



# Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO): An Overview of Services

A Presentation for Our Stakeholders

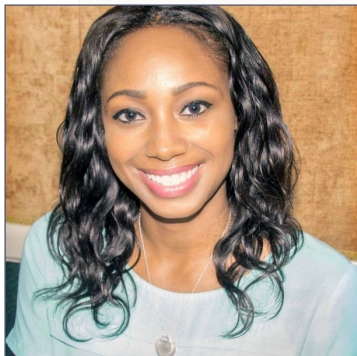
Updated: July 2024



1

1

# Welcome



**Presented by:**

Kia Weaver, MPH  
Outreach Specialist  
Email: [Kia.Weaver@acentra.com](mailto:Kia.Weaver@acentra.com)



2

2

## Acentra Health's Services for People Who Have Medicare

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

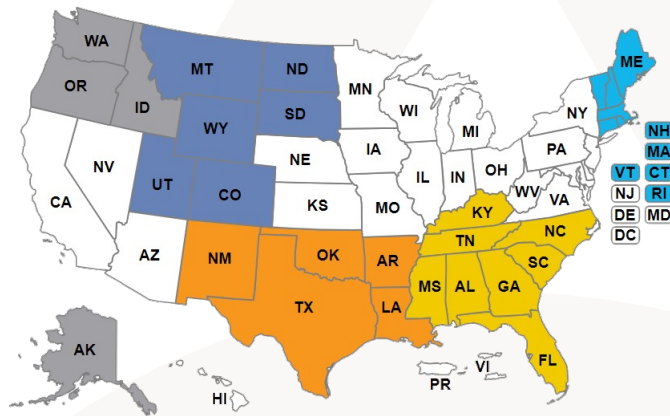
*Acentra Health's services are also available for people with Medicare Advantage and those with Medicare as a secondary insurance.*



3

3

## Acentra Health Service Area



4

4

# Acute Care: Hospital Discharge Appeals

## An Important Message from Medicare

- Informs hospitalized inpatient beneficiaries of their hospital discharge appeal rights.
- Timely appeal: Midnight the day of discharge.
- For more information about the Important Message from Medicare, visit [www.hhs.gov/guidance/document/important-message-medicare-im-form-cms-10065](https://www.hhs.gov/guidance/document/important-message-medicare-im-form-cms-10065)

## Important Message from Medicare (IM, Form CMS-10065)

Informs hospitalized inpatient beneficiaries of their hospital discharge appeal rights.

[Download the Guidance Document](#)

Final

Issued by: Centers for Medicare & Medicaid Services (CMS)

**DISCLAIMER:** The contents of this database lack the force and effect of law, except as authorized by law (including Medicare Advantage Rate Announcements and Advance Notices) or as specifically incorporated into a contract. The Department may not cite, use, or rely on any guidance that is not posted on the guidance repository, except to establish historical facts.

5



5

# Appeals: Discharge Appeals

- Preadmission/Admission Hospital-Issued Notice of Non-coverage
  - Also called a HINN 1 notice.
  - A notice given to Medicare patients to let them know that services they are about to receive, or receiving, was not covered.
- Hospital-Requested Review (HRR) (Also known as HINN 10).
- For more information about HINN notices, visit [www.cms.gov/Medicare/Medicare-General-Information/BNI/HINNs](https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HINNs)



6

6

## Post-acute Care: Skilled Service Termination Appeals

- **Notice of Medicare Non-coverage (NOMNC)**

- A notice given to Medicare patients when services are ending.
- Informs beneficiaries how they can request an expedited determination from their BFCC-QIO.
- Timely appeal: Noon the day before services are ending.

# NOMNC

- For more information:

[www.cms.gov/medicare/medicare-general-information/bni/ffs-expedited-determination-notice](http://www.cms.gov/medicare/medicare-general-information/bni/ffs-expedited-determination-notice)

7



7

## An Example of An Appeal

- Benjamin had been admitted to the hospital. He had been there for several days when his doctor told him that he would be discharged in a couple of days.
- Benjamin's wife was worried that she wouldn't be able to care for him at home, so he could continue his recovery.
- She was not sure that he was ready for discharge.



