Ohio | Department of Job and Family Services

Ohio medicaid QUALITY MONITOR

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Additional Statement Added to Permedion Denial Letters

In an effort to assist in the coordination of reconsideration requests by providers and to improve communication, an additional statement has been added to Permedion's denial letters.

At times, multiple denial concerns may be identified following review of a medical record. For instance, it maybe determined that the stay has been denied for medical necessity along with the identification that the DRG has been miscoded. The current practice is to send out a separate denial letter for each of these denial concerns to the Utilization Review Contact person at the individual hospital.

This practice will continue with an additional statement that has been added which reads: **"Another denial concern, addressed in a separate letter, has also been identified for this claim. To avoid unnecessary work, you should coordinate any appeals within your facility based on the hierarchy of concerns. For example, you may not want to appeal a DRG change if a denial of the admission is not being appealed."** Information concerning the hierarchy of denial concerns has been addressed in a previous newsletter article and can be found at *www.hmspermedion.com/Ohio Medicaid/Spring Quality Monitor 2008*.

Coordination of requests for reconsideration of denials issued by Permedion should be considered by those individuals designated within your hospital to perform those reconsiderations. For instance if a Coding Specialist within your Billing Department would like to submit a reconsideration for a DRG error, it would be in the hospital's best interest to coordinate this request with the

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The Growing Demand for Interpreter Services in Health Care

The Ohio State University Medical Center's Interpreter Services team helps provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background or English proficiency. Interpreter Services can greatly ease a deaf, hard-of-hearing or non-English speaking patient's fear by creating a communication link between him or her and the health care team.

Milly Valverde, as Program Manager, provides the leadership for The Ohio State University Medical Center's (OSUMC) interpreter services. The program's objective is to deliver competent, personalized, and compassionate health care to all patients who lack English proficiency.

Recently, Valverde and Richard Potts, Director of Customer Service, provided a presentation on Interpreter Services at OSUMC at the annual Ohio Association of Healthcare Quality. They presented the results of studies performed by OSUMC. They showed that the demand for language services is significantly increasing and they are finding innovative ways to meet the demand in cultural and linguistic appropriate ways.

Interpreters, both Medical Center-employed and agency-employed, have the highest expertise through comprehensive training called Bridging The Gap. Interpreter Services conduct quarterly audits of their agencies to ensure they meet OSUMC high standards.

Did You Know....

- Data from the 2000 U.S. census documented that nearly 47 million people–18% of the U.S. population–speak a language other than English at home.
- In Ohio, the limited English proficient population grew 23.5% in just one decade (1990 to 2000). One in six is considered limited English proficient!
- Approximately 60,000 to 80,000 people speak Spanish as a first language. However, people from Spanish speaking countries are not always included in the census. According to the Ohio Hispanic Coalition and State Refugee Services Office, the more realistic number is between 80,000 to 120,000.
- There are 55,000 Somali speaking people. Columbus, Ohio and Minneapolis, Minnesota have the largest Somali populations in the country.
- The expected growth of the top two language groups is 15-25% in the coming years.
- Federal laws and guidelines require that all health care providers who receive federal funding provide meaningful access to services to people with limited English proficiency (Title VI of the Civil Rights Act of 1964).

Sources: U.S. and Ohio Census, Ohio State Refugee Services and Ohio Hispanic Coalition.

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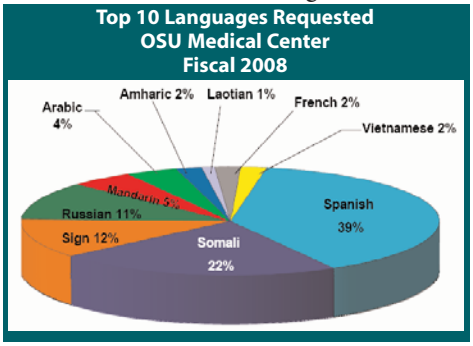
Interpreter Services *continued from p. 1*

Additionally, OSUMC has brought leaders from local hospitals to the table to develop a uniform high standard for quality of services from contracted agencies.

