

Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES



Introduction to Livanta as a BFCC-QIO

LeadingAge New York December 1, 2014





What is the function of a QIO?

- A Quality Improvement Organization...
 - Works in partnership with patients, providers, and practitioners across organizational, cultural, and geographic boundaries.
 - Innovates efficient, effective improvement strategies that are shared widely to lead rapid, large-scale change.



Goal of the QIO Program

 Support a continuously evolving network of dedicated and committed experts in quality improvement, working together in partnership with multiple entities, patients and families to improve health care, support the creation of healthy people in healthy communities and lowering costs through improvement.



Changes to the QIO Program

- In the 10th Scope of Work (SOW), QIOs performed both case review and quality improvement work
- The 11th SOW has this work divided between two kinds of QIOs – Quality Innovation Networks (QIN) QIOs and Beneficiary and Family Centered Care (BFCC) QIOs
- Contracts have been extended from 3 years to 5 years (8/1/2014 7/31/2019)



Changes to the QIO Program

- QIN QIOs will perform Quality Improvement Work
- There are 14 QIN QIOs. Area 1 QINs:
 - Quality Insights QIN (PA, NJ)
 - Atlantic QIN (NY)
 - HealthCentric Advisors (CT, MA, ME, NH, RI, VT)
 - TMF (PR)
 - Health Services Advisory Group (VI)

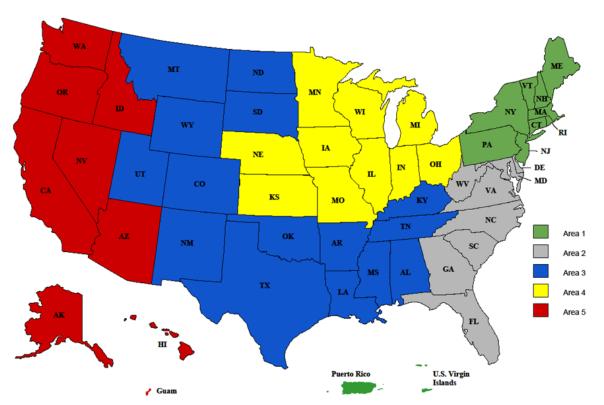


Changes to the QIO Program

- Beneficiary and Family Centered Care QIOs are responsible for case review
- Livanta LLC and KEPRO are the two BFCC QIOs
- Livanta services Area 1 (northeast) and Area 5 (west)



Livanta LLC is the QIO for Areas 1 & 5







About Livanta LLC

- Established in 2004
- Privately-held, government contracting firm headquartered in Annapolis Junction, MD
- Livanta employs skilled professionals who specialize in:
 - Medical documentation and health care claims
 - Financial and compliance audits
 - Data analysis and management
 - Medicare medical review and appeals review programs



BFCC-QIO Tasks

- Discharge Appeals
- Quality of Care Reviews
 - Beneficiary complaints
 - Immediate advocacy
 - General quality of care
 - Referrals
- Medical Necessity Reviews
 - Reasonable and medically necessary
 - Appropriateness of setting
 - Medical necessity review shall be conducted on all cases reviewed by the QIO for any purpose, unless otherwise directed



BFCC-QIO Tasks



- Higher-Weighted Diagnostic Related Group (HWDRG) Reviews
- Readmission Reviews
- Emergency Medical Treatment and Labor Act (EMTALA) Reviews
- Focused Reviews
 - CMS may direct the QIO to perform any of the reviews in the SOW as part of a focused review
 - Some examples:
 - In response to concerns identified in beneficiary appeal review
 - In response to a trend identified in case review



BFCC-QIO Tasks

- Recommendations for Quality Improvement Initiatives (QIIs) and Technical Assistance
 - BFCC to make recommendations to QIN-QIOs for QIIs associated with quality of care concerns
- Discrimination Referrals
 - Referral of cases for investigation to Office of Civil Rights
 - Suspicion of delay or denial of care due to discrimination on basis of race, color, national origin, age, disability, religion, or sex
- Patient and Family Engagement
 - Will be phased-in to the scope of work



Livanta LLC as a BFCC-QIO

• Operations are conducted in two states

- Annapolis Junction, Maryland
- Las Vegas, Nevada

Nevada Operations

- Beneficiary and Provider Call Centers
- Request medical records for all reviews
- Perform record review for appeals
- Maryland Operations
 - Receive/Scan/Process medical records
 - Perform record reviews for Quality of Care/Utilization Review/Higher-Weighted DRG coding reviews



What do providers need to do?

