



**CMS 2010 BI-REGIONAL MEDICARE HEALTH PLAN COMPLIANCE
CONFERENCE**

Boston & New York – Serving Our Beneficiaries Together

Verbatim Transcript

Quality Improvement Organizations (QIOs) and Managed Care/Quality Care
Patricia Farris, Andrea Goldstein, Frances Gordon

>> MY NAME
IS PATTY FARRIS AND I AM

AN ACCOUNT MANAGER OUT
OF THE BOSTON REGIONAL OFFICE

AND I'M HERE TODAY
TO PRESENT 2 LOVELY LADIES

WHO WILL BE TALKING

ABOUT THE QUALITY IMPROVEMENT
ORGANIZATION--THE QIOs--

AND THE MANAGED CARE
AND QUALITY CARE.

I'D FIRST LIKE TO
INTRODUCE ANDREA GOLDSTEIN.

ANDREA IS THE IPRO'S
VICE PRESIDENT,

FEDERAL HEALTHCARE ASSESSMENT.

MS. GOLDSTEIN MANAGES THE

I PRO'S FEE FOR SERVICE MEDICARE

AND FEDERAL BENEFICIARY
PROTECTION IN CASE REVIEW

ACTIVITIES, AS WELL AS
THE ORGANIZATION'S TOLL-FREE

BENEFICIARY HELPLINE.

SINCE JOINING I PRO
MORE THAN 25 YEARS AGO...

SHE--HER BIRTHDAY'S TODAY.

SHE'S ACTUALLY 25 TODAY...

SHE HAS DIRECTED INTERNAL
AND EXTERNAL QUALITY IMPROVEMENT

AND UTILIZATION
REVIEW ACTIVITIES,

DEVELOPED STAFF
EDUCATION PROGRAMS,

AND MANAGED MULTIPLE QAURQI
DATA VALIDATION PROJECTS.

SHE HAS WORKED
ON HEALTHCARE POLICY

AND PROGRAM EVALUATION
PRODUCT PROJECTS,

AND DESIGNED QUALITY
IMPROVEMENT STRATEGIES,

DATA COLLECTION TOOLS,
AND PROGRAM MONITORING

INSTRUMENTS TO MEASURE
PROJECT SUCCESS.

MS. GOLDSTEIN HAS SERVED
ON MANY CMS WORK GROUPS AND IS

CURRENTLY SERVING HER THIRD
TERM AS THE PEER-ELECT CHAIR

OF THE AMERICAN HEALTH
QUALITY ASSOCIATION,

BENEFICIARY PROTECTION NETWORK,

THE NATIONAL QIO GROUP
FOR CASE REVIEW PROFESSIONALS.

SHE RECEIVED A BACHELOR OF
ARTS DEGREE, MAGNA CUM LAUDE

FROM THE STATE UNIVERSITY
OF NEW YORK AT ALBANY

AND A MASTERS DEGREE IN
COMMUNITY HEALTH EDUCATION

FROM THE STATE UNIVERSITY
OF NEW YORK AT STONY BROOK.

OUR SECOND PRESENTER TODAY
IS FRANCES GORDON.

AND FRANCES IS
THE SENIOR DIRECTOR

OF IPRO'S FEDERAL HEALTHCARE
ASSESSMENT DEPARTMENT.

SHE IS A REGISTERED NURSE
WITH EXPERTISE IN THE FIELD

OF NURSING ADMINISTRATION,
MANAGED CARE, AND UTILIZATION.

SHE HAS STRONG CLINICAL
SKILLS AND A HIGHLY MOTIVATED

AND ORGANIZED.

MS. GORDON IS ADEPT AT
EVALUATING THE ORGANIZATION'S

NEED AND INITIAL--
AND--EXCUSE ME--

INITIALING
COST SAVINGS PROGRAM.

SHE MANAGES IPRO'S MEDICARE

COST CASE REVIEW ACTIVITIES,

INCLUDING EXPEDITED DISCHARGE
APPEALS FOR HOSPITALS

AND EXPEDITED APPEALS
FOR BENEFICIARIES RECEIVING

SERVICES IN NURSING
FACILITIES.

SHE ALSO OVERSEES
ADMINISTRATIVE LAW,

JUDGE REQUEST, AND CMS SELECTED
RETROSPECTIVE REVIEWS.

SHE MANAGES THE BENEFICIARY
HELPLINE, TO ENSURE THAT ALL

CALLS AND AFTER-HOUR MESSAGES
ARE ANSWERED, RETURNED

IN A TIMELY MANNER, AND THAT
THE APPROPRIATE INFORMATION

IS PROVIDED TO THE BENEFICIARY
AND TO THE PROVIDERS.

SO I WELCOME BOTH ANDREA
AND FRANCES, AND I ALSO DO WANT

TO REMIND YOU AT THE END OF THIS
SESSION IF YOU COULD PLEASE

FILL OUT YOUR EVALUATION FORM
AND DROP IT IN A BOX AS YOU

LEAVE FOR THE DAY,
IT WOULD BE GREAT.

THANK YOU. ANDREA?

[APPLAUSE]

>> THEY GAVE ME
THIS GREAT THING

THAT I CAN ACTUALLY
GO BACKWARDS.

IT'S VERY, VERY, VERY COOL.

AND I KNOW WE ARE AT
THE END OF TODAY'S EVENT,

SO I AM AMAZED AT THIS TURNOUT.

I REALLY AM VERY APPRECIATIVE.

WE REALLY THOUGHT THAT WE WOULD
BE SPEAKING TO ONE PERSON.

ANYWAY, JUST
A LITTLE BIT ABOUT IPRO.

IPRO IS THE QUALITY
IMPROVEMENT ORGANIZATION

FOR NEW YORK.

WE ARE A CMS CONTRACTOR
IN THAT REGARD.

WE ALSO HAVE A CONTRACT

WITH NEW YORK STATE DEPARTMENT
OF HEALTH.

