

Thank you for viewing this presentation by KEPRO. In this video, you will learn about the assistance available to people with Medicare through the Beneficiary and Family Centered Care Quality Improvement Organization. The services that will be covered in this presentation are discharge appeals, beneficiary complaints, Immediate Advocacy, and Patient Navigation. In addition to learning about each of these services, you will also learn about how and when to contact KEPRO.

KEPRO is a Beneficiary and Family Centered Care Quality Improvement Organization, or BFCC-QIO, that works under the direction of Medicare offering free assistance to people with Medicare and their families. Medicare has two BFCC-QIOs that serve all 50 states and three territories, which are grouped into five areas.

KEPRO is the BFCC-QIO for three of these areas, areas two, three, and four. Each of KEPRO's three areas includes several states. The services that we will be going over in this presentation are the same in all three areas. As a Medicare beneficiary, there are a number of services available to you through the BFCC-QIO. These services include discharge appeals and service terminations, quality of care complaints, Immediate Advocacy, and Patient Navigation. If you have Medicare Advantage or Medicare as the secondary, these services are available to you, and you can call the BFCC-QIO for assistance. We will now go into some more detail about each of these services.

If you are in a hospital after being discharged, but you feel you are too sick to leave, you can file an appeal with the BFCC-QIO. You can also file an appeal if you are in a Medicare-covered facility and you think your skilled services are ending too soon. When you are in a hospital or a Medicare-covered facility, including skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities, and hospice, you should get a notice that gives information about your rights under Medicare to appeal, along with information on how to contact the BFCC-QIO to file an appeal. You or your appointed representative should call KEPRO's helpline and request an appeal.

This call can be made 24 hours a day. If the call is made during our operating hours, you will be connected with an Intake Specialist. If you call after hours, you can leave a message on our helpline voicemail system to request an appeal. We will provide you with our operating hours later on in this presentation. After we receive your phone request, we will contact the provider at the facility you are at and request a copy of your medical record. Once KEPRO receives the record from the provider, it will be reviewed by one of KEPRO's doctors. The doctor will make a decision, and you'll be notified of that decision.

During the appeal process, you can check the status of your appeal at any time by going to the check your case status page on our website and entering the case number that will be provided to you by KEPRO. Information about financial liability and the time frames for filing an appeal are written on the notice form given to you by your provider.

In a hospital, this form is called the Important Message from Medicare. In other Medicare-covered facilities, this form is called the Notice of Medicare Non-coverage. Also, appeals cannot be made to the BFCC-QIO for patients who are in observation status. As we go through each service, we will provide you with an example of a situation where a person made contact with KEPRO for assistance. So as an example of an appeal, a family member may call in to KEPRO stating that 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 that they are discharging her, and I have to go back home. She lives alone, and I don't think she's ready to be discharged.

After receiving this call, KEPRO staff would follow the steps in the appeal process to make a decision. The next service we will discuss is quality of care complaints. If you have a concern about the quality of care you received,

KEPRO can assist you. A medical record review is done by a doctor who makes a decision about a quality of care complaint.

For example, you may have a question as to whether you were diagnosed correctly, whether you got the wrong medicine, or whether your doctor did the right surgery. KEPRO can only review concerns about care received within the last three years and for care that was covered under Medicare. Please also note that the BFCC-QIO findings are not admissible in a lawsuit.

The quality of care complaint process begins with the filing of the complaint. You or your representative can do this by phone, fax, or mail. The quality of care complaint form and information on how to submit this form can be found on our website. If you call the helpline to file a complaint, our Intake Specialists can help you with completing the form. KEPRO does require a signed form, so you will need to sign and send in the form to KEPRO before the complaint process can go forward.

When the forms are completed, a nurse will contact you to discuss the concerns and gather any additional information that is needed to prepare the case. KEPRO will then contact the provider and request a copy of the medical record. After KEPRO receives the records from the provider, the record will be reviewed, and KEPRO's doctor will make a decision. You'll be notified of that decision.

