

MPRO Medical Services Review Report for Michigan

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 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 was identified for a single setting, 2) the same quality of care complaint for a single patient episode of illness involved multiple settings and/or providers, or 3) more than one quality of care concern involved 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 hospitalized beneficiary discharged to 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 total number of quality of care concerns confirmed by the QIO may be greater than the number of beneficiary cases reviewed.

Table 1: Beneficiary Complaint Cases: Number and Review Results

Total Part A Medicare Beneficiaries in the State: 1,500,415			
Cases per 10,000 Part A Medicare Beneficiaries: 0.6			
Number and Rate		Review Results	
Total cases reviewed by the QIO	116	Cases with a confirmed quality concern(s)	40
Resolved by Medical Record Review	113	Cases without confirmed quality concern	76
Resolved by Mediation	0	Cases in process (without completion date)	148
Resolved by Facilitated Resolution (ADR)	3		
Resolved by External Resolution	0		
Total cases Abandoned or Withdrawn by Beneficiary or Representative	324		

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

Table 2: 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	195	48	24.62%
Skilled Nursing Facility (SNF) (includes SNF, swing, and swing critical access)	47	16	34.04%
Home Health Agency	5	0	0%
Medicare Advantage	0	0	0%
Physician	45	8	17.78%
Other Provider	13	2	15.38%

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

Table 3: Complaint Cases by Type of Problem

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	2	2	100%
Cases with a quality concern	303	72	23.76%

*The numbers represent only complaints by beneficiaries or their representatives. They do not include any other QIO reviews of medical services.

B. Hospital Admission and Continued Stay Concerns

Under Medicare law, QIOs review the need for inpatient hospital care and certain on-going 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 their 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.

Table 4: Reviews of HINNs and 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	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 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	0	0	0
Notice of Non-coverage Continued Stay Retrospective	0	0	0
Notice of Non-coverage Retrospective Monitoring Review	0	0	0
NODMAR Immediate Review MA	0	0	0
MA Appeal Review (CORF, HHA, SNF)	144	120	24

Table 4: Reviews of HINNs and NODMAR*

Type/Timing of Review	Number of Cases	Review Results	
FFS Expedited Appeal (CORF, HHA, Hospice, SNF)	570	529	41
FFS Notice of Non-coverage Continued Stay Notice Immediate Review – Attending Physician Concur	233	221	12
FFS Notice of Non-coverage Continued Stay Notice Concurrent Non-immediate Review	8	8	0
FFS Notice of Non-coverage Continued Stay Retrospective	0	0	0
MA Notice of Non-coverage Continued Stay Notice Immediate Review - Attending Physician Concur	52	50	2

***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