

Annual Medical Services Review Report

Time Frame: From August 1, 2002 to July 31, 2003

A. Beneficiary Complaints

Under Medicare law, Quality Improvement Organizations (QIOs) review complaints about the quality of care that Medicare patients receive. The complaints come from Medicare patients and/or their representatives. In reviewing a complaint, the QIO looks at the services a patient received and decides whether those services met standards of health care that are commonly accepted by physicians and others in the medical community.

Quality of care complaints may involve more than one concern, due to the following: (1) more than one quality of care concern in a single setting; (2) the same quality of care complaint for a single patient episode of illness involving multiple settings and/or providers; (3) or more than one quality of care concern involving more than one setting and/or provider. For example, a Medicare beneficiary complaint related to a hospital stay might include several different quality of care concerns or a beneficiary who was hospitalized and then moved into a skilled nursing facility or other outpatient hospital setting might have the same quality of care concern occur in each type of setting. Consequently, for a specific Setting or Provider type, the number of quality of care concerns confirmed by the QIO may exceed the number of beneficiary cases reviewed.

Beneficiary Complaint Cases: Number and Review Results

Number and Rate	Review Results
Total cases reviewed by the QIO: 112	Cases with confirmed quality concern: 31
Cases per 10,000 Part A Medicare beneficiaries: 0.62 (1.8 million beneficiaries)	Cases without confirmed quality concern: 81
	Cases in process (without completion date): 73

Note: Individual cases may involve more than one setting and/or provider.

Complaint Cases with Confirmed Concerns: The Setting or Provider

Care Setting or Care Provider	Total Number of Concerns	Number and Percent of Confirmed Concerns for the State	
		Number	Percent
Hospital	320	32	10
Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access)	50	5	10
Home Health Agency	4	0	0
Medicare + Choice	0	0	0

Physician	67	8	11.94
Other Provider	47	6	12.77

Note: Individual cases may involve more than one setting and/or provider.

Complaint Cases with Confirmed Concerns: Type of Problem

The numbers below represent only complaints by beneficiaries or their representatives. They do not include any other QIO reviews of medical services.

Type of Concern Confirmed	Total Number of Concerns	Number/Percentage of Confirmed Concerns	
		Number of Confirmed Concerns	Percent of Total Confirmed Concerns
Inappropriate or unnecessary services	0	0	0%
Inappropriate setting	4	2	50%
Services with a confirmed quality concern	484	49	10.12%

B. Hospital Admission and Continued Stay Concerns

Under Medicare law, QIOs review the need for inpatient hospital care. They help determine whether a patient received care in the proper place or “care setting.” This review may take place at two different times, either during or after a hospitalization. In the first instance, patients or their representatives ask the QIO to review a “Hospital Initiated Notice of Non-Coverage,” or HINN, in which the hospital informs a patient that either an admission or a continued stay in a hospital is not needed. In such cases, the QIO conducts an “immediate review,” whereby the QIO reviews the case (within 2 working days following the beneficiary’s request for a pre-admission or admission HINN and within 30 days for review after discharge or when the beneficiary was not admitted to the hospital) and issues either a denial notice or a notice explaining that the care would be, or is, covered. In other cases where a hospital issues a HINN, but the patient does not immediately ask for a review, the QIO automatically reviews the case after the fact in what is called “retrospective review.” In all reviews, the QIO staff looks carefully at the patient’s medical record to decide if an admission or continued stay is/was needed.

Hospital Initiated Notice of Non-coverage (HINN) Reviews

Type/Timing of Review	Number of Cases	Review Results	
		Appropriate Cases (Agree with HINN)	Inappropriate Cases (Disagree with HINN)
HINN FFS Preadmission Notice Concurrent Immediate Review	3	2	1
HINN FFS Preadmission Notice Non-immediate Review	3	3	0
HINN FFS Admission Notice Concurrent Immediate Review	2	2	0
HINN FFS Admission Notice Non-immediate Review	0	0	0
HINN Continued Stay Notice Immediate Review - Attending Physician Concur	17	15	2
HINN Continued Stay Notice Concurrent Non-immediate	1	0	0

Review			
HINN Continued Stay Notice - Attending Physician Does not Concur	5	5	0
HINN Continued Stay Retrospective	3	0	3
HINN Retrospective Monitoring Review	28	24	4
NODMAR Immediate Review M+C	2	2	0

Publication No. 4122-OH-001-10/2003. This material was prepared under a contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency under the Department of Health and Human Services (DHHS). The contents presented do not necessarily reflect CMS policy.