



ANNUAL MEDICAL REVIEW SERVICES
ANNUAL REPORT

BFCC-QIO 13TH SOW
January 1 -
December 31, 2025

REGIONS:
1, 4, 6, 8, 10

**BFCC-QIO 13TH SOW
ANNUAL MEDICAL REVIEW SERVICES REPORT
REPORTING YEAR 2025**

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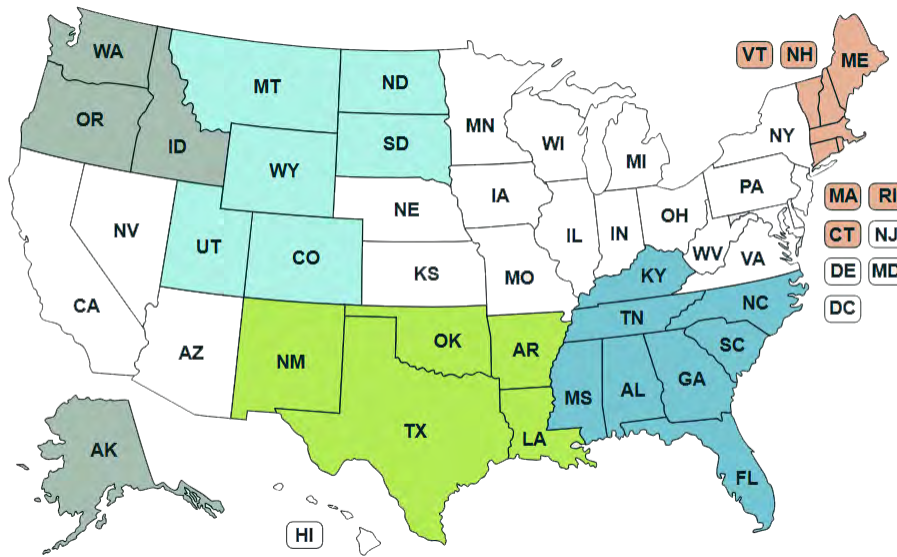
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INTRODUCTION:

Acentra Health is a national healthcare company that supports programs like Medicare and Medicaid. We work with the Centers for Medicare & Medicaid Services (CMS) to review care, protect patient rights, and help ensure people receive safe and appropriate services. Formed in 2023, Acentra Health brings together organizations like Kepro and CNSI, which have decades of experience supporting government healthcare programs. While the name is new, our teams of clinical experts and support staff continue to focus on improving quality, increasing access to care, and helping patients and providers navigate healthcare decisions. Acentra Health helps protect the rights of people with Medicare. We review healthcare decisions and make sure reviews are fair and completed on time.

Acentra Health is the BFCC-QIO for 29 states.



Region 1	Region 4	Region 6	Region 8	Region 10
Connecticut	Alabama	Arkansas	Colorado	Alaska
Massachusetts	Florida	Louisiana	Montana	Idaho
Maine	Georgia	New Mexico	North Dakota	Oregon
New Hampshire	Kentucky	Oklahoma	South Dakota	Washington
Rhode Island	Mississippi	Texas	Utah	
Vermont	North Carolina		Wyoming	
	South Carolina			
	Tennessee			

ANNUAL REPORT BODY:

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	2,385	0.70%
Immediate Advocacy for Complaints	10,148	3.15%
Quality of Care Review (All Other Selection Reasons)	2,248	0.70%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	102	0.03%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	16,606	5.16%
Medicare Advantage (MA) Post-Acute Appeals	241,750	74.13%
FFS Hospital Discharge Appeals	19,854	6.17%
MA Hospital Discharge Appeals	23,377	7.27%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	4,314	1.34%
Notice of Hospital Requested Review (HRR) HINN 10)	66	0.02%
Hospital Observation Status Appeals	70	0.02%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	728	0.23%
EMTALA 60 Day	123	0.04%
Total	321,771	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	227,625	10.80%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	70,046	3.32%
3. I110- Hypertensive heart disease with heart failure	66,227	3.14%
4. N179- Acute kidney failure, unspecified	66,100	3.14%
5. J189- Pneumonia, unspecified organism	65,014	3.09%
6. N390- Urinary tract infection, site not specified	50,953	2.42%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	45,390	2.15%
8. I480- Paroxysmal atrial fibrillation	45,011	2.14%
9. J9601- Acute respiratory failure with hypoxia	31,281	1.48%
10. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	28,628	1.36%
Total	696,275	33.05%

3) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
Other	3,642	1.13%
0: Acute Care Unit of an Inpatient Facility	44,159	13.72%
1: Distinct Psychiatric Facility	415	0.13%
2: Distinct Rehabilitation Facility	8,922	2.77%
3: Distinct Skilled Nursing Facility	254,992	79.10%
4: Distinct Alcohol/Drug Facility	1	0.00%
5: Clinic	85	0.03%
6: Distinct Dialysis Center Facility	6	0.00%
7: Dialysis Center Unit of Inpatient Facility	1	0.00%
8: Independent Based Rural Health Clinic (RHC)	46	0.01%
9: Provider Based Rural Health Clinic (RHC)	45	0.01%
A: Outpatient Ambulatory Surgery	3	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	143	0.04%
C: Free Standing Ambulatory Surgery Center	22	0.01%
F: EMS-Emergency Medical Services	2	0.00%
G: End Stage Renal Disease Unit	31	0.01%
H: Home Health Agency	2,697	0.84%
I: Clinical Laboratories	1	0.00%
J: Pharmacy	12	0.00%
M: Medical Assistance Facility - MT only	4	0.00%
N: Critical Access Hospital	2,628	0.82%
O: Setting does not fit into any other existing setting code	1,014	0.32%
P: Physician Office	57	0.02%
Q: Long-Term Care Facility	880	0.27%
R: Hospice	1,727	0.54%
S: Psychiatric Unit of an Inpatient Facility	30	0.01%
T: Rehabilitation Unit of an Inpatient Facility	109	0.03%
Y: Federally Qualified Health Centers	42	0.01%
Z: Swing Bed Designation for Critical Access Hospitals	55	0.02%
Total	321,771	100.00%

4) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care

review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency, such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the healthcare provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

4.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care Category of Concern Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	1,885	389	20.64%
C02: Did not make appropriate diagnoses and/or assessments	997	272	27.28%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	611	188	30.77%
C04: Did not carry out an established plan in a competent and/or timely fashion	389	128	32.90%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	270	95	35.19%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	190	71	37.37%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	139	51	36.69%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	34	9	26.47%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	24	6	25.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	13	3	23.08%
C11: Did not demonstrate that the patient was ready for discharge	5	1	20.00%
C12: Did not provide appropriate personnel and/or resources	3	1	33.33%
C13: Did not order appropriate specialty consultation	2	1	50.00%
C14: Specialty consultation process was not completed in a timely manner	2	1	50.00%
C15: Did not effectively coordinate across disciplines	2	1	50.00%
C16: Did not ensure patient safety related to medications	2	1	50.00%
C17: Did not ensure patient safety related to fall prevention	2	1	50.00%
Total	4,570	1,219	26.67%

4.B. QUALITY IMPROVEMENT INITIATIVES (QIIs)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
58	4.8%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner acting on laboratory and imaging test results	1
Practitioner - Improvement needed in practitioner diagnosis and evaluation of patients	3
Practitioner - Improvement needed in practitioner general treatment planning/administration	6
Practitioner - Improvement needed in practitioner medical record documentation that impacts patient care	2
Practitioner - Improvement needed in practitioner medication management	1
Practitioner - Improvement needed in practitioner monitoring of patient response/changes and adjusting treatment	2
Practitioner - Improvement needed in practitioner ordering necessary laboratory and imaging tests	1
Practitioner - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	3
Practitioner - Improvement needed in practitioner test/procedure/surgery technique	3
Practitioner - Improvement needed to prevent practitioner treatment delays	1
Provider - Improvement needed in case management/discharge planning	1
Provider - Improvement needed in medical record documentation that impacts patient care	4

Provider - Improvement needed in notice of noncoverage issuance	1
Provider - Improvement needed in other administrative area	1
Provider - Improvement needed in other patient care by staff area	1
Provider - Improvement needed in practitioner diagnosis and evaluation of patients	2
Provider - Improvement needed in practitioner general treatment planning/administration	5
Provider - Improvement needed in practitioner medical record documentation that impacts patient care	1
Provider - Improvement needed in practitioner medication management	1
Provider - Improvement needed in practitioner monitoring of patient response/changes and adjusting treatment	1
Provider - Improvement needed in practitioner ordering of/coordination with/completion of practitioner specialty consultation	2
Provider - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	2
Provider - Improvement needed in practitioner safety precautions	1
Provider - Improvement needed in staff assessments	1
Provider - Improvement needed in staff carrying out plan of care	1
Provider - Improvement needed in staff following provider established care protocols	4
Provider - Improvement needed in staff monitoring/reporting of patient changes and response to care/adjusting care	6

5) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	102	39.22%	59.80%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	66	22.73%	77.27%
Hospital Observation Status Appeal	70	41.43%	54.29%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	16,606	47.18%	52.58%
MA Post-Acute Appeal (CORF, HHA, SNF)	241,750	56.47%	43.38%
FFS Hospital Discharge Appeals	19,854	14.55%	85.16%
MA Hospital Discharge Appeals	23,377	12.59%	87.21%
Total	301,825	49.79%	50.21%

6) EVIDENCE USED IN DECISION-MAKING

The table that follows describes the common types of evidence or standard of care used to support Acentra Health Review Coordinators and independent Peer Reviewer decisions for appeals. For the Quality of Care reviews, we have provided the most highly utilized types of evidence/standards of care to support Acentra Health’s Review Coordinator and independent Peer Reviewer decisions for the specific list of diagnostic categories provided in the table.

Review Type	Diagnostic Categories	Evidence/ Standards of Care Used	Rationale for Evidence/Standard of Care Selected
Quality of Care	Pneumonia	UpToDate (uptodate.com); Centers for Disease Control and Prevention (CDC) (cdc.org); American Medical Association (AMA) (ama-assn.org); American Lung Association (lung.org)	UpToDate provides standards of care relevant to the concern. The standards are updated as new information is obtained. The CDC is also used as an official resource for accessing guidelines and clinical standards, including detailed treatment regimens and follow-up.
	Heart Failure	UpToDate (uptodate.com); American Heart Association (AHA) (heart.org); AMA (www.ama-assn.org)	UpToDate is used for updated information on current standards of care. AHA and AMA information is used to supplement clinical information.

	Pressure Ulcers	UpToDate (<i>uptodate.com</i>); Agency for Healthcare Research and Quality (AHRQ) (<i>ahrq.gov</i>); Wound, Ostomy and Continence Nursing Society (WOCN) (<i>WOCN.org</i>)	UpToDate and AHRQ remain excellent online resources for identifying standards of care and practice guidelines. WOCN provides nursing guidelines for staging and care of pressure ulcers.
Quality of Care	Acute Myocardial Infarction	UpToDate (<i>uptodate.com</i>); AHA (<i>heart.org</i>); AMA (<i>www.ama-assn.org</i>)	UpToDate is used for updated information on current standards of care. AHA and AMA information are used to supplement clinical information.
	Urinary Tract Infection	UpToDate (<i>uptodate.com</i>); American Society of Nephrology (<i>asn-online.org</i>)	UpToDate and the American Society of Nephrology provide current standards for renal-related concerns and care.
	Sepsis	UpToDate (<i>uptodate.com</i>); Sepsis Alliance (<i>sepsis.org</i>); AMA (<i>ama-assn.org</i>)	UpToDate provides current standards of care related to the treatment of sepsis. Additional references provide further information for review.
	Adverse Drug Events	UpToDate (<i>uptodate.com</i>); CDC (<i>cdc.gov</i>); National Institutes of Health (NIH); (<i>ncbi.nlm.nih.gov</i>); AHRQ (<i>ahrq.gov</i>)	UpToDate provides current standards of care. The CDC, NIH, and AHRQ provide additional references related to specific medications and interactions/reactions associated with the medications.
	Falls	UpToDate (<i>uptodate.com</i>); American Geriatrics Society (<i>americangeriatrics.org</i>)	UpToDate provides current standards of care to prevent falls. The Geriatric Society provides additional information on preventing falls in the elderly population as well as follow-up treatments.
	Surgical Complications	UpToDate (<i>uptodate.com</i>); American College of Surgeons (<i>facs.org</i>); NIH (<i>ncbi.nlm.nih.gov</i>)	UpToDate provides current standards of care related to various surgical procedures. The American College of Surgeons and NIH provide additional insights into various procedures, potential complications (expected and unexpected), and follow-up care.
Appeals		Medicare Benefits Manual; Appeals National Coverage Determination	Medicare coverage is limited to services that are:

		Guidelines, including language and provisions from the JIMMO v. Sebelius settlement	<ul style="list-style-type: none"> • Reasonable and necessary for the diagnosis or treatment of an illness or injury • Within the scope of a defined Medicare benefit category • Consistent with professionally recognized standards of care • Appropriately delivered in the most suitable and safe setting.
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7) REVIEWS BY GEOGRAPHIC AREA

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Total Providers
Urban	271,772	90.04%
Rural	29,625	9.82%
Unknown	428	0.14%
Total	301,1825	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Total Providers
Urban	3,746	80.85%
Rural	431	9.30%
Unknown	456	9.84%
Total	4,633	100.00%

8) OUTREACH AND COLLABORATION WITH BENEFICIARIES

Acentra Health partnered with X4 Health to conduct an Outreach and Education Pilot in Louisiana, New Mexico, and Oregon. These states were selected due to low use of BFCC-QIO services, low appeal rates, and high Medicare Advantage enrollment. The goal was to increase awareness of Medicare beneficiary rights and improve the use of BFCC-QIO services.

The pilot used a data-driven approach. This included identifying key stakeholders, conducting targeted outreach, developing educational materials, and collecting feedback. The effort focused on local engagement and working with trusted community partners to reach underserved populations.

Over two months, the team identified more than 600 organizations and engaged 50 priority groups. These included healthcare providers, community organizations, and advocacy groups. The outreach showed strong interest in partnership and helped increase awareness of available services.

Key findings showed that outreach works best when using trusted community partners, clear and simple materials, and multiple points of contact. Stakeholders also shared a strong need for easy-to-use resources, such as one-page materials and quick reference guides.

The pilot also identified areas for improvement. These include expanding materials in multiple languages, simplifying messaging, and improving how information is shared.

Based on these results, Acentra Health developed a framework to expand this work nationwide. This approach focuses on building partnerships, using data to guide outreach, and improving strategies over time.

Overall, the pilot showed that local, community-based outreach can increase awareness of Medicare rights and help more beneficiaries access BFCC-QIO services. These efforts will serve as the foundation for expanding Acentra Health’s outreach to Medicare beneficiaries.

9) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
10,148	14,462

Immediate Advocacy (IA) Category of Concern Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	1
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	2
E01: Assistance with understanding discharge instructions from non-acute setting	333
E02: Assistance with scheduling medical appointments	82
E03: Assistance with Durable Medical Equipment (DME) issues	148
E04: Assistance with prescription issues	313
E05: Assistance with pain management	143
E06: Assistance with help related to activities of daily living (ADLs)	126
E07: Assistance with communication issues	5,762
E08: Assistance with continuity of care/care coordination	2,489
E09: Assistance with behavioral health issues	36
E10: Assistance with comfort care	88
E11: Assistance with obtaining specialty consultation appointment	20
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	2
E15: Discrimination	5

E16: Food	2
E17: Literacy	0
E18: Language	0
E19: Transportation	12
E20: Violence	0
E21: Access to Medical Services	1
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	10
Total	10,148

10) EXAMPLE/SUCCESS STORY

A mother called Acentra Health, worried about her daughter. Her daughter had recently enrolled in a Medicare prescription drug plan, but the change caused delays in getting needed medications. Despite many calls, the mother could not reach anyone who could help. Her daughter, who relies on important medications, including seizure medicine, was at risk of running out.

The situation was even more stressful because the drug plan would not speak with the mother. They said she was not yet approved to act on her daughter’s behalf. This was confusing and frustrating. The mother had already sent the required forms by mail and fax earlier that month. She explained that her daughter has a traumatic brain injury and cannot speak, sign forms, or make decisions. She depends fully on her mother for care. Even though doctors and the hospital had sent records to support this, the issue remained unresolved. Meanwhile, she had to rely on old supplies to manage her daughter’s care.

Running out of options, the mother reached out to Acentra Health for Immediate Advocacy. Our clinical reviewer listened to her concerns and explained how the process works. With the mother’s permission, our reviewer set up a call with the drug plan. After several transfers, they reached a supervisor who was able to help.

The supervisor explained that the forms had not yet been entered into the system. She apologized for the delay and said they would be processed within a few days. She also provided helpful information about pharmacies in the plan’s network and next steps to ensure everything was completed.

After the call, the Acentra Health reviewer followed up with the mother to review the plan moving forward. For the first time, the mother felt she had clear answers. She expressed relief and gratitude for the support she received. With a path forward in place, the case was successfully resolved, ensuring the beneficiary could continue receiving the care and medications she needs.

11) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
4,314	14,462

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	85
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
F01: Assistance with understanding hospital discharge appeal process	881
F02: Assistance with coordination of care following hospital discharge	1,421
F03: Assistance with understanding discharge instructions from inpatient hospital admission	1,883
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	3
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	27
Unspecified	10
Total	4,314

12) EXAMPLE/SUCCESS STORY

Acentra Health received a request for Immediate Advocacy Discharge Assistance (IADA) from a patient with Medicare in the hospital. He was worried about going home safely because of stomach issues, weakness, and a risk of falling. It was hard for him to move safely from his wheelchair.

He had one leg, used a wheelchair, and lived alone. He usually moved on his own using his upper body strength, but felt too weak to do this safely. He said that only a few tests had been done and that he had not talked with a social worker. Because of this, he did not feel safe going home. He had a catheter, a PICC line, and was taking antibiotics for an infection.

An Acentra Health clinical reviewer started the Immediate Advocacy process to help with his care and safety needs. After several calls, the reviewer spoke with the hospital case manager.

