REPORT OF THE
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES ON

Medicaid Study of Services for Multiple Trauma Patients

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

House Document No. 30

COMMONWEALTH OF VIRGINIA
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REPORT

HOUSE JOINT RESOLUTION

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MEDICAID STUDY OF SERVICES FOR MULTIPLE TRAUMA PATIENTS

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The Honorable J. Samuel Glasscock

The Honorable George H. Heilig, Jr.

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COMMONWEALTH of VIRGINIA

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January 19, 1988

Honorable Members of the Virginia
General Assembly

The Honorable Gerald L. Baliles
Governor
State Capitol
Richmond, Virginia 23219

Dear Governor Baliles and Members of the General Assembly:

I herewith transmit to you the report of the study group developed in response to HJR 331 which requested the Department of Medical Assistance Services to study present and potential expansion of services for multiple trauma patients.

Multiple system trauma is the leading cause of death in the industrialized world and is the major cause of death in Virginia for persons in the first four decades of life. The provision of adequate medical services to this population is of vital importance in any medical care system.

Increasing interest in care provided to multiple trauma victims has received considerable legislative attention, beginning in the 1986 session of the General Assembly which passed HJR 65, providing for a study of Virginia's trauma care system and access to health care in the Commonwealth. Legislative action in the 1987 session included HJR 332, which requested local governments to implement the enhanced 911 telephone system as a means of access to emergency medical care. This was to be implemented as soon as feasible. The present study, HJR 331, which requested an evaluation by the Virginia Medical Assistance Program of its services with respect to the care for multiple trauma victims was also enacted. The same desire for greater emphasis on provision of care for multiple trauma victims was expressed in HJR 337, which also passed in 1987. That resolution memorialized Congress to evaluate the provisions of Title XVIII, known as Medicare, and Title XIX, known as Medicaid, and the Social Security Act, as these laws relate to care for multiple trauma victims. Virginia legislative action included amendments to §32.1-112 through §32.1-114 and §32.1-148, §32.1-149 and §32.1-153 of the Code

of Virginia. Language related to the statewide emergency medical care system and the emergency medical services patient care information system was added as Article 3.1 in Chapter 4 of Title 31.2. Each of these actions focused on the provision of care for Virginians who had suffered multiple trauma.

From its inception, the Department of Medical Assistance Services has provided for necessary medical care to all eligible individuals. This care includes the provision of services to multiple trauma victims. The Department has continually monitored the care and services provided as well as new technology that might be provided to those individuals. It has over time attempted to expand services to meet their specific needs. The most recent expansion of services was the provision of intensive rehabilitative services in 1986. This has had a particularly positive impact on the treatment of multiple trauma victims.

The present study has reviewed the care currently being provided, evaluated federal regulations, and has identified two areas in which an expansion of services would lead to a greater care that could be provided to the multiple trauma victim. The first area of expansion is that of the elimination of the so-called "21 in 60 day" provision which currently limits hospitalization for adults age 21 or over to 21 days per admission or multiple admissions in any particular 60 day period for the same or similar diagnosis. The other area that has been identified for potential expansion is that of the provision of durable medical equipment and supplies to those individuals who have suffered multiple trauma but who may not be eligible for the Medicaid payment for supplies due to their not qualifying as home health patients.

These services would be helpful in meeting the needs of the multiple trauma victim. These patients are primarily in the younger adult age group (between 21 and 35 years of age). Provision of appropriate medical care may enable them to return to a more active and independent life and again become productive members of society. It is with pleasure that I transmit this report and its recommendation.

With kind regards, I am

Sincerely,

Ray Sorrell

Ray T. Sorrell

RTS/gt

Executive Summary

Legislative action by the 1987 General Assembly requested the Department of Medical Assistance Services to evaluate Title XIX of the Social Security Act as amended and the Virginia State Plan for Medical Assistance Services to ascertain whether there were any services or reimbursement levels which could be revised to provide more adequate services to multiple trauma patients.

Virginia's Medicaid program currently provides the multiple trauma victim coverage for transport from the scene of the trauma as well as transport between institutions as dictated by medical needs. In addition, payment for hospitalization is covered for all days medically indicated for persons under age 21, and for those age 21 and over with the limitation of 21 days coverage in a 60 day period per admission for the same or similar diagnosis.

Results from a survey of Level I trauma centers indicate that victims' lengths of stay in a trauma service unit vary from 6.84 to 14 days, with an average of 10.8 days. A review of Medicaid data indicates that approximately 97% of all medically indicated days of hospitalization are covered.

Subsequent to the acute phase of hospitalization, intensive rehabilitation days provided in certified rehabilitation facilities are covered by Medicaid as medically indicated for multiple trauma victims regardless of age. Also covered are transportation to the rehabilitation facility, nursing care (both intermediate and skilled care), home health services, and personal care services in a community setting.

