Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

Acentra HEALTH

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# BFCC-QIO FAQs for Healthcare Providers

Acentra Health is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for 29 states and provides medical record reviews as well as Immediate Advocacy for Medicare beneficiaries. Below are frequently asked questions (FAQs) related to Acentra Health's services.

1. **What is the Quality Improvement Organization (QIO) Program?**
   Led by the Centers for Medicare & Medicaid Services (CMS), the QIO Program is one of the largest federal programs dedicated to improving health quality at the local level. QIOs work with local healthcare providers, serving as change agents, conveners, and collaborators. They form groups of healthcare providers and other stakeholders to learn from one another and use that knowledge to make care more patient-centered, safer, and coordinated. Because QIOs share best practices with one another, providers benefit from the experience of their peers across the country, which further accelerates improvement. QIOs also help Medicare beneficiaries exercise their right to high-quality health care. Patients benefit from the QIO Program's charge to address beneficiaries' quality of care complaints and hospital discharge and skilled service termination appeals as well as from the QIO improvement initiatives those complaints and appeals inspire.

## BFCC-QIO Appeals

2. **What is the difference between a Grijalva review and a BIPA review?**
   Home health agencies, skilled nursing facilities, hospices, and comprehensive outpatient rehabilitation facilities are required to provide a Notice of Medicare Non-Coverage (NOMNC) to beneficiaries when their Medicare-covered service(s) are ending. The NOMNC provides information for beneficiaries on how to request an expedited appeal. Both the Grijalva review and Benefits Improvement and Protection Act of 2000 (BIPA) review allow the beneficiary to request a post-acute appeal. The Grijalva review is for managed care patients, and the BIPA review is for Medicare Fee-for-Service patients. One major difference is the BFCC-QIO cannot review a Grijalva case if the beneficiary does not call by the deadline. It must then be reviewed by the managed care company. Another difference is the reconsideration (which is a review after the first determination) for a BIPA review is done by another contractor, not the BFCC-QIO.

3. **What is a Weichardt review?**
   A Weichardt review is a hospital discharge appeal review. It is named Weichardt after the defendant in a lawsuit. This review requires the Medicare hospital patient to be given a notice called the Important Message from Medicare. This notice provides all the information necessary for the Medicare patient to appeal his/her discharge from the hospital. There are

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mandated requirements regarding the delivery of this notice, to make sure that the beneficiary is properly informed of all his/her appeal rights.

4. **What are the Hospital-Issued Notices of Non-coverage (HINN) types, and how are they different?**
   HINN 10, also known as the Notice of Hospital-Requested Review (HRR), should be issued by hospitals to beneficiaries in Original Medicare whenever a hospital requests QIO review of a discharge decision without physician concurrence. The HINN 11, which is used for non-covered items or services provided during an otherwise covered stay, and its instructions have not yet been incorporated into Chapter 30 of the Online Claims Processing Manual. The HINN 12 should be used in association with the Hospital Discharge Appeal Notices to inform beneficiaries of their potential liability for a non-covered continued stay. The Preadmission/Admission HINN, used prior to an entirely non-covered stay, is also known as HINN 1 and replaces HINNs 1 and 9.

5. **My organization needs to update its appeal notices with Acentra Health information. Where can I find a copy of CMS appeal notices?**
   Visit the CMS website for a list of Medicare beneficiary notices that can be downloaded: www.cms.gov/Medicare/Medicare-General-information/Bni/index.html.

## Immediate Advocacy and Quality of Care Reviews

6. **How does Immediate Advocacy work?**
   Immediate Advocacy is an informal process used by Acentra Health to resolve a complaint quickly. This process begins when the Medicare beneficiary or representative gives verbal consent to proceed with the complaint. Once the beneficiary or representative agrees to the process and gives consent, the BFCC-QIO contacts the provider or practitioner on behalf of the beneficiary. A beneficiary may discontinue Immediate Advocacy at any time. Immediate Advocacy is not appropriate for situations when the beneficiary does not want his or her identity disclosed to the provider or practitioner.