So, as an example of a quality of care complaint, a family member may call into our helpline stating my husband has dementia and is using a wheelchair after being hospitalized with pneumonia. He's very weak and is taking several medicines that affect his walking and standing. They said he fell over in his wheelchair and hit his head. I think they should have had somebody watching him or done something to prevent his fall, but they didn't seem concerned. After receiving this complaint, KEPRO staff would follow the steps in the complaint process to make a decision.

Immediate Advocacy is used to quickly resolve the complaint or concern you have about your medical care or services. For example, you may have a concern that your doctor ordered a wheelchair, but you haven't gotten it yet or that you need to refill your prescription, but you can't get an appointment with your doctor. To request Immediate Advocacy, you can call our helpline and speak with a representative. You or your representative will be asked to agree over the phone to let KEPRO speak with the provider about the problem. KEPRO will then call your provider and if they agree, the process will begin. Immediate Advocacy may be stopped at any time.

To highlight how Immediate Advocacy has helped people with Medicare, we will share two examples of success stories. In the first example, a Medicare patient's mother called KEPRO because she was concerned about her son and his care at the hospital. He had brain cancer and was not doing well. He was going to need a lot of care after leaving the hospital, and his mother was not sure that she could take care of him. The hospital staff told her that he would have home health, but she was still overwhelmed and anxious. She asked KEPRO for help. The KEPRO representative left a message for the hospital staff about the mother's concerns. The hospital representative called her back and explained that she had talked with case management, and they both agreed with the mother's concerns and did not want to send the patient home if that was not in his best interest. The KEPRO representative later received a call from the patient's mother, and she let her know that case management was looking for a spot for her son in a rehabilitation facility.

In a second example, a Medicare beneficiary called KEPRO because his insurance plan was not paying for an eye exam. The beneficiary had seen his doctor and explained that his right eye was blurry. The doctor thought he might have a cataract and referred him to an eye doctor. After the eye doctor's office said his insurance would not pay for the visit, the KEPRO representative arranged a conference call with the beneficiary and the insurance company. The representative at the insurance company stated that the eye doctor that he had contacted was not on their plan. She gave the beneficiary the name of another eye doctor and also made sure that the doctor accepted his insurance. After the beneficiary received the information, he planned to get a new referral from his primary doctor. He was pleased with the outcome from KEPRO.

So, as you can see, the Immediate Advocacy process can be very helpful to you or a family member to resolve a concern quickly. KEPRO's Person and Family Engagement project brings you and your provider together to improve your health care. Our focus is to help people with Medicare take an active role in their treatment and to better understand their health care. On our website, we have a Person and Family Engagement page where you will find a box that reads Beneficiaries and Families on the lower right side, circled here in red. When you click on this, you'll be taken to a page that has tools and information to help you and your family take a more active role in your health and health care.

KEPRO's Patient Navigation program 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 disease and help improve your quality of life. If you want information on KEPRO's Patient Navigation program, you can fill out a form on our website, and KEPRO's representative will follow up with you, or you can call into the helpline and speak with a representative.

Earlier in the presentation, we reviewed KEPRO's service areas that include areas two, three, and four, highlighted on this map. Each of the states is color-coded to match the area that they include. The helpline phone number for area two is highlighted in yellow. The helpline number is 844-455-8708. For area three, highlighted in green, the helpline number is 844-430-9504. And, for area four, highlighted in purple, the helpline number is 855-408-8557.

The map shown here can also be found on the home page of our website. If you do go on to our website, you can scroll over the map and click on a state, and this will show you additional state-specific resources that are available to Medicare beneficiaries. KEPRO staff are available to assist you from 9-5 Monday through Friday and 11-3 on Saturdays, Sundays, and holidays. All of the times listed are local times.

Voice mails can also be left 24 hours a day, seven days a week, and your call will be returned by the end of the next business day. If you're calling to request an appeal, please leave a message to ensure that the time of your request is recorded. We also have translation services available. For more information and to find the resources covered during this presentation, please visit our website at www.keproqio.com. Thank you again for viewing this presentation.