



Beneficiary and Family Centered Care Quality Improvement Organization

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Presented by



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Kepro's Services for People with Medicare

- **Hospital Discharge and Skilled Service Termination Appeals**
- **Immediate Advocacy (IA)**
- **Beneficiary Complaints (Quality of Care)**

Kepro's services are also available for people with Medicare Advantage and those with Medicare as a secondary insurance.

Appeals

Acute Care – Discharge Appeals

- Important Message from Medicare (IM)
- Timely appeal: Midnight the day of discharge
- Preadmission/Admission Hospital Issued Notice of Non-coverage (HINN)
- Hospital Requested Review (HRR)

Post Acute Care – Skilled Service Terminations

- Notice of Medicare Non-coverage (NOMNC)
- Timely appeal: Noon the day before services are ending



Appeals Process Overview

The provider issues the notice.

The beneficiary or representative calls Kepro for an appeal.

Kepro requests medical records from provider.

Medical record is reviewed by the Kepro physician.

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

Appeals (continued)

- **Financial liability**
 - Technical denials
 - Reconsiderations
- **Time frames**
 - Varies on type of setting
 - Medical records
 - Voicemails
- **Observation status**
- **Update contact information**
 - www.keproqio.com/contact
- **Centers for Medicare & Medicaid Services (CMS) Notices**
 - www.cms.gov/BNi
- **Case Status Check**
 - www.keproqio.com/casestatus

Immediate Advocacy

- **Process used to quickly resolve a complaint or concern about medical care or services**
 - Resolves complaints that are not appropriate for a medical record review
 - More satisfaction for all parties involved
 - Takes care of a complaint faster
- **Goal is to resolve in less than 8 hours and not more than 2 business days**
- **Examples:**
 - Nurse is not answering my questions
 - I have not received the wheelchair my doctor ordered
 - Need a prescription refill but can't get an appointment to see my doctor

Immediate Advocacy Process Overview

A Medicare beneficiary calls Kepro with concerns about her home health agency. Her physical therapy is being cut short from the allotted time.

Immediate Advocacy (IA) begins when the beneficiary gives verbal consent for Kepro to contact the home health agency regarding her concerns.

Kepro's IA social worker contacts the home health agency, and they agree to participate in the IA process.

All parties discuss the situation and work towards a resolution. It's determined a new physical therapist will take over treatments. All parties were satisfied with the IA process.

IA Success Story

A Medicare patient's husband called Kepro with concerns about his wife's discharge from a skilled nursing facility (SNF). After a care conference with the surgeon, the participants determined the patient's husband was capable of taking care of his wife with home health services. However, once his wife was home, he had questions. He called the BFCC-QIO to request help with understanding the plan of care and continued treatment options.

The clinical care coordinator (CCC) at Kepro worked with the SNF social worker to schedule a three-way conference call with the home health agency, social worker, and the patient's husband. The meeting gave the patient's husband a chance to ask follow-up questions to help both him and his wife better understand the plan of care. Now, they were comfortable with the next steps for continued treatment. The CCC followed up with the patient's husband to reinforce his confidence going forward.

Beneficiary Complaints

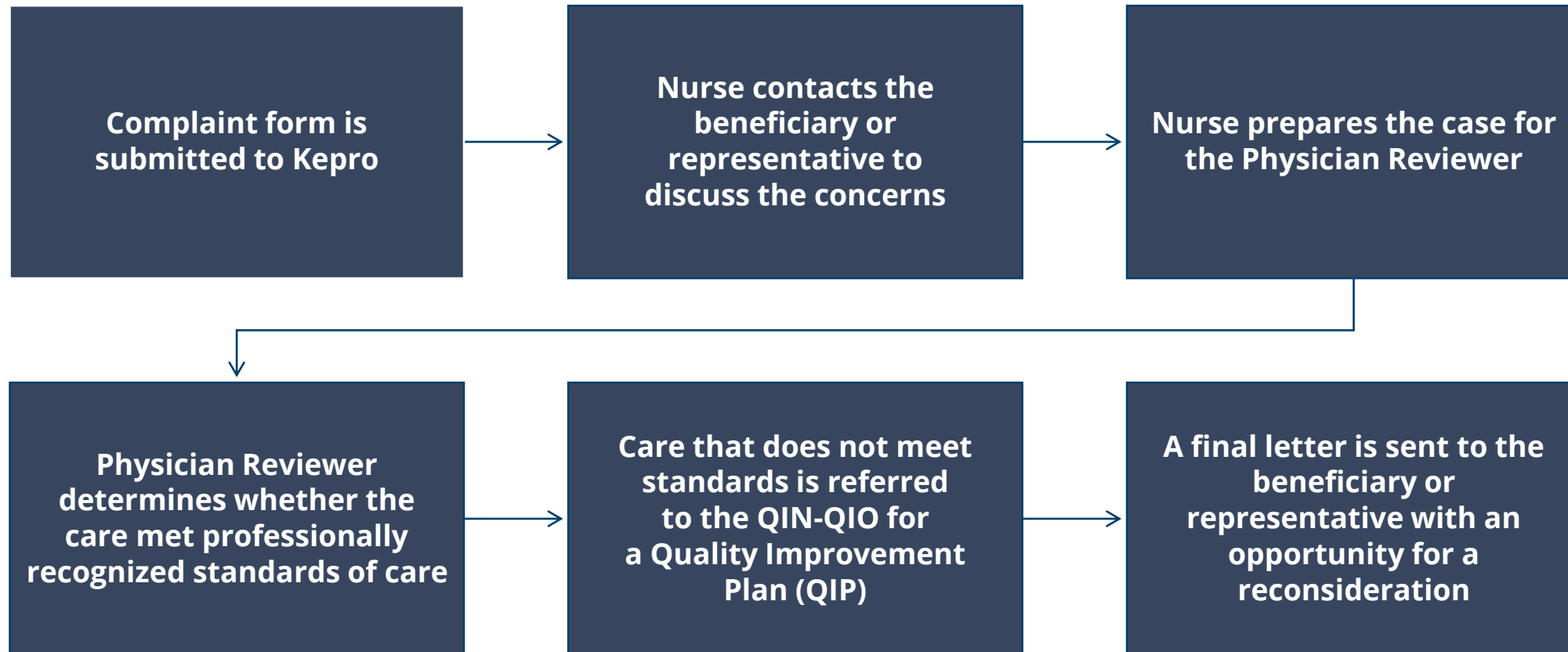
- **Must be about quality of care (medical record review)**
 - Examples include wrong diagnosis or wrong treatment plan
- **Care must have occurred within the last three years and be covered under Medicare**
- **Important aspects about the process**
 - Encouraged to complete a CMS complaint form
 - Must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