7. **What is the difference between a beneficiary complaint and a general Quality of Care review?**
   A beneficiary complaint is a review that is submitted by either a beneficiary or his/her representative. At the end of the review, disclosure is made to the person who initiated the complaint. There is also an opportunity for discussion provided to the provider/practitioner as well as a reconsideration opportunity if a possible quality of care concern is identified. The general Quality of Care review usually begins as a referral or as a review initiated by another BFCC-QIO review, such as an appeal. In this process, there is no opportunity for discussion for the provider/practitioner, just a reconsideration opportunity. There is also no disclosure to the beneficiary or representative.

## Other BFCC-QIO Reviews

8. **How does the BFCC-QIO Sanction process work?**
   When the BFCC-QIO reviews a quality of care complaint, the review is sent out to a physician reviewer. The physician reviewer can determine that the concern was gross and flagrant or that there was a substantial number of substantial violations. Once that determination is made, the case is sent out to two more physician reviewers. If two of the three concur that the case is a potential Sanction case, then the provider is notified and may request to submit additional information in writing or may request a face-to face meeting with the BFCC-QIO. A Sanction panel, comprised of physicians, is convened, and they assist with the determination regarding the potential Sanction issue. If it is determined that there is no violation, the case proceeds as a normal Quality of Care review. If there is a violation, then the provider will be placed on a Corrective Action Plan (CAP). This may involve submitting data to the BFCC-QIO for a period of time, usually a year. Once the CAP has been successfully completed, the case is closed. If the CAP is not completed to the satisfaction of the BFCC-QIO, the case may be referred to the Office of the Inspector General (OIG) for a potential Sanction.

9. **How does the EMTALA process work?**
   Acentra Health conducts a five-day medical advisory review upon request from the appropriate CMS regional office. Acentra Health's physician conducts a medical assessment of a potential Emergency Medical Treatment and Labor Act (EMTALA) violation case. The five-day review is not mandated by the federal statute and regulations. However, the regional office may use this review as a resource in making a compliance determination rather than simply determining the merits of the complaint. Under sections 1867(d)(3) of the Act and 42 CFR §489.24(g), Acentra Health is required to conduct a 60-day review upon receipt of a completed EMTALA case sent to the OIG for possible civil monetary penalty or exclusion sanction.

10. **What is an Assistant at Cataract review?**
    Per Section 1862(a)(15) of the Social Security Act, Medicare will not pay for the use of an assistant at cataract-related procedures unless its local BFCC-QIO has approved the use of an assistant due to complicating medical factors. The provider must request a preapproval review prior to the procedure in order to bill for an assistant. This review is not commonly requested from the BFCC-QIO.

## General BFCC-QIO Information

11. **How can I stay up to date with Acentra Health's latest news and information?** Sign up for Acentra Health's e-mail list to receive periodic news and updates as well as Acentra Health's quarterly newsletter, Case Review Connections. Details are available at www.acentraqio.com/email.

12. **How do I update my organization's contact information with Acentra Health?** Keeping your organization's contact information up to date with Acentra Health is important to avoid miscommunication and delays. Visit our Update Your Contact Information page to update your organizations contact information.

13. **How can I learn more about being a physician reviewer for Acentra Health?** To accomplish our objectives, Acentra Health must have qualified peer reviewers. For peer reviewers interested in working with Acentra Health on BFCC-QIO reviews, there are two types of cases: hospital discharge and skilled service termination appeals and Quality of Care. Visit our Become a Peer Reviewer page for details.

14. **What is Acentra Health's contact information for my state?** Please visit our Contact Us page for toll-free phone numbers, fax numbers, and mailing addresses. If your facility is not in one of these states, Livanta is your QIO. Visit Livanta's website for contact information: www.livantaqio.com.

15. **Does my facility need to complete a Memorandum of Agreement (MOA) even though we have completed one in the past?** All providers were required to complete a new MOA beginning in June 2019, even if one was submitted previously. A new MOA is not required in 2024. Visit our MOA page for submission information. If you have questions about the MOA, please see the MOA frequently asked questions document on that webpage.

16. **What are the hours of operation for Acentra Health's Helpline?** The hours of operation are Weekdays: 9:00 am to 5:00 pm, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time; Weekends and Holidays: 10:00 am to 4:00 pm Eastern Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time. For more information about hours of operation, visit our Contact Us page.