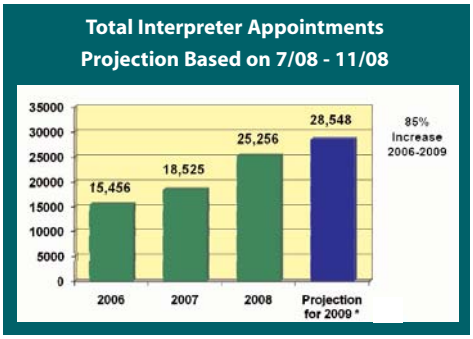


All faculty and staff are educated about services the department offers. Interpreter Services provides in-service training for any Medical Center patient care area or departments, as well as teaches a monthly workshop, Improving Access to Our Limited English-Proficient Patients, to help address issues of culture and language. Computer based learning courses are also offered to increase the cultural competency of the collective OSUMC community.

Based on the OSUMC's varied patient population, sensitivity and awareness of cultural diversity is more important than ever. To help improve the care provided to limited English-proficient patients, language needs are captured during the registration process. This information follows the patient during their stay allowing for timelier and better provision of their services. Additionally, patient relations staff round on patients with language needs and provide the support, training and resources needed for patients' and staff.

Interpreter Services partners with the Patient Education team to ensure key patient materials are translated in top-requested languages.

Recent projections show OSUMC is expected to have an 85% increase in interpreter requests, from 15,456 in 2006 to 28,548 in 2009. To accommodate the increase, the Interpreter Services is leveraging technology through usage of telephone and video interpretation, in addition to its team of on-site interpreters. OSUMC provides the appropriate resource based on patient needs. Although they have realized that the key to effectively managing cost and maximizing service levels lies in reduced cost per appointment and offering an array of resources.



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CODING CORNER

Malocclusion of Teeth

In this article of the *Coding Corner*, we provide information on the identification, signs and symptoms, complications, and treatment of Malocclusion of Teeth.

DEFINITION

Malocclusion (524.4) is a condition in which the teeth are misaligned. Underlying causes may include accessory, impacted, or missing teeth; dentofacial abnormalities; thumb sucking, or sleeping positions. Alternative names for malocclusion are: crowded teeth, misaligned teeth, crossbite, overbite, underbite, and open bite. Malocclusion is most often hereditary and the most common reason for referral to an orthodontist. Very few people have perfect occlusion.

During infancy, personal habits like thumb sucking, tongue thrusting, pacifier use beyond the age of three, and prolonged

use of a bottle can greatly affect the shape of the jaws as well. The improper fit of dental fillings, crowns, appliances, retainers or braces may contribute to malocclusion. The misalignment of jaw fractures after a severe injury, and tumors of the mouth or jaw may cause a malocclusion as well.

CLASSES OF MALOCCLUSIONS

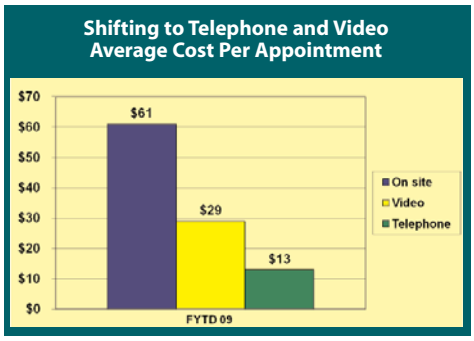
- Class I malocclusion (524.21) is the most common. The bite is normal, but the upper teeth slightly overlap the lower teeth.
- Class II malocclusion (524.22), called retrognathism or overbite, occurs when the upper jaw and teeth severely overlap the bottom jaw and teeth.
- Class III malocclusion (524.23), called prognathism or underbite, occurs when the lower jaw protrudes or juts forward, causing the lower teeth to overlap the upper jaw and teeth.