8



8

## Appeals Process Overview

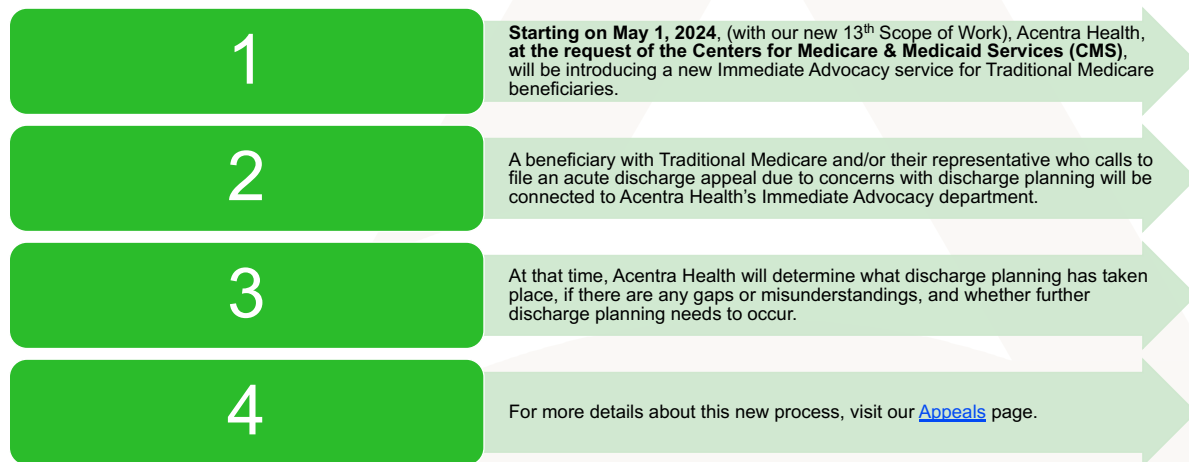


9



9

## A New Process for Acute Discharge Appeals



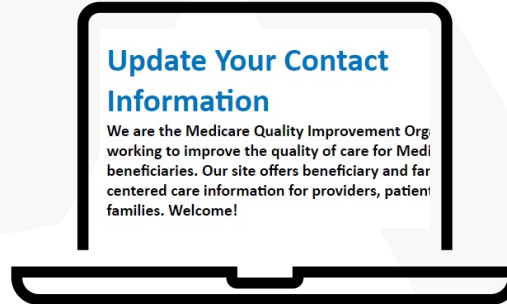
10



10

# Appeals: Additional Information

- **Financial liability**
  - Technical denials
  - Reconsiderations
- **Time frames**
  - Varies on type of setting
  - Medical records
  - Voicemails
- **Observation status**
- **Update contact information**



**Update your contact information** to ensure that you receive timely communications from Acentra Health without unnecessary delays. To update your contact information, visit our [Update Your Contact Information](#) page.

11



11

# Immediate Advocacy

|  |   |  |
|--|---|--|
|  | <p><b>A process used to quickly resolve a complaint or concern about medical care or services</b></p> | <ul style="list-style-type: none"> <li>• Resolves complaints that are not appropriate for a medical record review</li> <li>• More satisfaction for all parties involved</li> <li>• Takes care of a complaint faster</li> </ul>   |
|  | <p><b>Goal is to resolve in less than 8 hours and not more than 2 business days</b></p>               |  |
|  | <p><b>Situations that may be good for Immediate Advocacy services:</b></p>                            | <ul style="list-style-type: none"> <li>• Nurse (or other medical staff) is not answering a patient's or family member's questions.</li> <li>• A patient didn't receive medical equipment (e.g., wheelchair) ordered by the doctor.</li> <li>• A patient needed a prescription refill but couldn't get an appointment to see the doctor.</li> </ul> |

12



12

## Immediate Advocacy Process (Using Home Health as an Example)

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

Immediate Advocacy begins when the beneficiary gives verbal consent for Acentra Health to contact the home health agency regarding her concerns.

