

OHIO DEPARTMENT OF MEDICAID UTILIZATION REVIEW

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Medical Director *Dialogue*

The Unprecedented Public Health Events of 2020

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As I write my contribution to this issue, I have just seen the latest data for Ohio: more than 1.3 million Ohioans out of work in the last 12 weeks, more than 39,000 Ohioans are infected with COVID-19 and 2,500 have died due to the coronavirus. One in four Ohioans are now enrolled in Medicaid. These are astounding numbers of historical proportions.

Yet, there is much to be thankful for. The governor’s office took swift and decisive action to flatten the infection rate curve in concert with the Ohio Department of Health. Help from Ohio Department of Jobs and Family Services to support those out-of-work was expedited. Finally, the Ohio Department of Medicaid and its managed care health plan partners have been able to absorb the increased number of beneficiaries and ensure that Ohioans get the care they need when they needed it. I believe we should all be very thankful because things could have been worse, a lot worse.

Moving Forward

But this article is not about looking back. Instead, we’re moving forward from here. A saying that is highly applicable to today’s situation comes to mind: “the past is prologue.” The novel Coronavirus COVID-19 pandemic is a historical event and is playing out before our very eyes. As such, we are all eager for answers and reassurances, and many are looking to those in the medical community to predict what will happen next. While none of us have a crystal ball to allow us to see the future, we do have the benefit of being able to look back at history to help inform us about what is likely to come next.



In particular, we can look back at the prior pandemics such as the H1N1 influenza outbreak for 1918-1919: 500 million infected with over 50 million dead. That pandemic only ended when enough people had been infected that widespread immunity began to lower infection rates. After that initial acute phase, the virus went on to become endemic for another 40 years in a seasonal manner. This historic case represents endemic status with acquired natural immunity of the population.

The SARS (SARS-CoV) epidemic of 2003 was contained by aggressive epidemiological tactics using isolation, quarantining, and swift implementation of personal and societal controls. These measures worked because illness quickly followed the viral infection and viral transmission only occurred after people were actively sick. This case represents control through containment.

Finally, we can examine the Swine Flu pandemic of 2009, which again was caused by H1N1 influenza virus. While the pathogenicity of the virus was not as high as was initially feared, it came under control as a vaccine was rapidly developed to combat it. As greater numbers of people were vaccinated, the pandemic receded, and multiple waves were not observed. This case represents control through vaccine-induced immunity.

As we look to the future, we do not know exactly how the COVID-19 Pandemic of 2020 will end. Likely, it will be addressed on multiple fronts. Modern medicine is now engaged in the use of anti-viral medications and antibodies, which may help those who are already infected. Work is rapidly progressing on finding an effective vaccine to create immunity in the population. Governments and communities worldwide are enacting political and societal controls aimed at decreasing viral spread. Every day, our knowledge and understanding of the situation develops and we get closer to resolution.

That said, COVID-19 will likely be with us for the next 2-5 years as a daily concern in the business of health care. We need to recognize that the standards of care and clinical norms will adjust, and we need to be ready to adapt in the face of it. This applies to the boots-on-the-ground frontline physicians and nurses as well as the utilization management and billing efforts that come later.

As ODM is now responsible for a historically large percentage of Ohioans, we must be good stewards of the resources that are available to ensure healthy and safe futures for all of those in our state. We are ready to work together to find the best path forward.



Rebilling Hospital Utilization Review Denied Claims

When rebilling claims recouped as a result of retrospective review, your facility must follow the resubmission instructions exactly as described in the ODM Hospital Billing Guidelines. Section 2.5.4 - UTILIZATION REVIEW AND ASSOCIATED CLAIM RESUBMISSION provides detailed instructions for rebilling claims correctly.

Rebilled claims that do not follow this guidance will be denied by the Medicaid Information Technology System (MITS). ODM will not waive timely filing rules or override edits that post as a result of claims that are improperly billed. ODM provides [ODM Guidance Provider Billing Instructions](#) online.

Simplifying Your Medical Record Submission Process

HMS Permedion offers a safe and secure electronic transmission service to providers submitting medical records for the ODM Hospital Utilization Review Program.

To begin electronically submitting medical records, providers must contact HMS Permedion at ODMUR@hms.com and provide an IT and medical records contact to establish a Secured File Transfer Protocol (SFTP).

We have SFTP protocols in place that allow third-party health information management vendors, including Cobius Healthcare Solutions, CIOX Health and MRO. Please advise HMS Permedion if your hospital works with one of these companies.

Until you receive confirmation that electronic submission for your company has been enabled, continue to submit hard copies of medical records requested to:

HMS
ATTN: OH Medicaid Imaging
5615 High Point Drive
Irving, TX 75035

OR

Secure Fax: 866-206-6861 / 214-313-1577.

ODM has reinstated all in-process fee for service retrospective reviews of paid Medicaid inpatient and outpatient claims by Permedion.

Securely Store and Access Your Information

All documentation regarding retrospective reviews can be stored and retrieved using our secure document management system, DOTS. The DOTS portal contains medical record request letters, denial letters, appeal response letters and quarterly approval reports. We will set up secure, individual access for multiple users at your facility. Contact us at ODMUR@hms.com

Reinstatement of Ohio Medicaid Fee for Service Hospital Utilization Reviews

ODM reinstated hospital utilization reviews July 1. The reinstatement notice below was released by ODM on June 24.