CODING OF MALOCCLUSION OF TEETH

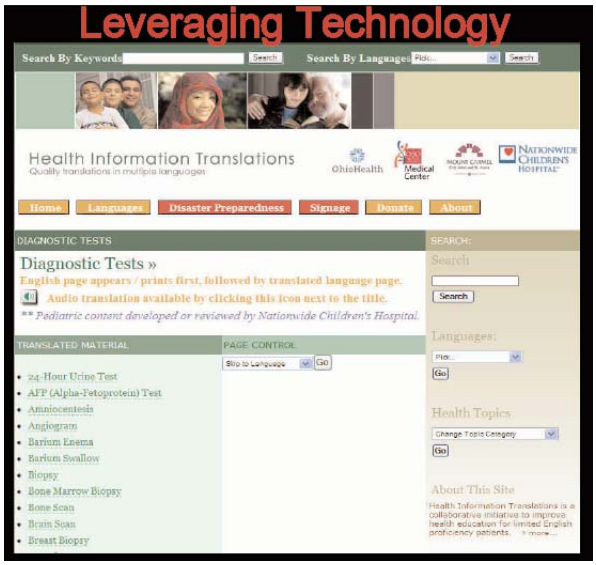
To appropriately assign the ICD-9-CM code for the diagnosis of malocclusion of teeth, please refer to the (524.00 - 524.9) range of codes to identify the specific anomaly.

Interpreter Services *continued from p. 2*

As you can see the average cost difference of each resource is significant.



OSUMC has partnered with OhioHealth, Mount Carmel Health Systems, and Nationwide Children's Hospital to create Health Information Translations (*www.healthinfotranslations.org*), a multilingual health education Web site that features online patient education materials translated into 18 languages. Clinicians can search nearly 3,000 health-related titles and print identical documents in English and the foreign language to give to the provider and the patient. Although this does not replace interpreters, it provides a take-home health education document in the patient's language.

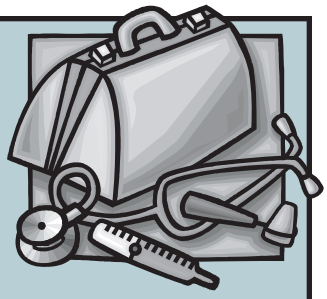


As related by Carlos Castillo in an article, Interpreter Services at OSUMC, Valverde states, "Equity is a key element in achieving quality care and it is achieved by providing care that does not vary in quality by personal characteristics such as ethnicity, gender, geographic location, and socioeconomic status."

She also points out that the impact of a culture and language appropriate care goes beyond the concept of equity. Research has shown that racial ethnic disparities in health care have an impact on quality, safety, cost, and risk management. Appropriate care to limited-English-proficiency patients is not only an indication of the institutions' integrity, but also helps avoid misdiagnosis, avoid medical errors, improve patient compliance with treatment regiments, and increase patient satisfaction. OSUMC is committed to improve patients' lives and their innovative methods are helping in the commitment to their mission.

This article was written by Sue Hackett, Permedion Project Manager, with the assistance of Milly Valverde, Program Manager, at The Ohio State University Medical Center.

Medical Director *dialogue*



By David Sand, MD, MBA, FACS, CHCQM, FAIHQ
Chief Medical Officer, HMS

$1.1 Billion

The American Recovery and Reinvestment Act (ARRA) makes $1.1 billion available for Comparative Effectiveness Research (CER). As health care providers, and potential patients too, how should we view this effort? Is CER friend or foe? While the ARRA does not actually define CER, it does tell us what the intent is of this research.

The funds are to be used to "accelerate the development and dissemination of research assessing the comparative effectiveness of health care treatments and strategies, through efforts that: (1) conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions; and (2) encourages the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data." In actuality, AHRQ has been doing this in a limited way since 2003 under the Medicare Modernization Act.

Winston Churchill said "I'm always ready to learn, I just don't like being taught!" As health care providers, why wouldn't we want to provide "best practices" care? Yet, the evidence from around the country demonstrates wide variations in practice and little difference in outcomes, even accounting for relative risk and severity of illness.