Durable medical equipment and supplies are not covered by Medicaid except when a recipient is under a home health plan of care.

A survey of contiguous states indicates that the Virginia Department of Medical Assistance Services is providing payment for as broad a range of services to multiple trauma victims as any adjoining state.

Based on available information and data, it is concluded that there are two potential revisions to the State Plan which would increase services to multiple trauma victims. These are an increase in the number of inpatient acute care hospital days covered and an extension of coverage for durable medical equipment and supplies. This report recommends that funding be provided for increased coverage of medically necessary hospital days and durable medical equipment and supplies to all eligible Medicaid recipients.

I. Introduction

Virginia's Medical Assistance Services Program (Medicaid) provides coverage for multiple trauma victims to reduce the incidence of disability and death to the lowest levels possible given present technology and budgetary constraints.

Multi-system trauma is the leading cause of death in the industrialized world, and physical trauma is the major cause of death in Virginia for persons in the first four decades of life.(1) The first hour following an injury is the most critical time for administration of definitive care for multiple trauma victims. This period of time is generally referred to as the "Golden Hour". For each hour lost in obtaining effective care, the mortality rate for multiple trauma victims is said to double.(2)

The Bureau of Vital Statistics in the Virginia Department of Health reports that in 1986, 2,273 Virginia residents died from accidental causes. Motor vehicle accidents were responsible for 1122 of these deaths.(1)

A number of actions have been taken in Virginia to promote medical care appropriate for victims of trauma. Since 1968, the Board of Health has had authority to set standards for and to license ambulance services and to certify "emergency medical care attendants". In 1974, the General Assembly authorized the Board to develop "a comprehensive, coordinated emergency medical care system in the Commonwealth".

Regional medical services councils were established and the Virginia Rescue Squad's Assistance Act was passed by the General Assembly in 1978. In 1981, an air medical evacuation system was statutorially mandated and in 1983, the financing of Virginia's emergency medical services system was initiated by passage of the "One for Life" bill. This legislation added one dollar per registration to the State's motor vehicle registration fee for use as a source of funding dedicated to financing emergency medical and rescue services.

In order to better ensure appropriate care for victims of trauma, Virginia medical facilities are designated as Level I, II, or III with reference to the level of care the facility provides. There are five Level I (most complete care) trauma centers serving the five major population and geographic areas of the Commonwealth. They are the Medical College of Virginia, the University of Virginia Medical Center, Fairfax Hospital, Roanoke Memorial Hospital, and Norfolk General Hospital.

In addition, there are Level II (intermediate care) trauma centers which provide care appropriate for most injured victims under most circumstances, and Level III trauma centers which provide care for less severly injured victims.

Services are currently provided for the victim of multiple trauma from the scene of the accident(3) to partial or complete recovery. House Document 43 (1987), "Virginia Trauma Care System and Access to Health Care in the Health Care Industry and Medical Technology", contains specific recommendations for further improvement of Virginia's trauma care system.

II. Present Medicaid Coverage in Virginia

Inpatient Hospitalization

The 1986 General Assembly approved an amendment to Section 32.1 - 325A (4) to allow the Medicaid program to pay for all medically necessary inpatient hospital stays and related physician services for recipients younger than 21 years of age. This new policy became effective on October 1, 1986. This change does not alter the requirement for the medical necessity of the hospital stay. The extended coverage is possible because of a special provision in the Code of Federal Regulations (42 CFR 441.57) which allows the Commonwealth to cover additional services through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

The present policy for inpatient care in acute care hospitals limits patients 21 years of age and older who enter acute care hospitals to 21 days of medically necessary hospitalization within 60 days from the date of the first admission for the same or similar diagnosis. Patients under 21 years of age who enter acute-care hospitals are not affected by the limitation on covered hospital services.(4) The program covers their entire length of medically necessary hospitalization until they become 21 years of age.

In order to obtain information concerning present coverage of hospitalization for recipients age 21 and older, a run was made of the SAS (Statistical Application Systems) Reports (computer-generated). The data show that there were a total of 33,484 days of paid claims for hospitalization for Medicaid recipients, born before January 1, 1967. There were a total of 32,381 days of paid claims for hospitalization of 20 days or less for the same recipients. 96.7% of all hospital claim days were encompassed within the first 20 days of paid hospitalization claims.(5) These numbers cover all Medicaid recipients as an expansion of coverage for multiple trauma patients would require coverage to all Medicaid recipients over age 21, regardless of diagnosis or type of illness.

