KEPRO is a federal contractor for the Centers for Medicare & Medicaid Services (CMS)
KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) in CMS Areas 2, 3, and 4
Each state also has a Quality Innovation Network Quality Improvement Organization (QIN-QIO), which can be found at: www.tiny.cc/QINmap
Livanta is the BFCC-QIO for CMS Areas 1 and 5
### KEPRO’s Service Areas

| Area 2 | Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia |
| Area 3 | Alabama, Arkansas, Colorado, Kentucky, Louisiana, Mississippi, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, and Wyoming |
| Area 4 | Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, and Wisconsin |

### KEPRO’s Services for Medicare Beneficiaries

- Discharge Appeals and Service Terminations
- Beneficiary Complaints
- Immediate Advocacy (IA)

*KEPRO’s services are also available for Medicare Advantage beneficiaries and beneficiaries with Medicare as a secondary*
Appeals

- **Acute Care – Discharge Appeals**
  - Important Message from Medicare
  - Preadmission/Admission Hospital Issued Notice of Non-coverage (HINN)
  - Hospital Requested Review (HRR)
- **Post-Acute Care – Service Terminations**
  - Notice of Medicare Non-coverage

Appeals Process Overview

- The provider issues the notice.
- The beneficiary or representative calls for an appeal.
- KEPRO requests the record.
- The record is reviewed by the KEPRO physician.
- The beneficiary and provider (and plan if necessary) are notified of the decision.
I live in another city, but when my grandmother fell and broke her hip, I got some time off work to visit her. She can barely get out of bed to walk. Now the hospital says they are discharging her, and I have to go back home. She lives alone, and I don’t think she is ready to be discharged.
**Beneficiary Complaints**

- Must be about quality of care (medical record review)
  - Examples include wrong diagnosis and wrong treatment
- Care must have occurred within the last three years and be covered under Medicare
- Important aspects about the process
  - Encouraged to complete a CMS complaint form
  - Must be filed by a Medicare beneficiary or his or her representative
  - Findings not admissible in a lawsuit

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**Quality of Care Reviews**

*Time Frame Changes*

- Providers will now have 14 calendar days (instead of 30) to send in the medical record when a quality of care complaint is filed
- Providers that wish to respond to an inquiry from KEPRO will also have a shortened time frame, which will be noted on the inquiry letter
- After the medical records are received, KEPRO has 30 days to complete the review
- Due to these shortened time frames, we encourage providers to fax medical records to KEPRO rather than sending them via mail
- Additional information and education is available at: [www.keprogio.com/aboutus/newchangesQOC.aspx](http://www.keprogio.com/aboutus/newchangesQOC.aspx)
In the past, providers have been able to request a reconsideration during the review process.

Beneficiaries received a final letter with no opportunity for a second review.

CMS has now provided an opportunity for a beneficiary to request a second review with a different physician reviewer if he/she does not agree with the review findings.

Effective February 1, 2017

Beneficiary Complaints Process Overview

1. Complaint form is submitted to KEPRO
2. Nurse contacts the beneficiary or representative to discuss the concerns
3. Nurse prepares the case for the Physician Reviewer
4. Physician Reviewer determines whether the care met professionally recognized standards of care
5. Care that does not meet standards is referred to the QIN-QIO for a Quality Improvement Plan (QIP)
6. A final letter is sent to the beneficiary or representative with an opportunity for a reconsideration
Example of a Quality of Care Complaint

My wife has dementia and is using a wheelchair after being hospitalized with pneumonia. She is very weak and is taking several medicines that affect her walking and standing. They said she fell over in her wheelchair and hit her head. I think they should have had someone watching her or done something to prevent her fall, but they didn’t seem concerned.

