



Ohio medicaid QUALITY MONITOR

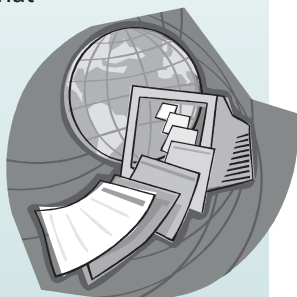
VOL. 6, NO. 3

SUMMER/EARLY AUTUMN 2005

A New Look for Permedion's Web Site

Permedion has spent the past several months developing a new, user-friendly Web site. Our site continues to provide:

- h 2005 Medicaid *Precertification Manual*,
- h Medicaid Precertification fax forms,
- h A listing of procedures that require precertification, and
- h A Medicaid change-of-contact form.



Permedion now has the framework in place that allows documents to be available in a secure manner on the Web to only approved individuals. It also enables users to fill out forms and submit requests via the Web.

The possible uses for our Web site are numerous. ODJFS and Permedion will continue to work to make this secure area beneficial to the overall Ohio Medicaid program and will incorporate enhanced services as they are identified.

Among the features we plan to have available are providing hospitals and physicians with the ability to submit precertification requests by completing a request form on the Web and transmitting it electronically to Permedion. This mechanism for submitting requests will exist in addition to the currently available phone or fax request methods.

We will keep you informed of the progress of the development of these new features in upcoming issues of the *Quality Monitor*.

In the meantime, check out our site's new look today by going to www.permedion.com!

published in cooperation with:



Major Findings from Recent Adult Asthma Study

Asthma is one of the nation's most common and costly diseases, and has a substantial impact on health, quality of life, and the economy. Estimates show that this chronic lung disease affects 20.3 million Americans, a number that more than doubled between 1980 and 1996. Approximately 9.7 million people report having had an asthma attack or episode in the past year.

In collaboration with the Ohio Department of Job and Family Services (ODJFS), Permedion developed and coordinated the **Adult Asthma Study** to determine whether Ohio Medicaid Aged, Blind, and Disabled (ABD) recipients with asthma are receiving treatment according to the National Asthma Education and Prevention Program (NAEPP). The recipients were stratified according to the geographic location in which they lived. Recipients residing in one of the 13 counties where the Enhanced Care Management program is available were designated the ECM eligible group, and all remaining recipients were designated the non-ECM eligible group.

The eligible population included non-institutionalized Ohio Medicaid patients age 21 or older who:

- had an episode of care for asthma between July 1, 2001 and June 30, 2002,
- were eligible for the ABD program, and
- had a physician claim for a visit between July 1, 2002 and June 30, 2003 with a primary diagnosis of asthma

A random sample of 1,045 visits was selected from this population. Of the 1,045 records that were requested, 837 were produced for study analysis.

These comparison statistics enable hospitals to recognize good performance and potential problems. Hospitals can use this information to develop benchmarks to improve performance monitoring and service to Medicaid consumers.

The ages of the ECM study sample ranged from 21 to 82, with an average age of 46. The ages of the non-ECM study sample ranged from 21 to 86, with an average age of 45. Females represented 78% of the ECM sample and 84% of the non-ECM sample. The largest race group was Caucasian (50% of the ECM group, 87% of the non-ECM group); the next largest group was African American (47% of the ECM group, 12% of the non-ECM group).

MAJOR FINDINGS

Eleven quality indicators provided the focus of this study. The table on page 2 summarizes the results. The study showed that 77% of the patients in ECM counties used asthma medications, compared to 75% in the non-ECM counties.

Adult Asthma continued on p. 2

Adult Asthma *continued from p. 1*

The ECM population had significantly lower rates of asthma medication use compared to the Agency of Healthcare Research and Quality statistics. However, medication use was significantly higher in both study populations than the national HEDIS Medicaid rate for 2003.

Patients in the ECM counties had an asthma-related hospitalization rate of 94 per 1,000 people, which was significantly higher than the 44 per 1,000 hospitalization rate in non-ECM counties. Nationwide, the hospitalization rate for people with persistent asthma is 38 per 1,000.

Patients in ECM counties had an asthma-related Emergency Department (ED) visit rate of 222 per 1,000 people, which was significantly higher than the 151 per 1,000 visit rate in non-ECM counties. Nationwide, the ED visit rate for people

with persistent asthma is 158 per 1,000.

Only 24% of the patients in ECM counties received an influenza vaccination within a year of the selected visit, compared

Results Summary	ECM	Non-ECM
Diagnosis of asthma	4,097	3,271
Use of appropriate medications	72%	68%
Hospitalizations	94 ¹	44 ¹
Emergency department visits	222 ¹	151 ¹
Influenza vaccine	24%	18%
Lung assessment	98%	97%
Pulmonary function testing	26%	22%
Claim data accuracy	85%	89%
Patient education	68%	68%
Treatment plan	95%	96%
Maintenance episodes	44 ²	42 ²
Flare-ups	8 ²	7 ²

1. per 1,000 people per year
2. per 1,000 members per month

to 18% of patients in non-ECM counties. Nationally, about one-third of asthmatic adults receive a flu shot.

