

**Annual Medical Services Review Report
Massachusetts
Masspro**

Time Frame: From 7/1/2009 through 6/30/2010

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: 30	Cases with confirmed quality concern: 18
Cases per 10,000 Part A Medicare Beneficiaries: 0.3	Cases without confirmed quality concern: 12
Total Part A Medicare Beneficiaries in the State: 1,015,086 ¹	Cases in process (without completion date): 24

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	40	21	52.5%
Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access)	24	14	58.33%
Home Health Agency	0	0	0%
Medicare Advantage	0	0	0%
Physician	4	0	0%
Other Provider	43	18	41.86%

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

¹ Source: Statehealthfacts.org

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	Number and Percent of Confirmed Concerns for the State		
	Total Number of Concerns	Number of Confirmed Concerns	Percent (%) of Total Confirmed Concerns
Inappropriate or unnecessary services	0	0	0%
Inappropriate setting	0	0	0%
Cases with a potential quality concern	111	53	31.21%

B. Notice of Non coverage reviews

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 Issued 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 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 Review Case Manager (RCM) looks carefully at the patient’s medical record to determine if an admission or continued stay is or was needed.

Reviews of Notices of Non coverage

Type of Review	Number of Cases	Review Results	
		Appropriate Cases (Agree with notice)	Inappropriate Cases (Disagree with notice)
Notice of Non-coverage FFS Preadmission/Admission HINN Review	69	68	1
Hospital Discharge Appeal	178	1	0
MA Appeal Review (CORF, HHA, SNF)	423	422	1
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	583	579	4

Glossary of Terms

BIPA- Benefits Improvement 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])

QIO- Quality Improvement Organization (formerly Peer Review Organization [QIO])

SNF- Skilled Nursing Facility