

What is the Quality Improvement Organization (QIO) Program?

Led by the Centers for Medicare & Medicaid Services (CMS), the QIO Program is one of the largest federal programs dedicated to improving health quality at the local level. The Program aligns with the six CMS Quality Strategy goals:

1. Make care safer by reducing harm caused in the delivery of care.
2. Ensure that each person and family are engaged as partners in their care.
3. Promote effective communication and coordination of care.
4. Promote the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Work with communities to promote wide use of successful interventions to enable healthy living.
6. Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

QIOs work with local health care providers, serving as change agents, conveners, and collaborators. They form groups of health care providers and other stakeholders to learn from one another and to use that knowledge in making care more patient-centered, safer, and coordinated. Because QIOs share best practices with one another, providers benefit from the experience of their peers across the country, which further accelerates improvement.

QIOs also help Medicare beneficiaries exercise their right to high-quality health care. Patients benefit from the QIO Program's charge to address beneficiaries' quality of care complaints and discharge appeals as well as from the QIO improvement initiatives those complaints and appeals inspire.

Why does CMS have a QIO Program?

The QIO Program is the cornerstone of Medicare's efforts to improve the quality and value of health care for its over 45 million beneficiaries. QIOs provide a local infrastructure that helps implement nationally based quality initiatives. The Program has a long-standing history of helping thousands of health care providers deliver care that meets evidence-based standards for safe and effective care.

Unlike many health quality improvement programs, the QIO Program works with all kinds of providers, filling an important need for those who otherwise may not have the capacity to support quality improvement. QIOs offer objective assistance that unites patients, providers, community organizations, and other health care stakeholders in making care safer and more effective.

Through its national network of independent, trusted organizations, the QIO Program is collaborating with providers at all levels of clinical performance to improve health quality in five key areas:

- Keeping the patient at the center
- Improving care coordination
- Safer care
- Preventive care
- Better data for better care

What has changed in the QIO Program?

Earlier this year, CMS took its first step in restructuring the QIO Program in an effort to improve patient care and health outcomes and save taxpayer resources. In the past, CMS has awarded 53 contracts, in which each QIO performs both case review and quality improvement support for each state or territory. In the new structure, case review and quality improvement functions are performed by different contractors, the contract periods are extended from 3 to 5 years, and there is enhanced focus on learning, collaboration, and dissemination of best practices.

Effective August 1, 2014, the QIO Program structure will change, and there will be two QIOs in each state:

1. **Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)** manage all beneficiary complaints and quality of care reviews to ensure consistency in the review process while taking into consideration local factors important to beneficiaries and their families.
2. **Quality Innovation Network - Quality Improvement Organizations (QIN-QIOs)** are responsible for working with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care and transparency at local, regional, and national levels.

Which QIO will handle Medicare case reviews?

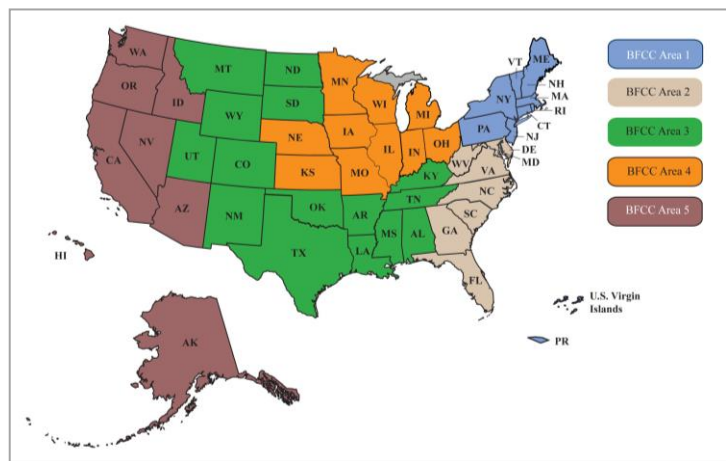
As of August 1, 2014, KEPRO is the new BFCC-QIO in CMS Areas 2, 3, and 4. KEPRO is working closely with the incumbent QIOs to ensure a seamless transition.

CMS Area 2: DC, DE, FL, GA, MD, NC, SC, VA, WV

CMS Area 3: AL, AR, CO, KY, LA, MS, MT, NM, ND, OK, SD, TN, TX, UT, WY

CMS Area 4: IA, IL, IN, KS, MI, MN, MO, NE, OH, WI

Livanta is contracted to cover CMS Areas 1 and 5.



Which QIO will handle quality improvement and technical assistance work?

CMS announced the QIN-QIO contract awards on July 18, 2014. [Click here](#) to read more about the new contracts and view the list of QIN-QIOs.

The QIN-QIOs are responsible for working with providers and the communities on multiple data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care at the local and regional levels.

How does this change affect providers?

Providers' QIO contact information for Medicare coverage and discharge appeals as well as quality of care concerns will be KEPRO. "Notice of Medicare Non-Coverage" forms and any other internal or external documents or resources that list the incumbent QIO's information need to be updated with KEPRO's contact information.

In order to participate in the Medicare program, federal law requires certain providers to have a Memorandum of Agreement (MOA) with a QIO. MOAs outline the QIO's and provider's responsibilities during the review process. Please [click here](#) for MOA information and forms.

How does this change affect Medicare beneficiaries?

Beginning August 1, 2014, Medicare beneficiaries in CMS Areas 2, 3, and 4 who are concerned about the medical care they received can contact KEPRO to obtain a free case review. KEPRO is available to assist Medicare beneficiaries who have questions about whether they are ready for discharge from a hospital or home health agency, whether a health care service should be ended, or whether they should have been transferred from an emergency department to another hospital unit or home.

What is KEPRO's contact information?

CMS Area	Address	Local Phone Numbers	Toll-free Phone Number	Fax Numbers
Area 2: DC, DE, FL, GA, MD, NC, SC, VA, WV	KEPRO 5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609	813-280-8256	844-455-8708	844-834-7129
Area 3: AL, AR, CO, KY, LA, MS, MT, NM, ND, OK, SD, TN, TX, UT, WY	KEPRO 5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131	216-447-9604	844-430-9504	844-878-7921
Area 4: IA, IL, IN, KS, MI, MN, MO, NE, OH, WI	KEPRO 5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609	813-280-8256	855-408-8557	844-834-7130

**TTY users in CMS Areas 2, 3, and 4 should call 855-843-4776.*

Trained team members are available Monday through Friday from 9:00 a.m. to 5:00 p.m. and from 11:00 a.m. to 3:00 p.m. on Saturday, Sunday, and holidays in all local time zones. However, a beneficiary can leave a message at KEPRO's toll-free numbers 24 hours a day, seven days a week. Translation services are available for beneficiaries and beneficiary caregivers who do not speak English.

For additional information, please visit www.keproqio.com.