WE ARE ALSO
THE MEDICAID URQA CONTRACTOR.

WE HAVE A VARIETY
OF HEALTHCARE PRODUCTS

THAT FOSTER THE EFFICIENT USE
OF HEALTHCARE RESOURCES AND,

HENCE, HEALTHCARE QUALITY TO
IMPROVE BETTER PATIENT OUTCOMES.

BUT TODAY, FRAN AND I ARE
REALLY JUST GONNA BE SPEAKING

ABOUT OUR MEDICARE
QIO CONTRACT,

AND THEN ACTUALLY EVEN A KIND OF
A SUBTASK WITHIN THAT CONTRACT.

OK, SO THE PURPOSE
OF TODAY'S PRESENTATION

IS JUST TO GIVE
YOU A VERY, VERY, VERY BRIEF

OVERVIEW OF OUR QIO
9th STATEMENT OF WORK.

WE HAVE STATEMENTS
OF WORK IN THE QIO WORLD.

THEY'RE USUALLY
A 3-YEAR CONTRACT,

SO WE ARE INTO OUR
9th STATEMENT OF WORK,

AND FOR BETTER OR FOR WORSE,

I HAVE BEEN HERE
FOR EVERY SINGLE ONE OF THEM.

I'VE BEEN WITH THE PROGRAM
BEFORE WE WERE A QIO,

WHEN WE GO BACK TO PSRO DAYS,

AND THOSE OF YOU WHO HAVE
BEEN DOING THIS AS LONG

AS I HAVE WILL UNDERSTAND
WHAT THAT MEANS.

ANYWAY, OUR 9th STATEMENT
OF WORK WENT INTO EFFECT

AUGUST 1, 2008, AND WILL
END JULY 31 OF 2011.

AS YOU HEARD, BOTH FRAN
AND I ARE INVOLVED

IN THE BENEFICIARY PROTECTION
AREA OF OUR CONTRACT.

IT ACTUALLY--WE HAVE THEMES,
THIS SCOPE OF WORK.

WHEN YOU READ YOUR CONTRACTS,

YOU NEVER KNOW WHAT YOU WILL

HAVE IN THIS
PARTICULAR SCOPE OF WORK.

WE HAVE THEMES.

SO FRAN AND I ARE INVOLVED
IN THEME 6.1. AND WHAT THAT

ENTAILS IS CASE REVIEW,

PATIENT-CENTERED QUALITY
IMPROVEMENT INITIATIVES,

WHICH IS MY PASSION,

BENEFICIARY NOTICE REVIEW AND
APPEALS, WHICH IS FRAN'S AREA

OF EXPERTISE,
AND THEN, HOPEFULLY,

IF IT'S NOT TOO LATE,
WE'LL HAVE SOME TIME

FOR A DISCUSSION AND
QUESTIONS AND ANSWERS.

OK, SO JUST VERY BRIEFLY,

THE MISSION OF THE QIO PROGRAM

IS TO IMPROVE
THE EFFECTIVENESS, EFFICIENCY,

ECONOMY, AND QUALITY
OF SERVICES THAT ARE DELIVERED

TO MEDICARE BENEFICIARIES.

THAT HASN'T CHANGED
IN ALL THE YEARS

I'VE BEEN DOING THIS WORK.

AS I MENTIONED, IN THIS SCOPE
OF WORK, WE HAVE 3 CORE,

OR NATIONAL, THEMES

THAT EVERY QIO IN THE COUNTRY

IS WORKING ON.

THE QIO PROGRAM
IS A NATIONAL PROGRAM,

SO IN EVERY STATE--
OR SOMETIMES YOU'VE GOT

A COMBINED GROUP OF STATES LIKE
NEVADA, UTAH HAS ONE QIO--

THEY'RE ALL DOING
BENEFICIARY PROTECTION WORK,

PATIENT SAFETY WORK,
AND PREVENTION WORK.

AND THIS PRESENTATION
IS ON THE WEBSITE

FOR THE CONFERENCE, SO
IF YOU JUST WANT TO LISTEN

AND YOU DON'T WANT TO
BE BOTHERED WITH TAKING NOTES,

THAT'S GREAT--
OTHERWISE, FEEL FREE.

AND THERE'S ALSO 3 ADDITIONAL,

WHAT THEY REFER TO
AS SUB-NATIONAL THEMES

IN THIS SCOPE OF WORK.

THE QIOs WERE EITHER INVITED
TO BID ON OR HAD THE OPTION

OF BIDDING ON AND THAT
INCLUDES DISPARITIES,

WHICH IS REALLY FOCUSED
ON DIABETES EDUCATION

IN DISPARATE POPULATIONS,
ON CARE TRANSITIONS,

WHICH IS LOOKING
AT HANDOVERS,

RATHER THAN HANDOFFS,
AND HOW AT A COMMUNITY LEVEL

YOU CAN BUILD
COLLABORATION BETWEEN

THOSE INVOLVED IN TAKING
A PATIENT FROM ONE LEVEL

OF CARE TO ANOTHER
LEVEL OF CARE,

AND THEN ALSO ANOTHER
PREVENTION PROJECT,

WHICH IS REALLY
FOCUSING ON THE USE

OF PHYSICIAN-BASED HEALTH
INFORMATION TECHNOLOGY.

I PRO IS ONE OF 2 QIOs IN
THE NATION THAT ACTUALLY HAS

ALL 3 SUB-NATIONAL THEMES,
AS WELL AS OUR CORE WORK.

IT'S US AND GEORGIA
THAT WERE AWARDED

THOSE 3 ADDITIONAL
AREAS TO WORK ON.

OK, SO NOW, MOVING ALONG--
AND I'M GONNA SPEAK FAST

BECAUSE I DO WANT
TO GET TO FRAN'S AREA,

BECAUSE I KNOW
IN THE MANAGED CARE WORLD,

YOU'RE PROBABLY
INTERESTED IN HEARING

ABOUT OUR APPEALS PROGRAM
AS MUCH AS YOU'RE INTERESTED

IN HEARING ABOUT THE QUALITY.

