KEPRO
The Beneficiary and Family Centered Care Quality Improvement Organization

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- 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

KEPRO's Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>States</th>
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<tr>
<td>Area 2</td>
<td>Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia</td>
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<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 Services

- Discharge Appeals and Service Terminations
- Quality of Care Complaints
- Immediate Advocacy (IA)
  - 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)
  - Hospital Requested Review (HRR)
- 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
- Appeal status updates

(www.keproqio.com)

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**Quality of Care 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

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**Quality of Care Complaints Process Overview**

1. Complaint form is submitted to KEPRO
2. Nurse contacts the beneficiary or representative to discuss the concerns
3. Nurse prepares the case for the Physician Reviewer
4. Physician Reviewer determines whether the care met professionally recognized standards of care
5. Care that does not meet standards is referred to the Quality Innovation Network QIO (QIN-QIO) for a Quality Improvement Plan (QIP)
6. A final letter is sent to the beneficiary or representative
Immediate Advocacy (IA)

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.

IA Success Stories

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.

IA Success Stories

A Medicare beneficiary’s son contacted the BFCC-QIO with a concern about his mother’s durable medical equipment (DME). She was being discharged from the rehabilitation facility, and he was unsure if the bed would be available upon her arrival.

The Intake Specialist contacted the social worker at the rehabilitation facility. She stated that she would contact the DME company regarding the equipment. The Intake Specialist received a call the next day from the DME company. The representative stated that the order for the bed had been processed, and the equipment should arrive that same day.
KEPRO Availability

- 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

KEPRO’s Phone Numbers and Additional Resources

** 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.

Summary

- KEPRO provides three services for beneficiaries:
  - Discharge appeals
  - Quality of Care complaints
  - Immediate Advocacy
- KEPRO’s services are free for Medicare beneficiaries and their representatives
- More information can be found at www.keproqio.com
Beneficiary Helpline

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

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

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

Questions