



Ohio medicaid QUALITY MONITOR

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John Corlett Appointed Ohio Medicaid Director

John Corlett, one of the state's leading health and human services advocates, is now Ohio's new Medicaid Director. Governor Ted Strickland made the appointment December 2007.

Before this appointment, Corlett had been the Senior Fellow and Director of Public Policy and Advocacy, for the Center for Community Solutions in Cleveland, Ohio. He replaced Cristal Thomas, who became head of the state's new office of the Executive Medicaid Management Administration.

Corlett has been a health care advisor to Governor Strickland and Lieutenant Governor Lee Fisher's transition team after the Democratic team took the office in last year's election. Corlett was campaign manager in 2006 for the Coalition for Ohio's future effort to defeat the Tax Expenditure Limitation constitutional amendment, and for two successful Cuyahoga County Health and Human Services levies.

He served as a health policy fellow for then-U. S. State Representative Sherrod Brown. Corlett was Director of Government Affairs and Advocacy of the Center for Families and Children, as well as the author of numerous pieces on health care policy, poverty and other social issues. He also headed up the Center for Community Solutions' public policy blog.

As Medicaid Director, Corlett oversees the entire Ohio Medicaid program including the expansion of Ohio's Children's Health Insurance Program and other changes in the state's Medicaid program. We welcome him to ODJFS and wish him much success.

The Difference Between Permedion and Health Care Excel Utilization Review Programs

Although at times it is confusing as to who does what, Permedion and Health Care Excel (HCE) have completely different roles with the Ohio Department of Job and Family Services (ODJFS). Through federal mandates, ODJFS is responsible for the implementation and administration of the Ohio Medicaid Program. ODJFS monitors the utilization and quality of medical health care services and has delegated the utilization review of psychiatric hospital inpatients to the Ohio Department of Mental Health (ODMH).

To comply with federal and state regulations, in 2005, ODJFS released Requests for Proposal (RFP) to solicit bids for the management of the statewide utilization and quality of medical hospital and outpatient health care services. ODMH did the same in 2006, except their RFP was for the management of the statewide Utilization Review of Inpatient Psychiatric Care (URIP) program. After evaluation of all the proposals submitted in response to the RFPs by an interdisciplinary committee, Permedion was awarded the contract to operate the Ohio Health Care management program and HCE was given the contract for the Ohio URIP program.

Pursuant to state and federal Medicaid regulations, Permedion performs the work for the Institutional Quality and Hospital Utilization Management Program. The work includes precertification, retrospective, and focused reviews; health care studies; provider education; and technical assistance for all institutional health care services with the exception of psychiatric services.

Permedion provides precertification for selected inpatient and outpatient procedures and retrospective review for targeted inpatient cases. The URAC accredited utilization program includes:

- Validation of the Diagnosis Related Group (DRG) assignments
- Evaluation of the medical necessity and clinical appropriate setting for inpatient and outpatient admissions and procedures with the use of Milliman Care Guidelines
- Review of quality of health care by use of CMS quality screens for inappropriate care, hospital errors, premature discharges, and lack of discharge planning and follow-up
- Utilization trending and profiling to assist with identification of providers, and compliance with the utilization processes;
- Provider education
- Health care studies

published in cooperation with:



The Difference continued on p. 2

The Difference *continued from p. 1*

Permedion maintains a staff of Ohio-based physicians with multiple specialties, registered nurses and coding specialists experienced in clinical nursing and utilization review. Biostatisticians and health care analysts perform pattern analysis monitoring, utilization trends, profiles and reports. Programmers develop, maintain, and update provider, claims, and recipient files and create programs as needed.

In addition, Permedion publishes the Ohio Medicaid *Quality Monitor*, a quarterly newsletter, to help communicate review trends and project information to the doctors, hospitals, and health plans that serve Ohio Medicaid clients.

Questions or inquiries regarding the Ohio Medicaid Precertification and Retrospective Review Program can be sent to Service Line Manager, Maureen Riley, RN, BSN, CPHQ, or Peggy Fouty, Coding

Specialist at: Permedion, an HMS company, 350 Worthington Rd., Suite H, Westerville, OH 43082. Permedion can be reached at 1-800-473-0802. For questions about provider claims, please call ODJFS at 1-800-686-1516.

Health Care Excel performs preadmission certification and on-site post-payment retrospective reviews of inpatient psychiatric admissions. The utilization program monitors the following aspects of care:

- Preadmission certification for the medical necessity of inpatient psychiatric care
- Post-payment reviews for premature discharges, appropriateness of treatment and discharge planning, compliance with the pre-certification process, and lengths of stay
- Quality of discharge planning and continuity of care
- Adequacy with which facilities providing psychiatric care meet applicable

provisions of state and federal guidelines governing this care

- Provider education

HCE's teams consist of, at a minimum, Ohio-based, board-certified psychiatrists, clinical psychologists, psychiatric social workers, occupational therapists with specialized training in treating behavioral health patients, registered nurses with experience in caring for behavioral health patients, analysts, and programmers.