Acentra Health's Immediate Advocacy team member contacts the home health agency. They agree to participate in the Immediate Advocacy process.

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

13

13

## Quality of Care 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE QUALITY OF CARE COMPLAINT FORM

**INFORMATION TO HELP YOU FILL OUT THE "QUALITY OF CARE COMPLAINT" FORM**  
The Medicare Program works to ensure that beneficiaries get the best care possible. We take your concerns seriously and would like to get more information to help us review your request. Use of this form will ensure that we process your concerns in an efficient manner. Quality Improvement Organizations (QIOs), under contract with Medicare, are required to conduct reviews of all written complaints from beneficiaries about the quality of services not meeting professionally recognized standards of health care. You may contact the QIO for assistance in completing this form or for general assistance regarding your complaint.  
Please use this step-by-step instruction sheet when completing your "Quality of Care Complaint" Form. Be sure to complete all sections of the form. In addition, if your personal information has been included in the form based on contact you have had with the QIO for your state, please review the information to confirm its accuracy.

1. Print the name of the Medicare beneficiary who has a complaint about the quality of health care he/she received.
2. Include the beneficiary's Medicare (or CN) number if known.
3. Check the appropriate box designating the sex of the individual listed in number 1. In addition, please indicate the age of the beneficiary in the blank space provided, if known.
4. Check the appropriate box or boxes indicating the race/ethnicity of the individual listed in number 1. Please note that this information is strictly voluntary and has no impact on the processing of the complaint.
5. Print the name of the beneficiary's authorized representative if someone other than the beneficiary will be the contact for the processing of the complaint.
6. Print the contact information for the beneficiary or for the beneficiary's authorized representative someone other than the beneficiary will be the contact for the processing of the complaint.
7. Provide a brief description of the incident or concern. The description should include any information you believe is relevant to the review of your complaint, including:
  - dates and times,
  - physicians and provider staff involved,
  - information from witnesses if available, and
  - a description of what happened. If you require more space to describe your complaint, you may attach additional sheets of paper. In addition, you may provide any documents you believe support your complaint.

**Please note:** If you raise concerns that are not quality of care concerns within the scope of the QIO's authority, your complaint will be referred to the appropriate entity.

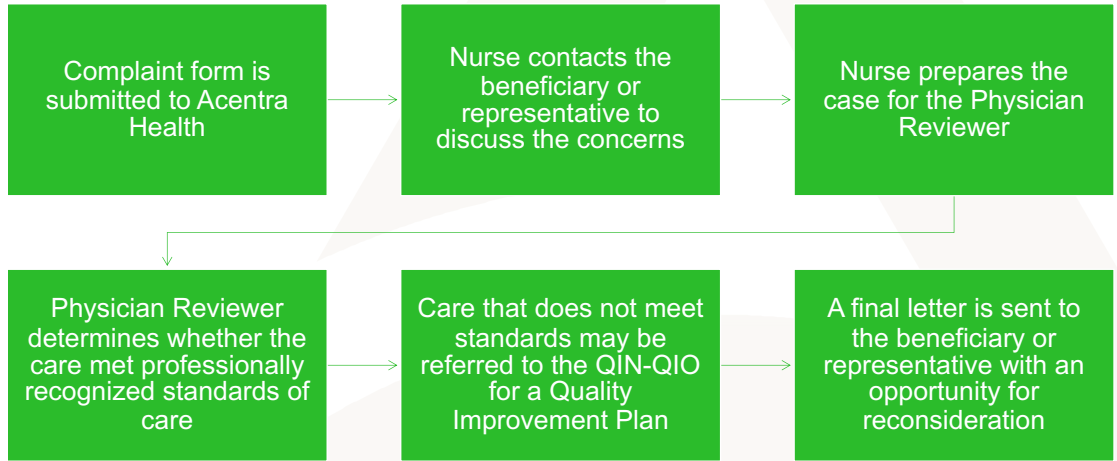
1. By signing this form, you are authorizing the QIO to review your complaint and render a formal determination. The processing of your complaint may require the requesting of pertinent medical records.
2. PLEASE keep this page for your information. Only mail the second page (Medicare Quality of Care Complaint Form) to the QIO. The phone number of your QIO is \_\_\_\_\_. A decision on your complaint will be made within \_\_\_\_\_ days of receiving the signed complaint form.

