



Ohio medicaid QUALITY MONITOR

VOL. 7, NO.2

SPRING 2006

Have You Provided Us Your E-mail Address?

Permedion would like to thank the numerous hospital providers that have supplied e-mail addresses for their Chief Executive Officers and Utilization Review and Quality contact persons.

We have amassed a database of e-mail addresses for the majority of hospital providers; however, we need a response from every provider. Many providers have also updated their hospitals' contact information in addition to providing us current e-mail addresses. This will assist Permedion in getting the appropriate documents to the correct individuals in a timely fashion.

The future plans for the Permedion web site include secure web access for denial and quality letters, denial summaries, and approval reports.



Send Us Your E-mail Address Today!

Read more about our secure web access for submitting precertification requests on *Page 2*, "Precertification Now Available at Permedion.com."

E-mail address continued on pg. 4

published in cooperation with:



2006-2007 Ohio Budget Requires Ohio Medicaid Shift to Managed Care

House Bill 66, Ohio's state budget for fiscal year 2006 and 2007, imposed many requirements to restrain the growth of Medicaid costs. Among other provisions, it requires that all Covered Families and Children (CFC) and a portion of Aged, Blind, and Disabled (ABD) Medicaid consumers be enrolled in managed care programs by December 2006.

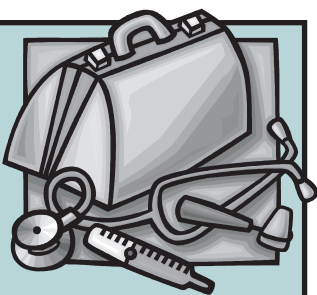
The CFC population consists of Ohio families, children (up to age 19), and pregnant women whose income and resources are within Medicaid limitations. Up to now, only CFC residents in certain counties have been required to enroll in managed care. Residents of other counties where managed care was available could choose either traditional fee-for-service or a managed care plan (MCP). Beginning June 2006, ODJFS will contract with MCPs statewide, and all CFC consumers who do not select an MCP will be assigned to a plan through which they will receive all their health care.

The ABD population consists of people over 65 years of age and Ohioans who are blind or disabled at any age, and whose income and resources are within Medicaid limitations. Beginning December 2006, a specific portion of the ABD population will be included in the mandated managed care program: individuals age 21 and older, not resident in institutions or receiving care through a home-care waiver program, not eligible for Medicaid by spending down their income or resources, and not dually-eligible for Medicare and Medicaid. These exclusions of the ABD eligible from mandatory managed care are required by Federal regulations.

When expansion is complete, approximately 1.2 million CFC and 125,000 ABD Medicaid consumers will be placed in an MCP. House Bill 66 also made provision for assuring that provider networks are in place for the new MCPs. This was accomplished by requiring that hospitals, who do not contract with the MCPs, must offer non-emergency care to Medicaid managed care patients at no more than the current fee-for-service rates.

For additional information on the Ohio Managed Care Program expansion, please visit the Bureau of Managed Health Care web site at <http://jfs.ohio.gov/ohp/bmhc/statemhc.htm>.

Medical Director dialogue



by David Sand, MD, MBA, FACS
Corporate Medical Director, Permedion

Milliman vs Interqual: Outpatient vs. Inpatient Observation

Utilization management is an effective strategy in supporting the goals for health care outlined in the Institute of Medicine's landmark study, *Crossing the Quality Chasm*. The goals include: safety, effectiveness, patient-centeredness, efficiency, timeliness, and equity.

To be effective in supporting these goals, both *Interqual Criteria* and *Milliman Care Guidelines*® clinical decision support criteria are responsive to individual patient situations and provide objective, evidence-based clinical and psychosocial indicators that support care planning and level-of-care decisions.

Medicare is a federally administered program that includes health care for certain eligible groups including those over 65 years of age. This program uses the *Interqual Criteria* to determine a patient's need for hospitalization.

Medicaid is a state administered program and each state is permitted to set its own guidelines regarding utilization criteria. The *Milliman Care Guidelines*® is Ohio Health Plan's choice for clinical criteria for levels of care.

Interqual and *Milliman* guidelines are very similar in spanning the continuum of care, providing access to evidence-based knowledge, and best practices relevant to patients in a broad range of care settings. This not only facilitates coordination of care and allows for smooth patient transitions, but also assists with the uniform and impartial application of criteria for decision-making in each setting.