AND SO, AS FAR AS THE
BENEFICIARY PROTECTION THEME,

WHAT WE'RE DOING IS WE ARE
DOING QUALITY OF CARE REVIEWS

THAT COME INTO OUR
ORGANIZATION AS A RESULT

OF MEDICARE
BENEFICIARY COMPLAINTS,

AND ALSO CASES
THAT MAY BE REFERRED TO US--

WHAT WE CALL CMS REFERRALS--

BUT IT COULD REALLY
BE A REFERRAL

FROM ANY CMS
COLLABORATOR OR STAKEHOLDER.

FOR EXAMPLE, WE GET QUALITY
REFERRALS FROM THE PSC

AND THEY'VE ACTUALLY
BEEN QUITE FRUITFUL.

WE HAVE A VERY GOOD WORKING
RELATIONSHIP WITH THEM,

AND WE'LL CALL, WE'LL TALK
AND, MANY TIMES, YOU KNOW,

THERE IS QUALITY, AS WELL
AS POTENTIAL FRAUD,

AND WE'LL WORK
ON THE QUALITY PIECE,

AND THE PSC WILL BE WORKING UP
THE FRAUD PIECE,

AND IT'S REALLY BEEN A VERY
GOOD WORKING RELATIONSHIP.

WE ALSO DO UTILIZATION REVIEW,
AND THAT REALLY INCLUDES,

IN THIS SCOPE OF WORK,

HOSPITAL REQUESTED HIGHER
WEIGHTED DRG CHANGES,

HOSPITAL DROPS A BILL--

THEY HAVE A PERIOD OF TIME
WHEN THEY CAN GO THROUGH IT,

MAKE A DECISION--

"OH, WE SHOULD'VE BILLED

THAT TO A HIGHER
WEIGHTED DRG"--

IN ORDER FOR THAT
TO THEN BE REIMBURSED,

THE CASE HAS TO COME
THROUGH TO IPRO.

WE DO A REVIEW AND
MAKE A DETERMINATION

IF WE'RE
AGREEING OR DISAGREEING.

AND AGAIN, IN THE AREA
OF UTILIZATION REVIEWS,

WE CAN
GET CMS REFERRALS.

IN PRIOR SCOPES OF WORK,

WE ACTUALLY WERE GETTING
A LOT OF REFERRALS

FROM THE FISCAL
INTERMEDIARY--NOW THE FI/MAC--

IN TERMS OF MEDICAL NECESSITY,

SOME OF THAT HAS CHANGED

OVER THE COURSE

OF THE LAST FEW YEARS.

BUT THERE ARE CASES
THAT STILL COME TO US

FOR MEDICAL NECESSITY REVIEW.

WE ALSO DO A HIGH VOLUME OF
MEDICARE BENEFICIARY APPEALS.

FRAN WILL BE TALKING
ABOUT THE MEDICARE ADVANTAGE

FAST-TRACK APPEALS
IN A FEW MINUTES,

BUT WE ALSO DO
HOSPITAL-BASED NOTICES,

AS WELL AS FEE-FOR-
SERVICE EXPEDITED APPEALS.

>> ALL RIGHT, AS I SAID,

THIS IS MY BABY.
THIS IS WHAT I LOVE.

I'VE GROWN UP
IN THE WORLD OF QUALITY,

AND WHAT
EXCITES ME THE MOST

ABOUT THE 9th
STATEMENT OF WORK--

AND HOPEFULLY AS WE EVOLVE INTO
THE 10th STATEMENT OF WORK--

IS THE OPPORTUNITY TO DO

PATIENT-CENTERED
QUALITY IMPROVEMENT.

AND I CALL IT PATIENT-
CENTERED QUALITY IMPROVEMENT

TO DIFFERENTIATE IT
FROM THE LARGER PROJECTS

THAT WE ALSO DO AS A QIO.

THE PROJECTS THAT YOU MAY BE
FAMILIAR WITH THAT HAVE LOOKED

AT CONGESTIVE HEART FAILURE,
THAT LOOK AT PRESSURE ULCERS,

UM...THAT LOOK AT HEALTH
INFORMATION TECHNOLOGY

IN PROMOTING IT, WHETHER
IT'S TO PHYSICIANS,

OFFICE PRACTICES, ET CETERA--

BECAUSE THIS IS VERY, VERY,
VERY PATIENT BASED,

IT STARTS WITH A SENTINEL CASE,

WHETHER IT'S QUALITY
OF CARE CONCERNS

THAT WE IDENTIFY IN THE COURSE
OF DOING AN EXPEDITED APPEAL,

WHETHER IT'S QUALITY OF CARE
CONCERNS THAT COME TO US

AS A RESULT OF A BENEFICIARY
COMPLAINT--WHAT HAPPENS NOW--

AND THIS IS NEW IN
THE 9th SCOPE OF WORK--

IS THAT QUALITY
OF CARE REVIEW,

PLUS CONFIRMED
QUALITY OF CARE CONCERNS,

EQUALS THE FACT
THAT I MUST REQUEST

A QUALITY IMPROVEMENT ACTIVITY.

AND, SO, BASICALLY, IT IS
AN EVALUATION METRIC FOR US,

LOOKING AT THE NUMBER
OF CONFIRMED QUALITY

OF CARE CONCERNS THAT
ACTUALLY RESULTED IN A QIA,

AND A QIA IS DEFINED
BY CMS IN OUR CONTRACT

TO BE AN ACTIVITY
INITIATED BY A QIO

THAT REQUIRES AN IDENTIFIED
PROVIDER OR PRACTITIONER

TO ARTICULATE
A PLAN OR ACTIVITY

TO IMPROVE AND IDENTIFY
QUALITY OF CARE CONCERN.