The case manager said that therapy tests had been done. The tests showed that the beneficiary was not back to normal. The therapy team suggested more care at a skilled nursing facility. Referrals had already been sent, and the hospital was waiting for responses. The case manager also agreed to check on the beneficiary's stomach issues and other tests.

The clinical reviewer later gave the beneficiary an update. The beneficiary said that more tests were being done. He also said that he was working with therapy during his hospital stay.

The beneficiary's safety concerns were being addressed, and plans for more care were moving forward. The beneficiary decided to stop his appeal. He was told to contact Acentra Health if he needed more help.

13) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	588,099
Total Number of Calls Answered	580,542
Total Number of Abandoned Calls	7,440
Average Length of Call Wait Times	00:00:16
Number of Calls Transferred by 1-800-Medicare	10,725

CONCLUSION:

Acentra Health works to improve health care for people with Medicare. They check patient cases to protect patient rights and make sure patients have a good experience. These reviews also help find problems and improve health care for everyone.

The data shows that most reviews start because patients or their families have concerns. This means patients and families are important in making care better.

Acentra Health supports Medicare, patients, families, and doctors. They help protect patient rights and help doctors give better care. They do this by teaching doctors about quality, necessary medical care, and Medicare rules. These services help patients with things like leaving the hospital, appeals, and communication.

- People with Medicare can talk to trained staff who listen and share their concerns with doctors. These reviews use national care standards to help improve care.
- The Immediate Advocacy program quickly solves problems. It helps with communication, getting care, and other issues.
- If quality problems are found, Acentra Health gives doctors feedback. If there are bigger problems, they might get help from other organizations.
- Acentra Health makes sure services are needed and follow Medicare rules. This helps protect people with Medicare and the Medicare Trust fund.
- Acentra Health teaches people with Medicare, families, and doctors about healthcare rights and services. This helps everyone get fair access to care.

Acentra Health helps the government and the Medicare program. They help make care better for the people they serve by advocating, educating, and reviewing medical care.

APPENDIX

ACENTRA HEALTH BFCC-QIO REGION # 1 – STATE OF CONNECTICUT

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	33	0.22%
Immediate Advocacy for Complaints	313	2.11%
Quality of Care Review (All Other Selection Reasons)	41	0.28%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	6	0.04%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	1,098	7.4%
Medicare Advantage (MA) Post-Acute Appeals	12,243	82.46%
FFS Hospital Discharge Appeals	463	3.12%
MA Hospital Discharge Appeals	517	3.49%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	105	0.71%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	9	0.06%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	1	0.01%
EMTALA 60 Day	0	0.00%
Total	14,829	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1.A419- Sepsis, unspecified organism	5,869	12.41%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,794	3.79%
3.I110- Hypertensive heart disease with heart failure	1,710	3.62%
4.N179- Acute kidney failure, unspecified	1,654	3.50%
5.J189- Pneumonia, unspecified organism	1,381	2.92%
6.N390- Urinary tract infection, site not specified	1,153	2.44%
7.J690- Pneumonitis due to inhalation of food and vomit	1,048	2.22%
8.I214- Non-ST elevation (NSTEMI) myocardial infarction	736	1.56%
9.U071- COVID-19	708	1.50%
10.I480- Paroxysmal atrial fibrillation	677	1.43%
Total	16,730	35.37%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	9,044	60.99%
Male	5,780	38.98%
Unknown	4	0.03
Total	14,828	100.00%
Race		
Asian	87	0.59%
Black	1,463	9.87%
Hispanic	792	5.34%
North American Native	46	0.31%
Not applicable	8	0.05%
Other	596	4.02%
Unknown	39	0.26%
White	11,797	79.56%
Total	14,828	100.00%
Age		
Under 65	1,057	7.13%
65-70	1,749	11.80%
71-80	4,709	31.76%
81-90	5,344	36.04%
91+	1,965	13.25%
Unknown	4	0.03%
Total	14,828	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	1,318	8.89%
1: Distinct Psychiatric Facility	0	0.00%
2: Distinct Rehabilitation Facility	20	0.13%
3: Distinct Skilled Nursing Facility	13,263	89.43%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	3	0.02%
6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%

9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	2	0.01%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	91	0.61%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	0	0.00%
O: Setting does not fit into any other existing setting code	3	0.02%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	0	0.00%
R: Hospice	35	0.24%
S: Psychiatric Unit of an Inpatient Facility	2	0.01%
T: Rehabilitation Unit of an Inpatient Facility	2	0.01%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	67	0.45%
Total	14,829	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The data below reflects the category of quality of care concerns identified during medical record reviews, along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency, such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	32	1	3.13%
C02: Did not make appropriate diagnoses and/or assessments	19	1	5.26%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	9	1	11.11%
C04: Did not carry out an established plan in a competent and/or timely fashion	4	1	25.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	4	1	25.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	3	1	33.33%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	3	1	33.33%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%

C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence-based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	74	7	9.46%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	6	16.67%	83.33%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	9	55.56%	33.33%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	1,098	42.71%	57.29%
MA Post-Acute Appeal (CORF, HHA, SNF)	12,243	54.11%	45.71%
FFS Hospital Discharge Appeals	463	8.42%	91.58%
MA Hospital Discharge Appeals	517	10.64%	88.89%
Total	14,336	50.18%	49.82%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	14,301	99.76%
Rural	35	0.24%
Unknown	0	0.00%
Total	14,336	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	72	97.30%
Rural	0	0.00%
Unknown	2	2.70%
Total	74	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
313	418

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	13
E02: Assistance with scheduling medical appointments	3
E03: Assistance with Durable Medical Equipment (DME) issues	8
E04: Assistance with prescription issues	6
E05: Assistance with pain management	1
E06: Assistance with help related to activities of daily living (ADLs)	5
E07: Assistance with communication issues	187
E08: Assistance with continuity of care/care coordination	71
E09: Assistance with behavioral health issues	0

E10: Assistance with comfort care	1
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	1
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	1
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	16
Total	313

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
105	418

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	20
F02: Assistance with coordination of care following hospital discharge	43
F03: Assistance with understanding discharge instructions from inpatient hospital admission	37
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	1
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	2
Total	105

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	478

ACENTRA HEALTH BFCC-QIO REGION # 1 – STATE OF MAINE

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	0	0.00%
Immediate Advocacy for Complaints	52	1.79%
Quality of Care Review (All Other Selection Reasons)	0	0.00%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	6	0.21%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	111	3.83%
Medicare Advantage (MA) Post-Acute Appeals	2,268	78.23%
FFS Hospital Discharge Appeals	154	5.31%
MA Hospital Discharge Appeals	275	9.46%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	30	1.03%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	1	0.03%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	1	0.03%
EMTALA 60 Day	0	0.00%
Total	2,898	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1.A419- Sepsis, unspecified organism	1,508	8.29%
2.J189- Pneumonia, unspecified organism	646	3.55%
3.I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	643	3.53%
4.I214- Non-ST elevation (NSTEMI) myocardial infarction	537	2.95%
5.I110- Hypertensive heart disease with heart failure	497	2.73%
6.N179- Acute kidney failure, unspecified	417	2.29%
7.N390- Urinary tract infection, site not specified	362	1.99%
8.J441- Chronic obstructive pulmonary disease with (acute) exacerbation	320	1.76%
9.J9601- Acute respiratory failure with hypoxia	311	1.71%
10.J690- Pneumonitis due to inhalation of food and vomit	272	1.49%
Total	5,513	30.29%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	1,747	60.30%
Male	1,148	39.63%
Unknown	2	0.07%
Total	2,897	100.00%
Race		
Asian	1	0.03%
Black	11	0.38%
Hispanic	12	0.41%
North American Native	34	1.17%
Not applicable	2	0.07%
Other	36	1.24%
Unknown	2	0.07%
White	2,799	96.62%
Total	2,897	100.00%
Age		
Under 65	242	8.35%
65-70	409	14.12%
71-80	1,080	37.28%
81-90	928	32.03%
91+	236	8.15%
Unknown	2	0.07%
Total	2,897	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	420	14.52%
1: Distinct Psychiatric Facility	1	0.03%
2: Distinct Rehabilitation Facility	18	0.62%
3: Distinct Skilled Nursing Facility	2,317	79.92%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%
6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%

9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	4	0.14%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	9	0.31%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	100.00%
N: Critical Access Hospital	102	3.52%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	1	0.03%
Q: Long-Term Care Facility	0	0.00%
R: Hospice	11	0.38%
S: Psychiatric Unit of an Inpatient Facility	1	0.03%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	4	0.14%
Other	10	0.34%
Total	2,898	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency, such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	0	0	0.00%
C02: Did not make appropriate diagnoses and/or assessments	0	0	0.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	0	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%

C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	0	0	0.00%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	6	66.67%	33.33%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	1	0.00%	100.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	111	35.14%	63.96%
MA Post-Acute Appeal (CORF, HHA, SNF)	2,268	54.32%	45.59%
FFS Hospital Discharge Appeals	154	13.64%	86.36%
MA Hospital Discharge Appeals	275	12.73%	87.27%
Total	2,815	47.28	52.72%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	2,457	87.28%
Rural	358	12.72%
Unknown	0	0.00%
Total	2,815	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	0	0.00%
Rural	0	0.00%
Unknown	0	0.00%
Total	0	0.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
52	82

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	3
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	0
E04: Assistance with prescription issues	0
E05: Assistance with pain management	1
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	32
E08: Assistance with continuity of care/care coordination	11
E09: Assistance with behavioral health issues	0

E10: Assistance with comfort care	1
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	4
Total	52

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
30	82

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	3
F02: Assistance with coordination of care following hospital discharge	11
F03: Assistance with understanding discharge instructions from inpatient hospital admission	16
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	30

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	48

ACENTRA HEALTH BFCC-QIO REGION # 1 – STATE OF MASSACHUSETTS

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	91	0.93%
Immediate Advocacy for Complaints	432	4.43%
Quality of Care Review (All Other Selection Reasons)	68	0.7%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	17	0.17%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	1,952	20.01%
Medicare Advantage (MA) Post-Acute Appeals	5,465	56.01%
FFS Hospital Discharge Appeals	946	9.7%
MA Hospital Discharge Appeals	532	5.45%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	235	2.41%
Notice of Hospital Requested Review (HRR) HINN 10)	1	0.01%
Hospital Observation Status Appeals	18	0.18%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	0	0.00%
EMTALA 60 Day	0	0.00%
Total	9,757	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	14,178	9.76%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	5,929	4.08%
3. I110- Hypertensive heart disease with heart failure	4,558	3.14%
4. J189 Pneumonia, unspecified organism	4,323	2.98%
5. N179- Acute kidney failure, unspecified	4,310	2.97%
6. N390- Urinary tract infection, site not specified	3,248	2.24%
7. J690- Pneumonitis due to inhalation of food and vomit	3,236	2.23%
8. I214- Non-ST elevation (NSTEMI) myocardial infarction	2,728	1.88%
9. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	2,600	1.79%
10. U071- COVID-19	2,203	1.52%
Total	47,313	32.59%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	5,940	86.34%
Male	3,813	39.08%
Unknown	4	0.04%
Total	9,757	100.00%
Race		
Asian	142	1.46%
Black	461	4.72%
Hispanic	326	3.34%
North American Native	23	0.24%
Not applicable	10	0.10%
Other	325	3.33%
Unknown	46	0.47%
White	8,424	86.34%
Total	9,757	100.00%
Age		
Under 65	769	7.88%
65-70	1,197	12.27
71-80	3,171	32.50
81-90	3,327	34.10
91+	1,286	13.18
Unknown	7	7.88%
Total	9,757	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	1,699	17.41%
1: Distinct Psychiatric Facility	26	0.27%
2: Distinct Rehabilitation Facility	190	1.95%
3: Distinct Skilled Nursing Facility	7,529	77.17%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	4	0.04%
6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%

8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	6	0.06%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	1	0.01%
H: Home Health Agency	53	0.54%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	18	0.18%
O: Setting does not fit into any other existing setting code	1	0.01%
P: Physician Office	4	0.04%
Q: Long-Term Care Facility	63	0.65%
R: Hospice	53	0.54%
S: Psychiatric Unit of an Inpatient Facility	3	0.03%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	2	0.02%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	105	1.08%
Total	9,757	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	84	8	9.52
C02: Did not make appropriate diagnoses and/or assessments	44	6	13.64
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	21	4	19.05
C04: Did not carry out an established plan in a competent and/or timely fashion	6	1	16.67
C05: Did not appropriately assess and/or act on changes in clinical/other status results	2	0	0.00
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	1	0	0.00
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	1	0	0.00
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%

C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	159	19	11.95%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
5	26.32%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Provider - Improvement needed in medical record documentation that impacts patient care	2
Provider - Improvement needed in notice of noncoverage issuance	1
Provider - Improvement needed in practitioner general treatment planning/administration	1
Provider - Improvement needed in practitioner medical record documentation that impacts patient care	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	17	23.53%	70.59%

Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	1	0.00%	100.00%
Hospital Observation Status Appeal	18	16.67%	83.33%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	1,952	45.70%	54.20%
MA Post-Acute Appeal (CORF, HHA, SNF)	5,465	51.01%	48.91%
FFS Hospital Discharge Appeals	946	11.73%	87.53%
MA Hospital Discharge Appeals	532	11.84%	87.78%
Total	8,931	43.22%	56.78%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	8,925	99.93%
Rural	6	0.07%
Unknown	0	0.00%
Total	8,931	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	158	99.37%
Rural	1	0.63%
Unknown	0	0.00%
Total	159	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
432	667

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0

EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	13
E02: Assistance with scheduling medical appointments	3
E03: Assistance with Durable Medical Equipment (DME) issues	2
E04: Assistance with prescription issues	17
E05: Assistance with pain management	7
E06: Assistance with help related to activities of daily living (ADLs)	6
E07: Assistance with communication issues	252
E08: Assistance with continuity of care/care coordination	103
E09: Assistance with behavioral health issues	1
E10: Assistance with comfort care	1
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	2
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	25
Total	432

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
235	667

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	4
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	34
F02: Assistance with coordination of care following hospital discharge	105
F03: Assistance with understanding discharge instructions from inpatient hospital admission	91
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	0
Total	235

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	481

ACENTRA HEALTH BFCC-QIO REGION # 1 – STATE OF NEW HAMPSHIRE

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	7	0.22%
Immediate Advocacy for Complaints	54	1.72%
Quality of Care Review (All Other Selection Reasons)	0	0.00%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	9	0.29%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	216	6.87%
Medicare Advantage (MA) Post-Acute Appeals	2,512	79.85%
FFS Hospital Discharge Appeals	167	5.31%
MA Hospital Discharge Appeals	145	4.61%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	34	1.08%
Notice of Hospital Requested Review (HRR) HINN 10)	1	0.03%
Hospital Observation Status Appeals	1	0.03%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	0	0.00%
EMTALA 60 Day	0	0.00%
Total	3,146	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	2,531	8.77%
2. J189- Pneumonia, unspecified organism	1,070	3.71%
3. I110- Hypertensive heart disease with heart failure	897	3.11%
4. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	882	3.06%
5. I214- Non-ST elevation (NSTEMI) myocardial infarction	846	2.93%
6. N390- Urinary tract infection, site not specified	723	2.51%
7. N179- Acute kidney failure, unspecified	717	2.48%
8. I480- Paroxysmal atrial fibrillation	562	1.95%
9. I350- Nonrheumatic aortic (valve) stenosis	546	1.89%
10. J690- Pneumonitis due to inhalation of food and vomit	470	1.63%
Total	9,244	32.03%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	1,900	60.39%
Male	1,246	39.61%
Unknown	0	0.00%
Total	3,146	100.00%
Race		
Asian	11	0.35%
Black	32	1.02%
Hispanic	40	1.27%
North American Native	8	0.25%
Not applicable	1	0.03%
Other	29	0.92%
Unknown	10	0.32%
White	3015	95.84%
Total	3,416	100.00%
Age		
Under 65	281	8.93%
65-70	493	15.67%
71-80	1,088	34.58%
81-90	1,000	31.79%
91+	283	9.00%
Unknown	1	0.03%
Total	3,416	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	352	11.19%
1: Distinct Psychiatric Facility	2	0.06%
2: Distinct Rehabilitation Facility	14	0.45%
3: Distinct Skilled Nursing Facility	2,703	85.92%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%
6: Distinct Dialysis Center Facility	0	0.00%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	3	0.10%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	1	0.03%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	48	1.53%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	1	0.03%
R: Hospice	8	0.25%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	4	0.13%
Other	10	0.32%
Total	3,146	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	5	0	0.00%
C02: Did not make appropriate diagnoses and/or assessments	2	0	0.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	0	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence-based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	7	0	0.00%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	9	22.22%	77.78%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	1	100.00%	0.00%
Hospital Observation Status Appeal	1	0.00%	100.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	216	42.13%	56.94%
MA Post-Acute Appeal (CORF, HHA, SNF)	2,512	56.29%	43.63%

FFS Hospital Discharge Appeals	167	13.7%	86.3%
MA Hospital Discharge Appeals	145	11.72%	88.28%
Total	3,051	50.70%	49.30%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	3,033	99.41%
Rural	18	0.59%
Unknown	0	0.00%
Total	3,051	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	3	42.86%
Rural	4	57.14%
Unknown	0	0.00%
Total	7	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
54	88

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	1
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	0

E05: Assistance with pain management	0
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	32
E08: Assistance with continuity of care/care coordination	12
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	2
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	6
Total	54

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
34	88

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	7

F02: Assistance with coordination of care following hospital discharge	13
F03: Assistance with understanding discharge instructions from inpatient hospital admission	13
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	0
Total	34

