VOL. 4, NO. 3 SUMMER 2003

Medicaid Consumer Guide Supports Access to Appropriate Care and Stresses Importance of Primary Care Provider

The ODJFS Office of Ohio Health Plans (OHP) has developed the *Medicaid Consumer Guide* for use by Medicaid consumers. The purpose of the guide—the first such publication by OHP—is to provide information about the Medicaid program in a format similar to that of commercial health plans.

The guide provides information on many aspects of the Medicaid program, such as covered services, when to use the emergency room, preventive health care, and what to do with bills received for health care services. A section titled "Finding a Health Care Provider" tells consumers how to find a Medicaid provider and stresses the importance of having one health care provider for all primary health care needs.

OHP conducted focus groups to obtain feedback on the usefulness, aesthetics, and content of the guide. A total of 39 consumers participated in nine focus groups conducted in Hocking County, Columbus, and Youngstown. The majority of the focus group participants found the *Medicaid Consumer Guide* aesthetically appealing and said that it answered most of the questions they usually asked their caseworkers. The topic that participants most frequently wanted to see added to the guide was spend-down. (Spend-down is the process of spending excess income on medical bills to qualify for Medicaid.)

Consumer guide *continued on p. 4*

published in cooperation with:

Adverse Drug Events in Ohio Medicaid Patients

A study was conducted by the Ohio Department of Job and Family Services (ODJFS) and Permedion to measure the incidence, severity, and reimbursement costs of potential and actual adverse drug events (ADEs) in persons taking selected narcotics. The study found a major cause of ADEs was the health care providers' lack of adequate information about patients' drug and disease histories.

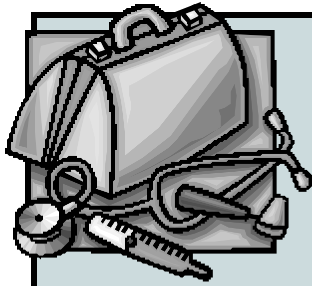
The study population included patients who were between the ages of 18 and 64; were enrolled in Ohio Medicaid fee-for-service; had at least one prescription, filled during the first three months of the study period (July 1, 2000 - December 31, 2000), for a narcotic listed in the Medicaid Formulary in therapeutic category H3A, B, or C; and had an emergency department (ED) visit within 10 days of filling the prescription.

Quality indicators included appropriate use of the prescribed narcotic(s); drug-allergy, drug-drug, and drug-disease interaction; compliance; unauthorized drug use; unanticipated ADE; incorrect dosage; incorrect administration time; incorrect route or dosage form; inadequate patient instructions; medical record and pharmacy database comparison; ED visit or inpatient admission related to pain; ED visit or inpatient admission related to actual ADE;

Table 1. Summary of ADEs and Severity Levels

Type of ADE	Denominator	% of Patients with this Type of ADE	Severity Level Number of Patients (% of patients with this type of ADE)			
			Level 1	Level 2	Level 3	Level 4
Compliance	1,082	58.0	15 (2.4%)	595 (94.9%)	15 (2.5%)	2 (0.3%)
Drug-drug	1,054	38.5	3 (0.7%)	377 (93.0%)	25 (6.2%)	—
Drug-disease	975	10.1	1 (1.0%)	90 (91.8%)	7 (7.1%)	—
Unanticipated Drug Error	1,082	5.1	—	14 (25.5%)	41 (74.5%)	—
Drug-allergy	601	4.0	—	19 (79.2%)	5 (20.8%)	—
Unauthorized Drug	1,082	0.7	—	6 (75.0%)	2 (25.0%)	—
Incorrect Dosage	1,082	0.1	—	1 (100.0%)	—	—
Incorrect Route/Dosage	1,082	0	—	—	—	—
Incorrect Administration Time	1,082	0	—	—	—	—
Medication Education	1,082	0	—	—	—	—

ADE study *continued on p. 3*



Medical Director *dialogue*

by T.J. Redington, MD
Ohio Department of Job and Family Services

Recently, ODJFS commissioned a study with Permedion to help us better understand ADEs occurring in patients who filled prescriptions for narcotics. (See "*Adverse Drug Events in Ohio Medicaid Patients*" on page 1.)

Why did we do this study? First, we were interested in the frequency and types of ADEs occurring among our consumers, but we also wanted to determine: Do these patients require hospitalization for the ADE? What characteristics are associated with ADEs? What are the costs to the Medicaid program of these ADEs? What concurrent prescriptions patients were filling, and how might these other medications be related to ADEs? And, finally, we wanted to identify potential policy implications and strategies to address these ADEs.