In order to obtain more specific information concerning hospital stays related to trauma care, information was requested from Level I hospitals. Responses were received from four of the five such institutions.(6)

	Norfolk General Hospital	University of Virginia Hospital	Medical College of Virginia	Roanoke Memorial Hospital	Fairfax Hospital
Number of Patients	1004	350	1657	300	N/A
Average length of stay: Average	14	6.84	12.3	10	N/A
ICU	6	8.32	7.7	4	N/A
Per Cent Medicaid	7%	9%	11%	4%	N/A

Long Term Care Services

When a preadmission screening team determines that an individual meets the criteria for intermediate or skilled care, a referral to a nursing home

can be initiated.(7)

A. Skilled Care:

"Skilled nursing home services" are defined as those nursing services and procedures employed in caring for the sick and disabled which require technical knowledge and skill beyond that which an untrained person possesses and can adequately administer. These services can be provided only by professional licensed nursing personnel and require a level of complexity and skill in administration which extends beyond assistance with activities of daily living.

B. Intermediate Care:

Intermediate care is defined as the provision primarily of patient services, such as help in walking and getting in and out of bed, bathing, dressing, feeding, preparation of diet, supervision of medications which cannot be safely self-administered, and other types of personal assistance which are usually provided by trained nurses' aides and orderlies under the supervision of a professional registered nurse or licensed practical nurse.

Personal Care Services

Personal Care services are defined as long-term maintenance or supportive services which are necessary to enable the individual to remain at home. Personal Care aides may provide care to clients who meet skilled or intermediate level criteria. Personal Care services are designed to prevent or reduce institutional care by providing eligible individuals basic health-related services, such as helping with ambulation/exercise, assisting with normally self-administered medications, reporting changes in client's conditions and needs, and providing household services essential to health in the home.(8)

Rehabilitation Services

Rehabilitation services are medically prescribed treatments to improve or restore functions which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury, to improve the individual's ability to perform those tasks required for independent functioning.(9)

A patient is deemed to require intensive inpatient/outpatient rehabilitation if an intensive rehabilitation program consisting of a multi-disciplinary coordinated team approach to upgrade the patient's ability to function as independently as possible is required.

Medicaid covers inpatient rehabilitation services in facilities which are certified as rehabilitation hospitals or exempted rehabilitation units of general acute care hospitals. Documentation must exist that the rehabilitation program cannot be safely and adequately carried out in a less intense setting. When admission is approved, an approved length of stay is established.

The Department also covers intensive outpatient services in Comprehensive Outpatient Rehabilitation Facilities (CORFs) or in outpatient units associated with hospitals with such certified units.

Durable Medical Equipment and Supplies

Durable medical equipment (DME) and supplies are currently restricted to recipients receiving home health services except for oxygen, oxygen supplies, and ostomy equipment and supplies. This restriction leaves approximately 2,000 recipients including trauma victims without ready access to wheelchairs and other essential durable medical equipment for home use. These 2,000 recipients needing DME were derived from a study conducted by the Personal Care Unit of DMAS in 1985. The number of Medicaid recipients has not changed since that time.(10)

Durable medical equipment and supplies have not been available to the entire Medicaid population since 1974.

III. Contiguous State Programs Services Survey

In order to determine the comparative level of services provided in the states surrounding Virginia, a telephone survey was conducted during the week of December 7, 1987. All states surrounding Virginia were requested to provide information concerning coverage of trauma care. This survey revealed that no special programs existed in those states and that there was variation in the number of days of hospitalization provided as well as with regard to transportation.(11)

	Special Program	Limitation of Hospitalization	Transportation Ground and Air
Virginia	No	None under 21 years of age 21 days per admission for those over age 21 and rehabilitation as medically needed.	Preauthorization required.
District of Columbia	No	None with PRO (Professional Review Organization Certification)	Preauthorization required for air or out-of-state.
Kentucky	No	14 day hospital per admission. 14 days Rehabilitation per admission.	Air transport at same as ground rate.
Maryland	No	Waiver to DRG (Diagnostic Related Group) hospital limit.	State Police operated.
North Carolina	No	None	No payment for out-of-state air transport.
Tennessee	No	20 days per year.	Preauthorization required.
West Virginia	No	25 days per year.	Ground and air transport. Out-of-state requires preauthorization.

IV. Conclusion:

There are two areas within the federal Medicaid regulations that would allow for the expansion of services to multiple trauma patients. These could be accomplished by state plan amendment or legislative action. These are:

1) Delete the 21 and 60 day rule which provides that only 21 days of hospital care will be reimbursed for any hospitalization for the same or similar diagnosis in a given 60 day period. Cost for the biennium for recipients age 21 and older:

	Total	FY 1989	FY 1990
GF (State Share)	$22,473,812	$10,812,648	$11,661,164
NGF (Federal Share)	23,197,820	11,358,048	11,839,772
Total	$45,671,634	$22,170,697	$23,500,937

This estimate of $45.7 million dollars for the 88-90 biennium is based on prior budget addendum requests with the use of 1.06 as the inflation factor and 51.23% and 50.38% as the federal matching share in fiscal years 1989 and 1990.

