Quality Improvement Organizations and Consumers
Engaged to Improve Care Across the Continuum

Agenda

• Discuss the roles of the BFCC-QIO and the QIN-QIO
• Discuss how the two collaborate
• Q&A session
QIO Changes

As of August 1, 2014, there are two Quality Improvement Organizations (QIOs) per state

- Beneficiary and Family Centered Care QIO (BFCC-QIO)
  - Perform medical case review
  - Organized among five geographic areas across the United States
- Quality Innovation Network QIO (QIN-QIO)
  - Offer quality improvement and technical assistance
  - Composed of two to six states
- Contract: August 1, 2014 – July 31, 2019
- One organization can’t hold both contracts

KEPRO: BFCC-QIO

Tara Cooke, MSG
Outreach Specialist
KEPRO: BFCC-QIO

KEPRO is the BFCC-QIO for the Centers for Medicare & Medicaid Services (CMS) Areas 2, 3, and 4

<table>
<thead>
<tr>
<th>Area 2</th>
<th>Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia</th>
</tr>
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<tbody>
<tr>
<td>Area 3</td>
<td>Alabama, Arkansas, Colorado, Kentucky, Louisiana, Mississippi, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, and Wyoming</td>
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<tr>
<td>Area 4</td>
<td>Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, and Wisconsin</td>
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KEPRO’s Phone Numbers and Additional Resources

[Map of KEPRO Service Areas]

Click on a state below for a contact number and additional resources.

- Area 2: Toll-free: 844-455-8708
- Area 3: Toll-free: 844-430-9504
- Area 4: Toll-free: 855-408-8557

www.KEPROqio.com
KEPRO’s Services

- Discharge Appeals and Service Terminations
- Beneficiary Complaints
- Immediate Advocacy (IA)
  - KEPRO’s services are also available for Medicare Advantage beneficiaries and beneficiaries with Medicare as a secondary

Appeals

Acute Care

- Important Message from Medicare
- Preadmission/Admission Hospital Issued Notice of Non-coverage (HINN)

Post-Acute Care

- Notice of Medicare Non-coverage
Appeals Process Overview

The provider issues the notice.

The beneficiary or representative calls for an appeal.

KEPRO requests the record.

The record is reviewed by the KEPRO physician.

The beneficiary and facility (and plan if necessary) are notified of the decision.

Appeals

- Financial liability
- Time frames
- Observation status
- www.cms.gov/bni
- Appeal status updates
Beneficiary Complaints

- Must be about quality of care (medical record review)
  - Examples include wrong diagnosis and wrong treatment
- Care must have occurred within the last three years and be covered under Medicare
- Important aspects about the process:
  - Encouraged to complete a CMS complaint form
  - Must be filed by a Medicare beneficiary or his or her representative
  - Findings not admissible in a lawsuit

Quality of Care Reviews
*Time Frame Changes*

- Providers will now have 14 days (instead of 30) to send in the medical record when a quality of care complaint is filed
- Providers that wish to respond to an inquiry from KEPRO will also have a shortened time frame, which will be noted on the inquiry letter
- After the medical records are received, KEPRO has 30 days to complete the review
- Due to these shortened time frames, we encourage providers to fax medical records to KEPRO rather than sending them via mail
- KEPRO will post an update on our website in regard to the effective date of these changes when provided by CMS
Quality of Care Review
*Reconsiderations*

- Complaint form is submitted to KEPRO
- Nurse contacts the beneficiary or representative to discuss the concerns
- Nurse prepares the case for the Physician Reviewer
- Physician Reviewer determines whether the care met professionally recognized standards of care
- Care that does not meet standards is referred to the Quality Innovation Network QIO (QIN-QIO) for a Quality Improvement Plan (QIP)
- A final letter is sent to the beneficiary or representative with an opportunity for reconsideration

Immediate Advocacy

Immediate Advocacy is an informal process used by the BFCC-QIO 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 Medicare beneficiary contacted the BFCC-QIO with concerns about her health. She had just been discharged from the hospital after a light stroke. She was at home in bed and felt that she needed assistance. She continued to feel some numbness on the left side of her face and was confused about whether home care was ordered and when it would start.

The Intake Specialist then called the hospital and was able to speak with the Case Manager. She stated that the physician’s orders were for home health. The beneficiary was independent with her activities of daily living and could walk 300 feet, so she did not need inpatient skilled nursing care. The Intake Specialist explained the beneficiary’s concerns.