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	61

ACENTRA HEALTH BFCC-QIO REGION # 1 – STATE OF RHODE ISLAND

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	26	0.5%
Immediate Advocacy for Complaints	96	1.86%
Quality of Care Review (All Other Selection Reasons)	53	1.02%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	19	0.37%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	220	4.25%
Medicare Advantage (MA) Post-Acute Appeals	4,145	80.13%
FFS Hospital Discharge Appeals	242	4.68%
MA Hospital Discharge Appeals	322	6.22%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	47	0.91%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	3	0.06%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	0	0.00%
EMTALA 60 Day	0	0.00%
Total	5,173	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	1,120	8.09%
2. I110- Hypertensive heart disease with heart failure	509	3.68%
3. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	493	3.56%
4. J189- Pneumonia, unspecified organism	335	2.42%
5. J690- Pneumonitis due to inhalation of food and vomit	308	2.23%
6. N179- Acute kidney failure, unspecified	274	1.98%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	266	1.92%
8. N390- Urinary tract infection, site not specified	262	1.89%
9. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	259	1.87%
10. I480- Paroxysmal atrial fibrillation	215	1.55%
Total	4,041	29.20%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	3,253	62.88%
Male	1,920	37.12%
Unknown	0	0.00%
Total	5,173	0.00%
Race		
Asian	11	0.21%
Black	191	3.69%
Hispanic	165	3.19%
North American Native	14	0.27%
Not applicable	5	0.10%
Other	129	2.49%
Unknown	26	0.50%
White	4,632	89.54%
Total	5,173	100.00%
Age		
Under 65	374	7.23%
65-70	656	12.68%
71-80	1591	30.76%
81-90	1862	35.99%
91+	682	13.18%
Unknown	8	0.15%
Total	5,173	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	669	12.93%
1: Distinct Psychiatric Facility	4	0.08%
2: Distinct Rehabilitation Facility	24	0.46%
3: Distinct Skilled Nursing Facility	4,441	85.85%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.02%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	12	0.23%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	2	0.04%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	0	0.00%
O: Setting does not fit into any other existing setting code	1	0.02%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	3	0.06%
R: Hospice	6	0.12%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	10	0.19%
Total	5,173	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	23	6	26.09
C02: Did not make appropriate diagnoses and/or assessments	16	5	31.25
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	9	3	33.33
C04: Did not carry out an established plan in a competent and/or timely fashion	8	3	37.50
C05: Did not appropriately assess and/or act on changes in clinical/other status results	8	3	37.50
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	8	3	37.50
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	6	2	33.33
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%

C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	78	25	32.05%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	19	36.84%	63.16%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	3	66.67%	33.33%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	220	44.09%	55.91%
MA Post-Acute Appeal (CORF, HHA, SNF)	4,145	52.55%	47.29%
FFS Hospital Discharge Appeals	242	8.26%	91.32%

MA Hospital Discharge Appeals	322	11.49%	88.51%
Total	4,951	47.26%	52.74%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	4,951	100.00%
Rural	0	0.00%
Unknown	0	0.00%
Total	4,951	10.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	72	91.14%
Rural	7	8.86%
Unknown	0	0.00%
Total	79	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
96	143

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	2
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	5
E05: Assistance with pain management	1
E06: Assistance with help related to activities of daily living (ADLs)	2

E07: Assistance with communication issues	54
E08: Assistance with continuity of care/care coordination	20
E09: Assistance with behavioral health issues	1
E10: Assistance with comfort care	2
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	8
Total	96

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
47	143

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	9
F02: Assistance with coordination of care following hospital discharge	17
F03: Assistance with understanding discharge instructions from inpatient hospital admission	20

F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	0
Total	47

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	73

ACENTRA HEALTH BFCC-QIO REGION # 1 – STATE OF VERMONT

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	3	0.38%
Immediate Advocacy for Complaints	14	1.78%
Quality of Care Review (All Other Selection Reasons)	3	0.38%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	6	0.76%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	61	7.74%
Medicare Advantage (MA) Post-Acute Appeals	435	55.2%
FFS Hospital Discharge Appeals	166	21.07%
MA Hospital Discharge Appeals	65	8.25%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	31	3.93%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	2	0.25%
EMTALA 60 Day	0	0.00%
Total	786	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	987	8.89%
2. J189- Pneumonia, unspecified organism	435	3.92%
3. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	322	2.90%
4. I110- Hypertensive heart disease with heart failure	322	2.90%
5. J9601- Acute respiratory failure with hypoxia	313	2.82%
6. I214- Non-ST elevation (NSTEMI) myocardial infarction	293	2.64%
7. N179- Acute kidney failure, unspecified	274	2.47%
8. N390- Urinary tract infection, site not specified	221	1.99%
9. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	221	1.99%
10. I350- Nonrheumatic aortic (valve) stenosis	184	1.66%
Total	3,572	32.16%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	430	54.85
Male	354	45.15
Unknown	0	0.00
Total	784	100.00%
Race		
Asian	2	0.26%
Black	4	0.51%
Hispanic	5	0.64%
North American Native	10	1.28%
Not applicable	0	0.00%
Other	8	1.02%
Unknown	4	0.51%
White	751	95.79%
Total	784	100.00%
Age		
Under 65	64	8.16%
65-70	125	15.94%
71-80	246	31.38%
81-90	263	33.55%
91+	86	10.97%
Unknown	0	0.00%
Total	784	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	261	33.21%
1: Distinct Psychiatric Facility	1	0.13%
2: Distinct Rehabilitation Facility	0	0.00%
3: Distinct Skilled Nursing Facility	437	55.60%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%
6: Distinct Dialysis Center Facility	0	0.00%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	9	1.15%
H: Home Health Agency	4	0.51%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	56	7.12%
O: Setting does not fit into any other existing setting code	1	0.13%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	0	0.00%
R: Hospice	0	0.00%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	13	1.65%
Z: Swing Bed Designation for Critical Access Hospitals	1	0.13%
Other	3	0.38%
Total	786	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency, such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	3	0	0.00%
C02: Did not make appropriate diagnoses and/or assessments	2	0	0.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	1	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	6	0	0.00%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	6	33.33%	66.67%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	61	39.34%	60.66%
MA Post-Acute Appeal (CORF, HHA, SNF)	435	49.43%	50.51%
FFS Hospital Discharge Appeals	166	7.83%	92.17%
MA Hospital Discharge Appeals	65	12.31%	87.69%
Total	733	35.74%	64.26%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	636	86.77%
Rural	97	13.23%
Unknown	0	0.00%
Total	733	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	0	0.00%
Rural	6	100.00%
Unknown	0	0.00%
Total	6	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
14	46

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	0
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	2
E05: Assistance with pain management	0
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	5
E08: Assistance with continuity of care/care coordination	2

E09: Assistance with behavioral health issues	1
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	3
Total	14

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
31	45

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	8
F02: Assistance with coordination of care following hospital discharge	9
F03: Assistance with understanding discharge instructions from inpatient hospital admission	14

F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	31

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	22

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF ALABAMA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	64	0.66%
Immediate Advocacy for Complaints	239	2.45%
Quality of Care Review (All Other Selection Reasons)	38	0.39%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	1	0.01%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	222	2.28%
Medicare Advantage (MA) Post-Acute Appeals	7,921	81.31%
FFS Hospital Discharge Appeals	444	4.56%
MA Hospital Discharge Appeals	631	6.48%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	85	0.87%
Notice of Hospital Requested Review (HRR) HINN 10)	2	0.02%
Hospital Observation Status Appeals	5	0.05%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	85	0.87%
EMTALA 60 Day	5	0.05%
Total	9,742	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419 Sepsis, unspecified organism -	6,048	8.96%
2. J189- Pneumonia, unspecified organism	2,472	3.66%
3. N390- Urinary tract infection, site not specified	2,325	3.44%
4. I110- Hypertensive heart disease with heart failure	2,084	3.09%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	2,074	3.07%
6. N179- Acute kidney failure, unspecified	1,979	2.93%
7. I480- Paroxysmal atrial fibrillation	1,485	2.20%
8. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,449	2.15%
9. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	1,271	1.88%
10. G9341- Metabolic encephalopathy	978	1.45%
Total	22,165	32.83%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	6,173	63.96%
Male	3,479	36.04%
Unknown	0	0.00%
Total	9,652	100.00%
Race		
Asian	26	0.27%
Black	2,920	30.25%
Hispanic	68	0.70%
North American Native	20	0.21%
Not applicable	3	0.03%
Other	358	3.71%
Unknown	9	0.09%
White	6,248	64.73%
Total	9,652	100.00%
Age		
Under 65	1,133	11.74%
65-70	1,542	15.98%
71-80	3,556	36.84%
81-90	2,754	28.53%
91+	665	6.89%
Unknown	2	0.02%
Total	9,652	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	1,088	11.17%
1: Distinct Psychiatric Facility	12	0.12%
2: Distinct Rehabilitation Facility	362	3.69%
3: Distinct Skilled Nursing Facility	8,107	82.54%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.01%
6: Distinct Dialysis Center Facility	0	0.00%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	1	0.01%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	10	0.10%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	29	0.30%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	32	0.33%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	4	0.04%
Q: Long-Term Care Facility	16	0.16%
R: Hospice	26	0.76%
S: Psychiatric Unit of an Inpatient Facility	2	0.02%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	1	0.01%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	51	0.52%
Total	9,742	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	47	8	17.02%
C02: Did not make appropriate diagnoses and/or assessments	19	4	21.05%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	12	2	16.67%
C04: Did not carry out an established plan in a competent and/or timely fashion	6	1	16.67%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	5	1	20.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	4	1	25.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	4	1	25.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	2	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	2	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	101	18	17.82%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	1	0.00%	100.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	2	0.00%	100.00%
Hospital Observation Status Appeal	5	40.00%	60.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	222	50.65%	49.35%
MA Post-Acute Appeal (CORF, HHA, SNF)	7,921	57.63%	42.27%
FFS Hospital Discharge Appeals	444	16.44%	83.56%
MA Hospital Discharge Appeals	631	13.31%	86.53%
Total	9,226	52.43%	47.57%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	7,675	83.19%
Rural	1,551	16.81%
Unknown	0	0.00%
Total	9,226	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	78	76.47%
Rural	24	23.53%
Unknown	0	0.00%
Total	102	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
239	324

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	9
E02: Assistance with scheduling medical appointments	1
E03: Assistance with Durable Medical Equipment (DME) issues	2
E04: Assistance with prescription issues	3
E05: Assistance with pain management	1
E06: Assistance with help related to activities of daily living (ADLs)	4
E07: Assistance with communication issues	140
E08: Assistance with continuity of care/care coordination	61

E09: Assistance with behavioral health issues	2
E10: Assistance with comfort care	3
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	13
Total	239

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
85	324

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	3
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	20
F02: Assistance with coordination of care following hospital discharge	26
F03: Assistance with understanding discharge instructions from inpatient hospital admission	35
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0

F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	0
Total	85

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	467

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF FLORIDA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	548	1.1%
Immediate Advocacy for Complaints	2,309	4.65%
Quality of Care Review (All Other Selection Reasons)	274	0.55%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	3,021	6.09%
Medicare Advantage (MA) Post-Acute Appeals	27,257	54.94%
FFS Hospital Discharge Appeals	6,998	14.11%
MA Hospital Discharge Appeals	7,793	15.71%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	1,330	2.68%
Notice of Hospital Requested Review (HRR) HINN 10)	2	0.0%
Hospital Observation Status Appeals	3	0.01%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	67	0.13%
EMTALA 60 Day	10	0.02%
Total	49,612	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	41,598	11.06
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,1952	3.18
3. I110- Hypertensive heart disease with heart failure	11746	3.12
4. N390- Urinary tract infection, site not specified	11,534	3.07
5. N179- Acute kidney failure, unspecified	11,265	3.00
6. J189- Pneumonia, unspecified organism	10,725	2.85
7. I480- Paroxysmal atrial fibrillation	9,565	2.54
8. I214- Non-ST elevation (NSTEMI) myocardial infarction	7,978	2.12
9. R5381- Other malaise	5,772	1.54
10. J9601- Acute respiratory failure with hypoxia	5,064	1.35
Total	127,199	32.83%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	29,684	59.93%
Male	19,848	40.07%
Unknown	3	0.01%
Total	49,535	100.00%
Race		
Asian	288	0.58%
Black	6,346	12.81%
Hispanic	5,975	12.06%
North American Native	159	0.32%
Not applicable	23	0.05%
Other	2,121	4.28%
Unknown	197	0.40%
White	34,426	69.50%
Total	49,535	100.00%
Age		
Under 65	5,444	10.99%
65-70	7,614	15.37%
71-80	16,174	32.65%
81-90	15,637	31.57%
91+	4,642	9.37%
Unknown	24	0.05%
Total	49,535	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	14,877	29.99%
1: Distinct Psychiatric Facility	156	0.31%
2: Distinct Rehabilitation Facility	2,261	4.56%
3: Distinct Skilled Nursing Facility	29,624	59.71%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	27	0.05%
6: Distinct Dialysis Center Facility	0	0.00%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	2	0.00%
A: Outpatient Ambulatory Surgery	2	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	37	0.07%
C: Free Standing Ambulatory Surgery Center	7	0.01%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	1	0.00%
H: Home Health Agency	144	0.29%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	136	0.27%
O: Setting does not fit into any other existing setting code	874	1.76%
P: Physician Office	22	0.04%
Q: Long-Term Care Facility	204	0.41%
R: Hospice	536	1.08%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	6	0.01%
Y: Federally Qualified Health Centers	5	0.01%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.005%
Other	691	1.39%
Total	49,612	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	386	77	19.95%
C02: Did not make appropriate diagnoses and/or assessments	184	52	28.26%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	101	30	29.70%
C04: Did not carry out an established plan in a competent and/or timely fashion	67	22	32.84%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	44	14	31.82%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	23	8	34.78%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	10	3	30.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	3	1	33.33%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	1	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	819	207	25.27%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
16	7.73%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner diagnosis and evaluation of patients	1
Practitioner - Improvement needed in practitioner general treatment planning/administration	1
Practitioner - Improvement needed in practitioner monitoring of patient response/changes and adjusting treatment	1
Practitioner - Improvement needed in practitioner ordering necessary laboratory and imaging tests	1
Practitioner - Improvement needed in practitioner test/procedure/surgery technique	1
Practitioner - Improvement needed to prevent practitioner treatment delays	1
Provider - Improvement needed in case management/discharge planning	1
Provider - Improvement needed in other administrative area	1
Provider - Improvement needed in practitioner diagnosis and evaluation of patients	1

Provider - Improvement needed in practitioner medication management	1
Provider - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	1
Provider - Improvement needed in staff assessments	1
Provider - Improvement needed in staff following provider established care protocols	3
Provider - Improvement needed in staff monitoring/reporting of patient changes and response to care/adjusting care	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	2	0.00%	100.00%
Hospital Observation Status Appeal	3	0.00%	100.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	3,021	44.65%	55.35%
MA Post-Acute Appeal (CORF, HHA, SNF)	27,257	55.33%	44.67%
FFS Hospital Discharge Appeals	6,998	13.78%	86.22%
MA Hospital Discharge Appeals	7,793	10.89%	89.11%
Total	45,074	40.48%	59.52%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	44,124	97.89%
Rural	869	1.93%
Unknown	81	0.18%
Total	45,074	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	759	92.34%
Rural	5	0.61%
Unknown	58	7.06%
Total	822	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
2,309	3,639

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	90
E02: Assistance with scheduling medical appointments	15
E03: Assistance with Durable Medical Equipment (DME) issues	31
E04: Assistance with prescription issues	68
E05: Assistance with pain management	32
E06: Assistance with help related to activities of daily living (ADLs)	32
E07: Assistance with communication issues	1,314
E08: Assistance with continuity of care/care coordination	550
E09: Assistance with behavioral health issues	4
E10: Assistance with comfort care	21
E11: Assistance with obtaining specialty consultation appointment	4
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	1
E16: Food	0
E17: Literacy	0

E18: Language	0
E19: Transportation	1
E20: Violence	0
E21: Access to Medical Services	1
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	145
Total	2,309

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
1,330	3,639

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	31
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	272
F02: Assistance with coordination of care following hospital discharge	426
F03: Assistance with understanding discharge instructions from inpatient hospital admission	591
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	8
Unspecified	2
Total	1,330

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A

Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	2,468

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF GEORGIA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	195	1.03%
Immediate Advocacy for Complaints	743	3.9%
Quality of Care Review (All Other Selection Reasons)	242	1.27%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	1	0.01%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	722	3.8%
Medicare Advantage (MA) Post-Acute Appeals	12,922	68.03%
FFS Hospital Discharge Appeals	1,505	7.92%
MA Hospital Discharge Appeals	2,201	11.59%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	356	1.87%
Notice of Hospital Requested Review (HRR) HINN 10)	9	0.05%
Hospital Observation Status Appeals	1	0.01%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	72	0.38%
EMTALA 60 Day	26	0.14%
Total	18,995	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	15,085	11.78%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	4,980	3.89%
3. N179- Acute kidney failure, unspecified	4,501	3.52%
4. I110- Hypertensive heart disease with heart failure	4,362	3.41%
5. J189- Pneumonia, unspecified organism	3,696	2.89%
6. I480- Paroxysmal atrial fibrillation	2,851	2.23%
7. N390- Urinary tract infection, site not specified	2,778	2.17%
8. I214- Non-ST elevation (NSTEMI) myocardial infarction	2,672	2.09%
9. J9601- Acute respiratory failure with hypoxia	1,900	1.48%
10. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	1,817	1.42%
Total	44,642	34.87 %

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	11,691	61.87
Male	7,204	38.12
Unknown	2	0.01
Total	18,897	100.00%
Race		
Asian	127	0.67%
Black	6,678	35.34%
Hispanic	358	1.89%
North American Native	67	0.35%
Not applicable	15	0.08%
Other	917	4.85%
Unknown	48	0.25%
White	10,687	56.55%
Total	18,897	100.00%
Age		
Under 65	2,271	12.02
65-70	2,953	15.63
71-80	6,923	36.64
81-90	5,495	29.08
91+	1,246	6.59
Unknown	9	0.05
Total	18,897	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	4,291	22593%
1: Distinct Psychiatric Facility	37	0.19%
2: Distinct Rehabilitation Facility	366	1.93%
3: Distinct Skilled Nursing Facility	12,903	67.93%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	2	0.01%

