



Annual Medical Services Review Report

New Jersey

Healthcare Quality Strategies, Inc. (HQSI)

July 1, 2009 through June 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 healthcare 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; or (3) 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	133	Cases with confirmed quality concern	39
Resolved by medical record review (MRR)	126		
Resolved by Mediation	7		
Resolved by Facilitated Resolution (ADR)	0		
Resolved by External Resolution	0		
Total cases abandoned or withdrawn by beneficiary or representative or no medical record received*	159		
Cases per 10,000 Part A Medicare beneficiaries	0.977	Cases without confirmed quality concern	94
Total Part A Medicare beneficiaries in the state	1,360,967	Cases in process (without completion date)	77

*Total cases abandoned or withdrawn by beneficiary or representative or no medical record received: May represent a variation in level of effort from those cases abandoned or withdrawn or for which no medical record is received early in the process to those abandoned or withdrawn or for which no medical record is received later after more resources are expended.

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

Data Source: Program Progress Report 8990300 run on July 9, 2010.

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	302	37	12.25
Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access)	120	14	11.67
Home Health Agency	1	0	0.00
Medicare Advantage (MA)	1	0	0.00
Physician	66	4	6.06
Other Provider	37	6	16.22

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

Data Source: Program Progress Report 8990300 run on July 9, 2010.



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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	0	0	0.00
Cases with a potential quality concern	527	61	11.57

Data Source: Program Progress Report 8990300 run on July 9, 2010.

B. 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)
Notice of Non-coverage FFS Preadmission Notice Concurrent Immediate Review	3	3	0
Notice of Non-coverage FFS Preadmission Notice Non-immediate Review	0	0	0
Notice of Non-coverage FFS Admission Notice Concurrent Immediate Review	52	41	11
Notice of Non-coverage FFS Admission Notice Non-immediate Review	14	13	1
Notice of Non-coverage Continued Stay Notice – Request for QIO Concurrence	20	14	6
Notice of Non-coverage Retrospective Monitoring Review	0	0	0
MA Appeal Review (CORF, HHA, SNF)	747	564	183
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	872	807	65
FFS Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concur	250	244	6
FFS Notice of Non-coverage Continued Stay Notice Concurrent Non-immediate Review	34	34	0
FFS Notice of Non-coverage Continued Stay Retrospective	6	6	0
MA Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concur	24	24	0

Data Source: Program Progress Report 8990400 run on July 9, 2010.

Glossary of Terms:

BIPA: Benefits Improvement and Protection Act **CORF:** Comprehensive Outpatient Rehabilitation Facility **FFS:** Fee-for-Service
HHA: Home Health Agency **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