Medical records revealed that the lung assessment rate was slightly higher for the ECM group (98%) compared to the non-ECM group (97%). However, only 26% of the patients in ECM counties had a PEF or FEV1 within the study period, with 22% of patients in non-ECM counties having had one of these tests.

This study found that 68% of the patients in both ECM and non-ECM counties had asthma education documented in their medical records. “Education” was defined fairly liberally and included such methods as discussion, pamphlets, and demonstrations. Given this fact, this rate seems low considering the importance education plays in managing the disease.

RECOMMENDATIONS

The findings of this baseline study of the quality of care received by the Ohio Medicaid adult eligible population with

Adult Asthma continued on p. 4

CODING CORNER

Respiratory Syncytial Virus in Infants and Children

In this issue’s “Coding Corner,” we provide information from the National Center for Infectious Diseases and the ICD-9-CM Diagnosis Coding Advisor on the identification and coding of respiratory syncytial virus (RSV).

RSV is the most common cause of bronchiolitis and pneumonia among infants and children younger than one year of age. Illness begins most frequently with fever, a runny nose, a cough, and sometimes wheezing. During the first RSV infection, between 25% and 40% of infants and children have signs or symptoms of bronchiolitis or pneumonia, and 0.5% to 2% require hospitalization. The majority of children hospitalized for RSV are younger than six months of age.

Diagnosis: The diagnosis of RSV infection can be made by virus isolation, detection of viral antigens, detection of viral RNA, demonstration of a rise in serum antibodies, or a combination of these approaches. Most clinical laboratories use antigen detection assays to diagnose infection.

Treatment: There is no specific treatment necessary for children with mild cases of the disease, other than the treatment of the symptoms (i.e., acetaminophen to reduce fever). Children with severe cases of the disease may require oxygen therapy and sometimes mechanical ventilation. In addition, Ribavirin aerosol may be used in the treatment of some of these patients. Intravenous immune globulin treatment

has recently been approved for use in high-risk infants. There is currently no vaccine to prevent RSV infection. The best ways to prevent the spread of RSV are to cover coughs and sneezes and to wash hands often and well.

Example: A 5-month-old female patient is admitted with acute bronchiolitis. The antigen detection assay was positive for RSV. The diagnosis would be coded acute bronchiolitis due to RSV (466.11). When coding a questionable diagnosis, always refer to the attending physician for clarification, as final coding is dependent upon physician documentation in the medical record.

Quality Review Findings Reported for SFY 2004

Permedion performs a semiannual analysis of quality concerns identified during retrospective review of targeted medical records as part of its utilization review program for ODJFS. Every record is reviewed for quality of care whether or not this was the reason the record was targeted. These reviews are performed according to generally accepted standards of care. We recently analyzed data for State Fiscal Year (SFY) 2004 (July 2003-June 2004); the analysis took into account the lag time involved in the investigation and final determination of quality concern issues.

When a quality concern is identified, the severity level is determined by an Ohio-based physician. Quality concerns are categorized into three severity levels:

Level 1 is defined as medical mismanagement without the potential for significant adverse effects on the patient. Level 1 concerns are simply *trended*, which means that they are monitored and that the hospitals involved are tracked in terms of the number of Level 1 quality concerns that are identified. Providers are not notified of these concerns, and no action is taken beyond monitoring. Example: a drug error that resulted in no harm to the patient.

Level 2 is defined as medical mismanagement with the potential for significant adverse effects on the patient. Level 2 concerns are confirmed quality issues as identified by a physician reviewer. Example: missing documentation in the medical record.

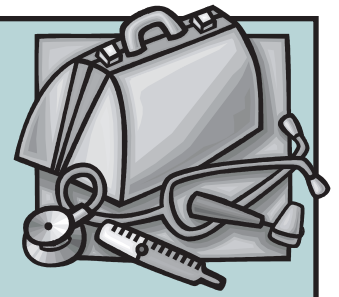
Level 3 is defined as medical mismanagement with significant adverse effects on the patient. Level 3 concerns also are confirmed by physician review. Example: the ill effects from a patient fall that occurred because sufficient facility safety measures were not in place.

The overall percentage of Level 1 (trended) quality concerns increased slightly from the SFY 2003. However, none of the overall, peer group, or provider level changes from SFY 2003 to SFY 2004 were statistically significant. The overall percentage of confirmed quality concerns (Level 2 and 3) was slightly lower than the previous year. This positive finding indicates that Ohio Medicaid recipients are receiving adequate care according to accepted standards of practice.