Questions or inquiries regarding the Ohio Medicaid Utilization Review of Inpatient Psychiatric Care program can be sent to: Health Care Excel for Ohio Department of Mental Health, 30 East Broad Street, 7th floor, Columbus, OH 43215-3430. HCE can be reached at 1-800-580-1937.

When a hospital provider receives notification that a claim has been denied

The Difference *continued on p. 4*

CODING CORNER

Bipolar Disorders

In this article of the *Coding Corner*, we provide information on the identification, signs and symptoms, types of bipolar disorders, causes, complications, and treatment for bipolar disorder.

DEFINITION

Manic-depressive psychosis that has appeared in both the depressive and manic form, either alternating or separated by an interval of normality. Many patients experience cyclic, recurring mood changes that result in periods of severe depression alternating with extreme elation that are beyond the normal range of mood swings. Such disorders are called bipolar or circular disorders and are classified as 296.1x and 296.4x - 296.7x with the 4th digit indicating the current phase of the illness and the

5th digit indicating the current severity of the disorder.

SIGNS AND SYMPTOMS

Bipolar disorder symptoms are characterized by an alternating pattern of emotional highs (mania) and lows (depression). The intensity of signs and symptoms can vary from mild to severe. There may even be periods when a patient's life does not seem affected at all.

Signs and symptoms of the manic phase of bipolar disorder may include euphoria, poor judgement, racing thoughts, aggressive and risky behavior, decreased need for sleep, and the inability to concentrate.

Signs and symptoms of the depressive phase of bipolar disorder may include

sadness, hopelessness, suicidal thoughts or behavior, sleep and appetite problems, fatigue, and loss of interest in daily activities.

TYPES OF BIPOLAR DISORDERS

There are two main subtypes of bipolar disorder:

- 1) Bipolar I disorder - At least one manic episode, with or without previous episodes of depression
- 2) Bipolar II disorder - At least one episode of depression and at least one hypomanic episode

Cyclothymia (301.13) is a mild form of bipolar, which includes mood swings but the highs and lows are not as severe as those of full-blown bipolar disorder.

Coding Corner *continued on pg.4*

Denial Reason Based on Hierarchy Table

In the Ohio Medicaid Retrospective Review Program, administered by Permedion, an HMS company, a hierarchy table is utilized to determine which denial reason results in an overpaid claim. An understanding of this table will assist hospital providers in submission of proper appeals and in the rebilling of corrected claims.

The hierarchy table includes eight review categories. Please note these categories in the depiction below:

Hierarchy Table	
Technical Denial	No appeal for technical denials
Medical Necessity	Appeal to Permedion
Readmission	Appeal to ODJFS
Transfer	Appeal to Permedion
Compliance	Appeal to ODJFS
DRG Reassignment	Appeal to Permedion
Billing Error	Appeal to ODJFS
Bill Audit	Appeal to Permedion

When receiving multiple denials (denials in more than one review category), the category higher in the hierarchy table takes precedence.

Technical denials are issued when the hospital does not produce the requested medical record in a timely manner. Technical denials cannot be appealed or rebilled. The next denial reason that is listed on this table is the medical necessity denial which will take precedence over all of the other denial reasons that are listed below it on the table.

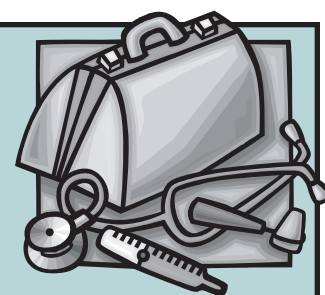
As noted in this table, medical necessity denials, transfers, DRG reassignments, and bill audits can be appealed directly to Permedion. The other denial reasons [readmissions, compliance (a precertification denial), and billing errors] are appealed directly to ODJFS. Each denial letter contains the specific appeal language and address to which the appeal should be mailed. Please note that you cannot rebill compliance denials.

If multiple denial reasons are identified when reviewing a case, then the hierarchy table is put into effect. An example of multiple denial reasons would be the identification of a medical necessity denial as well as a DRG reassignment. A hospital provider can appeal both concerns to Permedion (see table). If the DRG concern would be overturned upon appeal and the medical necessity denial would be upheld, then the medical necessity denial reason would stand because it takes precedence according to the hierarchy table. In this case,

the provider could then rebill the inpatient stay as observation. On the other hand, if the medical necessity decision was overturned and the DRG concern was upheld, then the provider would need to submit a corrected claim with the newly assigned principle and secondary diagnosis that resulted in a newly assigned DRG.

