

Annual Medical Services Review Report

New Mexico

New Mexico Medical Review Association

From July 1, 2009, through June 30, 2010

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: 23 | Cases with confirmed quality concern: 7 |
| Resolved by Medicare Record Review (MRR): 22 | |
| Resolved by Mediation: 1 | |
| Resolved by Facilitated Resolution (ADR): 0 | |
| Resolved by External Resolution: 0 | |
| *Total cases abandoned or withdrawn by beneficiary or representative: 22 | |
| Cases per 10,000 Part A Medicare beneficiaries: 1.42 | Cases without confirmed quality concern: 16 |
| Total Part A Medicare Beneficiaries in the state: 317,683 | Cases in process (without completion date): 12 |

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



| Complaint Cases by Setting or Provider | | | |
|---|--------------------------|--|---------|
| Care Setting or Care Provider | Total Number of Concerns | Number and Percent of Confirmed Concerns for the State | |
| | | Number | Percent |
| Hospital | 17 | 6 | 35.3% |
| Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access) | 1 | 0 | 0.0% |
| Home Health Agency (HHA) | 0 | 0 | 0.0% |
| Medicare Advantage (MA) | 0 | 0 | 0.0% |
| Physician | 5 | 0 | 0.0% |
| Other Provider | 3 | 2 | 66.7% |

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

Complaint Cases by 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 Problem | Total Number of Concerns | Number and Percent of Confirmed Concerns for the State | |
|---------------------------------------|--------------------------|--|-------------------------------------|
| | | Number of Confirmed Concerns | Percent of Total Confirmed Concerns |
| Inappropriate or unnecessary services | 0 | 0 | 0.0% |
| Inappropriate setting | 0 | 0 | 0.0% |
| Cases with a quality concern | 26 | 8 | 30.8% |

Hospital Admission and Continued-stay Concerns

Under Medicare law, QIOs review the need for inpatient hospital care and certain ongoing outpatient treatments. They help determine whether a patient received care in the proper place or “care setting.”

This review may take place either before, during or after a hospitalization or treatment. Once a patient or his/her representative asks the QIO to review a “Hospital-issued Notice of Non-Coverage,” or HINN, the QIO conducts a review and issues either a denial notice or a notice explaining that the care would be, or is, covered. If a hospital issues a HINN and the beneficiary has financial liability for care rendered but the patient does not request 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 or care is/was needed.

Reviews of Hospital-issued Notice of Non-coverage (HINN) and Notice of Discharge and Medicare Appeal Rights (NODMAR)

| Type/Timing of Review | Number of Cases | Review Results | |
|---|-----------------|---------------------------------------|--|
| | | Appropriate Cases (Agree with notice) | Inappropriate Cases (Disagree with notice) |
| MA Appeal Review (CORF, HHA, SNF) | 49 | 43 | 6 |
| FFS Expedited Appeal (CORF, HHA, Hospice, SNF) | 15 | 11 | 4 |
| FFS Notice of Non-coverage Continued-stay Notice Immediate Review – Attending Physician Concurs | 20 | 16 | 4 |



| Reviews of Hospital-issued Notice of Non-coverage (HINN) and Notice of Discharge and Medicare Appeal Rights (NODMAR) | | | |
|--|-----------------|---------------------------------------|--|
| Type/Timing of Review | Number of Cases | Review Results | |
| | | Appropriate Cases (Agree with notice) | Inappropriate Cases (Disagree with notice) |
| FFS Notice of Non-coverage Continued-stay Notice Concurrent Non-immediate Review | 0 | 0 | 0 |
| FFS Notice of Non-coverage Continued-stay Retrospective | 0 | 0 | 0 |
| MA Notice of Non-coverage Continued-stay Notice Immediate Review – Attending Physician Concur | 9 | 8 | 1 |
| Notice of Non-coverage FFS Preadmission Notice Concurrent Immediate Review | 0 | 0 | 0 |
| Notice of Non-coverage FFS Preadmission Notice Non-immediate Review | 0 | 0 | 0 |
| Notice of Non-coverage FFS Admission Notice Concurrent Immediate Review | 0 | 0 | 0 |
| Notice of Non-coverage FFS Admission Notice Non-immediate Review | 0 | 0 | 0 |
| Notice of Non-coverage Continued-stay Notice Immediate Review – Attending Physician Concur | 0 | 0 | 0 |
| Notice of Non-coverage Continued-stay Notice Concurrent Non-immediate Review | 0 | 0 | 0 |
| Notice of Non-coverage Continued-stay Notice – Attending Physician Does not Concur | 0 | 0 | 0 |
| Notice of Non-coverage Continued-stay Retrospective | 0 | 0 | 0 |
| Notice of Non-coverage Retrospective Monitoring Review | 0 | 0 | 0 |
| NODMAR Immediate Review MA | 0 | 0 | 0 |

| Glossary of Terms | |
|-------------------|--|
| ADR | Alternative Dispute Resolution |
| BIPA | Benefits Improvement and Protection Act |
| CORF | Comprehensive Outpatient Rehabilitation Facility (currently, there are none in New Mexico) |
| FFS | Fee-for-service |
| HINN | Hospital-issued Notice of Non-coverage |
| MA | Medicare Advantage (Medicare Plus Choice, Health Maintenance Organization [HMO]) |
| MRR | Medical Record Review |
| NODMAR | Notice of Discharge and Medicare Appeal Rights |
| Q of C | Quality of Care |
| QIO | Quality Improvement Organization (formerly Peer Review Organization [PRO]) |
| SNF | Skilled Nursing Facility |

This material was prepared by the New Mexico Medical Review Association (NMMRA), the Medicare Quality Improvement Organization for New Mexico, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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