The Dartmouth Atlas Project has estimated savings of up to 30% annually ($700 billion) if overutilization could be eliminated through benchmarking best practice through CER-type efforts. Others, while not so optimistic, have similarly forecast savings in the hundreds of billions of dollars.

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Correction to Winter Issue

In the Winter 2009 newsletter article on Page 4, *Helpful Hints: Rebilling a Permedion Denial*, certain rebilling protocols and time frames were addressed. Please note that when Permedion, the utilization review entity for ODJFS, issues a denial letter, it is necessary to wait for the entire cycle to complete before a corrected claim is submitted using the 6653, not the 6766 form as indicated in the previous article. Neither the 6766 or 6653 forms can be electronically submitted. If the 6653 form is not used, a hard copy claim can be resubmitted. The 6653 form or corrected claim 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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Great care AND lower costs - it seems like a "no brainer" right? Not so fast say the critics. We all know different patients respond differently to the same treatment. There are real concerns CER will effectively limit options for some of our patients by eliminating coverage for certain treatments. And while the ARRA is silent on the topic of cost-effectiveness, other countries have eliminated coverage for some treatments in their national health care programs solely on the basis of price regardless of effectiveness.

The list of pros and cons goes on, far beyond the space in this column. We can take some assurance in the composition of the Federal Coordinating Council, the body constituted and charged with recommending and coordinating CER efforts. The ARRA specifies that of the 15 federal employee members of the Council "half (sic) … must be physicians or other experts with clinical expertise." Grants will be available from AHRQ as well as the NIH for those of us who want to be involved. As many of you have heard me say before, we cannot ration our way to viability in our health care system and still maintain quality. To that I add that we cannot tax our way there either. CER, done correctly, has the potential to get us at least part of the way there.

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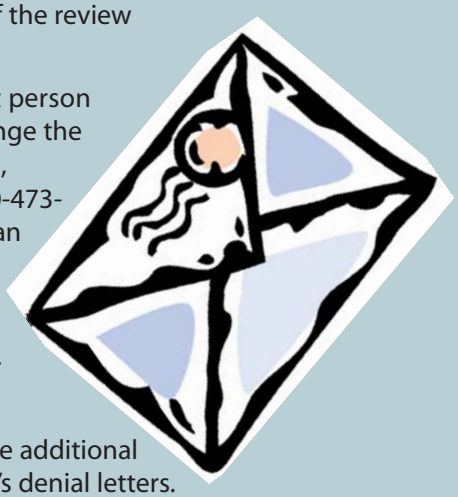
Utilization Review Contact person for your facility as they will know if another denial has also been issued for this claim and whether a reconsideration will be submitted. In the long run, this enhanced communication within your facility may lead to less work for you and to a better understanding of the review process that Permedion performs.



If you are unaware of the designated contact person within your facility or if you would like to change the contact person, please contact Ralene McNeal, Reviewer Supervisor with Permedion, at 1-800-473-0802, Ext. 3387. A "Change of Contact" form can be faxed or e-mailed to you for completion. Please note that this change will require your hospital CEO's signature in order for Permedion to process this change within our system.

To summarize, please be on the lookout for the additional statement that has been added to Permedion's denial letters. In the long run, this may save you and your staff from submitting unnecessary reconsideration requests resulting in less work.

CONTACT INFORMATION

Permedion • Sue Hackett, Project Manager
• 350 Worthington Rd., Suite H • Westerville, OH 43082 • 614/895-9900 • fax 614/895-6784
• www.hmspermedion.com • shackett@hms.com

Ohio Department of Job and Family Services – Surveillance and Utilization Review Section
• Linda McCabe, Contract Manager • 4020 E. Fifth Ave. • Columbus, OH 43219
• 614/466-7936 • fax 614/644-2217 • www.jfs.ohio.gov

350 Worthington Rd., Ste. H
Westerville, OH 43082