Ohio | Department of Job and Family Services

# Ohio medicaid QUALITY MONITOR

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## New Studies

As part of Medicaid's Ohio Institutional Quality and Utilization Management Program, Permedion performs studies to evaluate the quality of care received by Medicaid recipients. These quality improvement studies include evaluations that encompass quality of services delivered, access to care, regulatory impact on care, and recommended changes to delivery systems. The following studies are currently in progress.

### Emergency Department Services Study

This study is an extension of a previous emergency department (ED) study (summarized in the Autumn 2007 newsletter) with a focus on the coding of services. The purpose of the study is to determine the level of evaluation and management services provided in the EDs. AHA and AHIMA guidelines are being used to evaluate the level of services.

### MRI Study

This is a two-step study to provide information on patients receiving scans, the practitioners ordering the scans, and the indications for the scans. *Step 1* provides information on the type of MRIs, indications, results, and provider patterns. *Step 2* of the study includes review of physician records to determine medical necessity based on Milliman imaging guidelines.

### Never Events Study

This study identifies claims that are never events (hospital acquired conditions) as defined by the Centers for Medicare & Medicaid Services. The purpose of the study is to provide information on the frequency and costs of never events.

### Outpatient Unlisted Procedure Study

This study evaluates the use of unlisted procedure codes. The purpose of the study is to determine if unlisted codes are being used correctly.

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## Quality of Care Findings SFY 2007

Permedion, as the utilization review entity for the Ohio Department of Job and Family Services, performs a semi-annual analysis of quality concerns that have been identified through retrospective medical record review. Every medical record is reviewed for quality according to generally accepted standards of care. The most recent analysis encompassed State Fiscal Year (SFY) 2007 (July 2006-June 2007). The reporting period takes into account the lag time involved in the investigation and final determination of the quality issue. The report includes quality concerns for each hospital, as well as hospital peer groups. The peer groups are designated by ODJFS for reporting purposes. A related newsletter article on hospital peer groups can be found in the Autumn 2008 edition of the Quality Monitor that is posted on Permedion's web-site. This site can be accessed at *www.hmspermedion.com*.

When a potential quality issue is identified by a nurse reviewer, an Ohio-based physician determines the severity level. Quality concerns are categorized into three severity levels:

| Level 1 |
| --- |
| Defined as medical mismanagement without the potential for significant adverse effects to the patient. These concerns are simply trended or monitored. The provider is not notified of these concerns and no further action is taken. An example of a *Level 1* concern would be a medical record that is missing important documentation such as discharge planning yet the documentation can be produced by the provider when requested. |
| **Level 2** |
| Defined as medical mismanagement with the potential for significant adverse effects to the patient. These concerns are confirmed quality issues as identified by the physician reviewer. An example of a *Level 2* concern would be that a urine culture shows evidence of a urinary tract infection yet no antibiotics were prescribed for a symptomatic patient. |
| **Level 3** |
| Defined as medical mismanagement with significant adverse effects to the patient. These concerns are also confirmed by physician review. An example of a *Level 3* concern would be a patient that has fallen off of a stretcher and has suffered a fractured a wrist. |

***Quality of Care*** *continued on p. 2*

***Quality of Care*** *continued from p. 1*

The overall percentage of **Trended Quality Concerns** in SFY 2007 was significantly higher than in SFY 2006. Seven peer groups had a slight increase in their trended quality concern rate from SFY 2006 to SFY 2007, while five had a slight decrease. Three peer groups (Teaching Hospitals, Akron & Cincinnati & Dayton-Springfield, and Rural Referral Centers) had a statistically significant increase in trended concerns. The largest increase occurred with the Rural Referral Centers. Data analysis, at this time, does not support any conclusions regarding the increase in trended quality concerns.

The overall percentage of **Confirmed Quality Concerns** increased from the previous year. Eleven peer groups had a slight increase in their confirmed quality concern rate from SFY 2006 to SFY 2007, while three peer groups had a slight decrease, and one remained the same.