The results were interesting. Overall, as almost half of the visits for pain occurred in patients who had received outpatient treatment for the same pain prior to the ED visit, there are a number of take-home points. We know that pain is often under-treated, but also, that patients oftentimes do not communicate the drugs they already have received for the pain. Many of these patients are on other drugs, and a great many patients either forget or willfully withhold information about their other prescription medications.

What does this mean for clinicians? In emergency rooms especially, great care must be taken in caring for patients who are taking controlled substances. Even the most careful physicians must often make therapeutic decisions based on only parts of the patient's clinical history. Prescribing physicians must assess the patient for drug history, current prescription medications, and allergies, and reinforce the importance of taking medications as prescribed. Patients, especially older adults and persons with multiple chronic illnesses, would benefit by keeping a record of their current medications with them at all times.

Exempt categories for the precertification program

The new Ohio Medicaid Precertification List became effective June 1, 2003. The list of procedures requiring precertification was provided in the Spring 2003 *Quality Monitor* and through a CD-ROM sent to Ohio hospitals' utilization contacts. The list of procedures requiring precertification and the policy for precertification is available through the ODJFS Website at: www.state.oh.us/odjfs/ohp/bhpp/handbook/index.stm, select "Ohio Health Plans Provider Handbooks," from the column on the right select "Hospital Services," and from the column on the left select either "HHTL 3352-03-01" for a list of services requiring precertification or "5101:3-2-42" and "5101:3-2-40" for rules describing ODJFS's precertification policy. A list of procedures requiring precertification can also be accessed through Permedion's Website (www.permedion.com).

Precertification is required when the listed procedures are performed on an elective basis. Procedures performed on an emergency or urgent basis, i.e., when a situation could be life threatening, do not require precertification. Emergency admissions are admissions to treat a condition requiring medical and/or surgical treatment within the next 48 hours when, in the absence of such treatment, the patient can reasonably be expected to suffer unbearable pain, physical impairment, serious bodily injury, or death.

Several other categories are also exempt from the precertification requirement. These precertification exemptions apply even when the planned procedure is elective:

- Substance abuse services.
- Maternity services.
- Treatment of Medicaid consumers enrolled in health maintenance organizations (HMOs) under contract with ODJFS.
- Treatment by physicians and hospitals located in noncontiguous states.
- Elective care that is performed on a patient who is already hospitalized for a medically necessary condition unrelated to the elective care or for an unrelated procedure not requiring precertification that is performed simultaneously with the elective care (inpatient only).
- Persons whose eligibility is pending at the time of service or who make application for Medicaid subsequent to admission.
- Patients who are jointly eligible for Medicare and Medicaid who are being admitted under the Medicare Part A benefit.
- Patients who are eligible for benefits through third-party insurance as the primary payer for the services subject to precertification.
- Transfers from one hospital to another hospital, with the exception of those hospitals identified for inappropriate transfers.

Exempt categories *continued on pg. 4*

Pain management *continued from p. 1*

identification of potential or actual ADE; hospital/ED costs for actual ADE; and physician follow-up within 30 days of the ED visit.

RESULTS

The sample consisted of 1,082 patients, whose medical records were reviewed in accordance with the quality indicators. Of all the ED visits, 59 cases (5.5%) were related to an actual ADE. Of the 115 subsequent inpatient admissions, 6 cases (5.2%) were related to an actual ADE.

Identification and examination of all 10 types of medication errors revealed that the majority of patients (74.3%) had at least one potential or actual ADE, with the number ranging from one to four. The ADEs were categorized according to severity, ranging from Level 1 (circumstances or events that have the capacity to cause error) to Level 4 (an error that resulted in life-threatening or permanent harm to the patient) (see ***Table 1***).

Noncompliance was identified if the medical record indicated a question of or a problem with compliance. More than half the cases (57.9%) were found to have problems with compliance. In the majority of these cases, patients did not indicate to the ED personnel that they were already taking a narcotic medication (see ***Figure 1***).

MAJOR FINDINGS

The major findings from the study indicate that ED patients **(1)** frequently do not report recently filled prescriptions, **(2)** frequently are taking multiple medications, and, **(3)** frequently have comorbid or preexisting or health conditions. The providers' incomplete knowledge regarding the types and number of medications the patient is taking, as well as the preexisting illnesses requiring medications, increases the likelihood of drug-drug interactions.