Permedion mails denial letters to each hospital provider on the last day of the month. The letters are accompanied by a "Hospital Summary of Denials

Medical Director dialogue



Welcome Dr. A.J. Beisler to Permedion!

Permedion, an HMS company, is pleased to announce the appointment of A.J. Beisler, MD, MBA, FACS as its new Corporate Assistant Medical Director.

Dr. Beisler comes to Permedion after finishing his MBA degree through Auburn University in Auburn, Alabama. He was born in Columbus, Ohio and raised in Fort Lauderdale, Florida. He received his undergraduate degree at Ohio University where he graduated Phi Beta Kappa. Dr. Beisler went on to receive his Medical Degree from The Ohio State University College of Medicine, where he was awarded the Carey Prize in Surgery. Following graduation, he completed a Post-Doctoral Medical Fellowship in General Surgery at Dartmouth Medical School & Dartmouth-Hitchcock Medical Center in New Hampshire.

After completing his surgical training, he served in the United States Navy as a Lieutenant Commander, attached to the United States Marine Corps 2nd Marine Air Wing and the 2nd Marine Expeditionary Force. In addition to his duties with the Marines, Dr. Beisler served as an Instructor in the areas of combat and trauma surgery for both the Defense Medical Readiness Training Institute at Fort Sam Houston, Texas and the US Army 18D Special Forces Medical Training Battalion at Fort Bragg, North Carolina.

In 2003, he was honored with the Tricare Atlantic Regional Innovation Award for his leadership in the development of the Breast Care Clinic at Halyburton US Naval Hospital, Cherry Point MCAS, North Carolina. After receiving an honorable discharge from the US Navy in 2005, he became a private practice surgeon in London, Ohio where he maintains an active practice. He was recently chosen to be a Consultant/Speaker for The Baptist Health Care Leadership Institute in Pensacola, Florida where he will serve as an expert in the area of Hospital-Physician Relations.

The Difference *continued from p. 3*

following utilization review, an Adjustment Code of 21 will be found between indicators 16 and 17, just above the Adjustment Reason. When the Adjustment Code is 21, a generic code that refers to review by a utilization review entity only, the provider should look at the principle diagnosis code to determine if this case was psychiatric in nature.

If it is determined that there is a psychiatric principle diagnosis, then the review was conducted by HCE and not by Permedion. Both Permedion and HCE are involved in the activities of provider appeals, recipient hearings, provider education and training, and management of reporting systems. Each aspect of the two programs revolves around the components of their contractual obligations to ODJFS, i.e., Permedion, institutional medical health care services, and HCE, inpatient psychiatric admissions.

Hierarchy *continued from p. 3*

Report” which identifies all of the cases that have been reviewed and have been denied. For cases with multiple denials, an asterisk is placed next to the concern that is lower on the hierarchy table. The claim disagreement amount will equal 0 for this concern. The dollar amount for the claim disagreement amount will be found with the other denial reason that is higher on the hierarchy table.

For additional information concerning the Ohio Medicaid Retrospective Review Program and use of the hierarchy table, please call Maureen Riley, UR Service Line Manager at (614) 895-9900.

Medical Director *continued from p. 3*

Dr. Beisler is board certified in General Surgery, a Fellow of the American College of Surgeons and a member of both the American Society of Breast Surgeons and the American College of Physician Executives. Dr. Beisler can be contacted by calling (800) 473-0802, ext. 3431 or e-mail abeisler@permedion.com.

Coding Corner *continued from pg.2*

CAUSES

It is not known what causes bipolar disorder. A variety of biochemical, genetic and environmental factors seem to be involved in causing and triggering bipolar episodes.

COMPLICATIONS/TREATMENT

Bipolar disorder left untreated can result in severe emotional and even legal and financial problems that can affect all areas of life. Other complications that bipolar disorder may cause can include thoughts of suicide, substance and alcohol abuse, relationship troubles, feelings of isolation, and poor work or school performances.

Effective and appropriate treatment is vital for reducing the frequency and severity of manic and depressive episodes and allowing the patient to live a more balanced and enjoyable life.

The following are the core treatments for bipolar disorder:

- Medications (mood stabilizers, anti-seizure medications, and/or antidepressants)
- Psychotherapy (cognitive behavioral therapy, family therapy, group therapy, and/or electroconvulsive therapy).
- Hospitalization for inpatient psychiatric treatment can stabilize the patient’s mood and partial hospitalization or day treatment programs are also an option to consider.

There is no sure way to prevent bipolar disorder, but treatment at the earliest sign of a mental health disorder can help prevent bipolar disorder from becoming worse.

CONTACT INFORMATION

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