### Quality Concern Types

| | |
|---|---|
| C01 | Did not obtain pertinent history and/or findings from examination |
| C02 | Did not make appropriate diagnoses and/or assessments |
| C03 | Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care |
| C04 | Did not carry out an established plan in a competent and/or timely fashion |
| C05 | Did not appropriately assess and/or act on changes in clinical/other status |
| C06 | Did not appropriately assess and/or act on laboratory tests or imaging study results |
| C07 | Did not establish adequate clinical justification for a procedure which carries patient risk and was performed |
| C08 | Did not perform a procedure that was indicated (other than lab and imaging) |
| C09 | Did not obtain appropriate laboratory tests and/or imaging studies |
| C10 | Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans |
| C11 | Did not demonstrate that patient was ready for discharge |
| C12 | Did not provide appropriate personnel and/or resources |
| C13 | Did not order appropriate specialty consultation |
| C14 | Specialty consultation process was not completed in a timely manner |
| C98 | Incomplete medical record |
| C99 | Other quality concern not elsewhere classified |

***Quality of Care*** *continued on p. 3*

CODING CORNER

# Complications of Bone Marrow Transplant

In this article of the *Coding Corner*, we provide an information/overview of the Complications of Bone Marrow Transplantation.

## DEFINITION

A bone marrow transplant involves taking cells that are normally found in the bone marrow (stem cells), filtering those cells, and giving them back either to the patient they were taken from or to another person. The goal of bone marrow transplantation is to transfuse healthy bone marrow cells into a person after their own unhealthy bone marrow has been eliminated.

Bone marrow is a soft, spongy tissue found inside the bones. The bone marrow in the hips, breast bone, spine, ribs, and skull contain cells that produce the body's blood cells. The bone marrow is responsible for the development and storage of about 95% of the body's blood cells.

A bone marrow transplant can be used to:

- replace diseased, non-functioning bone marrow with healthy functioning bone marrow for conditions such as leukemia, aplastic anemia, and sickle cell anemia
- replace the bone marrow and restore its normal function after high doses of chemotherapy or radiation are given to treat a malignancy
- replace bone marrow with genetically healthy functioning bone marrow to prevent further damage from a genetic disease process such as Hurler's syndrome (277.5)

Some of the diseases that have been treated with bone marrow transplant include the following:

- leukemia
- lymphomas
- some solid tumors (i.e., brain tumors, neuroblastoma)
- aplastic anemia
- immune deficiencies
- sickle cell disease
- thalassemia
- Blackfan-Diamond anemia
- Hurler's syndrome
- cancer of the kidneys

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***Quality of Care*** *continued from p. 3*

No peer groups had a statistically significant movement.

Confirmed Quality Concerns include both *Level 2* and *Level 3* (the most severe) quality concerns. The overwhelming majority of confirmed concerns were *Level 2* concerns. There were 12 *Level 3* concerns this reporting period, seven more than last year.

The table on Page 2 describes the types of quality concerns that are reported upon.

Permedion provides hospitals with a monthly Preliminary Summary of Quality of Care Findings report in addition to individual quality letter per Medicaid recipient. Permedion also reports the information on the Level 2 and Level 3 quality concerns to ODJFS. For additional information, please contact Maureen Riley, Utilization Review Service Line Manager at 1-800-473-0802.

***Studies*** *continued from p. 1*

### Nursing Facility and Waiver Functional Assessment Study

This study evaluates specific long-term care programs. The purpose of the study is to assess patient characteristics, levels of care, and long-term care needs and services among consumers residing in nursing facilities, or enrolled in the PASSPORT or the Ohio Home Care Waiver.

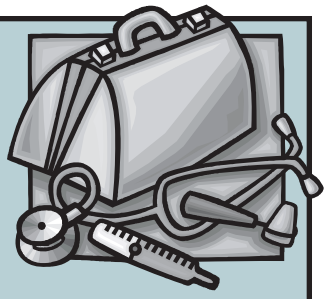
As mentioned above, these studies focus on improving health care. Provider participation in providing the requested patient information is essential to the success of the studies. When completed, the summaries of the results will be published in the newsletter and the full reports will be available on our web-site, *www.hmspermedion.com*.

***Medical Director*** *continued from Side Bar*


In fact, they were correct. Goldilocks felt better over the next 12 hours and went home happy and healthy.

Quality health care has many faces. Certainly it is the absence of errors, both of omission and commission. It is also a matter of comprehensive documentation (yes, paperwork – if it's not documented, it didn't happen). Goldilocks' story might sound sophomoric, yet I'm certain we can all think of cases that fit each one of these scenarios. Quality care and the appropriate utilization of resources go hand-in-hand. It's doing what's appropriate for the patient: not too much, not too little, but just right!