6: Distinct Dialysis Center Facility	3	0.02%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	2	0.01%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	17	0.09%
C: Free Standing Ambulatory Surgery Center	2	0.01%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	425	2.24%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	456	2.40%
O: Setting does not fit into any other existing setting code	5	0.03%
P: Physician Office	2	0.01%
Q: Long-Term Care Facility	47	0.25%
R: Hospice	238	1.25%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	2	0.01%
Y: Federally Qualified Health Centers	2	0.01%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	195	1.03%
Total	18,995	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency, such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	141	34	24.11
C02: Did not make appropriate diagnoses and/or assessments	79	23	29.11
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	68	22	32.35
C04: Did not carry out an established plan in a competent and/or timely fashion	54	17	31.48
C05: Did not appropriately assess and/or act on changes in clinical/other status results	46	15	32.61
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	27	10	37.04
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	11	3	27.27
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	5	1	20.00
C09: Did not obtain appropriate laboratory tests and/or imaging studies	4	1	25.00
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	1	0	0.00
C11: Did not demonstrate that the patient was ready for discharge	1	0	0.00
C12: Did not provide appropriate personnel and/or resources	0	0	0.00
C13: Did not order appropriate specialty consultation	0	0	0.00
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00
C15: Did not effectively coordinate across disciplines	0	0	0.00
C16: Did not ensure patient safety related to medications	0	0	0.00
C17: Did not ensure patient safety related to fall prevention	0	0	0.00
C18: Did not ensure patient safety related to skin integrity	0	0	0.00
C19: Did not ensure patient safety related to transfusions	0	0	0.00
C20: Did not ensure patient safety related to infection control	0	0	0.00
C21: Did not ensure patient safety related to surgery	0	0	0.00
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00
C23: Did not provide mental health condition services	0	0	0.00
C24: Did not provide appropriate pain management	0	0	0.00

C25: Did not provide substance use disorder services	0	0	0.00
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00
C27: Did not provide aspiration precautions	0	0	0.00
C28: Did not provide appropriate wound care	0	0	0.00
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00
C30: Did not order/follow evidence based practices	0	0	0.00
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00
C32: Did not follow up on patient’s non-compliance	0	0	0.00
C99: Other quality concern not elsewhere classified	0	0	0.00
Total	437	126	28.83%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
3	2.38%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner medical record documentation that impacts patient care	1
Practitioner - Improvement needed in practitioner monitoring of patient response/changes and adjusting treatment	1
Provider - Improvement needed in staff monitoring/reporting of patient changes and response to care/adjusting care	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	1	100.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	9	11.11%	88.89%
Hospital Observation Status Appeal	1	0.00%	100.00%

FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	722	50.14%	49.86%
MA Post-Acute Appeal (CORF, HHA, SNF)	12,922	60.28%	39.72%
FFS Hospital Discharge Appeals	1,505	12.62%	87.38%
MA Hospital Discharge Appeals	2,201	11.22	88.78%
Total	17,361	49.48%	50.52%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	15,372	88.54%
Rural	1,962	11.30%
Unknown	27	0.16%
Total	17,361	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	274	62.70%
Rural	37	8.47%
Unknown	126	28.83%
Total	437	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
743	1,099

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	28
E02: Assistance with scheduling medical appointments	6

E03: Assistance with Durable Medical Equipment (DME) issues	3
E04: Assistance with prescription issues	15
E05: Assistance with pain management	15
E06: Assistance with help related to activities of daily living (ADLs)	8
E07: Assistance with communication issues	395
E08: Assistance with continuity of care/care coordination	202
E09: Assistance with behavioral health issues	3
E10: Assistance with comfort care	8
E11: Assistance with obtaining specialty consultation appointment	3
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	57
Total	743

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
356	1,099

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	9
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report)	0

Beneficiary/representative declined IA option (not to be included in completed IA volume)	
F01: Assistance with understanding hospital discharge appeal process	70
F02: Assistance with coordination of care following hospital discharge	112
F03: Assistance with understanding discharge instructions from inpatient hospital admission	165
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	356

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	749

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF KENTUCKY

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	30	0.18%
Immediate Advocacy for Complaints	194	1.17%
Quality of Care Review (All Other Selection Reasons)	168	1.02%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	549	3.32%
Medicare Advantage (MA) Post-Acute Appeals	14,878	90.01%
FFS Hospital Discharge Appeals	253	1.53%
MA Hospital Discharge Appeals	367	2.22%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	68	0.41%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	2	0.01%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	14	0.08%
EMTALA 60 Day	6	0.04%
Total	16,529	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	7,730	11.38%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	2,558	3.76%
3. J189- Pneumonia, unspecified organism	2,537	3.73%
4. N179- Acute kidney failure, unspecified	2,436	3.58%
5. I110- Hypertensive heart disease with heart failure	2,042	3.01%
6. N390- Urinary tract infection, site not specified	1,822	2.68%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,671	2.46%
8. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	1,390	2.05%
9. I480- Paroxysmal atrial fibrillation	1,245	1.83%
10. J9601- Acute respiratory failure with hypoxia	1,093	1.61%
Total	24,524	36.09%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	10,494	63.57%
Male	6,013	36.42%
Unknown	2	0.01%
Total	16,509	100.00%
Race		
Asian	35	0.21%
Black	1,467	8.89%
Hispanic	146	0.88%
North American Native	39	0.24%
Not applicable	7	0.04%
Other	453	2.74%
Unknown	20	0.12%
White	14,342	86.87%
Total	16,509	100.00%
Age		
Under 65	1,603	9.71%
65-70	2,375	14.39%
71-80	5,834	35.34%
81-90	5,304	32.13%
91+	1,387	8.40%
Unknown	6	0.04%
Total	16,509	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	720	4.36%
1: Distinct Psychiatric Facility	4	0.02%
2: Distinct Rehabilitation Facility	205	1.24%
3: Distinct Skilled Nursing Facility	14,902	90.16%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	2	0.01%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	34	0.21%
9: Provider Based Rural Health Clinic (RHC)	1	0.01%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	1	0.01%
C: Free Standing Ambulatory Surgery Center	1	0.01%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	3	0.02%
H: Home Health Agency	135	0.82%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	354	2.14%
O: Setting does not fit into any other existing setting code	2	0.01%
P: Physician Office	2	0.01%
Q: Long-Term Care Facility	21	0.13%
R: Hospice	79	0.48%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	63	0.38%
Total	16,529	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	80	20	25.00%
C02: Did not make appropriate diagnoses and/or assessments	50	14	28.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	26	8	30.77%
C04: Did not carry out an established plan in a competent and/or timely fashion	16	5	31.25%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	10	3	30.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	8	2	25.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	8	2	25.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	198	54	27.27%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
2	3.70%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner general treatment planning/administration	1
Provider - Improvement needed in practitioner ordering of/coordination with/completion of practitioner specialty consultation	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	2	50.00%	50.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	549	49.00%	51.00%

MA Post-Acute Appeal (CORF, HHA, SNF)	14,878	58.60%	41.40%
FFS Hospital Discharge Appeals	253	15.02%	84.98%
MA Hospital Discharge Appeals	367	13.62%	86.38%
Total	16,049	56.55%	43.45%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	12,211	76.09%
Rural	3,837	23.90%
Unknown	1	0.01%
Total	16,049	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	154	77.78%
Rural	43	21.72%
Unknown	1	0.50%
Total	198	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
194	262

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	4
E02: Assistance with scheduling medical appointments	1
E03: Assistance with Durable Medical Equipment (DME) issues	2
E04: Assistance with prescription issues	6

E05: Assistance with pain management	0
E06: Assistance with help related to activities of daily living (ADLs)	7
E07: Assistance with communication issues	120
E08: Assistance with continuity of care/care coordination	43
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	1
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	10
Total	194

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
68	262

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	16
F02: Assistance with coordination of care following hospital discharge	28

F03: Assistance with understanding discharge instructions from inpatient hospital admission	21
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	2
Total	68

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	188

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF MISSISSIPPI

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	43	1.41%
Immediate Advocacy for Complaints	120	3.93%
Quality of Care Review (All Other Selection Reasons)	88	2.88%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	5	0.16%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	102	3.34%
Medicare Advantage (MA) Post-Acute Appeals	1,996	65.40%
FFS Hospital Discharge Appeals	282	9.24%
MA Hospital Discharge Appeals	344	11.27%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	55	1.8%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	8	0.26%
EMTALA 60 Day	9	0.29%
Total	3,052	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	6,072	11.21%
2. N179- Acute kidney failure, unspecified	2,319	4.28%
3. J189- Pneumonia, unspecified organism	2,037	3.76%
4. N390- Urinary tract infection, site not specified	1,772	3.27%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,726	3.19%
6. I110- Hypertensive heart disease with heart failure	1,710	3.16%
7. I480- Paroxysmal atrial fibrillation	1,366	2.52%
8. J9601- Acute respiratory failure with hypoxia	986	1.82%
9. I214- Non-ST elevation (NSTEMI) myocardial infarction	947	1.75%
10. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	935	1.73%
Total	19,870	36.67%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	1,840	60.63%
Male	1,195	39.37%
Unknown	0	0.00%
Total	3,035	100.00%
Race		
Asian	6	0.20%
Black	1,227	40.43%
Hispanic	20	0.66%
North American Native	21	0.69%
Not applicable	0	0.00%
Other	168	5.54%
Unknown	8	0.26%
White	1,585	52.22%
Total	3,035	100.00%
Age		
Under 65	440	14.50%
65-70	601	19.80%
71-80	1,128	37.17%
81-90	682	22.47%
91+	181	5.96%
Unknown	3	0.10%
Total	3,035	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	746	24.44%
1: Distinct Psychiatric Facility	2	0.07%
2: Distinct Rehabilitation Facility	40	1.31%
3: Distinct Skilled Nursing Facility	2,036	66.71%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.03%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	1	0.03%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	5	0.16%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	21	0.69%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	97	3.18%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	18	0.59%
R: Hospice	42	1.38%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	44	1.44%
Total	3,052	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	43	20	46.51
C02: Did not make appropriate diagnoses and/or assessments	28	15	53.57
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	24	13	54.17
C04: Did not carry out an established plan in a competent and/or timely fashion	14	8	57.14
C05: Did not appropriately assess and/or act on changes in clinical/other status results	10	6	60.00
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	7	3	42.86
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	5	2	40.00
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%

C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	131	67	51.15%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
3	4.48%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	1
Provider - Improvement needed in practitioner diagnosis and evaluation of patients	1
Provider - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	5	80.00%	20.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	102	42.16%	57.84%
MA Post-Acute Appeal (CORF, HHA, SNF)	1,996	61.82%	38.18%
FFS Hospital Discharge Appeals	282	9.57%	90.43%

MA Hospital Discharge Appeals	344	11.92%	80.08%
Total	2,729	49.43%	50.57%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	2,078	76.15%
Rural	651	23.85%
Unknown	0	0.00%
Total	2,729	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	101	77.10%
Rural	30	22.90%
Unknown	0	0.00%
Total	198	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
120	175

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	4
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	2
E04: Assistance with prescription issues	3
E05: Assistance with pain management	0

E06: Assistance with help related to activities of daily living (ADLs)	3
E07: Assistance with communication issues	61
E08: Assistance with continuity of care/care coordination	42
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	4
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	4
Total	120

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
55	175

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	2
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	10
F01: Assistance with understanding hospital discharge appeal process	21
F02: Assistance with coordination of care following hospital discharge	22

F03: Assistance with understanding discharge instructions from inpatient hospital admission	0
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	55

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	142

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF NORTH CAROLINA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	188	0.45%
Immediate Advocacy for Complaints	662	1.58%
Quality of Care Review (All Other Selection Reasons)	188	0.45%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	1	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	1,425	3.41%
Medicare Advantage (MA) Post-Acute Appeals	36,787	88.07%
FFS Hospital Discharge Appeals	776	1.86%
MA Hospital Discharge Appeals	1,425	3.41%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	223	0.53%
Notice of Hospital Requested Review (HRR) HINN 10)	37	0.09%
Hospital Observation Status Appeals	1	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	43	0.01%
EMTALA 60 Day	13	0.03%
Total	41,768	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	11,553	8.65%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	4,818	3.61%
3. J189- Pneumonia, unspecified organism	4,200	3.14%
4. I110- Hypertensive heart disease with heart failure	4,063	3.04%
5. N179- Acute kidney failure, unspecified	3,826	2.86%
6. I214- Non-ST elevation (NSTEMI) myocardial infarction	2,686	2.01%
7. N390- Urinary tract infection, site not specified	2,528	1.89%
8. I480- Paroxysmal atrial fibrillation	2,518	1.89%
9. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	2,213	1.66%
10. J690 Pneumonitis due to inhalation of food and vomit -	1,817	1.36%
Total	40,222	30.12 %

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	26,012	62.36
Male	15,699	37.64
Unknown	1	0.00
Total	41,712	100.00%
Race		
Asian	135	0.32%
Black	10,411	24.96%
Hispanic	547	1.31%
North American Native	372	0.89%
Not applicable	19	0.05%
Other	1,928	4.62%
Unknown	80	0.19%
White	28,220	67.65%
Total	41,712	100.00%
Age		
Under 65	4,455	10.68%
65-70	6,160	14.77%
71-80	14,939	35.81%
81-90	12,743	30.55%
91+	3,405	8.16%
Unknown	10	0.02%
Total	41,712	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	2,681	6.42%
1: Distinct Psychiatric Facility	16	0.04%
2: Distinct Rehabilitation Facility	151	0.36%
3: Distinct Skilled Nursing Facility	37,704	90.27%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	5	0.01%

6: Distinct Dialysis Center Facility	1	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	3	0.01%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	12	0.03%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	772	1.85%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	101	0.24%
O: Setting does not fit into any other existing setting code	17	0.04%
P: Physician Office	1	0.00%
Q: Long-Term Care Facility	44	0.11%
R: Hospice	106	0.25%
S: Psychiatric Unit of an Inpatient Facility	4	0.01%
T: Rehabilitation Unit of an Inpatient Facility	22	0.05%
Y: Federally Qualified Health Centers	4	0.01%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	124	0.30%
Total	41,768	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	139	27	19.42%
C02: Did not make appropriate diagnoses and/or assessments	81	21	25.93%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	54	16	29.63%
C04: Did not carry out an established plan in a competent and/or timely fashion	31	9	29.03%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	21	7	33.33%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	18	7	38.89%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	18	7	38.89%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	1	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	1	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	1	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	365	94	25.75%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
4	4.26%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner diagnosis and evaluation of patients	1
Practitioner - Improvement needed in practitioner test/procedure/surgery technique	1
Provider - Improvement needed in practitioner ordering of/coordination with/completion of practitioner specialty consultation	1
Provider - Improvement needed in staff monitoring/reporting of patient changes and response to care/adjusting care	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	1	0.00%	100.00%

Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	37	27.03%	72.97%
Hospital Observation Status Appeal	1	0.00%	100.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	1,425	49.47%	50.53%
MA Post-Acute Appeal (CORF, HHA, SNF)	36,787	60.07%	39.93%
FFS Hospital Discharge Appeals	776	12.50%	87.50%
MA Hospital Discharge Appeals	1,434	11.58%	88.42%
Total	40,461	57.03%	42.97%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	34,260	84.67%
Rural	6,189	15.30%
Unknown	12	0.03%
Total	40,461	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	274	74.86%
Rural	38	10.38%
Unknown	54	14.75%
Total	366	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
662	885

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	1

E01: Assistance with understanding discharge instructions from non-acute setting	33
E02: Assistance with scheduling medical appointments	6
E03: Assistance with Durable Medical Equipment (DME) issues	9
E04: Assistance with prescription issues	12
E05: Assistance with pain management	8
E06: Assistance with help related to activities of daily living (ADLs)	10
E07: Assistance with communication issues	355
E08: Assistance with continuity of care/care coordination	172
E09: Assistance with behavioral health issues	4
E10: Assistance with comfort care	9
E11: Assistance with obtaining specialty consultation appointment	1
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	1
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	41
Total	662

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
223	885

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	1

FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	54
F02: Assistance with coordination of care following hospital discharge	67
F03: Assistance with understanding discharge instructions from inpatient hospital admission	97
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	2
Unspecified	2
Total	223

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	695

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF SOUTH CAROLINA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	94	0.83%
Immediate Advocacy for Complaints	347	3.05%
Quality of Care Review (All Other Selection Reasons)	70	0.62%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	1	0.01%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	541	4.76%
Medicare Advantage (MA) Post-Acute Appeals	8,766	77.1%
FFS Hospital Discharge Appeals	541	4.76%
MA Hospital Discharge Appeals	808	7.11%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	151	1.33%
Notice of Hospital Requested Review (HRR) HINN 10)		
Hospital Observation Status Appeals	3	0.03%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	28	0.25%
EMTALA 60 Day	4	0.04%
Total	11,369	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	8,625	9.93%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	3,169	3.65%
3. I110- Hypertensive heart disease with heart failure	2,853	3.29%
4. N179- Acute kidney failure, unspecified	2,790	3.21%
5. I480- Paroxysmal atrial fibrillation	2,111	2.43%
6. J189- Pneumonia, unspecified organism	2,099	2.42%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,782	2.05%
8. R5381- Other malaise	1,634	1.88%
9. N390- Urinary tract infection, site not specified	1,436	1.65%
10. R531- Weakness	1,207	1.39%
Total	27,706	31.91%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	7,019	61.91%
Male	4,318	38.09%
Unknown	0	0.00%
Total	11,337	100.00%
Race		
Asian	39	0.34%
Black	3,352	29.57%
Hispanic	127	1.12%
North American Native	24	0.21%
Not applicable	3	0.03%
Other	545	4.81%
Unknown	22	0.19%
White	7,225	63.73%
Total	11,337	100.00%
Age		
Under 65	1,387	12.23%
65-70	1,958	17.27%
71-80	3,900	34.40%
81-90	3,257	28.73%
91+	830	7.32%
Unknown	5	0.04%
Total	11,337	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	1,459	12.83%
1: Distinct Psychiatric Facility	2	0.02%
2: Distinct Rehabilitation Facility	260	2.29%
3: Distinct Skilled Nursing Facility	9,183	80.77%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.01%
6: Distinct Dialysis Center Facility	1	0.01%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	1	0.01%
B: Hospital Outpatient (for non-ASC payment like procedures)	5	0.04%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	1	0.01%
H: Home Health Agency	270	2.37%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	25	0.22%
O: Setting does not fit into any other existing setting code	2	0.02%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	42	0.37%
R: Hospice	41	0.36%
S: Psychiatric Unit of an Inpatient Facility	2	0.02%
T: Rehabilitation Unit of an Inpatient Facility	4	0.04%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	70	0.62%
Total	11,369	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	72	9	12.50%
C02: Did not make appropriate diagnoses and/or assessments	32	5	15.63%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	16	4	25.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	14	4	28.57%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	11	4	36.36%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	7	3	42.86%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	7	3	42.86%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	3	1	33.33%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	1	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	1	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	164	33	20.12%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC 5Concerns Referred for QII	15.15%
Category and Type Assigned to QIIs	
	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner general treatment planning/administration	1
Practitioner - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	1
Provider - Improvement needed in medical record documentation that impacts patient care	1
Provider - Improvement needed in practitioner monitoring of patient response/changes and adjusting treatment	1
Provider - Improvement needed in staff monitoring/reporting of patient changes and response to care/adjusting care	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	1	100.00%	0.00%

Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0	0.00%
Hospital Observation Status Appeal	3	66.67%	33.33%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	556	48.02%	51.98%
MA Post-Acute Appeal (CORF, HHA, SNF)	8,766	57.94%	42.06%
FFS Hospital Discharge Appeals	541	10.72%	89.28%
MA Hospital Discharge Appeals	808	10.64%	89.36%
Total	10,675	51.46%	45.54%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	9,857	92.34%
Rural	796	7.46%
Unknown	22	0.21%
Total	10,675	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	136	82.93%
Rural	27	16.46%
Unknown	1	0.61%
Total	164	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
347	498

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0

E01: Assistance with understanding discharge instructions from non-acute setting	8
E02: Assistance with scheduling medical appointments	2
E03: Assistance with Durable Medical Equipment (DME) issues	4
E04: Assistance with prescription issues	4
E05: Assistance with pain management	5
E06: Assistance with help related to activities of daily living (ADLs)	2
E07: Assistance with communication issues	184
E08: Assistance with continuity of care/care coordination	116
E09: Assistance with behavioral health issues	2
E10: Assistance with comfort care	4
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	16
Total	347

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
151	498

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	5

FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	23
F02: Assistance with coordination of care following hospital discharge	45
F03: Assistance with understanding discharge instructions from inpatient hospital admission	74
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	4
Unspecified	0
Total	151

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	354

ACENTRA HEALTH BFCC-QIO REGION # 4 – STATE OF TENNESSEE

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	154	0.78%
Immediate Advocacy for Complaints	547	2.75%
Quality of Care Review (All Other Selection Reasons)	81	0.41%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	577	2.91%
Medicare Advantage (MA) Post-Acute Appeals	16,380	82.66%
FFS Hospital Discharge Appeals	745	3.765%
MA Hospital Discharge Appeals	1,080	5.45%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	157	0.79%
Notice of Hospital Requested Review (HRR) HINN 10)	2	0.01%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	67	0.34%
EMTALA 60 Day	25	0.13%
Total	19,815	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	12,240	11.23%
2. N179- Acute kidney failure, unspecified	3,668	3.36%
3. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	3,503	3.21%
4. I110- Hypertensive heart disease with heart failure	3,426	3.14%
5. J189- Pneumonia, unspecified organism	3,366	3.09%
6. N390- Urinary tract infection, site not specified	2,661	2.44%
7. I480- Paroxysmal atrial fibrillation	2,640	2.42%
8. I214- Non-ST elevation (NSTEMI) myocardial infarction	2,305	2.11%
9. J9601- Acute respiratory failure with hypoxia	1,487	1.36%
10. G9341- Metabolic encephalopathy	1,288	1.18%
Total	36,584	100.00 %

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	12,455	63.15%
Male	7,266	36.84%
Unknown	2	0.01%
Total	19,723	100.00%
Race		
Asian	79	0.40%
Black	3,532	17.91%
Hispanic	226	1.15%
North American Native	75	0.38%
Not applicable	12	0.06%
Other	841	4.26%
Unknown	24	0.12%
White	14,934	75.72%
Total	19,723	100.00%
Age		
Under 65	2,416	12.25%
65-70	3,420	17.34%
71-80	6,958	35.28%
81-90	5,412	27.44%
91+	1,509	7.65%
Unknown	8	0.04%
Total	19,723	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	1,885	9.51%
1: Distinct Psychiatric Facility	27	0.14%
2: Distinct Rehabilitation Facility	461	2.33%
3: Distinct Skilled Nursing Facility	16,955	85.57%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	1	0.01%
9: Provider Based Rural Health Clinic (RHC)	1	0.01%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	6	0.03%
C: Free Standing Ambulatory Surgery Center	2	0.01%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	1	0.01%
H: Home Health Agency	94	0.47%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	4	0.02%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	20	0.10%
O: Setting does not fit into any other existing setting code	6	0.03%
P: Physician Office	7	0.04%
Q: Long-Term Care Facility	90	0.45%
R: Hospice	49	0.25%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	8	0.04%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	198	1.00%
Total	19,815	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	106	21	19.81%
C02: Did not make appropriate diagnoses and/or assessments	52	14	26.92%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	28	8	28.57%
C04: Did not carry out an established plan in a competent and/or timely fashion	15	3	20.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	9	2	22.22%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	7	2	28.57%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	4	1	25.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	4	1	25.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	2	1	50.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	2	1	50.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	229	54	23.58%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
3	5.56%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner diagnosis and evaluation of patients	1
Practitioner - Improvement needed in practitioner medication management	1
Provider - Improvement needed in staff carrying out plan of care	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	2	50.00%	50.00%

Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	577	44.37%	55.63%
MA Post-Acute Appeal (CORF, HHA, SNF)	16,380	54.33%	45.54%
FFS Hospital Discharge Appeals	745	15.30%	84.70%
MA Hospital Discharge Appeals	1,080	54.33%	45.67%
Total	18,784	50.27%	49.73%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	15,282	81.36%
Rural	3,491	18.58%
Unknown	11	0.06%
Total	18,784	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	218	92.77%
Rural	7	2.98%
Unknown	10	4.26%
Total	235	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
547	704

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	10
E02: Assistance with scheduling medical appointments	3

E03: Assistance with Durable Medical Equipment (DME) issues	6
E04: Assistance with prescription issues	23
E05: Assistance with pain management	10
E06: Assistance with help related to activities of daily living (ADLs)	9
E07: Assistance with communication issues	324
E08: Assistance with continuity of care/care coordination	132
E09: Assistance with behavioral health issues	5
E10: Assistance with comfort care	4
E11: Assistance with obtaining specialty consultation appointment	2
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	19
Total	547

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
157	704

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	2
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	30

F02: Assistance with coordination of care following hospital discharge	59
F03: Assistance with understanding discharge instructions from inpatient hospital admission	65
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	0
Total	157

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	595

ACENTRA HEALTH BFCC-QIO REGION # 6 – STATE OF ARKANSAS

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	70	1.31%
Immediate Advocacy for Complaints	120	2.24%
Quality of Care Review (All Other Selection Reasons)	46	0.86%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	109	2.04%
Medicare Advantage (MA) Post-Acute Appeals	4,449	83.19%
FFS Hospital Discharge Appeals	283	5.29%
MA Hospital Discharge Appeals	206	3.85%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	47	0.88%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	18	0.34%
EMTALA 60 Day	0	0.00%
Total	5,348	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	6,313	11.69%
2. J189- Pneumonia, unspecified organism	2,016	3.73%
3. N179- Acute kidney failure, unspecified	1,907	3.53%
4. I110- Hypertensive heart disease with heart failure	1,789	3.31%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,521	2.82%
6. I480- Paroxysmal atrial fibrillation	1,500	2.78%
7. N390- Urinary tract infection, site not specified	1,308	2.42%
8. I214 Non-ST elevation (NSTEMI) myocardial infarction -	1,277	2.36%
9. J9601- Acute respiratory failure with hypoxia	970	1.80%
10. G9341- Metabolic encephalopathy	944	1.75%
Total	19,545	36.19%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	3,396	63.71%
Male	1,933	36.27%
Unknown	1	0.02%
Total	5,330	100.00%
Race		
Asian	5	0.09%
Black	965	18.11%
Hispanic	71	1.33%
North American Native	44	0.83%
Not applicable	1	0.02%
Other	218	4.09%
Unknown	12	0.23%
White	4,014	75.31%
Total	5,330	100.00%
Age		
Under 65	813	15.25%
65-70	967	18.14%
71-80	1,949	36.57%
81-90	1,277	23.96%
91+	322	6.04%
Unknown	2	0.04%
Total	5,330	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	373	6.97%
1: Distinct Psychiatric Facility	2	0.04%
2: Distinct Rehabilitation Facility	255	4.77%
3: Distinct Skilled Nursing Facility	4,479	83.75%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	1	0.02%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	2	0.04%
H: Home Health Agency	30	0.56%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	97	1.84%
O: Setting does not fit into any other existing setting code	2	0.04%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	6	0.11%
R: Hospice	36	0.67%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	1	0.02%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	1	0.02%
Other	63	1.18%
Total	5,348	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	49	10	20.41%
C02: Did not make appropriate diagnoses and/or assessments	27	8	29.63%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	18	5	27.78%
C04: Did not carry out an established plan in a competent and/or timely fashion	10	3	30.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	7	3	42.86%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	5	2	40.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%

C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	116	31	26.72%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	109	46.79%	53.21%
MA Post-Acute Appeal (CORF, HHA, SNF)	4,449	59.27%	40.73%
FFS Hospital Discharge Appeals	283	27.92%	72.08%
MA Hospital Discharge Appeals	206	59.27%	40.57%
Total	5,047	55.84%	44.16%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	3,609	71.51%
Rural	1,435	28.43%
Unknown	3	0.06%
Total	5,047	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	63	54.31%
Rural	53	45.69%
Unknown	0	0.00%
Total	116	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
120	167

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	3
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	3
E05: Assistance with pain management	4
E06: Assistance with help related to activities of daily living (ADLs)	1
E07: Assistance with communication issues	76
E08: Assistance with continuity of care/care coordination	27
E09: Assistance with behavioral health issues	1

E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	4
Total	120

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
47	167

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	2
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	13
F02: Assistance with coordination of care following hospital discharge	17
F03: Assistance with understanding discharge instructions from inpatient hospital admission	15
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0

F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	47

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	267

ACENTRA HEALTH BFCC-QIO REGION # 6 – STATE OF LOUISIANA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	79	1.87%
Immediate Advocacy for Complaints	162	3.83%
Quality of Care Review (All Other Selection Reasons)	82	1.93%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	127	3.00%
Medicare Advantage (MA) Post-Acute Appeals	2,924	69.16%
FFS Hospital Discharge Appeals	306	7.24%
MA Hospital Discharge Appeals	450	10.64%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	73	1.72%
Notice of Hospital Requested Review (HRR) HINN 10)	1	0.02%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	24	0.57%
EMTALA 60 Day	0	0.00%
Total	4,228	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	6,956	10.86%
2. N179- Acute kidney failure, unspecified	2,362	3.69%
3. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	2,320	3.62%
4. I110- Hypertensive heart disease with heart failure	2,200	3.44%
5. N390 Urinary tract infection, site not specified -	2,109	3.29%
6. J189- Pneumonia, unspecified organism	2,076	3.24%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,472	2.30%
8. I480- Paroxysmal atrial fibrillation	1,442	2.25%
9. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	1,052	1.64%
10. J9601- Acute respiratory failure with hypoxia	937	1.46%
Total	22,926	35.80%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	2,630	62.56%
Male	1,574	37.44%
Unknown	0	0.00%
Total	4,204	100.00%
Race		
Asian	12	0.29%
Black	1,457	34.66%
Hispanic	65	1.55%
North American Native	15	0.36%
Not applicable	3	0.07%
Other	208	4.95%
Unknown	11	0.26%
White	2,433	57.87%
Total	4,204	100.00%
Age		
Under 65	503	11.96%
65-70	790	18.79%
71-80	1,471	34.99%
81-90	1,141	27.14%
91+	297	7.06%
Unknown	2	0.05%
Total	4,204	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	818	19.35%
1: Distinct Psychiatric Facility	9	0.21%
2: Distinct Rehabilitation Facility	197	4.66%
3: Distinct Skilled Nursing Facility	3,015	71.31%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	1	0.02%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	9	0.21%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	24	0.57%
O: Setting does not fit into any other existing setting code	7	0.16%
P: Physician Office	1	0.02%
Q: Long-Term Care Facility	51	1.20%
R: Hospice	32	0.76%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	5	0.12%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	59	1.40%
Total	4,228	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	63	14	22.22%
C02: Did not make appropriate diagnoses and/or assessments	34	6	17.65%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	18	5	27.78%
C04: Did not carry out an established plan in a competent and/or timely fashion	18	5	27.78%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	10	3	30.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	7	2	28.57%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	4	1	25.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	1	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	1	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	1	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	157	36	22.93%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
1	2.78%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner test/procedure/surgery technique	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	1	0.00%	100.00%
Hospital Observation Status Appeal	0	0	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	127	46.46%	53.54%
MA Post-Acute Appeal (CORF, HHA, SNF)	2,924	58.58%	41.42%
FFS Hospital Discharge Appeals	306	16.99%	83.01%

MA Hospital Discharge Appeals	450	13.33%	86.67%
Total	3,808	49.47%	50.53%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	3,343	87.79%
Rural	463	12.16%
Unknown	2	0.05%
Total	3,808	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	145	90.06%
Rural	13	8.07%
Unknown	3	1.86%
Total	161	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
162	235

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	4
E02: Assistance with scheduling medical appointments	6
E03: Assistance with Durable Medical Equipment (DME) issues	3
E04: Assistance with prescription issues	5
E05: Assistance with pain management	3

E06: Assistance with help related to activities of daily living (ADLs)	3
E07: Assistance with communication issues	84
E08: Assistance with continuity of care/care coordination	40
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	1
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	1
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	12
Total	162

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
73	235

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	2
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	17
F02: Assistance with coordination of care following hospital discharge	17

F03: Assistance with understanding discharge instructions from inpatient hospital admission	36
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	1
Unspecified	0
Total	73

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	214

ACENTRA HEALTH BFCC-QIO REGION # 6 – STATE OF NEW MEXICO

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	24	0.93%
Immediate Advocacy for Complaints	121	4.68%
Quality of Care Review (All Other Selection Reasons)	19	0.73%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	144	5.56%
Medicare Advantage (MA) Post-Acute Appeals	1,957	75.62%
FFS Hospital Discharge Appeals	125	4.83%
MA Hospital Discharge Appeals	140	5.38%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	43	1.66%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	15	0.58%
EMTALA 60 Day	0	0.00%
Total	2,588	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	2,993	12.40%
2. J189- Pneumonia, unspecified organism	833	3.45%
3. I110- Hypertensive heart disease with heart failure	679	2.81%
4. N179- Acute kidney failure, unspecified	655	2.71%
5. I214- Non-ST elevation (NSTEMI) myocardial infarction	566	2.35%
6. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	522	2.16%
7. N390- Urinary tract infection, site not specified	476	1.97%
8. I480- Paroxysmal atrial fibrillation	454	1.88%
9. J9601- Acute respiratory failure with hypoxia	401	1.66%
10. A4189- Other specified sepsis	379	1.57%
Total	7,958	32.97 %

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	1,475	57.33%
Male	1,098	42.67%
Unknown	0	0.00%
Total	2,573	100.00%
Race		
Asian	10	0.39%
Black	61	2.37%
Hispanic	917	35.64%
North American Native	117	4.55%
Not applicable	0	0.00%
Other	83	3.23%
Unknown	4	0.16%
White	1,381	53.67%
Total	2,573	100.00%
Age		
Under 65	303	11.78%
65-70	492	19.12%
71-80	867	33.70%
81-90	720	27.98%
91+	191	7.42%
Unknown	0	0.00%
Total	2,573	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	284	10.97%
1: Distinct Psychiatric Facility	4	0.15
2: Distinct Rehabilitation Facility	107	4.13%
3: Distinct Skilled Nursing Facility	2,117	81.80%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.04%
6: Distinct Dialysis Center Facility	0	0.00%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	1	0.04%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	17	0.66%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	8	0.31%
O: Setting does not fit into any other existing setting code	2	0.08%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	2	0.08%
R: Hospice	19	0.73%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	26	1.00%
Total	2,588	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	21	8	38.10%
C02: Did not make appropriate diagnoses and/or assessments	11	4	36.36%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	5	2	40.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	2	1	50.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	2	1	50.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	2	1	50.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	43	17	39.53%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	144	48.61%	51.39%
MA Post-Acute Appeal (CORF, HHA, SNF)	1,957	53.09%	46.70%
FFS Hospital Discharge Appeals	125	11.20%	88.80%
MA Hospital Discharge Appeals	140	11.43%	88.57%
Total	2,366	48.14%	51.86%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	2,098	88.67
Rural	267	11.28
Unknown	1	0.04
Total	2,366	100.00

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	26	60.47%
Rural	0	0.00%
Unknown	17	39.53%
Total	43	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
121	164

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	3
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	6
E04: Assistance with prescription issues	4
E05: Assistance with pain management	0
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	75
E08: Assistance with continuity of care/care coordination	28

E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	5
Total	121

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
43	164

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	9
F02: Assistance with coordination of care following hospital discharge	16
F03: Assistance with understanding discharge instructions from inpatient hospital admission	17

