

## **Annual Medical Services Review Report Introduction**

### **New Mexico**

#### **New Mexico Medical Review Association**

**From July 1, 2009, through June 30, 2010**

As part of its federal contract with the Centers for Medicare & Medicaid Services (CMS) to serve as the Medicare Quality Improvement Organization (QIO) for New Mexico, the New Mexico Medical Review Association (NMMRA) is required to post annually a medical services review report. While posting of this report serves an important transparency function on behalf of the QIO program relative to Medicare beneficiary complaints about the quality of care received, it reflects only a portion of the review and review-related activity undertaken by NMMRA on behalf of CMS. NMMRA also performs a variety of activities designed to improve the quality of care provided to Medicare beneficiaries. This additional work is conducted in various settings, including hospitals, nursing homes and physician offices. This medical services review report does not reflect any of these activities.

NMMRA performs various medical record reviews to determine whether:

- Care was provided in the most appropriate setting
  - For example, does the patient require acute inpatient services or could the care be provided more appropriately on an outpatient basis?
- Care met professionally recognized standards of quality
- Services were coded and billed properly to help assure payment to providers is fair and accurate
- A Medicare patient being discharged or having services terminated is being dealt with properly

These reviews are supported by a pool of over 100 licensed and credentialed New Mexico physicians in all specialties from all areas of the state. Reviewers provide a fair and objective review of each case received.

NMMRA's nursing and professional coding staff also field about 900 calls annually to our Medicare helpline to help patients and their families, and sometimes health care providers, understand the rights of Medicare patients and to help assure that those rights are not compromised in the care of any Medicare patients. Sometimes, these calls can require considerable research by the NMMRA staff person taking the call in order to fully resolve the issues that were raised.

NMMRA offers alternative dispute resolution services, such as mediation, as an option to traditional medical record review in cases where the concern is determined to be a communication issue. This provides an opportunity for the beneficiary and provider to resolve other concerns the patient had with the care given.

This Annual Medical Services Review Report covers a recent 12-month period from July 1, 2009 through June 30, 2010. This timeframe is the timeframe specified by CMS under the current QIO contract and does not coincide with the calendar year or the state or federal fiscal year.

Here is useful information that may be helpful when reading this report:

1. Medicare Part A helps cover inpatient care in hospitals as well as care in critical access hospitals and skilled nursing facilities (SNFs) (not custodial or long-term care). It also helps cover hospice care and home health care.

2. NMMRA relies on beneficiary or beneficiary representative notification of potential quality-of-care concerns, so the numbers may appear to be relatively small in some instances. NMMRA relies on beneficiary or beneficiary representative notification of discharge appeals or termination of services appeals, so again, the numbers may appear relatively small. Please keep in mind that this report does not convey all the types of medical case review NMMRA performed within the same 12-month period.
3. While the report reflects a number of cases without a confirmed quality concern, if the issue identified during the review was determined to be a communication issue, the complainant was offered an alternative method of addressing these issues.

This material was prepared by the New Mexico Medical Review Association (NMMRA), the Medicare Quality Improvement Organization (QIO) 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.

9SOW-NM-BP-10-14