(2) Provide for the coverage of medically necessary durable medical equipment and supplies for Medicaid recipients not eligible for home health care services. Cost for the biennium:

	Total	FY 1989	FY 1990
GF (State Share)	$1,942,471	$ 939,680	$1,002,791
NGF (Federal Share)	1,982,220	963,662	1,018,558
Total	$3,924,691	$1,903,342	$2,021,349

Data from the most recent available expenditure reports for durable medical supplies and equipment reveal that .47% of the Medical care budget was expended for this service. It is estimated that expansion of coverage of this service to the total Medicaid population for the 88-90 biennium would be 3.9 million dollars. This estimate is based on prior addendum budget requests.

V. Recommendations:

It is respectfully recommended that the General Assembly appropriate $24,416,000 General Fund dollars to allow for an expansion of services to multiple trauma victims for increased hospitalization and durable medical equipment and supplies. Funding cannot be restricted to multiple trauma patients due to federal regulations (42 CFR 440.230,240) on the sufficiency of amount, duration, and scope and the comparability of services for groups. These regulations state that limitations cannot be made based solely on diagnosis, type of illness, or condition, and that similar services have to be provided to all Medicaid recipients in both categorically and medically needy groups if these groups and services are covered in a state plan.

A P P E N D I C E S

HOUSE JOINT RESOLUTION NO. 331

Offered January 27, 1987

Requesting the Department of Medical Assistance Services to evaluate Title XIX of the Social Security Act and the Virginia State Plan for Medical Assistance Services with respect to care for multiple trauma victims.

Patrons—Cohen, Glasscock and Heilig

Referred to the Committee on Health, Welfare and Institutions

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WHEREAS, Medicaid is a program intended to provide the broadest range of services to ıe greatest number of those in need within limited resources; and

WHEREAS, the Virginia Medicaid program is considered to be a model of efficient and ffective planning for medical assistance services by many experts in this country; and

WHEREAS, the Department of Medical Assistance Services has demonstrated its ıillingness to initiate innovative programs for the delivery of services to Medicaid ecipients through the implementation of the personal care services program and its pplication for federal waivers; and

WHEREAS, the needs of multiple trauma victims are profound and include high echnology treatment in an acute care setting as well as rehabilitation; and

WHEREAS, Virginia Medicaid pays for twenty-one days of acute care per admission for ıdividuals over the age of twenty-one; and

WHEREAS, this limitation is a prudent method of allocating scarce resources; however, ıultiple trauma patients frequently require more than twenty-one days of hospital care; ınd

WHEREAS, multiple trauma patients do not fall within any of the discrete groups raditionally served by Medicaid because they are individuals of every age, and each ndividual's needs are different according to the nature and extent of their injuries; and

WHEREAS, the Joint Subcommittee studying trauma has come to believe that the mpact of trauma as a disease is not well understood by many federal and state officials; ınd

WHEREAS, trauma is a modern day epidemic to which every citizen is potentially usceptible; and

WHEREAS, although the federal law does not appear to provide any measure of lexibility for state Medicaid programs in relation to covered services for multiple trauma ıatients, it is possible that some options have been overlooked which may not be costly or ar reaching; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services is hereby requested to evaluate Title XIX of the Social Security Act as amended and the Virginia State Plan for Medical Assistance Services with respect to :are for multiple trauma victims. In evaluating these provisions, the Department is further ·equested to ascertain whether there are any services or reimbursements which could be ·evised to provide more adequate services to multiple trauma patients.

References

(1)Bureau of Vital Statistics - Virginia Department of Health

(2)Dr. R. Adams Cowley, Director of the Maryland Institute for Emergency Medical Systems, Baltimore Maryland.

(3)Clarification of Transportation Policies - Special Medicaid Memo, dated 6/5/87.

(4)Exception to 21 Day Limit on Inpatient Hospital Stays - Hospital Memo #92, Physician #77, dated 9/19/86.

(5)DMAS Hospital Paid Claims Statistics, January - October 1987.

(6)Level I Hospital Trauma Statistics - Division of Emergency Medical Services - Department of Health -1987.

(7)DMAS Nursing Home Manual, Revised 1982 Edition.

(8)DMAS Personal Care Services Manual, May 1984.

(9)DMAS Rehabilitative Services Manual, December, 1986.

(10)DMAS Home Health Services Manual, March 1979.

(11)DMAS Contiguous State Telephone Survey, December 1987.