# Medical Director *dialogue*



*By David Sand, MD, MBA, FACS, CHCQM, FAIHQ*
*Corporate Medical Director, Permedion, an HMS company*

### Goldilocks and the Three ERs

After eating all the porridge, Goldilocks developed a tummy ache and went to the Emergency Room. Immediately, she had a CBC with differential, electrolytes, BUN, creatinine, glucose, liver enzymes, cardiac biomarkers, urinalysis, ECG, CXR, spiral CT of the abdomen, IV, Demerol, Vistaril, and a GI consult. She was told she should be admitted as an acute inpatient because of her pain.

Now Goldilocks was no dummy – she had read about observation status while in the checkout line at the grocery store! She told the ER physicians, "This care is too much! Even though it represents the most advanced care available for tummy aches, it's wasteful and is not good quality."

So, Goldilocks left AMA and went to another ER. Since Goldilocks had been to a different ER immediately before, the physicians at this ER decided she was malingering. They gave her some Phenergan, after taking her vital signs (which were normal), told her "no more porridge for a week," and sent her on her way. But Goldilocks still had a tummy-ache, and said to herself, "This care was too little! It didn't expend much in the way of health care resources, but it is not good quality."

So, off to the third ER she went. Here (as you might have guessed by this point in the story) the nurses and physicians took a careful history and did a thorough physical examination. Miraculously, they were even able to get the results of all the tests performed at the first ER!

After considering her presentation, they decided that Goldilocks probably wasn't critically ill, but they agreed they wanted to keep an eye on her so they took her to the floor, put her in a regular room, and designated her stay as Observation.

***Medical Director*** *continued on p. 3*

***Coding Corner*** *continued from p. 3*

### DIFFERENT TYPES OF BONE MARROW TRANSPLANTS

- Autologous bone marrow transplant (41.01) is when the stem cells are taken from the person either by bone marrow harvest or apheresis and then given back to the person after intensive treatment.
- Allogeneic bone marrow transplant (41.02 or 41.03) is when stem cells are taken either by bone marrow harvest or apheresis from a genetically-matched donor, usually a brother or sister.
- Umbilical cord blood transplant (41.06) is when stem cells are taken from an umbilical cord immediately after delivery of an infant. The stem cells are tested, typed, counted, and frozen until they are ready to be transplanted. Because the stem cells are new they are able to produce more blood cells from each stem cell.

Complications common to all types of transplants are anxiety, depression, respiratory distress, and infections. Each type of bone marrow transplant also has unique complications that accompany the transplant. Bone marrow transplants carry a high risk. The more similar the bone marrow between the donor and the recipient, the fewer the complications. A high percentage of patients receiving bone marrow from an unrelated donor do not survive the transplant due to graft-versus-host disease (996.85).

### CODING OF BONE MARROW TRANSPLANTS

Autologous bone marrow transplants are assigned the ICD-9-CM procedure code of 41.01.

Both syngeneic and allogeneic transplants are coded as allogeneic transplant 41.02 or 41.03, depending on whether or not the marrow had the T-cells purged.

Bone marrow transplant not otherwise specified (41.00) should be assigned rarely if at all. The medical record should clearly indicate the source of the transplant.

## Helpful Hints: Rebilling a Permedion Denial

When Permedion, the utilization review entity for ODJFS, issues a denial letter, certain rebilling protocols should be followed by the provider. The review process takes up to 150 days to complete. This time frame allows for the appeal process that can be requested by the provider.

It is necessary to wait for this entire cycle to complete before a corrected claim is submitted using the 6766 electronic form. If done prior to this, billing adjustments may be made in error. The instructions for billing of "special cases" are found in the Hospital Provider Billing Manual which can be accessed on the ODJFS web-site: *http://emanuals.odjfs.state.oh.us/emanuals/*. Be alert to the time frame in which Permedion claims can be rebilled. The provider has 60 days from the date on the remittance advice to submit a corrected claim for adjustment.

| 150 Day Time Table |
|---|
| Provider given 30 days to supply medical record |
| Permedion completes the review within 30 days |
| Provider given 60 days to request an appeal |
| Permedion completes the appeal in 30 days |

If the 6766 electronic form is not used and a hard claim is resubmitted these corrected claims should be mailed to:

**Ohio Department of Job and Family Services**
**Provider Services Section**
**P.O. Box 1461**
**Columbus, OH 43216-1461**
**1-800-686-1516**

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