

Beneficiary Protection Program

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Centers for Medicare & Medicaid Services

National Medicare Education Program

NMEP Meeting

April 8, 2010



One of the most person-centered tasks in the Quality Improvement Organization (QIO) Program is Beneficiary Protection



What is the role of Quality Improvement Organizations (QIOs) in protecting beneficiaries?

Section 1154 of the Social Security Act requires QIOs to

- review some or all of the professional activities in the area, of physicians and other health care practitioners and institutional and noninstitutional providers of health care services for the purpose of determining whether—
 - (A) services and items are or were reasonable and medically necessary;
 - (B) the quality of such services meets professionally recognized standards of health care; and
 - (C) determine if services could be effectively provided more economically on an outpatient basis or in an inpatient health care facility of a different type.
- conduct a review of all written complaints about the quality of services not meeting professionally recognized standards of health care.

Who does the QIO Program Serve?

- All Medicare beneficiaries
- Non-Medicare beneficiaries for Emergency Medical Treatment and Active Labor Act (EMTALA)
- Applicable to care in all settings:
 - Hospitals
 - Physician's Offices
 - Skilled Nursing Facilities/Nursing Facilities
 - Home Health Agencies
 - Ambulatory Care Centers
 - Comprehensive Outpatient Rehabilitation Facilities

Current Areas of Focus

- Beneficiary Complaints
- Quality of Care Reviews
- Healthcare Disparities
- Health Information Technology:
 - electronic medical records,
 - electronic health records,
 - personal health records
 - infrastructure
- Data collection and analysis

What are we doing?

Redesigning the Beneficiary Protection Program

- To develop a beneficiary quality of care concern process that is beneficiary centered and:
 - Is accessible: allow beneficiaries to report complaints by telephone, letter, e-mail, and other means
 - Is investigative in nature: require QIOs to improve fact finding activities
 - Drives systemic quality improvement interventions
 - Provides consistent, clear, and substantive responses to beneficiaries and stakeholders
 - Completed within a reasonable time frame
 - Promotes transparency of information to the public
 - Data driven

Who is involved?

- **Agency-wide team**
 - Office of Clinical Standards and Quality
 - Office of External Affairs
 - Ombudsman Office
 - 1-800-MEDICARE
 - Centers for Drug Plan and Choice
 - Office of Information Services
 - Centers for Medicaid and State Operations
- **External Partners (QIOs, OCR, Health Plan Organizations, Social Security Administration)**

What are the goals of redesign?

- To improve the quality of care and services received by beneficiaries.
- To advance the delivery of patient centered medical care by linking case review to quality, efficiency and transparency.
- To integrate health information technology into case review (EMR, PHR, EHR, etc.)
- To utilize a beneficiary centered approach in case review activities.

What are the goals of redesign?

- To increase collaborations and partnerships among stakeholders, agencies, contractors to drive quality improvement.
- To reduce health disparities and improve access to care.
- To improve contractor oversight and monitoring of QIO performance.

What were the approaches?

Identification of problems, barriers and obstacles through the following activities:

- Open Door Forums
- Business Process Modeling (BPM) sessions
- Joint Application Development (JAD) sessions
- Workgroup meetings
- Research of the literature (OIG, GAO, CMS, QIO, Laws, Regulations, etc)
- Review of other agency and managed care processes

What are the outcomes of redesign?

- Beneficiary centered approach
- Prioritization levels to improve response time and address serious concerns more expeditiously.
- Classification of concerns to promote identification of patterns and trends.
- Streamlined case review methods to standardize processes.
- Identification of other data sources to medical record review.

What are the outcomes of redesign?

- Improved decision-making methodologies.
- Improved oversight, monitoring and validation processes of QIO performance.
- Improved Case Review Management Information System.

Picker Institute Principles of Patient Focused Care

- **Respect for patients' values, preferences and expressed needs**
- **Access to Care**
- **Involvement of family and friends**
- **Coordination and integration of care**
- **Information Communication and Education**
- **Physical comfort**
- **Emotional support and alleviation of fear and anxiety**
- **Continuity and transition**

How to contact me or follow-up?

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