Ohio | Department of Job and Family Services

Ohio medicaid QUALITY MONITOR

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Upcoming Study on Surgical Interventions Related to Obesity

The Ohio Department of Job and Family Services (ODJFS) performs quality improvement activities which include evaluations that encompass quality of services delivered, access to care, regulatory impact on care, and recommended changes to delivery systems. As part of the ongoing efforts to help ensure the best use of Ohio fee-for-service Medicaid funds, *The Surgical Interventions Related to Obesity Study* is currently being conducted.

ODJFS is at the crossroads of re-determining the coverage policies of surgical interventions related to the treatment of obesity. Currently the treatment of obesity is not an openly covered benefit under the Medicaid coverage policies (OAC 5101:3-2-03). In order to enhance the decision-making process, ODJFS will need information on the past and current trends on the bariatric surgeries. The information will include utilization results, types of bariatric surgeries and criteria and guidelines used. Health outcomes of individuals who have had bariatric surgery for the treatment of morbid obesity will be evaluated, along with their current 'medical quality of life'.

The purpose of *The Surgical Interventions Related to Obesity Study is* to obtain information that includes the utilization statistics of the prior authorization review for bariatric procedures, the criteria/guidelines used, and evaluation of the health outcomes of the individuals in the Ohio Medicaid population who had bariatric surgery. Recommendations will be made to influence, enhance and/or change the current review process and coverage policies.

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Long Term Care Systems in Transition

In January 2007, Ohio was one of 31 states and the fourth-largest grantee of the *Money Follows the Person Demonstration* enacted by Congress as part of the Federal Deficit Reduction Act of 2005. The Ohio Department of Job and Family Services Office (ODJFS) of Ohio Health Plans (OHP) leads an interagency effort to meet the four objectives of the demonstration project as outlined below:

- Transition elderly people and persons with disabilities from institutional settings to home and community based settings.
- Eliminate barriers, which prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in settings of their choice.
- Ensure continued provision of home and community-based services (HCBSs) to eligible individuals who choose to transition from an institution to the community.
- Ensure that procedures are in place to provide quality assurance and continuous quality improvement.

OHP in conjunction with stakeholders has been working toward a system of long-term care that maximizes choice and promotes community integration. For the past two years, OHP has been revising and reforming the current Medicaid level of care (LOC) determination system. The current work has been in making short-term LOC process changes and clarifying the policy and procedures. The next phase of LOC is long-term system reform of the current, fragmented, paper LOC determination process.

In order to complete the next step in the long-term system reform, OHP has been looking at major changes that other states have made to their LOC determination system. *The Long Term Care Level of Care State Assessment Study* has provided information on state specific management approaches to rebalance their long-term care (LTC) systems. The states chosen for an environment scan and research of their LOC determination systems were Indiana, Kentucky, Michigan, Minnesota, Oregon, Rhode Island, Washington, West Virginia, and Wisconsin.

The Long Term Care Level of Care State Assessment Study examined the efforts of ten states to provide long-term support services to people of all ages with disabilities. The focus was to allow consumers of LTC to make choices about their services and their daily lives.

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Long Term Care (Con't from page 1)

State Assessments

Indiana is a mid-western state with a population of 6.5 million. Approximately 13% of the population is over the age of 65. The prevalence of those with disabilities is 12.7%. Compared to the U.S. average (75%), Indiana allocates a greater percentage (80%) of its Medicaid LTC spending for older people and adults with physical disabilities to nursing facilities. Although Indiana has yet to achieve an overall balance between HCBS and nursing home spending, some progress has occurred. The use of home and community-based services increased from 10% in 2005 to 23% in 2010.

Kentucky is a southern state with a population of 4.3 million. Approximately 13.3% of the population is 65% or older. The prevalence of those with disabilities is 16.8%. Compared to the U. S. average, Kentucky allocates a greater percentage (92%) of its Medicaid LTC spending to nursing facilities. The Kentucky Transitions Program serves as the single point of entry into the LTC services. An assessment tool is completed and case managers monitor the participants every six months. The goal of the Transitions Program is to give people with long term disabilities greater choice in where to live and receive long-term services and support.

Michigan is a mid-western state with a population of 9.9 million. The population has decreased over the last 4 years due to the loss of manufacturing jobs. Approximately 13.8% of the population is over the age of 65. Over 19% of the population is considered disabled. Compared to the U. S. average, Michigan allocates a greater percentage (85%) of its Medicaid LTC spending to nursing facilities.