F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	43

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	124

ACENTRA HEALTH BFCC-QIO REGION # 6 – STATE OF OKLAHOMA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	37	0.66%
Immediate Advocacy for Complaints	165	2.96%
Quality of Care Review (All Other Selection Reasons)	76	1.36%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	343	6.16%
Medicare Advantage (MA) Post-Acute Appeals	4,534	81.4%
FFS Hospital Discharge Appeals	178	3.2%
MA Hospital Discharge Appeals	154	2.76%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	65	1.17%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	18	0.32%
EMTALA 60 Day	0	0.00%
Total	5,570	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	6,658	10.03%
2. J189- Pneumonia, unspecified organism	2,420	3.65%
3. N179- Acute kidney failure, unspecified	2,362	3.56%
4. I110- Hypertensive heart disease with heart failure	2,030	3.06%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,881	2.83%
6. N390- Urinary tract infection, site not specified	1,817	2.74%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,445	2.18%
8. J9601- Acute respiratory failure with hypoxia	1,331	2.01%
9. I480- Paroxysmal atrial fibrillation	1,167	1.76%
10. R5381- Other malaise	1,120	1.69%
Total	22,231	33.49%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	3,403	61.29%
Male	2,148	38.69%
Unknown	1	0.02%
Total	5,552	100.00%
Race		
Asian	18	0.32%
Black	582	10.48%
Hispanic	151	2.72%
North American Native	369	6.65%
Not applicable	1	0.02%
Other	198	3.57%
Unknown	12	0.22%
White	4,221	76.03%
Total	5,552	100.00%
Age		
Under 65	690	12.43%
65-70	987	17.78%
71-80	1,918	34.55%
81-90	1,541	27.76%
91+	413	7.44%
Unknown	3	0.05%
Total	5,552	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	396	7.11%
1: Distinct Psychiatric Facility	5	0.09%
2: Distinct Rehabilitation Facility	84	1.51%
3: Distinct Skilled Nursing Facility	4,704	84.45%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	28	0.50%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	52	0.93%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	214	3.84%
O: Setting does not fit into any other existing setting code	2	0.04%
P: Physician Office	1	0.02%
Q: Long-Term Care Facility	15	0.27%
R: Hospice	24	0.43%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	45	0.81%
Total	5,570	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	42	11	26.19%
C02: Did not make appropriate diagnoses and/or assessments	27	10	37.04%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	15	5	33.33%
C04: Did not carry out an established plan in a competent and/or timely fashion	10	3	30.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	7	3	42.86%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	6	3	50.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	6	3	50.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	113	38	33.63%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
1	2.63%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner general treatment planning/administration	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	343	53.64%	46.36%
MA Post-Acute Appeal (CORF, HHA, SNF)	4,534	57.43%	42.57%
FFS Hospital Discharge Appeals	178	14.61%	85.39%

MA Hospital Discharge Appeals	154	12.99%	87.01%
Total	5,209	54.41%	45.59%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	4,090	78.52%
Rural	1,119	21.48%
Unknown	0	0.00%
Total	5,209	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	88	77.88%
Rural	24	21.24%
Unknown	1	0.88%
Total	113	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
165	230

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	11
E02: Assistance with scheduling medical appointments	1
E03: Assistance with Durable Medical Equipment (DME) issues	2
E04: Assistance with prescription issues	5
E05: Assistance with pain management	1

E06: Assistance with help related to activities of daily living (ADLs)	1
E07: Assistance with communication issues	94
E08: Assistance with continuity of care/care coordination	42
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	1
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	1
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	6
Total	165

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
65	230

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	7
F02: Assistance with coordination of care following hospital discharge	21

F03: Assistance with understanding discharge instructions from inpatient hospital admission	37
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	65

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	209

ACENTRA HEALTH BFCC-QIO REGION # 6 – STATE OF TEXAS

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	409	0.7%
Immediate Advocacy for Complaints	1,616	2.76%
Quality of Care Review (All Other Selection Reasons)	320	0.55%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	4	0.01%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	2,775	4.74%
Medicare Advantage (MA) Post-Acute Appeals	44,916	76.74%
FFS Hospital Discharge Appeals	3,561	6.08%
MA Hospital Discharge Appeals	4,005	6.84%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	762	1.3%
Notice of Hospital Requested Review (HRR) HINN 10)	4	0.01%
Hospital Observation Status Appeals	2	0%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	153	0.26%
EMTALA 60 Day	2	0.00%
Total	58,529	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- A419	37,238	11.53%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	10,088	3.12%
3. I110- Hypertensive heart disease with heart failure	10,033	3.11%
4. J189- Pneumonia, unspecified organism	9,833	3.05%
5. N179- Acute kidney failure, unspecified	9,779	3.03%
6. N390- Urinary tract infection, site not specified	7,530	2.33%
7. I480- Paroxysmal atrial fibrillation	7,460	2.31%
8. R5381- Other malaise	6,979	2.16%
9. I214- Non-ST elevation (NSTEMI) myocardial infarction	6,481	2.01%
10. J9601- Acute respiratory failure with hypoxia	5,785	1.79%
Total	111,206	34.44%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	36,179	61.98%
Male	22,189	38.01%
Unknown	6	0.01%
Total	58,374	100.00%
Race		
Asian	674	1.15%
Black	8,649	14.82%
Hispanic	10,145	17.38%
North American Native	280	0.48%
Not applicable	24	0.04%
Other	3331	5.71%
Unknown	70	0.12%
White	35,201	60.30%
Total	58,374	100.00%
Age		
Under 65	5,617	9.62%
65-70	9,372	16.06%
71-80	20,740	35.53%
81-90	17,953	30.76%
91+	4,669	8.00%
Unknown	23	0.04%
Total	58,374	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	5,919	10.11%
1: Distinct Psychiatric Facility	48	0.08%
2: Distinct Rehabilitation Facility	3,373	5.76%
3: Distinct Skilled Nursing Facility	47,666	81.44%
4: Distinct Alcohol/Drug Facility	1	0.00%
5: Clinic	4	0.01%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	1	0.00%
9: Provider Based Rural Health Clinic (RHC)	5	0.01%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	23	0.04%
C: Free Standing Ambulatory Surgery Center	3	0.01%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	11	0.02%
H: Home Health Agency	168	0.29%
I: Clinical Laboratories	1	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	388	0.66%
O: Setting does not fit into any other existing setting code	33	0.06%
P: Physician Office	5	0.01%
Q: Long-Term Care Facility	185	0.32%
R: Hospice	180	0.31%
S: Psychiatric Unit of an Inpatient Facility	14	0.02%
T: Rehabilitation Unit of an Inpatient Facility	42	0.07%
Y: Federally Qualified Health Centers	2	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	1	0.00%
Other	456	0.78%
Total	58,529	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	252	53	21.03%
C02: Did not make appropriate diagnoses and/or assessments	134	41	30.60%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	92	29	31.52%
C04: Did not carry out an established plan in a competent and/or timely fashion	64	22	34.38%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	43	15	34.88%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	33	12	36.36%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	29	11	37.93%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	13	5	38.46%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	10	4	40.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	5	2	40.00%
C11: Did not demonstrate that the patient was ready for discharge	3	1	33.33%
C12: Did not provide appropriate personnel and/or resources	2	1	50.00%
C13: Did not order appropriate specialty consultation	2	1	50.00%
C14: Specialty consultation process was not completed in a timely manner	2	1	50.00%
C15: Did not effectively coordinate across disciplines	2	1	50.00%
C16: Did not ensure patient safety related to medications	2	1	50.00%
C17: Did not ensure patient safety related to fall prevention	2	1	50.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	690	201	29.13%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
3	1.49%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner diagnosis and evaluation of patients	1
Provider - Improvement needed in other patient care by staff area	1
Provider - Improvement needed in practitioner general treatment planning/administration	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	4	50.00%	50.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	4	25.00%	75.00%
Hospital Observation Status Appeal	2	50.00%	50.00%

FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	2,775	54.02%	45.98%
MA Post-Acute Appeal (CORF, HHA, SNF)	44,916	56.86%	43.14%
FFS Hospital Discharge Appeals	3,561	20.39%	79.61%
MA Hospital Discharge Appeals	4,005	16.15%	83.55%
Total	55,267	51.41%	48.58%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	50,732	91.79%
Rural	4,386	7.94%
Unknown	150	0.27%
Total	55,267	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	120	16.46%
Rural	39	5.35%
Unknown	120	16.46%
Total	729	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
1,616	2,378

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	1
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	60
E02: Assistance with scheduling medical appointments	9
E03: Assistance with Durable Medical Equipment (DME) issues	18

E04: Assistance with prescription issues	42
E05: Assistance with pain management	25
E06: Assistance with help related to activities of daily living (ADLs)	20
E07: Assistance with communication issues	914
E08: Assistance with continuity of care/care coordination	405
E09: Assistance with behavioral health issues	4
E10: Assistance with comfort care	21
E11: Assistance with obtaining specialty consultation appointment	4
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	1
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	2
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	90
Total	1,616

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
762	2,378

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	11
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
F01: Assistance with understanding hospital discharge appeal process	168
F02: Assistance with coordination of care following hospital discharge	230

F03: Assistance with understanding discharge instructions from inpatient hospital admission	349
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	3
Unspecified	0
Total	762

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	1,656

ACENTRA HEALTH BFCC-QIO REGION # 8 – STATE OF COLORADO

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	91	1.11%
Immediate Advocacy for Complaints	215	2.63%
Quality of Care Review (All Other Selection Reasons)	89	1.09%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	343	4.19%
Medicare Advantage (MA) Post-Acute Appeals	6,752	82.69%
FFS Hospital Discharge Appeals	289	3.54%
MA Hospital Discharge Appeals	289	3.54%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	82	1%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	15	0.18%
EMTALA 60 Day	0	0.00%
Total	8,165	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	5,529	9.60%
2. I110- Hypertensive heart disease with heart failure	1,412	2.45%
3. J189- Pneumonia, unspecified organism	1,345	2.34%
4. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,315	2.28%
5. N179- Acute kidney failure, unspecified	1,260	2.19%
6. I480- Paroxysmal atrial fibrillation	1,221	2.12%
7. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,051	1.83%
8. R5381- Other malaise	901	1.56%
9. A4151- Sepsis due to Escherichia coli [E. coli]	775	1.35%
10. M48062- Spinal stenosis, lumbar region with neurogenic claudication	728	1.26%
Total	15,537	100.00%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	5,057	62.05%
Male	3,093	37.95%
Unknown	0	0.00%
Total	8,150	100.00%
Race		
Asian	84	1.03%
Black	277	3.40%
Hispanic	768	9.42%
North American Native	60	0.74%
Not applicable	3	0.04%
Other	330	4.05%
Unknown	11	0.13%
White	6,617	81.19%
Total	8,150	100.00%
Age		
Under 65	584	7.17%
65-70	1,161	14.25%
71-80	2,974	36.49%
81-90	2,622	32.17%
91+	805	9.88%
Unknown	4	0.05%
Total	8,150	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	563	6.90%
1: Distinct Psychiatric Facility	4	0.05%
2: Distinct Rehabilitation Facility	204	2.50%
3: Distinct Skilled Nursing Facility	7,044	86.27%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	5	0.06%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	2	0.02%
C: Free Standing Ambulatory Surgery Center	2	0.02%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	63	0.77%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	72	0.88%
O: Setting does not fit into any other existing setting code	4	0.05%
P: Physician Office	1	0.01%
Q: Long-Term Care Facility	17	0.21%
R: Hospice	88	1.08%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	1	0.01%
Y: Federally Qualified Health Centers	2	0.02%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	93	1.14%
Total	8,165	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	70	15	21.43%
C02: Did not make appropriate diagnoses and/or assessments	42	12	28.57%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	26	9	34.62%
C04: Did not carry out an established plan in a competent and/or timely fashion	14	5	35.71%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	7	3	42.86%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	7	3	42.86%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	7	3	42.86%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	1	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	1	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	1	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	1	0	0.00%
C12: Did not provide appropriate personnel and/or resources	1	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	178	50	28.09%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0	0.00%
Hospital Observation Status Appeal	0	0	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	343	44.31%	55.69%
MA Post-Acute Appeal (CORF, HHA, SNF)	6,752	50.09%	49.91%
FFS Hospital Discharge Appeals	289	19.38%	80.62%
MA Hospital Discharge Appeals	289	16.61%	83.39%
Total	7,763	47.41%	52.59%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	7,538	98.24%
Rural	134	1.75%
Unknown	1	0.01%
Total	7,673	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	155	86.11%
Rural	5	2.78%
Unknown	20	11.11%
Total	180	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
215	297

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	5
E02: Assistance with scheduling medical appointments	4
E03: Assistance with Durable Medical Equipment (DME) issues	4
E04: Assistance with prescription issues	8
E05: Assistance with pain management	4
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	123
E08: Assistance with continuity of care/care coordination	53

E09: Assistance with behavioral health issues	3
E10: Assistance with comfort care	2
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	1
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	8
Total	215

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
82	297

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	6
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	22
F02: Assistance with coordination of care following hospital discharge	22
F03: Assistance with understanding discharge instructions from inpatient hospital admission	32

F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	82

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	515

ACENTRA HEALTH BFCC-QIO REGION # 8 – STATE OF MONTANNA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	10	1.03%
Immediate Advocacy for Complaints	20	2.06%
Quality of Care Review (All Other Selection Reasons)	9	0.93%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	59	6.08%
Medicare Advantage (MA) Post-Acute Appeals	789	81.26%
FFS Hospital Discharge Appeals	34	3.4%
MA Hospital Discharge Appeals	33	3.4%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	6	0.62%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	11	1.13%
EMTALA 60 Day	0	0.00%
Total	971	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	2,086	9.76%
2. J189- Pneumonia, unspecified organism	687	3.21%
3. I214- Non-ST elevation (NSTEMI) myocardial infarction	555	2.60%
4. I110- Hypertensive heart disease with heart failure	545	2.55%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	494	2.31%
6. N179- Acute kidney failure, unspecified	434	2.03%
7. N390- Urinary tract infection, site not specified	390	1.82%
8 I350- Nonrheumatic aortic (valve) stenosis	352	1.65%
9. J9601- Acute respiratory failure with hypoxia	313	1.46%
10. I480- Paroxysmal atrial fibrillation	311	1.46%
Total	6,167	28.85%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	600	62.50%
Male	360	37.50%
Unknown	0	0.00%
Total	960	100.00%
Race		
Asian	3	0.31%
Black	3	0.31%
Hispanic	14	1.46%
North American Native	39	4.06%
Not applicable	0	0.00%
Other	8	0.83%
Unknown	0	0.00%
White	893	93.02%
Total	960	100.00%
Age		
Under 65	60	6.25%
65-70	136	14.17%
71-80	325	33.85%
81-90	360	37.50%
91+	79	8.23%
Unknown	0	0.00%
Total	960	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	89	9.127%
1: Distinct Psychiatric Facility	2	0.21%
2: Distinct Rehabilitation Facility	5	0.51%
3: Distinct Skilled Nursing Facility	822	84.65%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	2	0.21%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	35	3.60%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	0	0.00%
R: Hospice	9	0.93%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	7	0.72%
Total	971	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	12	1	8.33%
C02: Did not make appropriate diagnoses and/or assessments	5	1	20.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	2	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%

C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	19	2	10.53%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	59	37.29%	62.71%
MA Post-Acute Appeal (CORF, HHA, SNF)	789	48.04	51.96%
FFS Hospital Discharge Appeals	34	11.76%	88.24%

MA Hospital Discharge Appeals	33	12.12%	87.88%
Total	915	44.70%	55.30%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	599	65.46%
Rural	314	34.32%
Unknown	2	0.22%
Total	915	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	7	36.84
Rural	12	63.16
Unknown	0	0.00%
Total	19	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
20	26

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	0
E02: Assistance with scheduling medical appointments	1
E03: Assistance with Durable Medical Equipment (DME) issues	0
E04: Assistance with prescription issues	0
E05: Assistance with pain management	0

E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	17
E08: Assistance with continuity of care/care coordination	2
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	0
Total	20

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
6	26

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	0
F02: Assistance with coordination of care following hospital discharge	2

F03: Assistance with understanding discharge instructions from inpatient hospital admission	0
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	4
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	6

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	31

ACENTRA HEALTH BFCC-QIO REGION # 8 – STATE OF NORTH DAKOTA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	6	0.91%
Immediate Advocacy for Complaints	18	2.74%
Quality of Care Review (All Other Selection Reasons)	47	7.15%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	174	26.48%
Medicare Advantage (MA) Post-Acute Appeals	324	49.32%
FFS Hospital Discharge Appeals	60	9.13%
MA Hospital Discharge Appeals	16	2.44%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	10	1.52%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	1	0.15%
EMTALA 60 Day	0	0.00%
Total	656	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	1,605	8.70%
2. J189- Pneumonia, unspecified organism	767	4.16%
3. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	706	3.83%
4. I110- Hypertensive heart disease with heart failure	529	2.87%
5 N179-. Acute kidney failure, unspecified	495	2.68%
6. I214- Non-ST elevation (NSTEMI) myocardial infarction	493	2.67%
7. I480 - Paroxysmal atrial fibrillation	388	2.10%
8. N390- Urinary tract infection, site not specified	379	2.05%
9. J9601- Acute respiratory failure with hypoxia	331	1.79%
10. I350- Nonrheumatic aortic (valve) stenosis	321	1.74%
Total	6,014	32.61%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	376	57.40%
Male	279	42.60%
Unknown	0	0.00%
Total	655	100.00%
Race		
Asian	0	0.00%
Black	3	0.46%
Hispanic	3	0.46%
North American Native	29	4.43%
Not applicable	1	0.15%
Other	1	0.15%
Unknown	1	0.15%
White	617	94.20%
Total	655	100.00%
Age		
Under 65	43	6.56%
65-70	68	10.38%
71-80	223	34.05%
81-90	218	33.28%
91+	103	15.73%
Unknown	0	0.00%
Total	655	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	74	11.28%
1: Distinct Psychiatric Facility	0	0.00%
2: Distinct Rehabilitation Facility	37	5.64%
3: Distinct Skilled Nursing Facility	492	75.00%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	1	0.15%
H: Home Health Agency	2	0.30%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	40	6.10%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	3	0.46
R: Hospice	2	0.30
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	5	0.76
Total	656	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	20	7	35.00%
C02: Did not make appropriate diagnoses and/or assessments	14	6	42.86%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	12	5	41.67%
C04: Did not carry out an established plan in a competent and/or timely fashion	3	1	33.33%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	1	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	1	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	51	19	37.25

