



Annual Medical Services Review Report

New York • IPRO

Time Frame: 7/1/10 through 6/30/11

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 complaint cases reviewed.

Beneficiary Complaint Cases: Number and Review Results

Number and Rate	Review Results
Total cases reviewed by the QIO: 215	Cases with confirmed quality concern: 120
Resolved by MRR: 166	
Resolved by Mediation: 0	
Resolved by Facilitated Resolution (ADR): 49	
Resolved by External Resolution: 0	
Total cases Abandoned or Withdrawn by Beneficiary or representative: 4	
Cases per 10,000 Part A Medicare Beneficiaries: .7	Cases without confirmed quality concern: 95
Total Part A Medicare Beneficiaries in the State: 3,009,756	Cases in process (without completion date): 211

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	488	156	31.97%
Skilled Nursing Facility (SNF) (includes SNF, swing, and critical access)	150	49	32.67%
Home Health Agency	20	6	30.00%
Medicare Advantage	0	0	0.00%
Physician	130	29	22.31%
Other Provider	24	4	16.67%

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	0.00%
Inappropriate setting	10	1	10.00%
Cases with a quality concern	802	243	30.30%

B. Beneficiary Notice Reviews

Both Medicare beneficiaries and providers have certain rights and protections related to financial liability under the Fee-For-Service (FFS) Medicare and the Medicare Advantage (MA) Programs. These financial liability and appeal rights and protections are communicated to beneficiaries through notices given by providers.¹ Once a patient or their representative asks the QIO to review a provider issued notice, the QIO conducts a review and issues either a denial notice or a notice explaining that the care would be, or is, covered. 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.

Beneficiary Notice Reviews

Type of Problem	Number of Cases	Review Results	
		Appropriate Cases (Agree with notice)	Inappropriate Cases (Disagree with notice)
Notice of Non-coverage FFS Preadmission Notice Concurrent Immediate Review	167	131	36
Notice of Non-coverage FFS Preadmission Notice Non-immediate Review	9	8	1
Notice of Non-coverage FFS Admission Notice Concurrent Immediate Review	313	249	64
Notice of Non-coverage FFS Admission Notice Non-immediate Review	24	18	6
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	9	7	2
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

Beneficiary Notice Reviews (continued from previous page)

Type of Problem	Number of Cases	Review Results	
		Appropriate Cases (Agree with notice)	Inappropriate Cases (Disagree with notice)
MA Appeal Review (CORF, HHA, SNF)	2094	1305	789
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	1911	1662	249
FFS Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concurs	1053	939	114
FFS Notice of Non-coverage Continued Stay Notice Concurrent Non-immediate Review	63	53	10
FFS Notice of Non-coverage Continued Stay Retrospective	0	0	0
MA Notice of Non-coverage Continued Stay Notice Immediate Review - Attending Physician Concurs	350	280	70

Glossary of Terms

- BIPA - Benefits Improvement and Protection Act
- CORF - Comprehensive Outpatient Rehabilitation Facility
- FFS - Fee-For-Service
- HINN - Hospital Issued Notice of Noncoverage
- MA - Medicare Advantage (aka Medicare Plus Choice, Health Maintenance Organization [HMO])
- 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
- HHA - Home Health Agency

1Overview Beneficiary Notices Initiative (BNI) <http://www.cms.hhs.gov/BNI/>

This material was prepared by IPRO, the Medicare Quality Improvement Organization for New York State, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 9SOW- NY-THM6.1-11-15