The Case Manager agreed to contact the Physical Therapist regarding the assessment visit that was scheduled for that day. The Intake Specialist also recommended a Social Work visit, to determine what resources and referrals may be available for the beneficiary. The Intake Specialist then contacted the beneficiary to let her know that the home health agency would be coming to her home that day for an assessment of her needs. The beneficiary was very appreciative of the assistance and the assurance KEPRO provided.

KEPRO appeals staff work (local time):
  • Weekdays: 9 am – 5 pm
  • Weekends: 11 am – 3 pm
  • Holidays: 11 am – 3 pm

Voicemails may be left during all other hours
Translation services are available
Collaboration with KEPRO

Newsletters
Joint presentations
Advisory boards
Website

Summary

• KEPRO provides three services for beneficiaries:
  – Discharge appeals
  – Beneficiary complaints
  – Immediate Advocacy
• KEPRO’s services are free for Medicare beneficiaries and their representatives
• More information can be found at www.keproqio.com
• To subscribe to KEPRO’s newsletter, visit http://www.keproqio.com/bene/resources.aspx
# BFCC-QIO Contact Information

<table>
<thead>
<tr>
<th>Area</th>
<th>Address</th>
<th>Toll-Free Number</th>
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<tbody>
<tr>
<td>Livanta</td>
<td>Livanta BFCC-QIO Program 9090 Junction Drive, Suite 10 Annapolis Junction, MD 20701</td>
<td>866-815-5440</td>
</tr>
<tr>
<td>5</td>
<td>Livanta BFCC-QIO Program 9090 Junction Drive, Suite 10 Annapolis Junction, MD 20701</td>
<td>877-588-1123</td>
</tr>
<tr>
<td>KEPRO</td>
<td>2</td>
<td>5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609</td>
</tr>
<tr>
<td>3</td>
<td>5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131</td>
<td>844-430-9504</td>
</tr>
<tr>
<td>4</td>
<td>5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609</td>
<td>855-408-8557</td>
</tr>
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**Quality Insights**  
**Quality Innovation Network**

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**Pamela Meador, RN, BSN-BC**  
**Serving the states of DE, LA, NJ, PA, and WV**
Previous Structure

- The QIO Program was administered through 53 state-based QIO contracts with 41 independent organizations
- Focused on three drivers
  - Supporting and convening Learning and Action Networks
  - Providing technical assistance
  - Care improvement through innovation, spread, and sustainability

Current Structure

- New name: Quality Innovation Network Quality Improvement Organizations or QIN-QIOs
- Narrow focus: systematic quality improvement
- Increased flexibility: addressing local needs
QIN-QIO Goals

Foundational Principles:
• Enable innovation
• Foster learning organizations
• Eliminate disparities
• Strengthen infrastructure and data systems

Goals
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<tr>
<th>Make care safer</th>
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<tr>
<td>Strengthen person and family engagement</td>
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<tr>
<td>Promote effective communication and coordination of care</td>
</tr>
<tr>
<td>Promote effective prevention and treatment</td>
</tr>
<tr>
<td>Promote best practices for healthy living</td>
</tr>
<tr>
<td>Make care affordable</td>
</tr>
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Four Key Roles of QIN-QIOs

1. Champion local-level, results-oriented change
   • Data-driven
   • Active engagement of patients and other partners
   • Proactive, intentional innovation and spread of best practices that "stick"

2. Facilitate Learning and Action Networks (LANs)
   • Creating an “all-teach, all-learn” environment
   • Placing impetus for improvement at the bedside level
     – e.g., hand washing
Four Key Roles of QIN-QIOs

3. Teach and advise as technical experts
   • Consultation and education
   • The management of knowledge so learning is never lost

4. Communicate effectively
   • Optimal learning, patient activation, and sustained behavior change

Resources and Tools

- My Quality Insights
  - Education and materials
  - Quality improvement projects
  - Tracks engagement
  - Fosters collaboration
Quality Improvement
QIN-QIO Learning and Action Networks

The networks serve as the hub for regional quality improvement work for each project, including:

- Project information
- Upcoming events
- Discussion forum
- Resource library
- Provider-focused coaching
- Technical assistance
- Knowledge transfer
- Provider-focused data portal
- Sharing best practices
- Project maps and data
- Videos and podcasts
- Recorded events
- Provider-focused coaching
- Sharing of tools and resources for technical Quality Improvement (QI) assistance with data
- Rapid improvement with testing of change ideas