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
6	31.58%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner general treatment planning/administration	2
Practitioner - Improvement needed in practitioner medical record documentation that impacts patient care	1
Provider - Improvement needed in medical record documentation that impacts patient care	1
Provider - Improvement needed in staff monitoring/reporting of patient changes and response to care/adjusting care	2

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%

Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	174	36.78%	63.22%
MA Post-Acute Appeal (CORF, HHA, SNF)	324	46.60%	53.40%
FFS Hospital Discharge Appeals	60	13.33%	86.67%
MA Hospital Discharge Appeals	16	18.75%	81.25%
Total	574	39.37%	60.63%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	505	87.98%
Rural	69	12.02%
Unknown	0	0.00%
Total	574	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	23	43.40%
Rural	30	56.60%
Unknown	0	0.00%
Total	53	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
18	28

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0

E01: Assistance with understanding discharge instructions from non-acute setting	1
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	0
E05: Assistance with pain management	1
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	12
E08: Assistance with continuity of care/care coordination	3
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	0
Total	18

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
10	28

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0

FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	1
F02: Assistance with coordination of care following hospital discharge	5
F03: Assistance with understanding discharge instructions from inpatient hospital admission	4
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	10

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	28

ACENTRA HEALTH BFCC-QIO REGION # 8 – STATE OF SOUTH DAKOTA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	0	0.00%
Immediate Advocacy for Complaints	13	2.07%
Quality of Care Review (All Other Selection Reasons)	9	1.44%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	59	9.41%
Medicare Advantage (MA) Post-Acute Appeals	422	67.3%
FFS Hospital Discharge Appeals	66	10.53%
MA Hospital Discharge Appeals	39	6.22%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	12	1.91%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	7	1.12%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	0	0.00%
EMTALA 60 Day	0	0.00%
Total	627	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	1,779	7.98%
2. J189- Pneumonia, unspecified organism	882	3.95%
3. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	677	3.04%
4. N179- Acute kidney failure, unspecified	616	2.76%
5. I214- Non-ST elevation (NSTEMI) myocardial infarction	605	2.71%
6. I110- Hypertensive heart disease with heart failure	493	2.21%
7. N390- Urinary tract infection, site not specified	478	2.14%
8. I480- Paroxysmal atrial fibrillation	412	1.85%
9. J9601- Acute respiratory failure with hypoxia	375	1.68%
10. I350- Nonrheumatic aortic (valve) stenosis	365	1.64%
Total	6,682	29.96%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	395	63.00%
Male	232	37.00%
Unknown	0	0.00%
Total	627	100.00%
Race		
Asian	1	0.16%
Black	4	0.64%
Hispanic	4	0.64%
North American Native	23	3.67%
Not applicable	0	0.00%
Other	6	0.96%
Unknown	2	0.32%
White	587	93.62%
Total	627	100.00%
Age		
Under 65	69	11.00
65-70	105	16.75
71-80	211	33.65
81-90	179	28.55
91+	62	9.89
Unknown	1	0.16
Total	627	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	113	18.02%
1: Distinct Psychiatric Facility	0	0.00%
2: Distinct Rehabilitation Facility	17	2.71%
3: Distinct Skilled Nursing Facility	466	74.32%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.16%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	1	0.16%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	4	0.64%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	14	2.23%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	4	0.64%
R: Hospice	4	0.64%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	3	0.48%
Total	627	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	7	1	14.29
C02: Did not make appropriate diagnoses and/or assessments	2	1	50.00
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	0	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	19	2	22.22%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	7	57.14%	42.86%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	59	37.29%	62.71%
MA Post-Acute Appeal (CORF, HHA, SNF)	0	0.00%	0.00%
FFS Hospital Discharge Appeals	66	6.06%	93.94%
MA Hospital Discharge Appeals	39	10.26%	89.74%
Total	593	44.18%	55.82%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	497	83.81%
Rural	96	16.19
Unknown	0	0.00%
Total	593	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	9	100.00%
Rural	0	0.00%
Unknown	0	0.00%
Total	9	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
13	25

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	0
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	0
E05: Assistance with pain management	0
E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	7
E08: Assistance with continuity of care/care coordination	3

E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	2
Total	13

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
12	25

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	1
F02: Assistance with coordination of care following hospital discharge	7
F03: Assistance with understanding discharge instructions from inpatient hospital admission	4
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0

F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	12

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	17

ACENTRA HEALTH BFCC-QIO REGION # 8 – STATE OF UTAH

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	7	0.27%
Immediate Advocacy for Complaints	73	2.81%
Quality of Care Review (All Other Selection Reasons)	14	0.54%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	185	7.13%
Medicare Advantage (MA) Post-Acute Appeals	1,993	76.83%
FFS Hospital Discharge Appeals	123	4.73%
MA Hospital Discharge Appeals	161	6.21%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	32	1.23%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	6	0.23%
EMTALA 60 Day	0	0.00%
Total	2,594	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	3,216	11.43%
2. N179- Acute kidney failure, unspecified	820	2.91%
3. I110- Hypertensive heart disease with heart failure	681	2.42%
4. J189- Pneumonia, unspecified organism	678	2.41%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	677	2.41%
6. I214- Non-ST elevation (NSTEMI) myocardial infarction	551	1.96%
7. N390- Urinary tract infection, site not specified	447	1.59%
8. I480- Paroxysmal atrial fibrillation	432	1.54%
9. M48061- Spinal stenosis, lumbar region without neurogenic claudication	390	1.39%
10. J9601- Acute respiratory failure with hypoxia	330	1.17%
Total	8,222	29.22%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	1,638	63.29%
Male	950	36.71%
Unknown	0	0.00%
Total	2,588	100.00%
Race		
Asian	23	0.89%
Black	13	0.50%
Hispanic	155	5.99%
North American Native	20	0.77%
Not applicable	0	0.00%
Other	49	1.89%
Unknown	0	0.00%
White	2,328	89.95%
Total	2,588	100.00%
Age		
Under 65	295	11.40%
65-70	417	16.11%
71-80	917	35.43%
81-90	768	29.68%
91+	189	7.30%
Unknown	2	0.08%
Total	2,588	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	259	9.98%
1: Distinct Psychiatric Facility	5	0.19%
2: Distinct Rehabilitation Facility	83	3.20%
3: Distinct Skilled Nursing Facility	2,147	82.77%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.04%

6: Distinct Dialysis Center Facility	1	0.04%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	1	0.04%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	17	0.66%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	2	0.08%
O: Setting does not fit into any other existing setting code	4	0.15%
P: Physician Office	1	0.04%
Q: Long-Term Care Facility	10	0.39%
R: Hospice	29	1.12%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	1	0.04%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	33	1.27%
Total	2,594	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	11	1	9.09%
C02: Did not make appropriate diagnoses and/or assessments	5	0	0.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	1	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	1	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	1	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	1	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	1	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%

C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	21	1	4.76%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	185	47.03%	52.43%
MA Post-Acute Appeal (CORF, HHA, SNF)	1,993	52.43%	47.37%
FFS Hospital Discharge Appeals	123	19.51%	80.49%

MA Hospital Discharge Appeals	161	16.77%	83.23%
Total	2,462	48.05%	51.95%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	2,141	86.96%
Rural	319	12.96%
Unknown	2	0.08%
Total	2,462	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	21	100.00%
Rural	0	0.00%
Unknown	0	0.00%
Total	21	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
73	105

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	3
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	1
E04: Assistance with prescription issues	2
E05: Assistance with pain management	2

E06: Assistance with help related to activities of daily living (ADLs)	1
E07: Assistance with communication issues	41
E08: Assistance with continuity of care/care coordination	13
E09: Assistance with behavioral health issues	3
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	1
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	1
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	5
Total	73

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
32	105

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	9
F02: Assistance with coordination of care following hospital discharge	9

F03: Assistance with understanding discharge instructions from inpatient hospital admission	11
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	1
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	2
Total	32

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	54

ACENTRA HEALTH BFCC-QIO REGION # 8 – STATE OF WYOMING

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	0	0.00%
Immediate Advocacy for Complaints	9	1.89%
Quality of Care Review (All Other Selection Reasons)	7	147%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	7	1.47%
Medicare Advantage (MA) Post-Acute Appeals	353	74.00%
FFS Hospital Discharge Appeals	55	11.53%
MA Hospital Discharge Appeals	7	1.47%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	6	1.26%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	33	6.92%
EMTALA 60 Day	0	0.00%
Total	477	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	874	9.28%
2. J189- Pneumonia, unspecified organism	521	5.53%
3. N179- Acute kidney failure, unspecified	331	3.52%
4. I110- Hypertensive heart disease with heart failure	320	3.40%
5. N390- Urinary tract infection, site not specified	288	3.06%
6. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	245	2.60%
7. J441- Chronic obstructive pulmonary disease with (acute) exacerbation	228	2.42%
8. I214- Non-ST elevation (NSTEMI) myocardial infarction	168	1.78%
9. U071- COVID-19	140	1.49%
10. I4891- Unspecified atrial fibrillation	132	1.40%
Total	3,247	34.49%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	289	65.09%
Male	155	34.91%
Unknown	0	0.00%
Total	444	100.00%
Race		
Asian	0	0.00%
Black	2	0.45%
Hispanic	17	3.83%
North American Native	15	3.38%
Not applicable	0	0.00%
Other	2	0.45%
Unknown	2	0.45%
White	406	91.44%
Total	444	100.00%
Age		
Under 65	45	10.14%
65-70	97	21.85%
71-80	150	33.78%
81-90	136	30.63%
91+	16	3.60%
Unknown	0	0.00%
Total	444	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	50	10.48%
1: Distinct Psychiatric Facility	3	0.63%
2: Distinct Rehabilitation Facility	48	10.06%
3: Distinct Skilled Nursing Facility	341	71.49%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	1	0.21%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	33	6.92%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	0	0.00%
R: Hospice	0	0.00%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	1	0.21%
Total	477	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	3	0	0.00%
C02: Did not make appropriate diagnoses and/or assessments	3	0	0.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	1	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%

C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	7	0	0.00%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	7	42.86%	57.14%
MA Post-Acute Appeal (CORF, HHA, SNF)	353	52.97%	47.03%
FFS Hospital Discharge Appeals	55	16.36%	83.64%

MA Hospital Discharge Appeals	7	0.00%	100.00%
Total	422	47.16%	52.84%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	351	83.18%
Rural	71	16.82%
Unknown	0	0.00%
Total	422	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	7	100.00%
Rural	0	0.00%
Unknown	0	0.00%
Total	7	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
9	15

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	0
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	0
E04: Assistance with prescription issues	1
E05: Assistance with pain management	0

E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	6
E08: Assistance with continuity of care/care coordination	1
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	1
Total	9

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
6	15

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	2
F02: Assistance with coordination of care following hospital discharge	1

F03: Assistance with understanding discharge instructions from inpatient hospital admission	3
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	6

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	12

ACENTRA HEALTH BFCC-QIO REGION # 10 – STATE OF ALASKA

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	6	5.17%
Immediate Advocacy for Complaints	9	7.76%
Quality of Care Review (All Other Selection Reasons)	12	10.34%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	0	0.00%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	8	6.90%
Medicare Advantage (MA) Post-Acute Appeals	5	4.31%
FFS Hospital Discharge Appeals	51	43.97%
MA Hospital Discharge Appeals	5	4.31%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	18	15.52%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	2	1.69%
EMTALA 60 Day	0	0.00%
Total	116	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	1445	12.17
2. N179- Acute kidney failure, unspecified	335	2.82
3. J189- Pneumonia, unspecified organism	325	2.74
4. I110- Hypertensive heart disease with heart failure	292	2.46
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	272	2.29
6. I214- Non-ST elevation (NSTEMI) myocardial infarction	252	2.12
7. J9601- Acute respiratory failure with hypoxia	205	1.73
8. N390- Urinary tract infection, site not specified	159	1.34
9. I350- Nonrheumatic aortic (valve) stenosis	158	1.33
10. A4151- Sepsis due to Escherichia coli [E. coli]	156	1.31
Total	3,599	30.30%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	60	52.63%
Male	54	47.37%
Unknown	0	0.00%
Total	114	100.00%
Race		
Asian	3	2.63%
Black	8	7.02%
Hispanic	1	0.88%
North American Native	17	14.91%
Not applicable	0	0.00%
Other	6	5.26%
Unknown	0	0.00%
White	79	69.30%
Total	114	100.00%
Age		
Under 65	15	13.16%
65-70	34	29.82%
71-80	43	37.72%
81-90	18	15.79%
91+	3	2.63%
Unknown	1	0.88%
Total	114	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	86	74.14%
1: Distinct Psychiatric Facility	2	1.72%
2: Distinct Rehabilitation Facility	15	12.93%
3: Distinct Skilled Nursing Facility	0	0.00%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	1	0.86%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	0	0.00%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	4	3.45%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	4	3.45%
R: Hospice	1	0.86%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	0	0.00%
Other	3	2.59%
Total	116	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	12	2	16.67%
C02: Did not make appropriate diagnoses and/or assessments	4	0	0.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	2	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%

C24: Did not provide appropriate pain management	0	0	0.00%
C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	18	2	11.11%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	0	0.00%	0.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	8	37.50%	62.50%
MA Post-Acute Appeal (CORF, HHA, SNF)	5	60.00%	40.00%
FFS Hospital Discharge Appeals	51	7.84%	92.16%

MA Hospital Discharge Appeals	5	20.00%	80.00%
Total	69	15.94%	84.06%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	56	81.16%
Rural	13	18.84%
Unknown	0	0.00%
Total	69	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	14	77.78%
Rural	0	0.00%
Unknown	4	22.22%
Total	18	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
9	27

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	1
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	0
E04: Assistance with prescription issues	0
E05: Assistance with pain management	0

E06: Assistance with help related to activities of daily living (ADLs)	0
E07: Assistance with communication issues	5
E08: Assistance with continuity of care/care coordination	0
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	3
Total	9

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
18	27

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	2
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	0
F02: Assistance with coordination of care following hospital discharge	5

F03: Assistance with understanding discharge instructions from inpatient hospital admission	11
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	18

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	52

ACENTRA HEALTH BFCC-QIO REGION # 10 – STATE OF IDAHO

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	16	0.74%
Immediate Advocacy for Complaints	48	2.22%
Quality of Care Review (All Other Selection Reasons)	2	0.09%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	23	1.06%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	146	6.75%
Medicare Advantage (MA) Post-Acute Appeals	1,629	75.35%
FFS Hospital Discharge Appeals	145	6.71%
MA Hospital Discharge Appeals	98	4.53%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	25	1.16%
Notice of Hospital Requested Review (HRR) HINN 10)	0	0.00%
Hospital Observation Status Appeals	0	0.00%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	7	0.32%
EMTALA 60 Day	23	1.06%
Total	2,162	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	2,210	9.58%
2. I214- Non-ST elevation (NSTEMI) myocardial infarction	590	2.56%
3. I110- Hypertensive heart disease with heart failure	582	2.52%
4. N179 Acute kidney failure, unspecified -	569	2.47%
5. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	545	2.36%
6. I480- Paroxysmal atrial fibrillation	466	2.02%
7. J189- Pneumonia, unspecified organism	426	1.85%
8. J9601- Acute respiratory failure with hypoxia	420	1.82%
9. I4819- Other persistent atrial fibrillation	332	1.44%
10. A4151- Sepsis due to Escherichia coli [E. coli]	313	1.36%
Total	6,453	27.98%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	1,342	62.95
Male	790	37.05
Unknown	0	0.00
Total	2,132	100.00%
Race		
Asian	4	0.19%
Black	10	0.47%
Hispanic	104	4.88%
North American Native	23	1.08%
Not applicable	1	0.05%
Other	42	1.97%
Unknown	3	0.14%
White	1,945	91.23%
Total	2,132	100.00%
Age		
Under 65	206	9.66%
65-70	300	14.07%
71-80	756	35.46%
81-90	680	31.89%
91+	190	8.91%
Unknown	0	0.00%
Total	2,132	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	202	9.34%
1: Distinct Psychiatric Facility	8	0.37%
2: Distinct Rehabilitation Facility	101	4.67%
3: Distinct Skilled Nursing Facility	1,767	81.73%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	0	0.00%
6: Distinct Dialysis Center Facility	0	0.00%

7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	0	0.00%
9: Provider Based Rural Health Clinic (RHC)	0	0.00%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	2	0.09%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	1	0.05%
H: Home Health Agency	14	0.65%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	41	1.09%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	1	0.05%
Q: Long-Term Care Facility	4	0.19%
R: Hospice	3	0.14%
S: Psychiatric Unit of an Inpatient Facility	1	0.05%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	1	0.05%
Other	16	0.74%
Total	2,162	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	10	1	10.00%
C02: Did not make appropriate diagnoses and/or assessments	7	1	14.29%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	1	0	0.00%
C04: Did not carry out an established plan in a competent and/or timely fashion	0	0	0.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	0	0	0.00%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	0	0	0.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	0	0	0.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	18	2	11.11

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
0	0.00%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
N/A	N/A

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	23	47.83%	52.17%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	0	0.00%	0.00%
Hospital Observation Status Appeal	0	0.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	146	46.58%	53.42%
MA Post-Acute Appeal (CORF, HHA, SNF)	1,629	50.89%	49.11%
FFS Hospital Discharge Appeals	145	24.14%	75.86%
MA Hospital Discharge Appeals	98	23.47%	76.53%
Total	2,041	47.33%	52.67%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	1,970	96.52%
Rural	71	3.48%
Unknown	0	0.00%
Total	2,041	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	18	100.00%
Rural	0	0.00%
Unknown	0	0.00%
Total	18	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
48	73

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	0
E02: Assistance with scheduling medical appointments	0
E03: Assistance with Durable Medical Equipment (DME) issues	0
E04: Assistance with prescription issues	4
E05: Assistance with pain management	0
E06: Assistance with help related to activities of daily living (ADLs)	3
E07: Assistance with communication issues	25
E08: Assistance with continuity of care/care coordination	15

E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	0
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	1
Total	48

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
25	73

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	8
F02: Assistance with coordination of care following hospital discharge	7
F03: Assistance with understanding discharge instructions from inpatient hospital admission	10
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0