For more information, visit our [Beneficiary Complaints](#) page.

14

14

## Beneficiary Complaints Process Overview



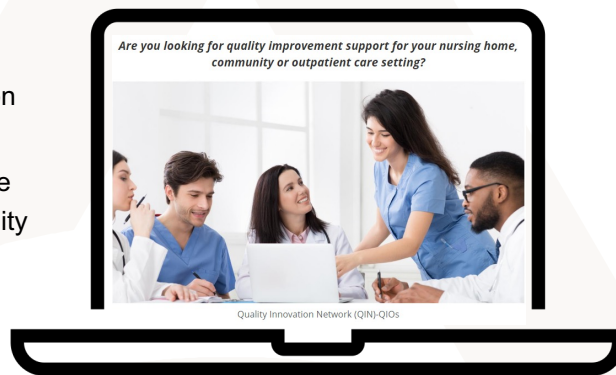
15



15

## QIN-QIOs

- Each state also has a Quality Innovation Network Quality Improvement Organization (QIN-QIO).
- Care that does not meet standards may be referred to that state's QIN-QIO for a Quality Improvement Plan.



Use this link to locate your QIN-QIO:  
[www.qioprogram.org/locate-your-qio](http://www.qioprogram.org/locate-your-qio)

16



16



## Example of a Quality of Care Complaint

- A beneficiary went to the emergency department with a stroke. There was a delay in treatment, and the window for the proper medication was missed.
- As a result of the delay, the Medicare patient ended up with worsening symptoms.
- The patient's wife thought that if the treatment had started sooner, her husband would be much further ahead with his recovery.
- **As a stakeholder, any issues that you may hear about such as this would be an appropriate referral to Acentra Health even if the patient has been discharged.**

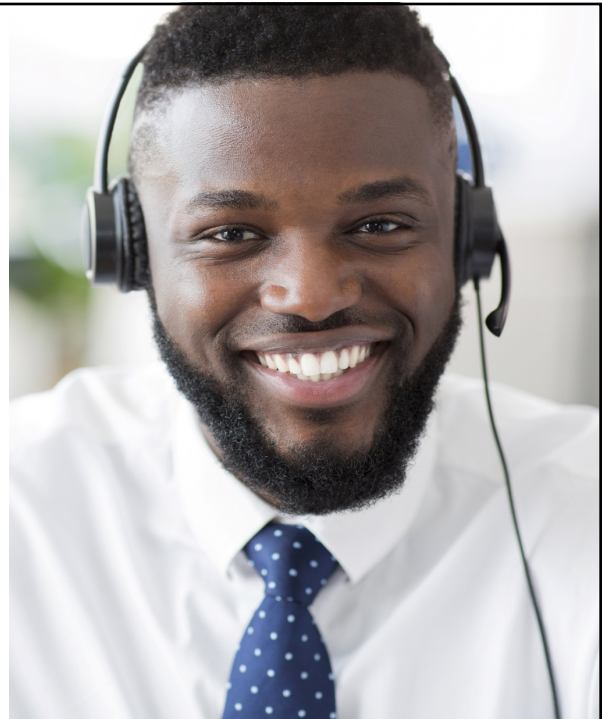


17

17

## Acentra Health Hours

- Helpline staff (your local time):
  - Weekdays: 9 am - 5 pm
  - Weekends and Holidays: 10 am - 4 pm
- Voicemail:
  - Is available for busy times and after hours.
  - Will be returned by close of the next calendar day.
- Translation services are available.