Although Michigan still has an unbalanced LTC system, the state has been making progress in recent years. The Medicaid State Program known as MI Choice allows individuals to remain in their own home by use of HCBSs. The benefit of these services for all of the populations served through the Medicaid programs and a decline in the number of those utilizing nursing facilities have saved the state millions of dollars over the last several years.

Minnesota has a population of 5.3 million and has been consistently listed among the healthiest states and among those with the lowest rates of disability (12%). Compared to the U.S. average, Minnesota allocates a lesser percentage (60%) of its Medicaid long-term care spending to nursing facilities.

Minnesota's Aging and Disability Resource Center (ADRC) program, called Minnesota-Help Network, has focused on developing a streamlined access network through which consumers of all ages can access community services. The Medicaid trends indicate a large increase in HCBS participants and expenditures and a moderate decrease in nursing home expenditures.

North Carolina is a southeastern state with a population of 9.5 million. The aging

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CODING CORNER

Complications of Bariatric Surgery

In this issue of the Coding Corner, we would like to discuss the correct coding and identification of bariatric surgery complications.

Gastric band procedures and bariatric surgeries can be successful with weight loss reduction but the patient can experience complications, such as device malfunctions and infections. In the past, in ICD-9-CM , complications of weight loss surgeries were coded to (997.4) for digestive system complications.

Coding Clinic Fourth Quarter 2011 pages 125-127 indicates that effective with hospital discharges of 10/1/2011, a new set of codes has been created for the complications of weight loss procedures. For infection due to gastric band procedure, the code is (539.01); for other complications of gastric band procedure, the code is (539.09); for infection due to other bariatric procedure, the code is (569.81); and for other complications of other bariatric procedure, the code is (539.89).

POSSIBLE COMPLICATIONS OF BARIATRIC SURGERY

- bleeding
- complications due to anesthesia/ medications
- deep vein thrombosis
- heart attack, stroke, or pulmonary embolism
- dehiscence of wound
- infections/abscesses
- leaks from staple lines
- marginal ulcers
- pulmonary/respiratory problems
- spleen injury
- stenosis of passage
- death

POSSIBLE LONG TERM SIDE EFFECTS

- nausea, vomiting, diarrhea, bloating, sweating, increased gas, and dizziness
- Dumping Syndrome
- nutritional/vitamin deficiencies
- gallstones
- hernia/bowel obstruction
- ineffective weight loss or weight gain
- hair loss
- sagging skin

Bariatric surgery is not meant to be a cosmetic surgery, the surgery's purpose is to improve the health problems of the patient that would otherwise lead to the patient's disability or an early death.
As always, if a diagnosis or procedure is questionable, the coder needs to query the attending physician for clarification. Final coding is dependent upon the provider's documentation in the medical record.

Medical Director *dialogue*

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Medical Director, Permedion

Medicaid and PPACA

On the last day of the 2011-2012 Term, the United States Supreme Court issued its long-anticipated ruling on the case concerning the Patient Protection and Affordable Care Act - P.L. 111-148 (PPACA). In a hotly debated case under intense national scrutiny, a majority of the Court upheld the act.

In considering the Court's decision, easily the most complex part is the handling of the Medicaid expansion. The issue decided was whether or not the Medicaid expansion was constitutional under Congress' Spending Clause power. The Court recognized that Congress may attach conditions to the federal funds that it provides to state programs. The Court held that the Medicaid expansion was, in fact, unconstitutional because it was coercive of states and the states did not have enough notice to voluntarily consent. The Department of Health and Human Services (HHS) could potentially withhold ***all*** Medicaid funds from states that were non-compliant. However, the Court went on to remedy this constitutional violation by restricting the HHS enforcement authority. Thus, the practical implication is that the Medicaid expansion is now optional for states because states are free to decline participation in the new program without losing their current level of funding. The question remains, however, as to how many of the 26 states which opposed the legislation will elect to participate or opt for non-participation.

The Court's decision did not alter the other Medicaid-related provisions of the PPACA. As a result, all of the other changes to the Medicaid program contained in the PPACA, such as the increase in primary care provider payments, the new options to expand home and community-based services, the gradual reductions in disproportionate share hospital payments, and the requirement that states maintain the eligibility standards (in place as of March 23, 2010) remain in effect. The Supreme Court's decision on the Medicaid expansion does not change the PPACA with respect to the new eligibility group either. It still exists in the law as a new mandatory coverage group beginning in 2014. The Court's decision leaves intact the existing Medicaid statute and the HHS authority to withhold a state's federal Medicaid funds for non-compliance with existing program rules.