IT REQUIRES THAT WE FOLLOW
UP TO ENSURE THAT THE PLAN

IS COMPLETED, OR THAT
THE ACTION HAS BEEN TAKEN,

AND THEN IT ALSO INVOLVES US
AS A QIO MAKING A DETERMINATION,

IS THIS A QUALITY IMPROVEMENT
ACTIVITY AND A CONCERN

THAT PERHAPS REQUIRES
A PHYSICIAN TO TAKE

AN EDUCATIONAL COURSE?

OR IS THIS SOMETHING
THAT IS SYSTEMIC?

IS IT SYSTEMIC
AT A PROVIDER LEVEL?

IS IT SYSTEMIC AT
A GEOGRAPHIC AREA?

IS IT SYSTEM-WIDE?

AND SO, WE ALSO HAVE

A REQUIREMENT IN THIS STATEMENT

OF WORK THAT WE PERFORM
SYSTEM-WIDE QUALITY IMPROVEMENT,

AND, AS I ELUDED TO,
A SYSTEM-WIDE QIA

IS AN ACTIVITY OR A CHANGE
WHICH NORMALLY HAS AN IMPACT

BEYOND ONE BENEFICIARY
OR PROVIDER,

AND IT RESULTS
IN TANGIBLE IMPROVEMENT.

I HAVE TO MEASURE
ALL OF THESE.

OUR PROVIDERS HAVE
TO MEASURE THESE,

AND IT'S IMPROVING
THE QUALITY OF HEALTHCARE

FOR MEDICARE BENEFICIARIES,

AND THE 9th SCOPE OF WORK
TERMS OF OUR SYSTEM-WIDE QIA_s

IS ALL ABOUT ATTRIBUTION.

IT'S ABOUT BEING TO SAY
THAT WE, THE QIO,

IDENTIFY THE QUALITY
OF CARE CONCERN,

THAT THIS QUALITY
OF CARE CONCERN

HAS THE POTENTIAL
TO IMPACT MANY BENNIES--

THAT WE'VE SAT DOWN
WITH THE PROVIDER,

THAT WE'VE ASKED THEM
TO DO ROOT CAUSE ANALYSIS,

THAT WE'VE ASKED THEM TO GET
TO THE WHY OF THE MATTER,

AND TO THEN COME UP
WITH INTERVENTIONS

THAT WILL RESULT IN MEASURABLE
QUALITY IMPROVEMENT.

CURRENTLY, WE HAVE MORE
THAN 20 SYSTEM-WIDE QIAs

GOING ON AT THIS TIME.

I PRO ACTUALLY DOES HAVE THE
HIGHEST NUMBER OF CONFIRMED

QUALITY OF CARE CONCERNS
OF ANY OTHER QIO IN THE NATION.

I DON'T KNOW IF THAT'S GOOD
NEWS OR BAD NEWS, BUT WE DO.

AND JUST SOME OF THE AREAS
THAT WE ARE TOUCHING UPON

IS WE'RE LOOKING
AT READINESS FOR DISCHARGE.

WE ALL KNOW THAT, YOU KNOW,
THIS HAS TREMENDOUS IMPACT

IN TERMS
OF POTENTIAL FOR READMISSION.

IT HAS BOTH COST IMPLICATIONS,

AS WELL AS QUALITY
IMPLICATIONS,

AND WE'VE KIND OF TAKEN THIS ON
FROM A 2-FOLD POINT OF VIEW.

WE HAVE INDIVIDUAL PROVIDERS

WHO ARE DOING VERY SPECIFIC
DISCHARGE IMPROVEMENT EFFORTS,

AND THEN BECAUSE IT WAS--

WE HAD A LOT OF CONCERNS
IN THIS AREA--

WE'VE KIND OF TAKEN IT
TO THE NEXT LEVEL,

AND WE'VE ACTUALLY DONE
SOMETHING ON A STATE-WIDE BASIS.

WHAT WE'VE TRIED TO DO--
ON OUR WEBSITE,

WE HAVE SOMETHING
CALLED JENY,

WHICH IS JOINT
EFFORT NEW YORK.

IT'S KIND OF ANOTHER
LOCATION ON OUR IPRO WEBSITE.

WE HAVE--WHAT WE TRIED TO DO IS
SET UP KIND OF ONE-STOP SHOPPING

FOR PROVIDERS, SO
THAT WE HAVE THERE THE VA,

THE VETERAN'S ADMINISTRATION
HAS AMAZING

QUALITY IMPROVEMENT TOOLS,

AMAZING INFORMATION ON
ROOT-CAUSE ANALYSIS,

EXCELLENT INFORMATION ON
WHAT'S A STRONG INTERVENTION,

WHAT'S A WEAK INTERVENTION.

AND SO WE'VE PUT THAT
INFORMATION OUT THERE.

WE'VE DONE SOME WEBINAR,
WE'VE DONE SOME TEACHING,

TO ENCOURAGE OUR PROVIDERS,
THE PRACTITIONERS IN NEW YORK,

TO GO TO THAT SITE
TO USE THE INFORMATION.

I'M A LITTLE BIT FRUSTRATED.

IT HASN'T BEEN USED
AS MUCH AS I WAS HOPING.

WE HAD A GREAT KICK-OFF WHEN
WE DID THE WEBINAR, AND THEN,

YOU KNOW,
IT KIND OF PETERED DOWN,

BUT WE'RE HOPING TO DRIVE PEOPLE
BACK TO THAT LOCATION AGAIN,

BECAUSE WE'RE LOOKING
TO DO SOMETHING NOW

ON MEDICATION RECONCILIATION,
WHICH IS ANOTHER BIG ISSUE.

SO THAT'S REALLY WHAT'S GOING

ON IN TERMS OF OUR SYSTEM-WIDE
CHANGE ACTIVITY.

AS YOU COULD SEE, I COULD
PROBABLY SPEAK AND GO

ON AND ON AND ON.
BUT I'M GOING TO STOP NOW

AND I'M GONNA TURN THE
MICROPHONE OVER TO FRAN.