Immediate Advocacy

- Informal process used by the BFCC-QIO to resolve a complaint quickly.
- Process begins when the Medicare beneficiary or representative gives verbal consent to proceed with the complaint.
- Once the beneficiary or representative agrees to the process and gives consent, the BFCC-QIO contacts the provider or practitioner on behalf of the beneficiary.
A Medicare beneficiary’s mother contacted the BFCC-QIO with concerns about her son’s care at the hospital. He was hospitalized with brain cancer and had a very poor prognosis. He will need very intense care upon discharge, and the mother was concerned that she would not be able to care for him. The hospital staff was telling her that he would be sent home with home health, and she felt overwhelmed and anxious. She requested intervention by the BFCC-QIO.

The Intake Specialist left a message for the QIO Liaison regarding the mother’s concerns. The QIO Liaison returned the call and explained that she had spoken with Case Management and they both agreed that the mother had valid concerns, and they did not want to send the beneficiary home if that is not in his best interest. The Intake Specialist later received a call from the beneficiary’s mother who explained that Case Management is now looking for placement for her son in a facility.

A Medicare beneficiary contacted the BFCC-QIO with concerns that his insurance plan was not providing coverage for a needed eye exam. The beneficiary had seen his primary care physician (PCP) and explained that his right eye was blurry. The PCP thought he might have a cataract and referred him to an eye doctor for a consultation. The eye doctor’s office stated that the insurance would not cover the visit.

The Intake Specialist arranged a conference call with the beneficiary and the insurance provider’s representative. The representative stated that the eye doctor that he contacted was not a preferred provider. She provided the beneficiary with the name of another provider and also contacted that provider to ensure that the office took the plan. After the beneficiary received the new provider’s information, he stated that he would get a new referral from his PCP’s office. The beneficiary was pleased with the intervention by the BFCC-QIO.
Short Stay Reviews

- Short Stay reviews previously performed by the Medicare Administrative Contractors (MACs) for acute care hospitals are now conducted by BFCC-QIOs
  - Short Stay reviews focus on educating doctors and hospitals about the Part A payment policy for inpatient admissions
  - Recovery auditors conduct reviews for those hospitals that have consistently high denial rates based on the BFCC-QIO's Short Stay review outcomes
- Halted by CMS in May 2016 and recently resumed on September 12, 2016
- Additional information is available at: www.keproqio.com/twomidnight/

KEPRO Availability

- KEPRO appeals staff work (local time):
  - Weekdays: 9 am - 5 pm
  - Weekends: 11 am - 3 pm
  - Holidays: 11 am - 3 pm
- Voicemails may be left during all other hours
- Translation services are available
**KEPRO’s Phone Numbers and Additional Resources**

**KEPRO Service Areas**

Click on a state below for a contact number and additional resources.

- **Area 2**
  - Toll-free: 844-455-8708

- **Area 3**
  - Toll-free: 944-439-9504

- **Area 4**
  - Toll-free: 855-408-8557

Discharge appeal cases:

- Check Case Status

Changes in Quality of Care Reviews:

- More Information

Are you a provider?

- Find your QRN QOL

Changes in Short Stay Reviews:

- More Information

**Beneficiaries calling for Immediate Advocacy should choose option 1 on the first prompt followed by option 2 to be connected to the beneficiary complaint department.**

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**Collaboration with KEPRO**

- **Newsletters**
- **Joint presentations**
  - Senior Health Information Assistance Programs (SHIPs)
  - Medicare Administrative Contractors (Part A, B, and D)
  - QIN-QIOs
- **Advisory boards**
  - Senior Advisory Councils and Councils on Aging
  - Health Care Commission and Community Quality Improvement Boards
  - Reducing Avoidable Readmission Coalitions
  - State Offices of Elderly Affairs
- **Website**
KEPRO provides three services for beneficiaries:
- Discharge appeals
- Beneficiary complaints
- Immediate Advocacy
KEPRO's services are free for Medicare beneficiaries and their representatives
More information can be found at www.keproqio.com
To subscribe to KEPRO's newsletter, visit www.keproqio.com/bene/newsletter.aspx

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Your feedback on today's presentation is appreciated: www.tiny.cc/BFCCoutreach

For more information, please visit: www.keproqio.com
Questions