F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	25

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	58

ACENTRA HEALTH BFCC-QIO REGION # 10 – STATE OF OREGON

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	56	0.87%
Immediate Advocacy for Complaints	219	3.4%
Quality of Care Review (All Other Selection Reasons)	85	1.32%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	1	0.02%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	310	4.82%
Medicare Advantage (MA) Post-Acute Appeals	4,827	75.05%
FFS Hospital Discharge Appeals	320	4.98%
MA Hospital Discharge Appeals	505	7.85%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	81	1.26%
Notice of Hospital Requested Review (HRR) HINN 10)	4	0.06%
Hospital Observation Status Appeals	8	0.12%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	16	0.25%
EMTALA 60 Day	0	0.00%
Total	6,432	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	4,750	10.41%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	1,439	3.15%
3. I110- Hypertensive heart disease with heart failure	1,405	3.08%
4. N179- Acute kidney failure, unspecified	1,319	2.89%
5. I214- Non-ST elevation (NSTEMI) myocardial infarction	1,096	2.40%
6. J189- Pneumonia, unspecified organism	937	2.05%
7. I350- Nonrheumatic aortic (valve) stenosis	717	1.57%
8. A4151- Sepsis due to Escherichia coli [E. coli]	620	1.36%
9. J9601- Acute respiratory failure with hypoxia	620	1.36%
10. I480- Paroxysmal atrial fibrillation	580	1.27%
Total	13,483	29.55%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	3,915	61.02%
Male	2,498	38.93%
Unknown	3	0.05%
Total	6,416	100.00%
Race		
Asian	96	1.50%
Black	95	1.48%
Hispanic	186	2.90%
North American Native	98	1.53%
Not applicable	8	0.12%
Other	144	2.24%
Unknown	24	0.37%
White	5,765	89.85%
Total	6,416	100.00%
Age		
Under 65	537	8.37%
65-70	905	14.11%
71-80	2,177	33.93%
81-90	2,185	34.06%
91+	608	9.48%
Unknown	4	0.06%
Total	6,416	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	991	15.41%
1: Distinct Psychiatric Facility	25	0.37%
2: Distinct Rehabilitation Facility	0	0.00%
3: Distinct Skilled Nursing Facility	5,086	79.07%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	3	0.05%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	1	0.02%
8: Independent Based Rural Health Clinic (RHC)	4	0.06%
9: Provider Based Rural Health Clinic (RHC)	1	0.02%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	0	0.00%
C: Free Standing Ambulatory Surgery Center	1	0.02%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	112	1.74%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	0	0.00%
N: Critical Access Hospital	76	1.18%
O: Setting does not fit into any other existing setting code	0	0.00%
P: Physician Office	0	0.00%
Q: Long-Term Care Facility	2	0.03%
R: Hospice	29	0.45%
S: Psychiatric Unit of an Inpatient Facility	1	0.02%
T: Rehabilitation Unit of an Inpatient Facility	0	0.00%
Y: Federally Qualified Health Centers	0	0.00%
Z: Swing Bed Designation for Critical Access Hospitals	11	0.17%
Other	89	1.38%
Total	6,432	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency, such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	51	13	25.49%
C02: Did not make appropriate diagnoses and/or assessments	33	11	33.33%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	18	7	38.89%
C04: Did not carry out an established plan in a competent and/or timely fashion	12	6	50.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	9	5	55.56%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	9	5	55.56%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	9	5	55.56%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient's non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	141	52	36.88%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
4	7.69%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Provider - Improvement needed in practitioner general treatment planning/administration	3
Provider - Improvement needed in staff following provider established care protocols	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	1	0.00%	100.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	4	0.00%	100.00%
Hospital Observation Status Appeal	8	50.00%	50.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	310	48.06%	51.94%

MA Post-Acute Appeal (CORF, HHA, SNF)	4,827	54.28%	45.72%
FFS Hospital Discharge Appeals	320	5.63%	94.38%
MA Hospital Discharge Appeals	505	8.91%	91.09%
Total	5,975	47.46%	52.54%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	5,667	94.85%
Rural	307	5.14%
Unknown	1	0.02%
Total	5,975	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	104	73.76%
Rural	15	10.64%
Unknown	22	15.60%
Total	141	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
219	300

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	0
E01: Assistance with understanding discharge instructions from non-acute setting	6
E02: Assistance with scheduling medical appointments	2
E03: Assistance with Durable Medical Equipment (DME) issues	5

E04: Assistance with prescription issues	10
E05: Assistance with pain management	7
E06: Assistance with help related to activities of daily living (ADLs)	2
E07: Assistance with communication issues	129
E08: Assistance with continuity of care/care coordination	46
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	2
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	10
Total	219

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
81	300

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	16

F02: Assistance with coordination of care following hospital discharge	29
F03: Assistance with understanding discharge instructions from inpatient hospital admission	32
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	1
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	2
Total	81

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	250

ACENTRA HEALTH BFCC-QIO REGION # 10 – STATE OF WASHINGTON

1) TOTAL NUMBER OF REVIEWS

Review Type	Number of Reviews	Percent of Total Reviews
Quality of Care Review (Beneficiary Complaint)	68	0.46%
Immediate Advocacy for Complaints	343	2.32%
Quality of Care Review (All Other Selection Reasons)	85	0.58%
Hospital Issued Notices of Non-coverage Reviews (Admission and Preadmission, HINN 1)	2	0.01%
Medicare Fee-for-Service (FFS) Post-Acute Appeals	964	6.52%
Medicare Advantage (MA) Post-Acute Appeals	11,851	80.21%
FFS Hospital Discharge Appeals	561	3.8%
MA Hospital Discharge Appeals	731	4.95%
Immediate Advocacy for Fee-for-Service (FFS) Hospital Discharge Appeal Support	121	0.82%
Notice of Hospital Requested Review (HRR) HINN 10)	3	0.02%
Hospital Observation Status Appeals	4	0.03%
Emergency Medical Treatment & Labor Act (EMTALA) 5 Day	21	0.14%
EMTALA 60 Day	21	0.14%
Total	14,775	100.00%

2) TOP 10 PRINCIPAL MEDICAL DIAGNOSES

Top 10 Medical Diagnoses	Number of Beneficiaries	Percent of Beneficiaries
1. A419- Sepsis, unspecified organism	9,535	11.08%
2. I130- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	2,866	3.33%
3. I110- Hypertensive heart disease with heart failure	2,673	3.11%
4. N179- Acute kidney failure, unspecified	2,539	2.95%
5. I214- Non-ST elevation (NSTEMI) myocardial infarction	2,127	2.47%
6. J189- Pneumonia, unspecified organism	2,042	2.37%
7. I480- Paroxysmal atrial fibrillation	1,435	1.67%
8. I350- Nonrheumatic aortic (valve) stenosis	1,374	1.60%
9. J9601- Acute respiratory failure with hypoxia	1,318	1.53%
10. N390- Urinary tract infection, site not specified	1,301	1.51%
Total	27,210	31.63%

3) BENEFICIARY DEMOGRAPHICS:

Demographics	Number of Beneficiaries	Percent of Beneficiaries
Sex/Gender		
Female	8,822	59.88%
Male	5,910	40.11%
Unknown	1	0.01%
Total	14,733	100.00%
Race		
Asian	502	3.41%
Black	637	4.32%
Hispanic	507	3.44%
North American Native	275	1.87%
Not applicable	5	0.03%
Other	653	4.43%
Unknown	30	0.20%
White	12,124	82.29%
Total	14,733	100.00%
Age		
Under 65	1,349	9.16%
65-70	2,422	16.44%
71-80	5,444	36.95%
81-90	4,371	29.67%
91+	1,138	7.72%
Unknown	9	0.06%
Total	14,733	100.00%

4) PROVIDER REVIEWS SETTINGS

Setting	Number of Providers	Percent of Providers
0: Acute Care Unit of an Inpatient Facility	1,484	10.04%
1: Distinct Psychiatric Facility	7	0.05%
2: Distinct Rehabilitation Facility	35	0.24%
3: Distinct Skilled Nursing Facility	12,720	86.09%
4: Distinct Alcohol/Drug Facility	0	0.00%
5: Clinic	3	0.02%

6: Distinct Dialysis Center Facility	0	0.00%
7: Dialysis Center Unit of Inpatient Facility	0	0.00%
8: Independent Based Rural Health Clinic (RHC)	1	0.01%
9: Provider Based Rural Health Clinic (RHC)	4	0.03%
A: Outpatient Ambulatory Surgery	0	0.00%
B: Hospital Outpatient (for non-ASC payment like procedures)	2	0.01%
C: Free Standing Ambulatory Surgery Center	0	0.00%
F: EMS-Emergency Medical Services	0	0.00%
G: End Stage Renal Disease Unit	0	0.00%
H: Home Health Agency	142	0.96%
I: Clinical Laboratories	0	0.00%
J: Pharmacy	0	0.00%
M: Medical Assistance Facility - MT only	4	0.03%
N: Critical Access Hospital	141	0.95%
O: Setting does not fit into any other existing setting code	38	0.26%
P: Physician Office	3	0.02%
Q: Long-Term Care Facility	4	0.03%
R: Hospice	40	0.27%
S: Psychiatric Unit of an Inpatient Facility	0	0.00%
T: Rehabilitation Unit of an Inpatient Facility	24	0.16%
Y: Federally Qualified Health Centers	2	0.01%
Z: Swing Bed Designation for Critical Access Hospitals	32	0.22%
Other	89	0.60%
Total	14,775	100.00%

5) QUALITY OF CARE CONCERNS CONFIRMED AND QUALITY IMPROVEMENT INITIATIVES

The below data reflects the category of quality of care concerns identified during medical record reviews along with the corresponding outcome.

A Quality of Care review is conducted by the BFCC-QIO to determine whether the quality of services provided to beneficiaries was consistent with professionally recognized standards of health care. A Quality of Care review can either be initiated by a Medicare beneficiary or his/her appointed representative or referred to the BFCC-QIO from another agency such as the Office of Medicare Ombudsmen and/or Congress, etc.

Acentra Health, in keeping with CMS directions, has referred all confirmed Quality of Care concerns, which appear to be systemic in nature and appropriate for quality improvement activities, to the appropriate Quality Innovation Network QIO (QIN-QIO) for follow-up. For confirmed concerns that may be amenable to a different approach to health care or related documentation, Acentra Health retained those concerns and worked directly with the health care provider and/or practitioner. The data below reflects the total number of concerns referred to the QIN-QIO and not those retained by Acentra Health in order to provide technical assistance.

5.A. QUALITY OF CARE CONCERNS CONFIRMED

Quality of Care (“C” Category) QRD Category Codes	Number of Concerns	Number of Concerns Confirmed	Percent Confirmed Concerns
C01: Did not obtain pertinent history and/or findings from examination	61	13	21.31%
C02: Did not make appropriate diagnoses and/or assessments	30	9	30.00%
C03: Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care [excludes laboratory and/or imaging (see C06 or C09), procedures (see C07 or C08) and consultations (see C13 and C14)]	24	9	37.50%
C04: Did not carry out an established plan in a competent and/or timely fashion	16	8	50.00%
C05: Did not appropriately assess and/or act on changes in clinical/other status results	11	6	54.55%
C06: Did not appropriately assess and/or act on laboratory tests or imaging study results	5	3	60.00%
C07: Did not establish adequate clinical justification for a procedure which carries patient risk and was performed	5	3	60.00%
C08: Did not perform a procedure that was indicated (other than lab and imaging, see C09)	0	0	0.00%
C09: Did not obtain appropriate laboratory tests and/or imaging studies	0	0	0.00%
C10: Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans	0	0	0.00%
C11: Did not demonstrate that the patient was ready for discharge	0	0	0.00%
C12: Did not provide appropriate personnel and/or resources	0	0	0.00%
C13: Did not order appropriate specialty consultation	0	0	0.00%
C14: Specialty consultation process was not completed in a timely manner	0	0	0.00%
C15: Did not effectively coordinate across disciplines	0	0	0.00%
C16: Did not ensure patient safety related to medications	0	0	0.00%
C17: Did not ensure patient safety related to fall prevention	0	0	0.00%
C18: Did not ensure patient safety related to skin integrity	0	0	0.00%
C19: Did not ensure patient safety related to transfusions	0	0	0.00%
C20: Did not ensure patient safety related to infection control	0	0	0.00%
C21: Did not ensure patient safety related to surgery	0	0	0.00%
C22: Did not take actions to prevent hospital acquired conditions(s)	0	0	0.00%
C23: Did not provide mental health condition services	0	0	0.00%
C24: Did not provide appropriate pain management	0	0	0.00%

C25: Did not provide substance use disorder services	0	0	0.00%
C26: Used physical and/or chemical restraints inappropriately	0	0	0.00%
C27: Did not provide aspiration precautions	0	0	0.00%
C28: Did not provide appropriate wound care	0	0	0.00%
C29: Did not communicate care plan and patient condition with patient and/or family/caregiver	0	0	0.00%
C30: Did not order/follow evidence based practices	0	0	0.00%
C31: Did not provide medical record documentation that impacts patient care	0	0	0.00%
C32: Did not follow up on patient’s non-compliance	0	0	0.00%
C99: Other quality concern not elsewhere classified	0	0	0.00%
Total	152	51	33.55%

5.B. QUALITY IMPROVEMENT INITIATIVES (QII)

Quality of Care Concerns Referred for Quality Improvement Initiatives	
Number of Confirmed QOC Concerns Referred for QII	Percent (%) of Confirmed QOC Concerns Referred for QII
2	3.92%
Category and Type Assigned to QIIs	Number of QIIs referred to a QIN-QIO for each Category Type
Practitioner - Improvement needed in practitioner provision of patient education, ensuring stability for discharge and providing discharge planning	1
Provider - Improvement needed in practitioner safety precautions	1

6) BENEFICIARY APPEALS OF PROVIDER DISCHARGE/SERVICE TERMINATIONS AND DENIALS OF HOSPITAL ADMISSIONS OUTCOMES BY NOTIFICATION TYPE

Appeal Review by Type	Number of Reviews	Physician Reviewer Disagreed with Discharge (%)	Physician Reviewer Agreed with Discharge (%)
Hospital Issued Notices of Non-coverage Reviews FFS Preadmission/Admission - (Admission and Preadmission/HINN 1)	2	50.00%	50.00%
Notice of Hospital Requested Review (HRR) (Request for BFCC-QIO Concurrence/HINN 10)	3	33.33%	66.67%
Hospital Observation Status Appeal	4	100.00%	0.00%
FFS Post-Acute Appeal (CORF, HHA, Hospice, SNF)	964	43.36%	56.64%

MA Post-Acute Appeal (CORF, HHA, SNF)	11,851	52.49%	47.52%
FFS Hospital Discharge Appeals	561	7.13%	92.87%
MA Hospital Discharge Appeals	731	10.67%	89.33%
Total	14,116	47.90%	52.10%

7) REVIEWS BY GEOGRAPHIC AREA – URBAN AND RURAL

Table 7A: Appeal Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	13,415	95.03%
Rural	701	4.97%
Unknown	0	0.00%
Total	14,116	100.00%

Table 7B: Quality of Care Reviews by Geographic Area – Urban and Rural:

Geographic Area	Number of Providers	Percent of Providers in State
Urban	126	82.35%
Rural	11	7.19%
Unknown	16	10.46%
Total	153	100.00%

8) IMMEDIATE ADVOCACY (IA) CASES FOR BENEFICIARY COMPLAINTS

Number of Beneficiary Complaints	Number of Immediate Advocacy Cases
343	464

Immediate Advocacy (IA) QRD Category Codes	Number of IA Cases
E00: Beneficiary/representative declined IA option (not included in completed IA volume)	0
EN0: Provider/practitioner did not agree to participate in IA (not included in completed IA volume)	20
E01: Assistance with understanding discharge instructions from non-acute setting	14
E02: Assistance with scheduling medical appointments	3
E03: Assistance with Durable Medical Equipment (DME) issues	0

E04: Assistance with prescription issues	5
E05: Assistance with pain management	3
E06: Assistance with help related to activities of daily living (ADLs)	1
E07: Assistance with communication issues	206
E08: Assistance with continuity of care/care coordination	89
E09: Assistance with behavioral health issues	0
E10: Assistance with comfort care	1
E11: Assistance with obtaining specialty consultation appointment	0
E12: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
E13: Safe and Affordable Housing	0
E14: Income: Affordable medical, behavioral health, telehealth, medications, and alternate treatment services	0
E15: Discrimination	0
E16: Food	0
E17: Literacy	0
E18: Language	0
E19: Transportation	0
E20: Violence	0
E21: Access to Medical Services	0
E22: Access to Behavioral Health Services	0
E23: Access to Telehealth Services	0
E99: Other IA concern not elsewhere classified	0
Unspecified	0
Total	343

9) IMMEDIATE ADVOCACY (IA) FOR FFS HOSPITAL DISCHARGE APPEAL SUPPORT

Number of Hospital Discharge Appeals	Number of Immediate Advocacy Cases
121	464

Immediate Advocacy for FFS Hospital Discharge Appeal Support	Number of IA
F00: Beneficiary/representative declined IA option (not to be included in completed IA volume)	1
FN0: Provider/practitioner did not agree to participate in IA (BFCC-QIO to include volume and reasons why in their monthly COR report) Beneficiary/representative declined IA option (not to be included in completed IA volume)	0
F01: Assistance with understanding hospital discharge appeal process	29

F02: Assistance with coordination of care following hospital discharge	44
F03: Assistance with understanding discharge instructions from inpatient hospital admission	47
F04: Assistance with emergency preparedness issues (lack of services available due to public health emergency or disaster)	0
F99: Other IA concern not elsewhere classified (using this category requires BFCC-QIO to include in their monthly COR report)	0
Unspecified	0
Total	121

10) BENEFICIARY HELPLINE STATISTICS

Beneficiary Helpline Report	Total Per Category
Total Number of Calls Received	N/A
Total Number of Calls Answered	N/A
Total Number of Abandoned Calls	N/A
Average Length of Call Wait Times	N/A
Number of Calls Transferred by 1-800-Medicare	417