---

Training staff on a new process will take time. What is the implementation date?

It was July 1, 2007, the date we went live.

---

Report in 24 hours: Send the critical report form within 24 hours OR inform you via fax or phone within 24 hours. Mailing the form cannot guarantee you would get it in 24 hours.

Either mail the form within 24 hours or fax within 24 hours. No phone calls or emails, please. Emails may not necessarily protect sensitive health information.

We assume that these requirements only apply to PAHP Medicaid members, not other Medicaid members. Is that correct?

That is correct.

---

When do you anticipate having your peer review process in place?

Please see the answer to the first question.

---

How can we report follow up activities if those are part of an internal peer review process?

Since KHS will not have a peer review process, you can't.

---

Are these reports required if the member is being treated under the PIHP not the PAHP?

Not to KHS, but ValueOptions might have a similar process.

---

Q: What does the R in R. Scott Graham stand for?

Rasputin