

2018 SMP/SHIP

NATIONAL CONFERENCE

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KEPRO- Beneficiary and Family
Centered Care Quality
Improvement Organization

Lucia Shah, KEPRO

KEPRO

Beneficiary and Family Centered Care Quality Improvement Organization



Lucia Shah, MPH, CHES

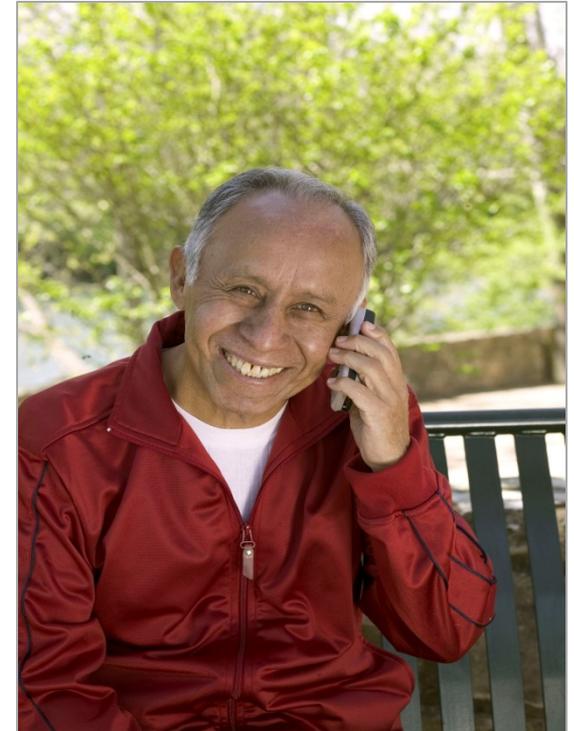
- **KEPRO is a federal contractor for the Centers for Medicare & Medicaid Services (CMS)**
- **KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) in CMS Areas 2, 3, and 4**
- **Each state also has a Quality Innovation Network Quality Improvement Organization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

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)**
- **Patient Navigation**

KEPRO's services are available for Medicare Advantage beneficiaries and those with Medicare as a secondary. Patient Navigation is only offered to Fee-for-Service beneficiaries.



- **Acute Care – Discharge Appeals**
 - Important Message from Medicare (revised 2017)
 - 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.

- Financial liability
- Time frames
- Observation status
- www.tiny.cc/BNI
- Appeal status updates

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: 844-430-9504	■ Area 4 Toll-free: 855-408-8557
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Person and Family Engagement

Learn More

Discharge appeal cases

Check Case Status

Short Stay Reviews:

