

June 2019

KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for 29 states and provides medical record reviews as well as Immediate Advocacy for Medicare beneficiaries. Below are frequently asked questions (FAQs) related to KEPRO's services.

1. 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. QIOs work with local healthcare providers, serving as change agents, conveners, and collaborators. They form groups of healthcare 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 hospital discharge and skilled service termination appeals as well as from the QIO improvement initiatives those complaints and appeals inspire.

BFCC-QIO Appeals

2. What is the difference between a Grijalva review and a BIPA review?

Home health agencies, skilled nursing facilities, hospices, and comprehensive outpatient rehabilitation facilities are required to provide a Notice of Medicare Non-Coverage (NOMNC) to beneficiaries when their Medicare-covered service(s) are ending. The NOMNC provides information for beneficiaries on how to request an expedited appeal.

Both the Grijalva review and Benefits Improvement and Protection Act of 2000 (BIPA) review allow the beneficiary to request a post-acute appeal. The Grijalva review is for managed care patients, and the BIPA review is for Medicare Fee-for-Service patients. One major difference is that the BFCC-QIO cannot review a Grijalva case if the beneficiary does not call by the deadline. It must then be reviewed by the managed care company. Another difference is that the reconsideration (which is a second review after the first determination) for a BIPA review is done by another contractor, not the BFCC-QIO.

3. What is a Weichardt review?

A Weichardt review is a hospital discharge appeal review. It is named Weichardt after the defendant in a lawsuit. This review requires the Medicare hospital patient to be given a notice called the Important Message from Medicare. This notice provides all the information necessary for the

Medicare patient to appeal his/her discharge from the hospital. There are mandated requirements regarding the delivery of this notice, to make sure that the beneficiary is properly informed of all his/her appeal rights.

4. What are the Hospital-Issued Notices of Non-coverage (HINN) types, and how are they different?

HINN 10, also known as the Notice of Hospital Requested Review (HRR), should be issued by hospitals to beneficiaries in Original Medicare whenever a hospital requests QIO review of a discharge decision without physician concurrence.

HINN 11, which is used for non-covered items or services provided during an otherwise covered stay, and its instructions have not yet been incorporated into Chapter 30 of the Online Claims Processing Manual.

HINN 12 should be used in association with the Hospital Discharge Appeal Notices to inform beneficiaries of their potential liability for a non-covered continued stay.

The Preadmission/Admission HINN, used prior to an entirely non-covered stay, is also known as HINN 1 and replaces HINNs 1 and 9.

5. My organization needs to update its appeal notices with KEPRO's new phone number. Where can I find a copy of CMS appeal notices?

Visit the CMS website for a list of Medicare beneficiary notices that can be downloaded:

www.cms.gov/Medicare/Medicare-General-information/Bni/index.html

Immediate Advocacy and Quality of Care Reviews

6. How does Immediate Advocacy work?

[Immediate Advocacy](#) is an informal process used by KEPRO to resolve a complaint quickly. This process begins when the Medicare beneficiary or representative gives verbal consent to proceed with the complaint. Once the beneficiary or representative agrees to the process and gives consent, the BFCC-QIO contacts the provider or practitioner on behalf of the beneficiary. A beneficiary may discontinue Immediate Advocacy at any time. Immediate Advocacy is not appropriate for situations when the beneficiary does not want his or her identity disclosed to the provider or practitioner.

7. What is the difference between a beneficiary complaint and a general Quality of Care review?

A beneficiary complaint is a review that is submitted by either a beneficiary or his/her representative. At the end of the review, disclosure is made to the person who initiated the complaint. There is also an opportunity for discussion provided to the provider/practitioner as well as a reconsideration opportunity if a possible quality of care concern is identified.

The general Quality of Care review usually begins as a referral or as a review initiated by another BFCC-QIO review, such as an appeal. In this process, there is no opportunity for discussion for the provider/practitioner, just a reconsideration opportunity. There is also no disclosure to the beneficiary or representative.

Other BFCC-QIO Reviews

8. How does the BFCC-QIO Sanction process work?

When the BFCC-QIO reviews a quality of care complaint, the review is sent out to a physician reviewer. The physician reviewer can determine that the concern was gross and flagrant or that there was a substantial number of substantial violations. Once that determination is made, the case is sent out to two more physician reviewers. If two of the three concur that the case is a potential Sanction case, then the provider is notified and may request to submit additional information in writing or may request a face-to-face meeting with the BFCC-QIO. A Sanction panel, comprised of physicians, is convened, and they assist with the determination regarding the potential Sanction issue.

