

CASE REVIEW CONNECTIONS

Post-Acute Care Edition



Medical Director's Corner - Ferdinand Richards III, MD

One of the responsibilities of the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) is to take quality of care complaints from Medicare beneficiaries or their representatives. To initiate the complaint, a beneficiary or his or her representative contacts the BFCC-QIO helpline. The phone call is answered by a representative who will help the beneficiary determine whether the concerns can be addressed by a medical record review. Sometimes a referral is needed, or the case could be handled by Immediate Advocacy.

If the concern is determined to be appropriate for a medical record review, a complaint form is sent out to the beneficiary/representative. Once the signed form is returned, medical records are requested from the provider or practitioner. Once they are received, a nurse reviews the case and then sends it to a Peer Reviewer. He or she determines if there are quality of care concerns. If there are quality of care concerns, the provider or practitioner is offered the opportunity to provide a response. The response is then sent back out to the Peer Reviewer who determines if the concern should be confirmed or resolved. The provider or practitioner is then able to ask for a reconsideration if the concern is not resolved, which is sent to a different Peer Reviewer for review. Cases that are determined to be gross and flagrant are sent through the sanction process.

Once the case is complete, a letter is sent to the beneficiary/representative. If the beneficiary/representative is not satisfied with the results, he or she has the opportunity to ask for a reconsideration. The reconsideration case is sent to a different Peer Reviewer for review. If concerns remain at the end of the process, the case is usually sent to the Quality Innovation Network Quality Improvement Organization (QIN-QIO) for a quality improvement initiative with the provider or practitioner.

For more information about the beneficiary complaint process, please visit our [website](#).

Person and Family Engagement

Bringing providers and beneficiaries together to improve health care 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 better understand their health care. 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.

Visit our [PFE page](#) for tools and information related to PFE. We have a resource center for both providers and beneficiaries/families located in the right corner.

Immediate Advocacy Success Story

Immediate Advocacy is an informal process in which KEPRO acts as a liaison for a Medicare beneficiary or his or her representative to quickly resolve a verbal complaint. Below is an example of a KEPRO success story.



A Medicare beneficiary contacted the BFCC-QIO with concerns about her care at a hospice house. She had breast cancer, which had metastasized to her spine, and was concerned about her treatment.

She felt her wound had not been cleaned properly and that she had an infection. She said that the nurse screamed at her, and she was concerned that the settings on her mattress were not correct. She requested a visit by the physician, but he had not been in to see her; therefore, she requested assistance from KEPRO.

The KEPRO Intake Specialist contacted the Chief Compliance Office at the hospice facility. She explained the situation regarding the beneficiary. The Chief Compliance Officer stated that the staff had been trying to meet the beneficiary's needs, but she was a difficult patient; therefore, they had two staff members working with her. She was refusing medications and would not let staff address her wounds. The physician felt that her illness was causing this behavior. The hospice agreed to set up an interdisciplinary conference, so that the beneficiary could discuss her concerns.

After the conference, the representative from the mattress company came and checked the settings on the bed. The beneficiary requested to do her own wound care, and the hospice provided supplies for this. She was not happy with the pain medications, so the staff said they would provide literature on some alternatives. The beneficiary also agreed to meet with a representative from an assisted living facility about possible placement.

Bar Codes on Medical Records for Appeals

Reminder: KEPRO has added a bar code to all appeal medical record fax requests sent to healthcare providers and Medicare Advantage health plans. These bar codes directly correlate to the case ID associated with each appeal. KEPRO kindly requests that all providers include the fax request document with this bar code when submitting medical records to KEPRO. If there are multiple medical records or batches of records, please include the fax request document with the bar code as the first sheet of each batch.

Post-Acute Frequently Asked Questions

Q. If the patient and/or family have appealed the skilled nursing facility's decision to end services, should the Medicare beneficiary continue to receive the services?

A. The beneficiary should continue to receive services until the outcome of the appeal is determined.

Q. What notifications should be made when Medicare Part B skilled services given in a skilled nursing facility are stopping because they no longer require services?

A. When Medicare Part B services (skilled) are being terminated or discontinued, the provider must provide the Notice of Medicare Non-coverage.

CMS Reveals New Medicare Card Design

[Learn more](#) about the new Medicare card coming in April 2018.

SAVE THE DATE!

Join us for a BFCC-QIO webinar! We offer four services to Medicare beneficiaries and their families: beneficiary complaints, discharge appeals, Immediate Advocacy, and Patient Navigation. This webinar will present a basic overview of these services as well as an introduction to some provider-based services.

What: The BFCC-QIO Program

Who: Healthcare providers and stakeholders

When: December 6, 2017, 2 p.m. - 3 p.m. ET

Speakers: Shiva Mumtazi, Outreach Specialist, KEPRO; Shannon Sheppard, Outreach Specialist, KEPRO

REGISTER NOW!

KEPRO

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