More Information

Example of an Appeal

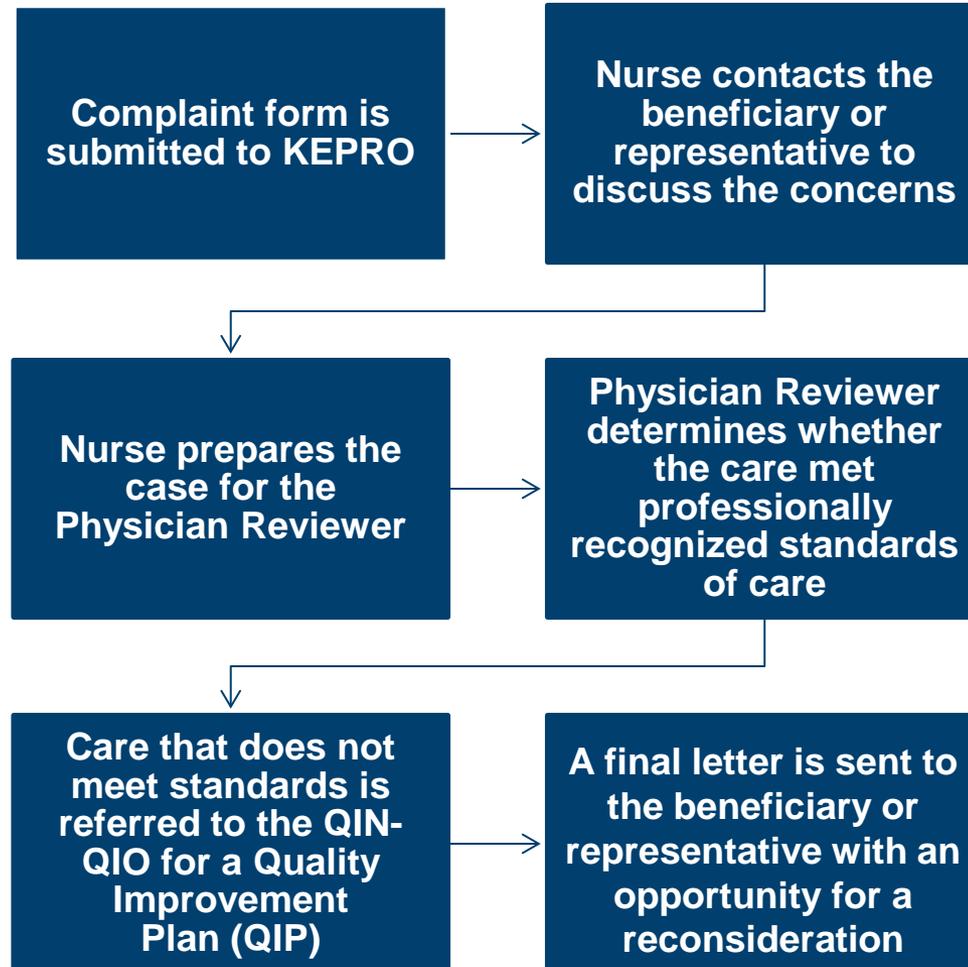
I live in another city, but when my grandmother fell and broke her hip, I got some time off work to visit her. She can barely get out of bed to walk. Now the hospital says they are discharging her, and I have to go back home. She lives alone, and I don't think she is ready to be discharged.

- **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

Beneficiary Complaints: Time Frames

- Providers 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.keproqio.com/aboutus/newchangesQOC.aspx

Beneficiary Complaints Process Overview



Example of a Beneficiary 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.

- **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.

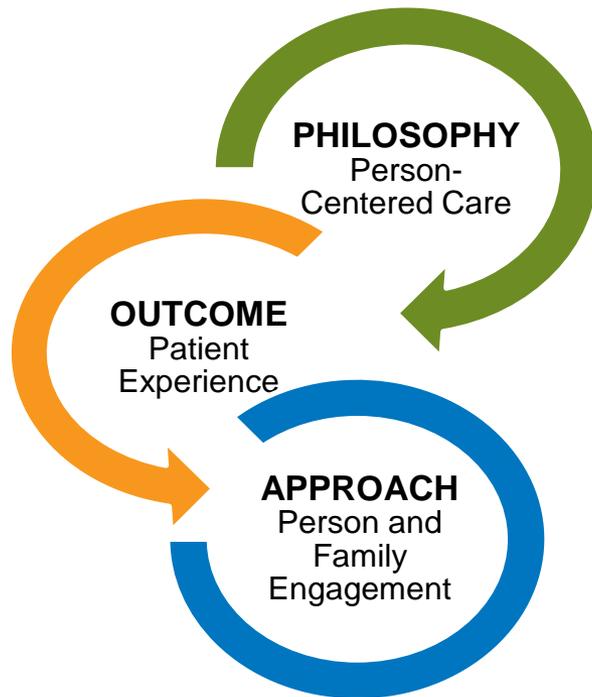
The Intake Specialist left a message for the QIO Liaison regarding the mother's concerns. The QIO Liaison returned the call and explained that she had spoken with Case Management and they both agreed that the mother had valid concerns, and they did not want to send the beneficiary home if that is not 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 previously performed by the Medicare Administrative Contractors (MACs) for acute care hospitals are now done by BFCC-QIOs**
 - Short Stay reviews focus on educating doctors and hospitals about the Part A payment policy for inpatient admissions
 - CMS randomly samples the top 175 providers with a high or increasing number of Short Stay claims per Area and all other providers previously identified as having “Major Concerns” in the prior round of review
 - The provider has up to 45 days to send the medical record. Once the medical record is received, KEPRO has 45 days to complete the review
 - Providers that participate in esMD are able to provide medical records through the portal
- **www.keproqio.com/twomidnight/**