>> OK, MY SLIDES
ARE VERY LIMITED

BECAUSE IT'S ABOUT
THE APPEAL PROCESS,

AND IF I WOULD PUT ALL
THE INFORMATION IN HERE,

WE'D BE HERE
UNTIL NEXT WEEK,

SO I DECIDED TO MAKE

IT SHORT AND SWEET.

FOR THE MANAGED CARE PART,

BECAUSE THIS IS THE
MANAGED CARE MEETING,

I'M JUST GONNA TALK ABOUT
THE FAST TRACK APPEALS

AND THE APPEALS WHEN
SOMEBODY'S BEING DISCHARGED

FROM THE HOSPITAL AND HAS
A MANAGED CARE ORGANIZATION

FOR THEIR MEDICARE.

SO THAT'S WHAT I'M
GONNA TALK ABOUT.

THE FAST TRACK APPEALS--
I PUT ALL THE NOTICES THERE.

THEIR OMB NUMBER, THEIR CMS
NUMBER, AND THE HOSPITAL,

THE IMPORTANT MESSAGE
FOR MEDICARE,

AND WHERE TO FIND THEM.

I DO SPEAK WITH A LOT OF
MANAGED CARE ORGANIZATIONS,

WHOEVER IS THE CONTACT
IN YOUR ORGANIZATION,

IF THEY'RE
HAVING DIFFICULTIES

FINDING THE NOTICES,

MYSELF OR MY STAFF WILL HELP
YOU GET TO THIS SITE.

BUT IF YOU TYPE THAT IN,

YOU'LL GET TO THE SITE

AND YOU'LL FIND
ALL YOUR NOTICES.

ALL THE SETTINGS AFFECTED
THAT WE WOULD REVIEW

ARE THE HOMECARE AGENCIES,

THE SKILLED
NURSING FACILITIES,

THE CORFs--
THE COMPREHENSIVE

OUTPATIENT
REHAB FACILITIES

AND HOSPITALS.

OK, I'M GOING TO BRIEFLY GO
OVER WHEN WE GET AN APPEAL

INTO--A CALL
INTO OUR ORGANIZATION,

SO WHEN SOMEBODY CALLS
IN FOR AN APPEAL,

A BENEFICIARY AND/OR
THEIR REPRESENTATIVE--

WE, UM, WE TAKE ALL
THEIR INFORMATION.

THEY SAY THEY GOT A NOTICE,
THEY'RE BEING DISCHARGED--

WHATEVER SETTING--WE TAKE
THE INFORMATION,

WE VERIFY THEM
BEFORE WE CALL

TO MAKE SURE THAT THEY
ARE A MEDICARE BENEFICIARY

AND THAT THEY DO HAVE
A MANAGED CARE PLAN.

SOMETIMES THE WEBSITE,

WHERE WE GO IN,

IS ALWAYS NOT UP TO DATE
OR THE PATIENT DISENROLLS,

OR ENROLLS AND
WE DON'T KNOW IT.

SO, YOU HAVE
TO BEAR WITH US.

WE DO OUR VERY BEST
TO FIND WHAT MANAGED CARE

THIS BENEFICIARY HAS,
EVEN THOUGH THEY TELL US.

THEY MAY SAY
THEY HAVE BLUECROSS--

WELL, BLUECROSS IS
ALL OVER NEW YORK,

AND IT DEPENDS ON WHAT
REGION THEY'RE IN,

AND THE NAMES CHANGE,
SO WE KIND OF--

WE GO BY YOUR NUMBER,
YOUR IDENTIFIER,

YOUR "H" NUMBER,
AND THAT'S HOW

WE PRETTY MUCH TARGET
THE MANAGED CARE THAT WE'RE

SUPPOSED TO BE CALLING,
AND WE DO VERI--

WE TRY TO VERIFY
WITH YOU IF YOU ANSWER

THE TELEPHONES, OK?

SO ONCE WE GET ALL THIS DATA
AND WE DO CONTACT YOU,

WE CALL YOU AND SAY

THAT, YOU KNOW,

WE GOT AN APPEAL,
IS THIS PERSON YOURS?

SO WE TRY TO DO A DOUBLE
AGAIN TO MAKE SURE

THAT WE HAVE
THE CORRECT MANAGED CARE

AND THE BENEFICIARY.

UM, IF IT'S A NURSING HOME
OR A SKILLED NURSING--

A NURSING HOME OR
HOME CARE AGENCIES,

WE FAX OUT THE REQUEST

FOR THE MEDICAL RECORD
AND THE NOTICE TO YOU,

NOT THE HOSPITAL.

THE HOSPITAL, WE JUST
CALL YOU AND TELL YOU

THAT WE HAVE
AN APPEAL

AND IF YOU'RE
IN AGREEMENT.

WE ASK FOR THE NOTICES,

THE MEDIAL RECORD--ONCE ALL
THAT INFORMATION COMES IN,

AND IT'S A VERY SHORT TIME
FRAME, AS WE ALL KNOW--

ONCE WE GET
THE RECORDS FROM YOU,

WE HAVE TO CLOSE THAT
CASE BY THE NEXT DAY

FOR THE HOSPITAL,

AND THE NEXT DAY FOR
THE FAST-TRACK APPEALS,

SO WHEN WE SAY THAT WE
NEED THAT INFORMATION,

WE NEED IT,
BECAUSE THE CLOCK

STARTS TICKING AND WE'VE
GOT TO DO THE BEST--

YOU KNOW, WE HAVE
TO DO OUR REVIEW

AND THEN GIVE
OUR DETERMINATION.

THE FIRST STEP OF WHEN
WE GET AN APPEAL,

FOR A FAST-TRACK
APPEAL,

IS THAT
WE VALIDATE THE NOTICE.

IT HAS TO BE
ACCORDING TO CMS,

IT HAS TO BE THE CORRECT
NOTICE WITH THE CORRECT,

UP-TO-DATE OMB NUMBER,

AND THAT'S WHY I PUT
THE WEBSITES UP THERE.