Nursing Home Task – Alignment Efforts

- Engage consumers and families in healthcare decisions that enhance good quality care
- Use Quality Assurance and Performance Improvement (QAPI) as the framework for all QI methodology
- Focus on system-wide improvement to decrease healthcare-acquired conditions and improve resident satisfaction
- Create strategic approaches through partnerships in the LAN
- Transform health care through innovation and involvement in Collaboratives I and II
  - Partner with key stakeholders – past and new
  - Participate in Quality Insights and the National Nursing Home Quality Care Collaborative (NNHQCC)
National Goals

• Recruit nursing homes to attain a score of 6 or lower on the National Nursing Home Composite Quality Measure
• Improve the rate of long-stay mobility
• Reduce the use of antipsychotic medications in dementia patients
• Recruit all nursing homes for NNHQCC participation
• Coordinate high performing nursing homes as peer coaches to mentor lower performing facilities

Team Strategies to Accomplish Our Goals

Leverage partnerships to increase nursing home participation in the LANs
• State survey agencies
• Nursing home trade associations: profit and non-profit
• Engage and actively utilize stakeholders
• Include residents/families in quality improvement activities

Collaborate with aligned communities of focus
• Reduction of readmissions
• Healthcare-associated infections: MRSA, C. diff, etc.
Get Involved

In each of our states, experienced staff, many from the previous Medicare QIOs, will be available to:

- Facilitate your participation in regional QIN activities
- Provide individual consultation on quality projects
- Directly support your ongoing quality initiatives or collaborations

QIN-QIO Region Map
### QIN-QIO Contact Information

<table>
<thead>
<tr>
<th>QIN-QIO</th>
<th>States</th>
<th>QIO Subcontractors</th>
</tr>
</thead>
</table>
| Great Plans Quality Innovation Network | KS, ND, NE, SD | Kansas Foundation for Medical Care (KS)  
North Dakota Health Care Review (ND)  
CIMRO of Nebraska (NE)  
SD Foundation for Medical Care (SD) |
| TMF                                  | AR, MO, OK, TX, PR | Arkansas Foundation for Medical Care (AR)  
Primaris (MO)                           |
| Lake Superior                        | MN, WI, MI | Stratis (MN)  
MetaStar (WI)  
Michigan Peer Review Organization (MI) |
| Telligen                             | CO, IA, IL | None                                                                              |
| HealthInsights                       | NM, NV, OR, UT | Acumentra (OR)                                                                    |
| GMCF                                 | GA, NC     | None                                                                              |
| Atom                                 | AL, IN, KY, MS, TN | Alabama Quality Assurance Foundation (AL)  
Mississippi Foundation for Medical Care dba IQH (MS) |
| Mountain Pacific Quality Health Foundation | AK, HI, MT, WY | None                                                                              |
| AQIN                                 | DC, NY, SC | Delmarva (DC)  
The Carolinas Centers for Medical Excellence (SC) |
| WVMI dba Quality Insights            | DE, LA, NJ, PA, WV | Quality Insights of Delaware (DE)  
eQHealth (LA)  
Healthcare Quality Strategies (NJ)  
Quality Insights of Pennsylvania (PA) |
### QIN-QIO Contact Information

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<th>QIN-QIO</th>
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<th>QIO Subcontractors</th>
</tr>
</thead>
<tbody>
<tr>
<td>VHQC 9830 Mayland Drive Richmond, VA 23233 804-289-5320</td>
<td>VA, MD</td>
<td>None</td>
</tr>
<tr>
<td>Qualis Health 10700 Meridian Ave N. Seattle, WA 98133 206-364-9700</td>
<td>ID, WA</td>
<td>None</td>
</tr>
<tr>
<td>Health Services Advisory Group (HSAG) 313 East Camelback road Phoenix, AZ 85016 602-801-6701</td>
<td>AZ, CA, FL, OH, VI</td>
<td>None</td>
</tr>
<tr>
<td>Healthcentric Advisors 235 Promenade St. Providence, RI 02908 401-528-3238</td>
<td>CT, MA, ME, NH, RI, VT</td>
<td>Qualidigm (CT, NH, and VT)</td>
</tr>
</tbody>
</table>

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### How do the two QIOs work together?
Contact Information

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1.800.642.8686, ext. 4216
pmeador@wvmi.org

For more information, please visit:
www.qualityinsights-qin.org

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For more information, please visit:
www.keproqio.com

Your feedback on today’s presentation is appreciated:
www.tiny.cc/BFCCoutreach

Questions and Answers

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey, and Louisiana and KEPRO, a Beneficiary and Family Centered Care Quality Improvement Organization, both 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. KEPRO Publication No. A234-218-10/2015.