18

18

# Providing Value to Your Organization

- Outreach Specialists can help your organization by sharing relevant information and updates, including news and updates from Medicare.
- Outreach Specialists can work with your organizations in a variety of ways, including:
  - Joint presentations
  - Quarterly staff trainings
  - Webinars
  - Conference calls
  - Advisory boards



19

19

# Contact Information for Outreach Specialists

• **Nancy Jobe**  
 Email: [Nancy.Jobe@acentra.com](mailto:Nancy.Jobe@acentra.com)

• **Service Areas**

|              |              |
|--------------|--------------|
| Alaska       | Oklahoma     |
| Arkansas     | Oregon       |
| Colorado     | South Dakota |
| Idaho        | Texas        |
| Louisiana    | Utah         |
| Montana      | Washington   |
| New Mexico   | Wyoming      |
| North Dakota |              |

• **Kia Weaver, MPH**  
 Email: [Kia.Weaver@acentra.com](mailto:Kia.Weaver@acentra.com)

• **Service Areas**

|               |                |
|---------------|----------------|
| Alabama       | Mississippi    |
| Connecticut   | New Hampshire  |
| Georgia       | North Carolina |
| Florida       | South Carolina |
| Kentucky      | Tennessee      |
| Maine         | Rhode Island   |
| Massachusetts | Vermont        |

20

20



## Summary



**Acentra Health provides services for people who have Medicare.**

- Hospital discharge appeals
- Skilled service termination appeals
- Beneficiary complaints
- Immediate Advocacy

21



21

## Resources for You

- **Case Review Connections Newsletter**
  - Stay up-to-date with case review information, including news and updates from Medicare.
  - Read an issue, sign up for free: [www.acentraqio.com/bene/newsletter](http://www.acentraqio.com/bene/newsletter)
- **On the Healthcare Front Newsletter**
  - Written especially for people with Medicare.
  - Read an issue, sign up for free: [www.acentraqio.com/bene/beneficiarynewsletter](http://www.acentraqio.com/bene/beneficiarynewsletter)
- **Videos to help you with your daily work:**
  - Titles include: An Easy Way to Check Appeal Status, How to Fill Out and Deliver the Notice of Medicare Non-coverage, How to File an Appeal, and How to File a Quality of Care Complaint.
  - Watch videos on our [YouTube channel](#)
- **Information for stakeholders:** [www.acentraqio.com/partners](http://www.acentraqio.com/partners)

22



22

## Resources to Help You Share Resources With Your Community

- Advocacy Resources include:
  - News insert for your organization’s communications (e.g., newsletters, emails).
  - Medicare Rights posters.
  - Information cards that can be placed in a wallet.
- Visit our [Advocacy Resources](#) page for ideas you can use to educate your community.



23



23

## Acentra Health Contact Information

|                            | <b>Region 1</b><br>CT, MA, ME,<br>NH, RI, VT                          | <b>Region 4</b><br>AL, FL, GA, KY,<br>MS, NC, SC, TN | <b>Region 6</b><br>AR, LA, NM,<br>OK, TX | <b>Region 8</b><br>CO, MT, ND,<br>SD, UT, WY | <b>Region 10</b><br>AK, ID,<br>OR, WA |
|----------------------------|---|--|--|--|---------------------------------------|
| <b>Toll-free Telephone</b> | 888-319-8452  | 888-317-0751   | 888-315-0636                             | 888-317-0891                                 | 888-305-6759                          |
| <b>TTY</b>                 | 711 (for all regions)   |  |  |  |                                       |
| <b>Toll-free Fax</b>       | 855-843-4776 (for all regions)  |  |  |  |                                       |
| <b>Mailing Address</b>     | 5201 West Kennedy Blvd., Suite 900, Tampa, FL 33609 (for all regions) |  |  |  |                                       |

24



24



Publication No. R146810-40-07/2024 This material was prepared by Acentra Health, a Medicare Quality Improvement Organization 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.