

Beneficiary and Family Centered Care Quality Improvement Organization Frequently Asked Questions

In response to questions often posed by Medicare beneficiaries (recipients) and their representatives, and the provider and agency staff who assist them, the Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs) have prepared this handout. Responses below that describe a beneficiary's rights or steps to follow also apply to the beneficiary's representative.

Question	Answer
1. What is the role of BFCC-QIOs?	<p>BFCC-QIOs help Medicare recipients to be sure their rights under Medicare have been met.</p> <p>If you are a Medicare recipient, the QIO can help you:</p> <ul style="list-style-type: none"> • File a complaint about the quality of care received under Medicare • Appeal a notice that you will be discharged from the hospital • Appeal a notice that skilled services from a non-hospital provider will be stopped
2. What other reviews do BFCC-QIOs handle?	<p>BFCC-QIOs also perform:</p> <ul style="list-style-type: none"> • Medical necessity reviews • Emergency Medical Treatment and Labor Act (EMTALA) reviews • Hospital-requested higher reimbursement reviews • Readmission reviews – time frame to be determined by the Centers for Medicare & Medicaid Services (CMS) • Focused reviews on a specific topic or situation as determined by CMS
3. What if I have a Medicare Advantage plan?	<p>As a Medicare health plan member, you have the same rights as the traditional Medicare recipient. You can ask questions about or challenge:</p> <ul style="list-style-type: none"> • The quality of the health care you have received • Your access to appropriate health care • Discharge from the hospital • Termination of skilled services <p>You can direct all questions about these topics to the BFCC-QIO.</p>

Question	Answer
<p>4. How can I contact my BFCC-QIO?</p>	<p>Two BFCC-QIOs handle all regions of the country. To learn which QIO works with your state, go to http://www.qioprogram.org/contact-zones or click here: Locate Your BFCC QIO.</p>
<p>5. What steps do I take to complete a Medicare quality of care complaint?</p>	<p>You or your representative may call the BFCC-QIO to have a Medicare quality of care complaint form sent to you by mail. Or you can access the Medicare quality of care complaint form directly on your QIO website. Complete and sign the form and mail or fax it to the BFCC-QIO.</p>
<p>6. What happens after the BFCC-QIO receives my written complaint form?</p>	<p>Once the BFCC-QIO receives the form, the QIO will:</p> <ol style="list-style-type: none"> 1. Contact you to be sure your concerns have been correctly identified and to explain the review process 2. Ask the providers involved with the care in question for the appropriate medical records 3. Give all the information to an independent physician reviewer hired by the BFCC-QIO to review the medical records. The independent physician reviewer will decide whether accepted standards of care were met <p>If the physician reviewer identifies a quality of care concern, the provider or physician under review will have an opportunity to submit additional information to support the provided care.</p> <p>Shortly after the quality of care review is completed, the BFCC-QIO will call you and the provider to present the physician reviewer's findings.</p> <p>The BFCC-QIO will mail a letter to you and the provider to describe the concerns you raised and the BFCC-QIO decision.</p>
<p>7. Following a death, can a quality of care complaint be filed on behalf of the recipient who is deceased?</p>	<p>Yes. The executor of the estate, spouse, or next of kin (depending on state law) can ask the BFCC-QIO to review the circumstances surrounding the health care that was provided to the deceased Medicare recipient. The complaint must be filed within three years of the care in question.</p>

Question	Answer
<p>8. What is Immediate Advocacy?</p>	<p>Immediate Advocacy is an informal, voluntary process used by the BFCC-QIO to resolve your complaint quickly.</p> <p>This process begins when you or your representative contact the BFCC-QIO and give verbal consent to proceed with the complaint. Once you agree to the process and give your consent, the BFCC-QIO contacts the provider and/or practitioner on your behalf.</p> <p>Immediate Advocacy is not appropriate when you do not want your identify disclosed to the provider and/or practitioner. Also, Immediate Advocacy does not take the place of a clinical quality of care review, which includes an assessment of your medical records.</p>
<p>9. Can I appeal a notice of hospital discharge or termination of skilled services?</p>	<p>Yes. To appeal hospital discharge or termination of skilled services you call the BFCC-QIO to request an appeal. The BFCC-QIO then follows these steps:</p> <ol style="list-style-type: none"> 1. Notifies the provider and asks for the appropriate medical records 2. Gives the records to an independent physician reviewer hired by the BFCC-QIO to decide if continued hospital care or skilled services are medically necessary based upon standards of care 3. Notifies you and the provider (and Medicare Advantage plan, if applicable) by telephone (and later in writing) of the decision <p>This whole process must be completed:</p> <ol style="list-style-type: none"> a. Within one day after the receipt of all medical records for hospital appeals requests made timely b. Within 24 to 72 hours (depending on the type of review) from the initial call for skilled services appeals <p>If you are not satisfied with the decision, you can request an appeal. It is important to realize that any skilled services you receive after the termination or discharge date might not be paid for by Medicare. This means you would be completely responsible for those costs.</p>

Question	Answer
<p>10. If I am in the hospital under observation and am not “admitted,” can I or my family still call the BFCC-QIO to appeal discharge from that hospital?</p>	<p>No. You must be admitted or be an inpatient to have appeal rights through the QIO. Observation status is considered an outpatient status, since the Medicare recipient is not actually admitted as an inpatient.</p> <p>If you are in observation status, you have appeal rights through the Medicare Administrative Contractor (MAC). If you are in observation status, the hospital should give you an <i>Advanced Beneficiary Notice (ABN)</i>, which describes the appeal rights provided through the MAC.</p> <p>It is important for all patients in the hospital to ask the hospital staff, “What is my admission status?”</p> <div data-bbox="1434 201 1948 415" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Observation Status = Outpatient</p> <p>Admitted = Inpatient</p> </div>
<p>11. I am appealing my discharge from the hospital. I have been told that I have no financial liability while the case is being reviewed. What does this mean?</p>	<p><i>Hospital discharge:</i> You may appeal on the day of discharge and stay in the hospital without having to pay (except for copays and deductibles) until at least noon of the day after the BFCC-QIO notifies you, the hospital, and the physician of its decision. Therefore, if you appeal to the QIO, you cannot be discharged without your consent. The regulation requires that you must request QIO review no later than the day of discharge. This means that you have until midnight of the day of discharge to request an appeal. Note that you will still be responsible for any copays or deductibles associated with your hospital stay.</p>
<p>12. What do I have to pay for when I appeal the termination of skilled services?</p>	<p><i>Non-hospital skilled services:</i> When Medicare informs you that skilled services will be terminated, the Notice of Medicare Non-Coverage states that it is possible you will have to pay for the skilled services you receive after the effective date of skilled services ending.</p> <p>If the provider is late in sending the medical records to the BFCC-QIO, the effective date may be pushed back. In this case you still may have to pay for the services you receive after the new effective date.</p>
<p>13. What is included in the term “skilled services?”</p>	<p>Home health, skilled nursing, hospice, and comprehensive outpatient rehabilitation all qualify as skilled services.</p>
<p>14. Can decisions about a quality of care complaint or discharge appeal be used in a malpractice lawsuit?</p>	<p>The BFCC-QIO’s review findings are protected by federal rules and regulations governing confidentiality. They are not admissible for a malpractice lawsuit and cannot be released under the Freedom of Information Act (FOIA).</p>