THAT IS ONE OF
THE REQUIREMENTS.

IF YOU GO
INTO THE BNI WEBSITE

AND YOU SEE THE NOTICE

AND THEN FOLLOW
THE INSTRUCTIONS,

IT SAYS IT THERE.

YOU NEED TO HAVE
THE CORRECT OMB NUMBER.

IF YOU HAVE AUTHORIZED
YOUR PROVIDERS

TO ISSUE THE NOTICES,
AND THEIR NAME

IS ON THE LOGO, YOUR NAME
AND TELEPHONE NUMBER

AS THE MANAGED CARE
HAS TO BE SOMEWHERE

ON THAT NOTICE, SO--
AND IT STATES IT

IN THE INSTRUCTIONS,

SO IF THE BENEFICIARY
DON'T WANT TO GO

THROUGH IPRO OR
THEIR REPRESENTATIVE,

THEY CAN CALL
YOU DIRECT.

SO THAT'S WHY THAT'S
ALL IMPORTANT THERE

ON THESE NOTICES.

ONCE WE DO THE REVIEW,

WE NOTIFY
THE BENEFICIARY FIRST,

AND THEN WE CALL
THE MANAGED CARE

AND THE PROVIDERS, AND
THEN WE CLOSE THAT CASE.

THE BENEFICIARY,
AND/OR THEIR REPRESENTATIVE

HAS UP TO 60 DAYS TO ASK
FOR A RECONSIDERATION.

SO, SOMETIMES WE GET
THEM ON THE 59th DAY.

WE ARE ONLY LOOKING
AT THE TIME

THAT WE DID
THE FIRST REVIEW ON,

WHEN THE LAST COVERED
DAY WAS ON,

YOU KNOW, IN THE REVIEW.

SO WE'RE NOT GONNA REQUEST
ANY ADDITIONAL INFORMATION,

SO, WE'RE GONNA
RE-REVIEW WHAT WE,

WITH ANOTHER PHYSICIAN,

AND WE'LL GO
OVER THE PROCESS.

AND WE HAVE 14 DAYS
TO COMPLETE THAT REVIEW.

I JUST WANT TO THROW
OUT THESE NUMBERS

BECAUSE THE BENEFICIARY
AGAIN REP,

OR THE BENEFICIARY,

HAS 60 DAYS,
ACCORDING TO CMS,

TO REQUEST AN APPEAL,

A RECONSIDERATION,
AND THEN WE HAVE 14 DAYS

TO COMPLETE IT.

WE TRY TO GET THEM DONE

AS SOON AS POSSIBLE.

BUT IT'S
A CATCH-22 SOMETIMES.

WE COULD DO IT IF WE GET
THE RECONSIDERATIONS

DONE IN 2 DAYS.

THE BENEFICIARY AND/OR
THEIR REPRESENTATIVE

THINKS
WE DIDN'T LOOK AT IT,

SO SOMETIMES THEY THINK
WE DO IT TOO FAST.

BUT WE HAVE THAT 14-DAY
LEEWAY TO COMPLETE

THAT REVIEW. I DON'T THINK
I MISSED ANYTHING ELSE

ON THE FAST TRACKS.

AND SOMETIMES
WITH THE MANAGED CARE,

THEY HAVE TO CALL US

BY NOON THE DAY BEFORE
THE EFFECTIVE DATE.

SO IT IS SO IMPORTANT
THAT WE CAN GET IN TOUCH

WITH YOU OR--YOU KNOW,

BECAUSE
THAT'S WHY SOMETIMES

WE JUST ASK
FOR THE NOTICE.

THE BENEFICIARY WILL SAY
SOMETHING AND--OH, YEAH,

WE GOT THE NOTICE

AND THEY SAY EVERYTHING

IN THE RIGHT TIMEFRAME,

BUT THEN WHEN WE CALL
THE MANAGED CARE,

THEY SAY, "OH, NO, WE GAVE
THAT NOTICE LAST WEEK."

SO THEN WE ONLY REQUEST THE
NOTICE SO WE CAN VERIFY IT,

AND THEN WE WILL SEND
THEM BACK TO YOU,

BECAUSE WE ONLY CAN DO THEM

IF THEY CALL BY 12 NOON

THE DAY BEFORE
THE EFFECTIVE DATE.

SO THESE ARE LITTLE
ISSUES ON THE NOTICES

THAT WE'RE LOOKING AT,

AS WE GO
THROUGH THE PROCESS.

>> THE NEXT ONE IS,

IT'S ALMOST
THE SAME PROCESS,

BUT IT'S
FOR THE HOSPITALS.

WE GET A TELEPHONE CALL

FROM THE BENEFICIARY AND/OR
THEIR REPRESENTATIVE,

AND THEY SAY
THEY'RE BEING DISCHARGED

FROM THE HOSPITAL TOO SOON.

THEY WANT TO MAKE AN APPEAL.

UM...FOR THE IMPORTANT
MESSAGE OF MEDICARE,

THE BENEFICIARY HAS
TO BE ISSUED--

THEY CAN CALL US
UP UNTIL MIDNIGHT

THE DAY OF DISCHARGE.

SOMETIMES, THE MAJORITY
OF THE TIME, A LOT,

THE BENEFICIARIES
GET THE NOTICE

ON THE DAY OF DISCHARGE.

IT HAPPENS.

IT'S AN ACUTE
CARE SETTING.

OUR PROBLEM IS IS THAT
WHEN WE GET THIS APPEAL,

WE HAVE TO VERIFY WITH
YOU, THE MANAGED CARE,

IF YOU'RE IN AGREEMENT.

A LOT OF TIMES,
YOU GO--YOU KNOW,

IF YOU SAY
WHATEVER THE HOSPITAL--

IF YOU DELEGATED
THE HOSPITAL TO ISSUE

THE NOTICE,
THAT'S GREAT.