Person and Family Engagement (PFE)



- A collaborative, proactive communication and partnered decision making between healthcare providers, beneficiaries, and families
- Why?
 - Help reduce readmissions
 - Make care safer
 - Improve care transitions

- **One of two Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)**
- **Educate beneficiaries, families, providers, and stakeholders on the QIO process and programs, including Immediate Advocacy and Patient Navigation**
- **Overall goal – beneficiaries, families, and caregivers will have a better understanding of the QIO's role and their health needs, so that they are better prepared when talking to medical professionals**

- **Project 1 – Always Events**
- **Project 2 – Immediate Advocacy**
- **Project 3 – Provider Partnership**
- **Project 4 – QIN-QIO Collaboration**
- **Project 5 – Promoting Beneficiary Engagement**
- **Project 6 – Patient Navigation**

Person-Centered

Health Literacy

Accountability

Respect

- **How will KEPRO assist beneficiaries and families?**
 - Immediate Advocacy
 - Patient Navigation
 - Review Process Clarification

- **1-on-1 relationship to:**
 - Improve coordination of care
 - Increase beneficiary satisfaction
 - Improve outcomes
 - Encourage beneficiary to play a pivotal role in planning and delivering services
 - Facilitate communication between beneficiaries and their providers
 - Eliminate barriers to care

Patient Navigation Example

In this example of Patient Navigation, a Medicare beneficiary was hospitalized with a collapsed lung, weakness, and weight loss issues. The beneficiary's daughter filed an appeal, as she felt her mother was not ready for discharge. When the appeal was not found in her favor, she requested that her mother be placed in KEPRO's Patient Navigation program. Per the daughter, the beneficiary was compliant with all of her prescribed medications and had no mental health issues. Her daughter was her main support system.

The Patient Navigator assisted the daughter in contacting her local agency for older adults. The Patient Navigator also set up a medical alert since the beneficiary lived alone. Meals on Wheels was put in place due to the weight loss issues. Because of the help through the Patient Navigation program, the beneficiary was able to remain in her home with the assistance of the agency for older adults and the medical alert. She did not need to return to the hospital or the emergency room while in the Patient Navigation program. The beneficiary was discharged from the program after 35 days. The daughter expressed gratitude for the added assistance.



Patient Navigation

We are the Medicare Quality Improvement Organization, working to improve the quality of care for Medicare beneficiaries. Our site offers beneficiary and family-centered care information for providers, patients, and families. Welcome!

Understanding your doctor and making your way through difficult medical systems and treatments can be very overwhelming. KEPRO's Patient Navigation program can help you be a partner in and take control of your own health.

KEPRO's Patient Navigators can:

- Help coordinate your care
- Offer tips on how to manage medications
- Help you better understand a diagnosis or treatment plan
- Provide resources and information to help you understand, treat, and prevent diseases
- Help improve your quality of life

If you are a person with Medicare and want information on KEPRO's Patient Navigation program, please fill out the form below or contact [KEPRO's Helpline](#).

Contact Name:	<input type="text"/>
Telephone:	<input type="text"/> (Format xxx-xxx-xxxx)
E-mail:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="Please select a state"/>
Zip:	<input type="text"/>
<input type="button" value="Submit"/>	

Resource Center ♦ Immediate Advocacy ♦ Patient Navigation



Person and Family Engagement

We are the Medicare Quality Improvement Organization, working to improve the quality of care for Medicare beneficiaries. Our site offers beneficiary and family-centered care information for providers, patients, and families. Welcome!

Bringing providers and beneficiaries together to improve healthcare for people with Medicare is the mission of KEPRO's Person and Family Engagement (PFE) project. Our focus is to help beneficiaries take an active role in their treatment and to better understand their healthcare. Likewise, we help providers use a person-centered approach to deliver the best possible care.

Through the PFE project, KEPRO can help Medicare beneficiaries and families with the following:

- [Immediate Advocacy](#): Process to help beneficiaries quickly resolve a complaint or concern related to medical care or services.
- [Patient Navigation](#): Program to help patients navigate through their treatment and better understand their care.

