

CASE REVIEW CONNECTIONS

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 the hospital. She had been experiencing abdominal pain, and the medical staff was discussing surgery. She had not received any food since being at the hospital. The staff wanted her to take antibiotics, but she was concerned about doing this on an empty stomach, so she called KEPRO and requested assistance to find out her plan of care.



KEPRO contacted the Assistant Quality Director at the hospital. The director stated that the beneficiary was on a clear liquid diet because she had a small bowel obstruction. The surgeon also had consulted with the beneficiary about the surgery.

During a follow-up conversation, the beneficiary informed KEPRO that her procedure had been delayed due to an infection, but she was appreciative of KEPRO's assistance. She felt that the hospital staff addressed her concerns because of KEPRO's efforts and intervention. Because her procedure was delayed, her diet was changed. She would be in the hospital for a few more days on antibiotics, and her outpatient surgery would be scheduled.

Hospital Discharge Appeals

Patients should not be asked to leave while a hospital discharge appeal is in process. The patient can appeal on the day of discharge and stay in the hospital without financial liability until at least noon of the day after the BFCC-QIO notifies the hospital, the beneficiary, and the physician of its decision. Therefore, a beneficiary who files an appeal with a BFCC-QIO cannot be discharged without his or her consent. The regulation requires the beneficiary's request for the BFCC-QIO review to be made no later than the day of discharge.

Important Message from Medicare and Detailed Notice of Discharge Forms

Just a reminder that providers should be using the updated version of these forms for discharge appeals. To find the updated forms, please click [here](#). CMS required that these new forms be in use by August 28, 2017.

Higher Weighted Diagnosis-Related Group (HWDRG) Reviews

The [FY2018 Final Rule for the Hospital Inpatient Prospective Payment System](#) (IPPS), effective October 1, 2017, includes the addition of new codes and revisions to the Official Guidelines for Coding and Reporting.

Please note that our case reviews apply code sets and guidelines in conjunction with the dates of service for the specific case. Thus, HWDRG cases apply all appropriate guidelines in conjunction with the discharge date of the specific case.



Short Stay Reviews

Health care continues to expand, and new ways of providing care to Medicare beneficiaries are being explored. One methodology, utilized to increase a hospital's scope of practice, is the use of mid-level providers. While mid-level providers (nurse practitioners, physician assistants, medical/surgical residents, etc.) increase the availability of care, variations occur in admitting privileges for each role. This variation is noted in state laws, and hospital by-laws differ in admitting permissions. In an effort to improve the review process, KEPRO requests that all hospitals that utilize mid-level providers provide copies of their by-laws regarding admitting privileges for mid-level providers. These documents can be included when submitting any requested records.

Acute Care Frequently Asked Questions

Q. Does CMS require documentation of the reason why a verbal notification is done with the Important Message from Medicare (IM)?

A. According to Chapter 30 of the CMS Claims Processing Manual, hospitals are not required to document why a verbal notification was done instead of giving the form.

Q. Do patients discharging to hospice need to be issued the IM?

A. The IM does not need to be given to patients discharging to hospice.

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

KEPRO.Communications@hcqis.org

www.keproqio.com

Publication No. A234 580 11/2017. This material was prepared by KEPRO, a Medicare Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. The information contained in this document is conditionally valid through July 2019.

Please do not copy/paste information from Case Review Connections. If you'd like to communicate BFCC QIO information, please contact KEPRO at KEPRO.Communications@hcqis.org.