KEPRO
Beneficiary and Family Centered Care
Quality Improvement Organization

Shannon Sheppard, MPH
- KEPRO is a federal contractor for the Centers for Medicare & Medicaid Services (CMS)
- KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) in CMS Areas 2, 3, and 4
- Each state also has a Quality Innovation Network Quality Improvement Organization (QIN-QIO), which can be found at: [www.tiny.cc/QINmap](http://www.tiny.cc/QINmap)
- Livanta is the BFCC-QIO for CMS Areas 1 and 5
Discharge Appeals and Service Terminations
Beneficiary Complaints
Immediate Advocacy (IA)
Patient Navigation

KEPRO’s services are available for Medicare Advantage beneficiaries and those with Medicare as a secondary. Patient Navigation is only offered to Fee-for-Service beneficiaries. 

KEPRO’s Services for Medicare Beneficiaries
Appeals

- **Acute Care – Discharge Appeals**
  - Important Message from Medicare (revised 2017)
  - Preadmission/Admission Hospital Issued Notice of Non-coverage (HINN)
  - Hospital Requested Review (HRR)

- **Post-Acute Care – Service Terminations**
  - Notice of Medicare Non-coverage
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 provider (and plan if necessary) are notified of the decision.
Appeals

- Financial liability
- Time frames
- Observation status

www.tiny.cc/BNI

- Appeal status updates

www.keproqio.com
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
Beneficiary Complaints:
Time Frames

- Providers now have 14 calendar 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.
- Additional information and education is available at: www.keproqio.com/aboutus/newchangesQOC.aspx.
Beneficiary Complaints
Process Overview

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 QIN-QIO for a Quality Improvement Plan (QIP)

A final letter is sent to the beneficiary or representative with an opportunity for a reconsideration
Immediate Advocacy (IA)

- Informal process used by the BFCC-QIO to resolve a complaint quickly.
- 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.
Short Stay reviews previously performed by the Medicare Administrative Contractors (MACs) for acute care hospitals are now done by BFCC-QIOs

– Short Stay reviews focus on educating doctors and hospitals about the Part A payment policy for inpatient admissions
– CMS randomly samples the top 175 providers with a high or increasing number of Short Stay claims per Area and all other providers previously identified as having “Major Concerns” in the prior round of review
– The provider has up to 45 days to send the medical record. Once the medical record is received, KEPRO has 45 days to complete the review
– Providers that participate in esMD are able to provide medical records through the portal

www.keproqio.com/twomidnight/
Person and Family Engagement (PFE)

- A collaborative, proactive communication and partnered decision making between healthcare providers, beneficiaries, and families

- Why?
  - Help reduce readmissions
  - Make care safer
  - Improve care transitions
How will KEPRO assist beneficiaries and families?

- Immediate Advocacy
- Patient Navigation
- Review Process Clarification
1-on-1 relationship to:
  – Improve coordination of care
  – Increase beneficiary satisfaction
  – Improve outcomes
  – Encourage beneficiary to play a pivotal role in planning and delivering services
  – Facilitate communication between beneficiaries and their providers
  – Eliminate barriers to care
Patient Navigation
We are the Medicare Quality Improvement Organization, working to improve the quality of care for Medicare beneficiaries. Our site offers beneficiary and family-centered care information for providers, patients, and families. Welcome!

Understanding your doctor and making your way through difficult medical systems and treatments can be very overwhelming. KEPRO’s Patient Navigation program can help you be a partner in and take control of your own health.

KEPRO’s Patient Navigators 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 diseases
- Help improve your quality of life

If you are a person with Medicare and want information on KEPRO’s Patient Navigation program, please fill out the form below or contact KEPRO’s Helpline.
Person and Family Engagement

We are the Medicare Quality Improvement Organization, working to improve the quality of care for Medicare beneficiaries. Our site offers beneficiary and family-centered care information for providers, patients, and families. Welcome!

Bringing providers and beneficiaries together to improve healthcare 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 to better understand their healthcare. 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.

Click on a resource center to the right for tools and information related to PFE.

<table>
<thead>
<tr>
<th>CMS Areas</th>
<th>Public Service Announcement (MP3 audio file)</th>
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<tbody>
<tr>
<td>Area 2: Covers Delaware, the District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia.</td>
<td><a href="#">English</a> <a href="#">Spanish</a></td>
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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.
** Beneficiaries calling for Immediate Advocacy should choose option 1 on the first prompt followed by option 2 to be connected to the beneficiary complaint department.
Newsletters
Joint presentations
  – State Health Insurance Assistance Programs (SHIPs)
  – Medicare Administrative Contractors (Part A, B, and D)
  – QIN-QIOs
Advisory boards
  – Senior Advisory Councils and Councils on Aging
  – Health Care Commission and Community Quality Improvement Boards
  – Reducing Avoidable Readmission Coalitions
  – State Offices of Elderly Affairs
Website
KEPRO provides services for beneficiaries:
- Discharge appeals
- Beneficiary complaints
- Immediate Advocacy
- Patient Navigation

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 www.keproqio.com/bene/newsletter.aspx
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Your feedback on today’s presentation is appreciated: www.tiny.cc/BFCCoutreach

The information presented by KEPRO is conditionally effective through July 2019. However, the Centers for Medicare & Medicaid Services can adjust time frames and guidelines as necessary. For the most up-to-date information, please visit our website at www.keproqio.com.
References