Long Term Care (Con't from page 2)

population of persons 65 years and older is slightly lower than the national average at 12.9 %. The disability rate is 13%. Compared to the U. S. average, North Carolina allocates a lesser percentage (60% of its Medicaid long-term care spending to nursing facilities.

The Program of All-Inclusive Care for the Elderly (PACE) and Community Alternative Programs for Disabled Adults (CAP/DA) provide a package of services to allow adults (age 18 and older) who qualify for nursing facility care to remain in their private residences. These programs have been successful for transitioning individuals from nursing facilities.

Oregon is a northwestern state with a population of 3.8 million. Approximately 13% are 65 years and older. The disability rate is 14%. Oregon allocates the majority (54%) of its Medicaid long-term care spending to HCBSs. Oregon has one of the nation's most balanced LTC system for older people and adults with physical disabilities and recent trends indicate that the state is continuing to make even more progress toward balancing.

Oregon pools their state and federal funds for both institutional and HCBSs into one budget with a spending cap. They offer several different types of waiver programs based on the need of the individual. These programs have been successful in helping to keep these individuals in their own homes or other community settings, rather than having to be placed into a nursing facility.

Rhode Island is an eastern state with a population of 1 million. Fourteen percent of the population is over 65 years old. The disability rate is 20%. Compared to the U.S. average, Rhode Island allocates a greater percentage (89%) of its Medicaid LTC spending to nursing facilities. Medicaid trends indicate that Rhode Island still has an unbalance LTC system. However, they are increasing the use of HCBSs with a Global Waiver, a block sum of money from the federal government to fund Medicaid programs over a five year period that redirect people from nursing facilities to the community.

Washington is a northwestern state with a population of 6.7 million. Approximately 12% are 65 years and older. The disability rate is 14%. Compared to the U.S. average, Washington allocates a lesser percentage (56%) of its Medicaid long-term care spending to nursing facilities. Washington has a functioning Information Network along with a Tailored Caregiver Assessment and Referral (TCARE) tool to assess, allocate and monitor services for all populations. It is an extraordinary data system that can track providers, programs, consumers, quality and costs. Washington has one of the nation's more balanced LTC systems and recent trends indicate the state is continuing to make even progress toward balancing.

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Long Term Care (Con't from page 3)

West Virginia is a southeastern state with a population of 1.8 million. Over 16% of the population is 65 years or older. The disability rate is 19%. Compared to the U. S. average, West Virginia allocates a greater percentage (82%) of its Medicaid LTC spending to nursing facilities. Recent trends indicate that West Virginia has an unbalanced LTC system. West Virginia has an information network that offers an online self-screening and allows the user to apply online for multiple benefits by completing one application. Due to budget constraints, some programs have caps on their enrollment and others have had to tighten the eligibility criteria.

Wisconsin is a northern state with a population of 5.7 million. Over 13.7% of the population is 65 years or older. The disability rate is 11%. Similar to the U. S. average, Wisconsin allocates a greater percentage (73%) of its Medicaid LTC spending to nursing facilities. Recent Medicaid trends indicate that Wisconsin has made progress in balancing its LTC system. Wisconsin has several different programs that own a specific set of criteria for admission. The assessment tool and instructions provide decision trees to determine if the consumer is eligible for specific programs.

The Kaiser Family Foundation (2011) notes it is known that each state has different Medicaid rules and regulations. The states must consider policies and procedures that help develop and evaluate LTC delivery models that recognize the unique needs of their diverse populations. Each state must determine the kinds of support that are most suited to its needs and will be compatible with consumer needs and budgetary restraints.

Upcoming Study (Con't from page 1)

A retrospective review of available administrative data and medical records will be conducted, including:

- Inpatient hospital claims
- Outpatient hospital claims
- Physician claims
- Nursing facility claims
- Pharmacy claims
- Home health care claims
- Nutrition counseling claims
- Psychiatric claims
- Recipient eligibility file

RN reviewers will abstract additional study data for a random sample of approximately 270 Medicaid recipients from inpatient hospital, outpatient hospital, and physician records.

A summary of study results will appear in the Quality Monitor once completed. Permedion will also post the entire report to www.hmspermedion.com.

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