One notable difference between *Interqual* and *Milliman* guidelines is the definition of the observation status:

Medical director continued on pg.4

Precertification Now Available at Permedion.com

Permedion is the designated utilization review entity for Ohio Medicaid's precertification program. The current list of procedures requiring precertification includes elective inpatient and outpatient surgical procedures.

A precertification request can be initiated in a number of ways. The traditional methods include telephone and fax. A telephone call can be made to Permedion's Call Center at 1-800-772-2179. A request can be faxed into the center at 1-800-591-1819.

A third option now available to request a precertification authorization is through confidential secure web access. This option has been available to providers on our web site at www.permedion.com since January 30, 2006. We encourage everyone to give it a try! Providers can expect the same excellent customer service that they currently receive through the traditional request methods.

The web process is simple. Log onto www.permedion.com and click on the link for **Ohio Medicaid** which can be found on the left side of the page. This brings the user to the Ohio Medicaid page. Located in the upper right corner is a yellow box which contains the "Precert Registration" link to become a registered user.

Once registration is complete, Permedion will send the user name and password via e-mail within one business day. This will take the user to a secure site to provide the needed information for precertification.

Contact Information	
Contact Name: *	Smith, Jane (Last, First MI)
Contact Phone: *	614-963-9654 (999-999-9999)
Physician Information	
Physician Name: *	Jones, Steven MD (Last, First MI)
Medicaid Provider #: *	0855515
Physician Address:	1554 Greenlawn Ave
City:	Columbus
State:	OH
Hospital Information	
Hospital Name: *	Bayview Hospital
Hospital Provider #: *	4500215
Patient Information	
Patient Name: *	Doe, John (Last, First MI)

Figure 1. Online Precertification Request Form

Permedion.com continued on pg. 3

Permedion.com continued from pg. 2

Figure 1 on Page 2 shows the online precertification request form which has required fields that must be completed to request a precertification. Once your precertification request is submitted, you will be directed to an acknowledgement web page (see Figure 2).

The rest of the process remains the same. A Permedion nurse reviewer will continue to call with the result of your

request. An approval or denial letter will continue to be processed for all providers.

Other valuable information can be accessed through www.permedion.com, including:

- Updated list of procedures requiring precertification
- Updated provider Precertification Manual
- Most recent precertification fax

form

- Ohio Medicaid contact reference guide
- Change of contact form
- Link to the Ohio Department of Job and Family Services Medicaid web site

Permedion's goal is to provide a timely, accurate response your request whether it is received by phone, fax, or on the web. For questions about precertification of elective surgical procedures please call Permedion's Precertification Center at 1-800-772-2179.

This process should not to be confused with "prior authorization" which may be required by Ohio Medicaid for services that may not normally be covered. The prior authorization department can be reached by calling the Ohio Medicaid IVR system at 1-800-686-1516.

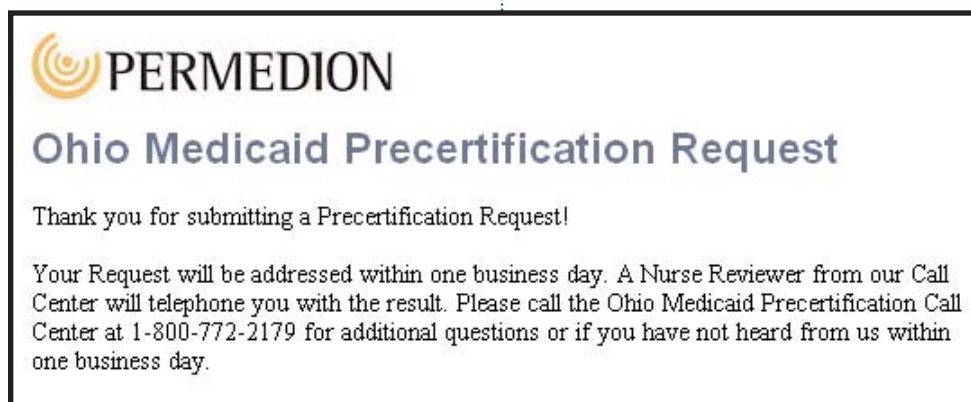


Figure 2. Acknowledgement Web Page

CODING CORNER

Gestational Diabetes

In this issue of the Coding Corner, we provide information on the identification, risks for developing, and prevention of *Gestational Diabetes*.