If it is determined that there is no violation, the case proceeds as a normal Quality of Care review. If there is a violation, then the provider will be placed on a Corrective Action Plan (CAP). This may involve submitting data to the BFCC-QIO for a period of time, usually a year. Once the CAP has been successfully completed, the case is closed. If the CAP is not completed to the satisfaction of the BFCC-QIO, the case may be referred to the Office of the Inspector General (OIG) for a potential Sanction.

9. How does the EMTALA process work?

KEPRO conducts a five-day Medical Advisory review upon request from the appropriate Centers for Medicare & Medicaid Services (CMS) regional office. KEPRO's physician conducts a medical assessment of a potential Emergency Medical Treatment and Labor Act (EMTALA) violation case. The five-day review is not mandated by the federal statute and regulations. However, the regional office may use this review as a resource in making a compliance determination, rather than simply determining the merits of the complaint.

Under sections 1867(d)(3) of the Act and 42 CFR §489.24(g), KEPRO is required to conduct a 60-day review upon receipt of a completed EMTALA case sent to the OIG for possible civil monetary penalty or exclusion sanction.

10. What is an Assistant at Cataract review?

Per Section 1862(a)(15) of the Social Security Act, Medicare will not pay for the use of an assistant at cataract-related procedures unless its local BFCC-QIO has approved the use of an assistant due to complicating medical factors. The provider must request a pre-approval review prior to the procedure in order to bill for an assistant. This review is not commonly requested from the BFCC-QIO.

General BFCC-QIO Information

11. How can I stay up-to-date with KEPRO's latest news and information?

Sign up for KEPRO's e-mail list to receive periodic news and updates as well as KEPRO's quarterly newsletter, Case Review Connections. Details are available at www.keproqio.com/email.

12. How do I update my organization’s contact information with KEPRO?

Keeping your organization’s contact information up to date with KEPRO is important to avoid miscommunication and delays. KEPRO has different contact forms, which are used by different departments: www.keproqio.com/contact.

13. How can I learn more about being a physician reviewer for KEPRO?

To accomplish our objectives, KEPRO must have qualified peer reviewers. For peer reviewers interested in working with KEPRO on BFCC-QIO reviews, there are two types of cases: hospital discharge and skilled service termination appeals and Quality of Care. Visit our website to learn more: www.keproqio.com/providers/becomeareviewer.aspx

14. What is KEPRO’s contact information for my state?

Effective June 8, 2019, KEPRO will be the BFCC-QIO in those states listed in the table below. The table includes toll-free phone numbers, local numbers, fax numbers, and mailing addresses. If your facility is not in one of these states, Livanta will be your BFCC-QIO effective June 8, 2019. These providers will need to update their appeals notices with Livanta's information. Visit Livanta’s website for contact information: www.livantaqio.com

Telephone, Fax Numbers, and Mailing Addresses				
Region 1 Connecticut Massachusetts Maine New Hampshire Rhode Island Vermont	Region 4 Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee	Region 6 Arkansas Louisiana New Mexico Oklahoma Texas	Region 8 Colorado Montana North Dakota South Dakota Utah Wyoming	Region 10 Alaska Idaho Oregon Washington
Toll-free Phone 888-319-8452	Toll-free Phone 888-317-0751	Toll-free Phone 888-315-0636	Toll-free Phone 888-317-0891	Toll-free Phone 888-305-6759
Local Phone 216-447-9604	Local Phone 813-280-8256	Local Phone 216-447-9604	Local Phone 813-280-8256	Local Phone 813-280-8256
TTY 855-843-4776	TTY 855-843-4776	TTY 855-843-4776	TTY 855-843-4776	TTY 855-843-4776
Toll-free Fax 833-868-4055	Toll-free Fax 833-868-4058	Toll-free Fax 833-868-4060	Toll-free Fax 833-868-4062	Toll-free Fax 833-868-4064
Mailing Address 5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131	Mailing Address 5201 West Kennedy Blvd. Suite 900 Tampa, FL 33609	Mailing Address 5201 West Kennedy Blvd. Suite 900 Tampa, FL 33609	Mailing Address 5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131	Mailing Address 5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131

15. Does my facility need to complete a Memorandum of Agreement (MOA) even though we have completed one in the past?

Yes, all providers are required to complete a new MOA beginning in June 2019, even if one was submitted previously. Visit www.keproqio.com/moa for submission information. If you have questions about the MOA, please see the MOA frequently asked questions document on that webpage.

16. What are the hours of operation for KEPRO's helpline?

The hours of operation are:

- Weekdays: 9:00 am to 5:00 pm, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time
- Weekends and Holidays: 11:00 am to 3:00 pm Eastern Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time

Please note that representatives are not available on weekends and holidays to assist with quality of care concerns.