SOMETIMES WE CALL,
UNFORTUNATELY,

YOU DON'T KNOW
THAT THE PERSON'S

IN THE HOSPITAL AND THEN
WE GO BACK AND FORTH.

BUT WE HAVE TO HAVE
AN AGREEMENT FROM YOU,

OR IF YOU
DELEGATE YOUR HOSPITAL,

YOU HAVE
TO TELL US THAT,

YES, WE ARE IN AGREEMENT
WITH THE DISCHARGE,

IN ORDER FOR US TO
PROCEED WITH THE REVIEW.

ONCE WE GET THAT,

THEN WE REQUEST THE RECORDS
AND THE SAME PROCESS.

WE DON'T LOOK
AT THE IMPORTANT MESSAGE

OF MEDICARE, WE JUST
NEED TO SEE IT.

WE'D LIKE TO SEE
THE DETAILED NOTICE,

BECAUSE THAT,
AT THIS POINT NOW,

SHOWS US WHEN
THE DISCHARGE DATE

IS SUPPOSED TO OCCUR,

AND THEN
WE DO OUR REVIEW.

WE CALL THE BENEFICIARY,

WE CALL
THE MANAGED CARE,

WE CALL THE HOSPITAL,

AND IT ENDS IT.

THE BENEFICIARY
HAS UNTIL--

FOR US, THEY HAVE
UNTIL AFTER THEY

RECEIVED OUR
DETERMINATION

ON THE INITIAL REVIEW,

THEY HAVE UNTIL 12 NOON
THE FOLLOWING DAY

TO REQUEST
A RECONSIDERATION.

SO, THOSE ARE TIGHT
TIMEFRAMES ALSO.

IF THEY DON'T REQUEST
BY 12:00 NOON,

WE SEND THEM--
IT WON'T BE

AN EXPEDITED
RECONSIDERATION. SO...

AND WE ALWAYS ONLY
LOOK AT THE TIME

OF THE LAST COVERED DAY
THAT YOU AUTHORIZED.

AND THAT'S IT.

ANY QUESTIONS?

>> YES, DO YOU GET, UM, NOTICES

FROM HEALTH--BEHAVIORAL
HEALTH HOSPITALS, ALSO?

>> YES.

>> YOU DO?

>> MM-HMM.

>> SO THAT THE IMPORTANT
MESSAGE ALSO APPLIES

TO ALL THE BEHAVIORAL
HEALTH HOSPITALS.

>> IT APPLIES TO--IF
YOU'RE AN HMO, RIGHT?

>> MM-HMM.

>> AND YOU'RE ISSUING--

IF THEY GET AN IMPORTANT
MESSAGE OF MEDICARE--

IF THEY GET--ONCE THEY
GET THAT IMPORTANT MESSAGE

OF MEDICARE, BECAUSE THEY'RE
A MEDICARE BENEFICIARY

AND THEY HAVE
THE MANAGED CARE...

>> MM-HMM.

>> IF THEY'RE
BEING DISCHARGED, WE--

THEY HAVE
THE RIGHT TO CALL US

OR APPEAL THROUGH YOU.

>> OK, THANK YOU.

>> MY QUESTION IS
REGARDING THE SIGNATURES

OF THE REPRESENTATIVES.

SOMETIMES THERE'S A PROBLEM
THAT THE REPRESENTATIVE

IS NOT READILY AVAILABLE
AT THE FACILITY TO SIGN,

AND IT BECOMES AN ISSUE
WHEN THE FACILITY DOCUMENTS

OF THE NON-SIGNATURE--

LIKE THEY WEREN'T AVAILABLE
BUT THEY SPOKE TO THEM

OVER THE PHONE, THEY READ THEM
THEIR RIGHTS AND EVERYTHING,

AND YOU KNOW SOMETIMES
THERE'S ISSUES WITH SUFFICIENT

MOLLIFICATION AND SOMETIMES
THERE ISN'T, SO...

>> I KNOW. I DEAL
WITH IT ALL THE TIME.

WHAT HAPPENS IS IF
THEY PROVIDER ISSUES

YOU A NOTICE,

OK, AND THEY DON'T
GET A SIGNATURE,

AND THERE'S NO
INFORMATION IN THERE,

IT LOOKS LIKE
THEY DIDN'T TELL THEM.

YOU KNOW, ACCORDING
TO THE DIRECTIONS,

THEY HAVE TO NOTIFY THEM

AND YOU'RE SUPPOSED
TO GET A SIGNATURE.

IF YOU CAN'T
GET A SIGNATURE,

THERE IS A--I HAVE
TO TELL YOU,

I HAVE, I THINK,
PROVIDED EDUCATION

TO EVERY PROVIDER
IN NEW YORK STATE,

SO THEY HAVE TO DOCUMENT
IN THE, YOU KNOW,

IN THE BOX,
ADDITIONAL INFORMATION.

THEY COULD
DOCUMENT IN THERE THAT--

AND THERE'S VERBIAGE
ON THE DIRECTIONS,

ON THE CMS WEBSITE
ON HOW TO ISSUE

THE NOTICES, THAT THEY
SPOKE TODAY'S DATE,

WHAT TIME,
TELEPHONE NUMBER,

WHO THEY SPOKE TO,
AND APPEAL RIGHTS GIVEN,

AND THEY SIGN
THEIR NAME,

AND END OF DISCUSSION.

WE SEE THAT.

WE KNOW
THEY'RE NOTIFIED.

THEY CALLED TIMELY.

THEN THERE'S NO--

THERE'S NO
QUESTION IN OUR MIND.

BUT IF THERE'S
NOTHING THERE, TO US,

IT LOOKS LIKE--
WE DON'T KNOW.

OR IF THEY CALLED LATE,

IT LOOKS
LIKE IT'S INVALID

BECAUSE THEY DIDN'T
GET THE 2 DAYS NOTICE.

