

**Annual Medical Services Review Report**  
**Arizona**  
**Health Services Advisory Group (HSAG)**  
**Time Frame:** From 11/01/2007 through 6/30/2008

**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: 47	Cases with confirmed quality concern: 13
Resolved by MRR: 47	
Resolved by Mediation: 0	
Resolved by Facilitated Resolution ADR: 0	
Resolved by External Resolution: 0	
Total cases abandoned or withdrawn by the beneficiary or representative: 0	
Cases per 10,000 Part-A Medicare beneficiaries: 0.5447	Cases without confirmed quality concern: 34
Total Part-A Medicare beneficiaries in the state: 862,906	Cases in process (without completion date): 64

**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 Percentage of Confirmed Concerns for the State	
		Number	Percent
Hospital	38	14	36.84%
Skilled nursing facility (SNF) (includes SNF, swing, and swing critical access)	6	3	50.00%
Home health agency	0	0	0.00%
Medicare Advantage	0	0	0.00%
Physician	17	2	11.76%
Other provider	3	1	33.33%

**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	Number and Percentage of Confirmed Concerns for the State		
	Total Number of Concerns	Number of Confirmed Concerns	Percentage (%) of Total Confirmed Concerns
Inappropriate or unnecessary services	0	0	0.00%
Inappropriate setting	0	0	0.00%
Cases with a quality concern	64	20	31.25%

**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 representative asks the QIO to review a “Hospital Issued Notice of Non-Coverage,” or HINN, the QIO conducts 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 is/was needed.

**Reviews of Hospital Issued Notice of Non-coverage (HINN) and Notice of Discharge and Medicare Appeal Rights (NODMAR) Glossary of Terms**

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	0	0	0
Notice of Non-coverage FFS Admission Notice Non-immediate Review	0	0	0
Notice of Non-coverage Continued Stay Notice Immediate Review—Attending Physician Concurs	2	1	1
Notice of Non-coverage Continued Stay Notice Concurrent Non-immediate Review	0	0	0
Notice of Non-coverage Continued Stay Notice Request for QIO Concurrence	0	0	0
Notice of Non-coverage Continued Stay Retrospective	0	0	0

Type/Timing of Review	Number of Cases	Review Results	
		Appropriate Cases (Agree with Notice)	Inappropriate Cases (Disagree with Notice)
Notice of Non-coverage Retrospective Monitoring Review	16	16	0
NODMAR Immediate Review (MA)	0	0	0
MA Appeal Review (CORF, HHA, SNF)	147	94	53
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	91	81	10
FFS Notice of Non-coverage Continued Stay Notice Immediate Review—Attending Physician Concur	72	62	10
FFS Notice of Non-coverage Continue Stay Notice Concurrent Non-Immediate Review	0	0	0
FFS Notice of Non-coverage Continued Stay Retrospective	2	1	1
MA Notice of Non-coverage Continued Stay Notice Immediate Review—Attending Physician Concur	47	38	9

BIPA—Benefits Improvement Act

CORF—Comprehensive Outpatient Rehabilitation Facility

FFS—Fee For Service

HINN—Hospital Issued Notice of Non-coverage

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 [QIO])

SNF— Skilled Nursing Facility

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