Beneficiary Complaints: Time Frames

1. Providers have 14 calendar days to send in the medical record when a quality of care complaint is filed
2. After the medical records are received, Kepro has 30 days to complete the review
3. Providers will receive an inquiry letter from Kepro if a concern is found

Beneficiary Complaints Process Overview





Kepro Hours

- **Appeals staff (local time):**
 - Weekdays: 9 am - 5 pm
 - Weekends: 11 am - 3 pm
 - Holidays: 11 am - 3 pm
- **Voicemails may be left during other hours**
- **Translation services are available**

Medical Record Electronic Submission

- **Effective October 1, 2020, CMS regulations require all providers to send requested patient records to Kepro electronically via a BFCC-QIO approved method**
- **Provider reimbursement:**
 - Electronic format: \$3.00 for a complete patient record
 - Fax or mail (with waiver): \$0.15 per page for requested patient records (plus the cost of first class postage for mailed photocopies)
- **Fax lines remain open for providers unable to submit electronically**
 - Signed and approved waiver is required to receive reimbursement for faxed or paper copy medical records
 - Providers may continue to fax without a waiver but will not be reimbursed
 - Place medical record request (with bar code) within the first three pages of fax

Medical Record Electronic Submission (cont.)



- **Appeals information:**
 - Kepro will fax medical record request
 - Medical records are uploaded into the portal at <https://bfccupload.kepro.com>
- **Quality of Care information:**
 - Kepro will call to verify provider's email address
 - Medical record request is emailed to the provider with a link for the CMS submission portal
- **More information about the electronic submission process, including waiver information, is available at www.keproqio.com/medicalrecords**

Collaboration with Outreach Specialists

Outreach Specialists can provide value to your organization by sharing relevant information and updates via:

- Joint presentations
- Quarterly staff trainings
- Webinars
- Conference calls
- Advisory boards

Outreach Specialist Contact Information

Outreach Specialist

Service Areas

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North Carolina, South Carolina,
Florida, Maine, Massachusetts,
Rhode Island, Vermont

Summary

- **Kepro provides services for people who have Medicare**
 - Hospital discharge and skilled service termination appeals
 - Beneficiary complaints
 - Immediate Advocacy
- **Sign up for Kepro's email list to receive updates and a quarterly newsletter**
 - www.keproqio.com/email
- **YouTube – “Kepro BFCC-QIO”**
- **More information can be found on Kepro's website:**
 - www.keproqio.com



34 YEARS

Experience as Quality Improvement Organization



29 STATES

In our service area



3 CORE SERVICES

Free services provided to people who are on Medicare

Kepro's Contact Information

	Region 1 CT, MA, ME, NH, RI, VT	Region 4 AL, FL, GA, KY, MS, NC, SC, TN	Region 6 AR, LA, NM, OK, TX	Region 8 CO, MT, ND, SD, UT, WY	Region 10 AK, ID, OR, WA
Toll-free Telephone	888-319-8452	888-317-0751	888-315-0636	888-317-0891	888-305-6759
Local Telephone	216-447-9604	813-280-8256	813-280-8256	216-447-9604	216-447-9604
TTY	855-843-4776	855-843-4776	855-843-4776	855-843-4776	855-843-4776
Toll-free Fax	711	711	711	711	711
Mailing Address	5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131	5201 West Kennedy Blvd., Suite 900 Tampa, FL 33609	5201 West Kennedy Blvd., Suite 900 Tampa, FL 33609	5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131	5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131
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Questions & Answers

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<http://sgiz.mobi/s3/Outreach-Specialist-Presentations>

CMS can adjust time frames and guidelines as necessary. For the most up-to-date information, please visit our website at www.keproqio.com.

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