

**NEW JERSEY  
MEDICARE  
QUALITY  
INITIATIVE**

# Annual Medical Services Review Report

## New Jersey

### Healthcare Quality Strategies, Inc. (HQS)

November 1, 2007 through June 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 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	49	Cases with confirmed quality concern	11
Resolved by medical record review (MRR)	44		
Resolved by Mediation	4		
Resolved by Facilitated Resolution (ADR)	0		
Resolved by External Resolution	1		
Total cases abandoned or withdrawn by beneficiary or representative	96		
Cases per 10,000 Part A Medicare beneficiaries	0.378	Cases without confirmed quality concern	38
Total Part A Medicare beneficiaries in the state	1,295,595	Cases in process (without completion date)	87

**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	80	7	8.75
Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access)	39	2	5.13
Home Health Agency	0	0	0.00
Medicare Advantage (MA)	0	0	0.00
Physician	35	3	8.57
Other Provider	11	3	27.27

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



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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 quality concern	165 (potential)	15	9.09

## 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	10	7	3
Notice of Non-coverage FFS Admission Notice Non-immediate Review	5	5	0
Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concur	2	2	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	20	14	6
Notice of Non-coverage Continued Stay Retrospective	0	0	0
Notice of Non-coverage Retrospective Monitoring Review	20	14	6
NODMAR Immediate Review (MA)	0	0	0
MA Appeal Review (CORF, HHA, SNF)	175	142	33
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	389	370	19
FFS Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concur	100	100	0
FFS Notice of Non-coverage Continued Stay Notice Concurrent Non-immediate Review	9	9	0
FFS Notice of Non-coverage Continued Stay Retrospective	7	7	0
MA Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concur	12	11	1

#### 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