Gestational Diabetes and How it is Diagnosed

Gestational diabetes, 648.8X, (also called glucose intolerance of pregnancy) is a temporary condition that occurs during pregnancy. It affects two to four percent of all pregnancies and involves an increased risk of developing diabetes for both mother and child. Women who have gestational diabetes are prone to develop Type II diabetes later in life.

In most cases, gestational diabetes can be managed with diet and exercise

and goes away when the baby is born. Gestational diabetes is usually diagnosed between the 24th and 28th week of pregnancy when insulin resistance usually begins. If your physician is concerned about your risk of developing gestational diabetes, testing may occur before the 13th week of pregnancy.

Risk factors for developing gestational diabetes include the following:

- Family history of diabetes
- Gestational diabetes in a previous pregnancy
- Birth defects in a previous pregnancy
- Obesity
- Older maternal age

- Previous stillbirth or miscarriage
- Previous delivery of a large baby

Risks for babies born to mothers with gestational diabetes:

- Macrosomia (large, fat baby)
- Shoulder dystocia
- Neonatal hypoglycemia
- Prolonged newborn jaundice
- Low blood calcium
- Respiratory distress syndrome

Controlling/Preventing Gestational Diabetes

- Maintain blood glucose levels
- Maintain blood fat levels
- Maintain/monitor your weight

Coding corner continued on pg.4

E-mail address *continued from p. 1*

Hospital providers will receive an electronic version of the *Quality Monitor* beginning with the very next issue released in the summer. Don't be left out! If we do not have your e-mail address, we will be unable to provide you with the next newsletter.

If you have misplaced your *E-mail Contact Form*, please visit our web site at www.permedion.com for another copy. Select the **Ohio Medicaid** link to the left of the screen. Click on the **E-mail Contact Information Form** link to print a copy. Please fax this form to Keight Eplin, Permedion at (614) 895-6784 or mail the form to her at 350 Worthington Rd., Suite H, Westerville, OH 43082.

To change your e-mail contact information, notify Permedion at:

medicaidsupport@permedion.com.

Permedion looks forward to excellent electronic communication with all hospital providers!

Coding corner *continued from p. 3*

Control of diabetes will prevent serious complications, such as: infections; kidney, eye, and nerve damage; and heart disease.

Coding Guidelines for Diabetes Complicating Pregnancy

When coding a condition that is either a complication of pregnancy or that is complicating the pregnancy, always list the code for the obstetric complication first. An additional code may be assigned as needed to provide specificity. Essentially all pregnant diabetics have complications, either with the diabetes or the pregnancy; therefore, two codes (648.8X and 250.0X) are always assigned.

Medical director *continued from pg.1*

- *Milliman* describes an observation stay as "outpatient" or "ambulatory." *Milliman* explains observation as an option for monitoring patients in the hospital to determine the need for admission.
- *Interqual* describes the need for an observation stay as "inpatient" because the observation bed and services are provided in the hospital and not in an outpatient environment.

Regardless of the semantics of an ambulatory or inpatient "observation stay," the Medicaid payment methodology for an observation status is based on the Ohio Administrative Code 5101:3-2-21.



With specific reference to Ohio's Medicaid program, it is important to note that both sets of guidelines are merely *screening* tools utilized by non-physician reviewers. The information indicating a failure to follow the guidelines is used to make referrals to physician reviewers who make any denial determinations if such a denial is indicated. These actively-practicing, Ohio-licensed physician reviewer decisions are based on the documentation presented in the medical record.

CONTACT INFORMATION

Permedion • Sue Hackett, Project Manager
 • 350 Worthington Rd., Suite H • Westerville, OH 43082 • 614/895-9900 • fax 614/895-6784
 • www.permedion.com • shackett@permedion.com

Ohio Department of Job and Family Services – Office of Ohio Health Plans
 • Lynne Lyon, Contract Administrator • 30 E. Broad St. • 27th Floor • Columbus, OH 43215
 • 614/466-6420 • fax 614/466-2908 • www.jfs.ohio.gov

350 Worthington Rd., Ste. H
 Westerville, OH 43082