1. Complete a Memorandum of Agreement

- Required for hospitals, critical access hospitals, skilled nursing facilities, home health agencies
- Other providers may submit one voluntarily
- Submit one per Medicare Provider Number
- 2. Update all notices
 - Replace the previous QIO with Livanta's contact information





What if I'm missing the MOA form/have trouble with the MOA website?

 You can download a Word version on the Livanta BFCC QIO website (<u>http://bfccqioarea1.com/provider.html</u>). You can also email a request to <u>ldugan@livanta.com</u>.

Do I need to mail in a copy of my MOA?

• No, a digital copy is all that is required.





Are there any penalties for missing the August 31, 2014 deadline for MOA completion?

• At this time Livanta has no plans to report any provider for missing the deadline. However, any hospitals, critical access hospitals, skilled nursing facilities, and home health agencies that refuse to sign an MOA will be referred to CMS for remediation. Please download the appropriate MOA for your region, complete and email to ldugan@livanta.com ASAP.



What are your hours?

- Mon-Fri 9:00 a.m. 5:00 p.m. ET
- Weekends/holidays 11:00 a.m. 3:00 p.m. ET
- 24-hour voicemail service is available

What is your Area 1 contact information?

- Toll-free telephone number is 1-866-815-5440
- TTY number is 1-866-868-2289





How is the process changing?

• The review process for appeals is mandated by CMS and Livanta will not make changes or deviate from those requirements. Therefore, our appeals process should not change from that of your previous QIO.

Will you be sending us new forms?

 No. Form content is not changing. It is the responsibility of the provider to update forms with Livanta's contact information. If you need forms, they are available at <u>www.cms.gov</u>.





What happens if a beneficiary calls the old QIO?

 As of August 1, 2014, call were forward to the Livanta HelpLine for at least 90 days. Alternatively, the caller will receive a recorded message with the correct number to call for assistance.

May beneficiaries fax appeal requests to Livanta?

 Although faxing the appeal request is an option, Livanta does not recommend it. This may delay the appeal process. Telephoning is preferred as the average wait time is less than five minutes. The best time to call is after 11:00 a.m. ET Monday-Friday or during normal weekend hours.







How do I find out the status of my case?

• Livanta has expanded the options you get when you call the HelpLine. Please dial the toll free number for your Area and choose option "4."

How does Livanta notify the provider of the review decision?

 Livanta will notify the provider, patient, and Medicare Advantage plan (if applicable) via telephone. These calls will be followed by a formal Determination Letter.







For appeals – how do I send records?

- Fax preferred method
- FedEx need to contact Livanta first

What should I send?

 Records requests are specific to the type of review and Livanta's Request for Medical Record documentation provides a suggested list of items for the plan/provider to consider sending to the QIO. What is required is the medical documentation that supports your decision to issue the notice. Please do not send the entire medical record.







Can I send records electronically?

 CMS is working on a method to exchange electronic records. We will share more information on this as it becomes available.

Can I send an electronic fax?

• Yes, programs such as eFax can be used to send in medical records.





Will Livanta offer designated points of contact for large providers, health care associations, or Medicare Advantage plans?

• No. Unfortunately, due to the size of the new regional contracts we are not able to designate staff to specific types of stakeholders.

How can I verify my contact information?

 If you want to verify what we have on file for your facility or need to update your contact information, please contact Laura Dugan at <u>Idugan@livanta.com</u> or 717-450-5781.



Contact Information

For general questions, contact:

Laura Dugan Area 1 Communications Lead Idugan@livanta.com 717-450-5781

Visit <u>www.BFCCQIOArea1.com</u> for more information.



This material was prepared by Livanta, the Medicare Quality Improvement Organization for BFCC Areas 1 and 5, 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. 11SOW-MD-2014-QIOBFCC-PROV2