RECOMMENDATIONS

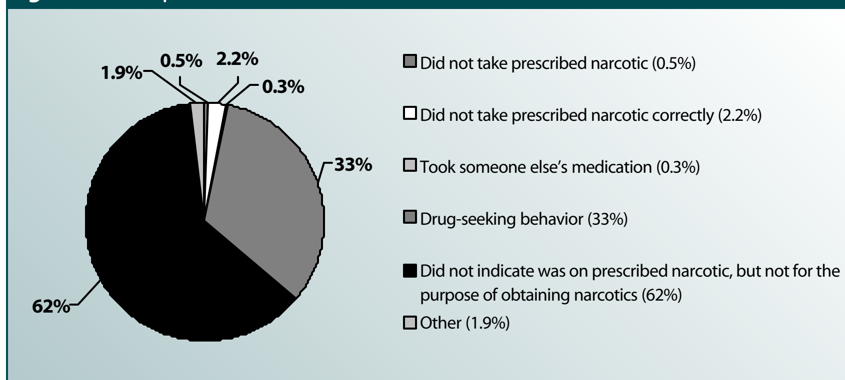
The following recommendations were made to reduce the number of potential and actual ADEs:

– Disseminate the results of the study to providers of ED care.

– Investigate the prescribing of analgesics for patients without pain.

– Use the information from physician office records, in addition to pharmacy and physician claims, to further investigate the

Figure 1. Compliance Issues



ADE study *continued on p. 4*

CODING CORNER

Poisonings and their adverse effects

In this issue of the Coding Corner, we provide general coding tips and specific coding guidelines for the correct coding and identification of poisonings and their adverse effects. These guidelines are taken from the ***ICD-9-CM Diagnosis Coding Advisor***.

The coding of poisonings by drugs and by medicinal and biological substances always requires at least three codes: a code for the poisoning from the ICD-9-CM series (960 - 979), a code describing the effect, and an E-code describing the circumstances of the poisoning. When a drug is not listed in the Table of Drugs and Chemicals in the ICD-9-CM manual, the coder should ask the pharmacist for the formulary code number assigned to that specific drug. Appendix C of the ICD-9-CM manual cross-references the formulary codes to the ICD-9-CM diagnosis codes. This allows the coder to assign the correct diagnosis code for the poisoning.

An Example:

A 57-year-old female presented to the Emergency Room complaining of palpitations and anxiety. The patient admitted to taking a total of 300 mg of amitriptyline because she wanted to sleep. In this case, the following ICD-9-CM codes should be used by the coder: 969.0 (antidepressant) to identify the poisoning; 785.1 (palpitations) and 300.00 (anxiety) to identify the adverse effects; E854.0 (accidental poisoning by antidepressant) to describe the circumstances.

The physician must clearly indicate in the medical record what caused the poisoning and what the effects were, as well as the circumstances surrounding the poisoning, in order for the coder to appropriately assign the ICD-9-CM diagnosis codes.

Consumer guide *continued from p. 1*

The *Medicaid Consumer Guide* is currently in a pilot distribution and evaluation phase. Guides and surveys have been mailed to Medicaid households in Athens, Belmont, Greene, Licking, and Mahoning counties. Butler and Marion counties are participating in the pilot but on a limited basis. After the pilot evaluation is complete and final changes are made, the guide will be distributed to Medicaid consumers statewide by early calendar year 2004.

Exempt categories *continued from p. 2*

- Elective procedures or diagnoses not found on the Precertification List.
- Treatment of patients not identified as Medicaid consumers at the time of elective admission or procedure. However, every effort should be made by both the attending and/or admitting physicians and hospital providers to identify Medicaid consumers before admission or before procedures that require precertification are performed.

For questions regarding precertification, call Phyllis Alder, Project Manager, at 1-800-473-0802, Ext. 3362. To precertify a procedure, call National Health Services (NHS), at 1-800-772-2179.

ADE study *continued from p. 3*

drug administration times, routes of dosing, dosage forms, and adequate patient education.

– Provide a drug database to practitioners and a means for interaction with the drug database to assure current and accurate information regarding all medications the patient is taking.

Keeping Your Hospital's Contact Information Up-to-date

The Spring 2003 *Quality Monitor* (page 1) contained an article stating that because Permedion is a business associate of ODJFS, "hospitals may treat Permedion as ODJFS for the purpose of disclosing data as long as the disclosure is for the duties assigned to Permedion by ODJFS. " As part of this association, Permedion is committed to complying with the Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164) as enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As part of this compliance, Permedion communicates patient-specific information only to each hospital's appointed contact person. This CEO-designated contact person receives a variety of communications from Permedion, including but not limited to requests for medical records, results of monthly utilization and quality reviews, appeal results, updates to the precertification and retrospective review programs, and newsletters.

It is most important that Permedion has the correct contact information because of the time-sensitive and confidential nature of material mailed.

In order to update your hospital's contact information, the CEO must complete an Ohio Medicaid Change of Contact Form. You can find the form on Permedion's Website at www.permedion.com (Ohio Medicaid section) or you can request it by contacting Phyllis Alder, Project Manager, at 1-800-473-0802, Ext. 3362. Return your form by mail to Permedion, attention Yalonda Harper, 350 Worthington Road, Suite H, Westerville, OH 43082, or by fax at (614) 895-6784.

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