Click on a resource center to the right for tools and information related to PFE.

CMS Areas	Public Service Announcement (MP3 audio file)	
Area 2: Covers Delaware, the District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia.	English	Spanish

PFE Resource Center



Providers



Beneficiaries and Families

KEPRO Availability



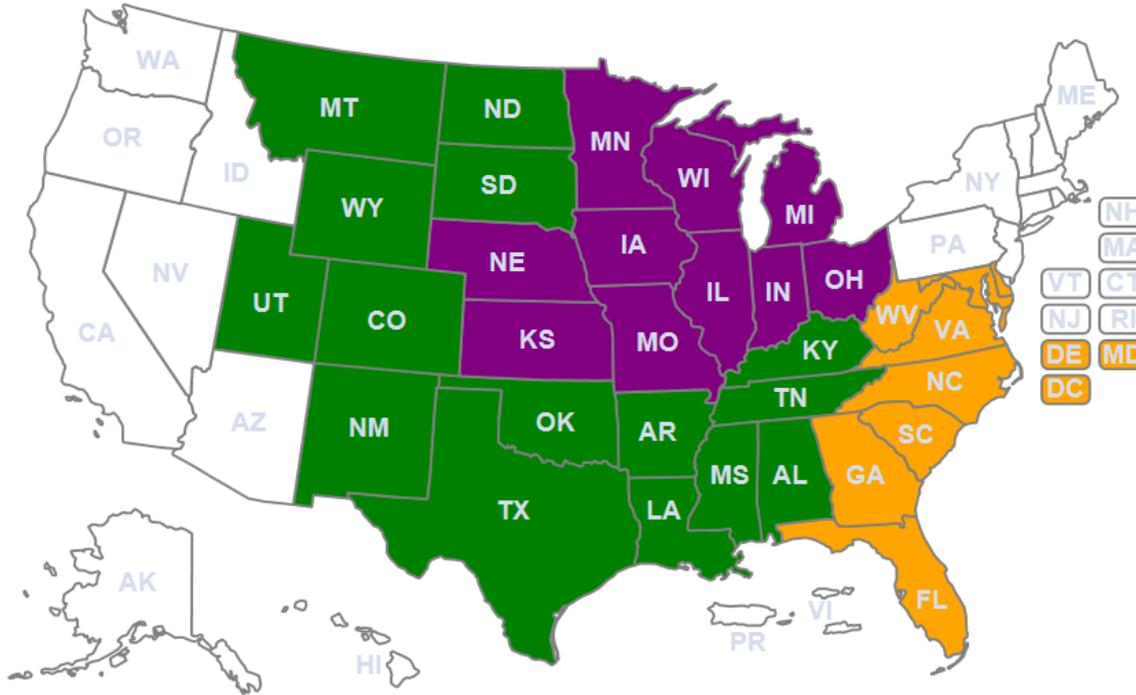
- **KEPRO appeals staff work (local time):**
 - Weekdays: 9 am - 5 pm
 - Weekends: 11 am - 3 pm
 - Holidays: 11 am - 3 pm
- **Voicemails may be left during all other hours**
- **Translation services are available**

KEPRO's Phone Numbers and Additional Resources

KEPRO Service Areas

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

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- **Area 3**
Toll-free: 844-430-9504
- **Area 4**
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Person and Family Engagement



[Learn More](#)

Discharge appeal cases:

[Check Case Status](#)

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.**

Collaboration with KEPRO

- **Newsletters**
- **Joint presentations**
 - State Health Insurance 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 services for beneficiaries:**
 - Discharge appeals
 - Beneficiary complaints
 - Immediate Advocacy
 - Patient Navigation
- **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**

- <https://partnershipforpatients.cms.gov/about-the-partnership/patient-and-family-engagement/the-patient-and-family-engagement.html>
- www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Person-and-Family-Engagement-Strategy-Summary.pdf

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

The information presented by KEPRO is conditionally effective through July 2019. However, the Centers for Medicare & Medicaid Services can adjust time frames and guidelines as necessary. For the most up-to-date information, please visit our website at www.keproqio.com.

Questions



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