

**Annual Medical Services Review Report
CALIFORNIA
Health Services Advisory Group, Inc. (HSAG)**

Time Frame: From (08/01/2008) through (06/30/2009)

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; 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: 313	Cases with confirmed quality concern: 103
Resolved by MRR: 312	
Resolved by Mediation: 0	
Resolved by Facilitated Resolution (ADR): 1	
Resolved by External Resolution: 0	
Total cases Abandoned or Withdrawn by Beneficiary or representative: 607	
Cases per 10,000 Part A Medicare Beneficiaries: 0.68	Cases without confirmed quality concern: 210
Total Part A Medicare Beneficiaries in the State: 4,585,717	Cases in process (without completion date): 542

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	572	98	17.13%
Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access)	179	36	20.11%
Home Health Agency	11	0	0.00%
Medicare Advantage	4	1	25.00%
Physician	377	60	15.92%
Other Provider	41	4	9.76%

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	1	1	100.00%
Cases with a quality concern	1,183	198	16.74%

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	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	7	7	0
Notice of Non-coverage FFS Admission Notice Non-immediate Review	4	3	1
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	38	37	1
Notice of Non-coverage Continued Stay Retrospective	0	0	0
Notice of Non-coverage	0	0	0

Retrospective Monitoring Review			
NODMAR Immediate Review MA	0	0	0
MA Appeal Review (CORF, HHA, SNF)	2,848	2,524	324
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	680	464	216
FFS Notice of Non-coverage Continued Stay Notice Immediate Review—Attending Physician Concur	952	863	89
FFS Notice of Non-coverage Continued Stay Notice Concurrent Non-immediate Review	3	3	0
FFS Notice of Non-coverage Continued Stay Retrospective	3	3	0
MA Notice of Non-coverage Continued Stay Notice Immediate Review—Attending Physician Concur	1,411	1,337	74

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

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