Thirty-seven confirmed Level 2 concerns were identified and included such things as not establishing adequate justification for a procedure that carries patient risk or not carrying out an established plan in a competent or timely fashion. A positive finding was that there was only one Level 3 concern identified during this reporting period compared to six last period.

Permedion supplies hospital providers with a monthly **Preliminary Summary of Quality of Care Findings** report in addition to individual quality letters. For additional information regarding Permedion's quality of care review program, please contact Maureen Riley, Utilization Review Service Line Manager, at 1-800-473-0802, ext. 3430.

Medical Director dialogue



by T.J. Redington, MD

Ohio Department of Job and Family Services

As a whole, the United States is set up very much as an acute care system for rapidly developing illnesses. Yet, most of the patients we practitioners see are living with chronic illnesses. It is important to have strategies with programs for managing chronic illness, such as asthma, in our offices and clinics.

Studies have shown that asthma patients enrolled in a comprehensive asthma case management program experience significant changes in their symptoms and exacerbation. One study, conducted by HealthAmerica of Pennsylvania, ran for two years (2000 and 2001). It was focused on The National Asthma Evaluation and Prevention Program guidelines for asthma care.

Asthma patients were enrolled in an asthma case management program. Each patient was assessed by objective measures of lung function and contributing factors. Patients received a written comprehensive plan with peak flow monitoring zones of green-go, yellow-caution, and red-stop. The plan had appropriate long-term control medications (anti-inflammatories/leukotriene modifiers/long acting beta adrenergic agonist) designed to reverse and prevent symptoms and exacerbations as well as quick relief medication to manage exacerbations. Patients received an evaluation on environmental factors and education on how to avoid or eliminate these factors, including smoking cessation. A case manager was available by phone for any questions, concerns, or needs.

After six months of enrollment in the program, the patients had a 70% decrease in inpatient admissions and for those admitted to the hospital, a 58% decrease in the number of hospital days. Although the number of ED visits showed no significant difference, 75% of the patients indicated they had significant improvement in their quality of life.

This study, along with others, suggests that there are positive outcomes by using asthma management guidelines with dedicated efforts of care management. These programs are not only able to assist in avoiding hospitalizations and decreasing the overall costs of asthma, but also to increase the patient's quality of life.

Adult Asthma *continued from p. 2*

asthma support the following recommendations:

- Educate health care providers to target women and minorities for asthma assessment
- Encourage providers to prescribe asthma medications to their patients in compliance with NAEPP guidelines
- Educate providers about the safety of giving the influenza vaccine to asthmatics
- Encourage providers to perform regular pulmonary function testing
- Emphasize patient education, develop easy-to-understand materials, and make them available in other languages for non-English and non-native English speakers

For more information about this study, contact Sue Hackett, Permedion's Quality Assessment Service Line Manager, at 1-800-473-0802, ext. 3374.

Reminder: Mailing Address Update

Please remember that there has been a change in the mailing address for submitting an administrative appeal (second level appeal or reconsideration) for a Permedion denial. You should no longer direct correspondence to the attention of the Surveillance and Utilization Review Section (SURS) or PRO Analyst within ODJFS. Correspondence should now be sent to:

**Ohio Department of Job and Family Services
Medical Operations Section
Attn: Hospital Retro Review Unit
30 East Broad Street, 31st Floor
Columbus, OH 43215-3414**

Sending your request to another address may result in a delay in response to your appeal. Please follow the instructions that are found on Page 2 of the Permedion denial letter.

No Reimbursement Provision for Copying Medical Records

As the utilization review entity for Ohio Medicaid, Permedion routinely requests that medical records be produced as part of their retrospective review program and for completion of their clinical research studies. In accordance with Ohio Administrative Code 5101:3-1-27, a hospital may be required to supply a copy of a medical record to ODJFS or its contractual entity in order to perform utilization review. There is no provision for reimbursement of the copy of the medical record. More specifically, the rule states: "All records, documentation and /or information requested in accordance with paragraph (B) of rule 5101:3-1-27 shall be submitted to the department or its designee, in an appropriate manner as determined by the department. **Records subject to audit and review must be produced at no cost to the department.**"



The Ohio Administrative Code also indicates that records requested for review must be supplied within 30 days of the request. Failure to produce records within this time frame will result in withholding or recoupment of Medicaid payments.

From time to time, Permedion receives invoices for the copying and mailing of records for review as part of the Ohio Medicaid program. Because many providers use a copying service, please inform them that these are not covered services. Please be sure that your hospital billing department is aware of this regulation as well.

For additional information, please call Maureen Riley, Permedion's Utilization Review Service Line Manager, at 1-800-473-0802, ext.3430.

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
• Debbie Clement, 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