Effective Wednesday, July 1, 2020, ODM reinstated all in-process fee for service (FFS) retrospective reviews of paid Medicaid inpatient and outpatient hospital claims by ODM contractor HMS Permedion. In-process reviews were suspended in March 2020 due to the COVID -19 emergency. This reinstatement includes requests for records, denial decisions and all provider requests for first- and second-level appeals. HMS Permedion will issue reinstatement notices to hospital providers listing the affected claims.

- 1.** HMS Permedion will begin reviewing previously submitted records and issuing review decisions. Providers who received an HMS Permedion record request for FFS hospital records, but have not submitted records, will receive a follow-up record request. Providers will be given 30 calendar days from the date of the follow-up notice to submit records.
- 2.** All in-process provider appeal requests submitted to HMS Permedion and ODM-SURS for first and second-level appeals are reinstated.
- 3.** HMS Permedion will reissue initial denial determinations where the provider did not appeal, giving providers an additional 30 calendar days from the date of the notice to request appeal of denial decisions. ODM-SURS will also accept delayed second-level appeal requests.
- 4.** HMS Permedion will resume issuing new monthly hospital record requests for utilization reviews beginning August 2020. Providers will have 30 calendar days from the date of the notice to submit records.
- 5.** Effective August 2020, ODM will resume monthly recoupment of all reinstated denials with completed appeals.

For questions, please contact the ODM Surveillance and Utilization Review Section by email at ODMSURS@medicaid.ohio.gov. Note that many staff are tele-working and email is the preferred method of communication. Include the HMS Permedion case number and ICN number in all correspondence. Do not send PHI to ODM or HMS Permedion via unencrypted email. Thank you.

Withdrawal Management and Substance Use Disorder Treatment Inpatient Hospital Admissions

The [memorandum](#) sent by ODM to managed care organizations provides information regarding the use of the ASAM Criteria for substance use disorder (SUD) inpatient hospital admissions.

ASAM 4.0 – Medically Managed Intensive Inpatient Services criteria can be utilized for general hospital and psychiatric hospital admissions that are equipped to treat acute withdrawal and other SUD conditions.

ASAM Criteria scores in the following six dimensions are considered in the review criteria:

- Dimension 1: Acute intoxication and/ or withdrawal potential
- Dimension 2: Biomedical conditions and complications
- Dimension 3: Emotional, behavioral or cognitive conditions and complications
- Dimension 4: Readiness to change
- Dimension 5: Relapse, continued use, or continued problem potential
- Dimension 6: Recovery living environment.

ASAM Criteria is a more comprehensive review criteria, that considers current and potential physical signs and symptoms, biomedical conditions and current and potential emotional and socio-economical risk factors that may impact successful recovery. For full criteria, please see: *“The ASAM Criteria” American Society of Addiction Medicine, Third Edition, 2013.*

MCG Health criteria for general hospital admissions related to withdrawal management and substance use disorders are:

- M-153 (ISC) Drug Ingestion or Overdose
- P-150 (ISC) Drug Ingestion or Overdose, Pediatric
- M-595 (ISC) Substance-Related Disorders, Adult
- P-596 (ISC) Substance-Related Disorders, Child or Adolescent.

MCG clinical indications for inpatient admission for **Drug Ingestion or Overdose**, are focused primarily on acute intoxication and withdrawal indicators, elevated risk indicators and biomedical conditions and complications.

MCG clinical indications for inpatient admission for **Substance-Related Disorders**, includes the acute withdrawal indicators and elevated risk indicators, and additionally includes:

- Severely complicated opioid withdrawal indicators
- Acute toxicity or instability indicators
- Severe dysfunction in daily living (see definition by opening in MCG)
- Imminent danger to self (see definition by opening in MCG)
- Imminent danger to others (see definition by opening in MCG)
- Treatment services available at proposed level of care are necessary
- Situation and expectations are appropriate for inpatient care

For full criteria, please see: <https://www.mcg.com/care-guidelines/inpatient-surgical-care/>



Contacts for Providers

Contacts	Contact Information
BH and Inpatient Psych PA Questions	P) 855-974-5393
BH fax line	F) 855-974-5394
BH Appeal Requests	Permedion/Ohio Mental Health Reconsideration, 350 Worthington Rd., Suite H, Westerville, OH 43082
MITS Enrollment	P) 800-686-1516
HMS/Permedion Medical Hotline	P) 800-772-2179
Home Health PA Submissions Fax	F) 855-474-4306
Med-surg and Home Health PA Questions	P) 800-772-2179
Med-surg Retrospective Reviews	Lowell Webb, RN, ODM SURS Clinical Review Supervisor; E) Lowell.Webb@medicaid.ohio.gov ; P) 614-752-5700 Fax: 614-644-2217
ODM Provider Helpline (Medicaid Claims)	P) 800-686-1516
ODM SURS Hospital Appeals Provider Line	P) 866-841-0002
ODM SURS Hospital Appeals Fax Line	F) 614-644-2217
ODM SURS Hospital Appeals Fax by Email	F) Bacs_fax@medicaid.ohio.gov
ODM SURS Mailing Address	ODM, Surveillance and Utilization Review Section, PO Box 182582, Columbus, OH 43218-2582
Permedion UR Provider Email	E) ODMUR@hms.com

ODM Helpful Clickable Links

[MITS Training for Providers](#)
[Billing Training for Providers](#)
[Billing Resources for Providers](#)

Permedion Helpful Clickable Links

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[Ohio Medicaid Mental Health Information & Resources](#)