SO THERE'S
A LOT OF FACTORS,

AND I HEAR YOU,

BECAUSE WE LOOK
AT THESE NOTICES

ALL THE TIME AND
TRY TO FIGURE OUT,

AND THAT'S WHY,
A LOT OF TIMES,

I GET ON THE TELEPHONE,

OR MY NURSES,
TO TALK TO YOU,

THE MANAGED CARE, SAYING
WHAT HAPPENED HERE?

YOU KNOW, BECAUSE WE
HAVE TO TALK TO YOU

AND NOT THE
PROVIDER, REGARDLESS

IF YOU AUTHORIZE
THE PROVIDER

TO GIVE THE NOTICE.

WE ONLY CALL THE
PROVIDER TO TELL THE--

YOU KNOW, TO GET AN UPDATE
ON THE PATIENT.

WE ALWAYS GET AN UPDATE
ON THE PATIENT

TO SEE HOW THEY'RE
DOING BEFORE WE SEND

THAT CASE OVER TO OUR
ATTENDING PHYSICIAN.

SO THAT'S WHAT WE DO.

SO, YEAH, THAT IS--
THAT IS SOMETIMES HARD,

BUT THE PROVIDERS
HAVE TO DOCUMENT,

AND ALL THAT INFORMATION
IS ON THE BNI WEBSITE,

ON DIRECTIONS ON
HOW TO ISSUE A NOTICE.

ANY OTHER QUESTIONS?

>> IT WAS BROUGHT
TO MY ATTENTION RECENTLY

IN MY
CLINICAL OPERATIONS AREA,

THAT A QIO DIDN'T
DO THEIR PIECE

ON TURNING SOMETHING AROUND,

AND SO IF WE WERE TO
CALL--I MEAN, IT'S JUST

LIKE ANYTHING ELSE
IN TERMS OF FEEDBACK--

WHERE'S THE BEST PLACE TO BE
ABLE TO PROVIDE THAT FEEDBACK?

>> I'M NOT FOLLOWING--
CALL FOR WHAT REASON?

YOU WANT TO KNOW WHAT
THE DETERMINATION IS?

>> NO, NO, NO.

MEANING THAT THE QIO
WAS SUPPOSED TO GET BACK

TO THE HEALTH PLAN ON SOMETHING
BY A CERTAIN DATE.

SO, SOMETHING FELL SHORT
ON THE QIO'S END.

SO I WANT TO BE ABLE
TO REPORT THAT JUST

BECAUSE, LIKE ANYONE,
YOU KNOW, THINGS DO HAPPEN.

>> I GUESS, IF IT'S
FOR MY AREA, APPEALS.

THAT'S ALL I DO.

THEY WOULD--
YOU WOULD NOTIFY--

>> BUT HOW WOULD I--BECAUSE
I'M IN THE BOSTON AREA--

>> OH.

>> SO HOW DO I KNOW--

I WAS GONNA GO BACK
TO THE REGION--

MY ACCOUNT MANAGER TO PROVIDE
THAT FEEDBACK, I JUST--

>> I WOULD TALK TO THE--

TO THE QIO'S
PROJECT OFFICER?

>> OK.

>> EVERY QIO HAS
A PROJECT OFFICER.

FOR EXAMPLE, OURS
IS CRAIG BAGLEY.

>> OK.

>> AND, UM...YOU
CAN START THAT WAY.

IF YOU DIDN'T KNOW WHO TO
CONTACT--I MEAN, IF IT'S US,

THEN FEEL FREE TO CONTACT
EITHER ONE OF US,

BUT OTHERWISE,

YOU KNOW, THE PROJECT
OFFICER'S PROBABLY ALWAYS

A GOOD PLACE TO START.

>> OK.

>> AND IF YOU DON'T
HAVE THAT INFORMATION,

YOU CAN GIVE US A CALL
AT THE REGIONAL OFFICE.

>> BUT YOU KNOW, FRAN SPENDS

MOST OF HER DAY
ON THE PHONE,

SO WE ACTUALLY WERE
ON THE PHONE BEFORE

WE EVEN GOT TO COME HERE
WITH ONE OF THE PLANS,

AND THAT'S
WHAT WE DO, YOU KNOW.

WE'RE ALL IN THIS TOGETHER,

AND IF
WE DON'T WORK TOGETHER,

THEN THE PROGRAM
IS NOT GOING TO WORK,

AND THERE IS NOTHING

THAN HAVING
AN ADVERSARIAL RELATIONSHIP,

BECAUSE WE CAN
ALL LEARN FROM ONE ANOTHER.

YOU KNOW, THE BEST THING
TO DO IS I HAVE TO LEARN

HOW TO WRITE--IT'S NOT IN MY
CONTRACT, BUT CMS TOLD ME

I NEED TO DO IT--AN
EFFECTUATION NOTICE THERE,

AND IT'S A CASE THAT WAS--
AND IT'S AN ALJ DECISION,

BUT, APPARENTLY, UNLESS
IT GOES TO THE QUICK,

THERE'S NO WAY
TO NOTIFY THE MAX ANYMORE.

SO I WILL BE LEARNING

TO WRITE
AN EFFECTUATION NOTICE,

AND IT'S ALWAYS
INTERESTING TO READ BACK

THROUGH THE RATIONALE
FOR A DECISION

THAT WE'VE
ALL MADE TOGETHER,

BEING OVERTURNED,
AND, YOU KNOW,

THAT'S HOW WE ALL LEARN,

THAT'S HOW
WE WORK TOGETHER,

AND IT'S FASCINATING,
AND IN THIS CASE,

THE ALJ, THEY WANTED TO SEE

THE QUOTING
OF CRITERIA HAVING TO DO

WITH THE PERSON
WHO CLEARLY WAS NO LONGER

MEETING MEDICARE
SKILLED GUIDELINES.

THEY WERE REALLY JUST
RECEIVING, YOU KNOW,

ACTIVITIES OF DAILY LIVING,

AND WE CAN ALL SPEAK
THE SAME LANGUAGE,

BUT THIS IS HOW
WE ALL LEARN TOGETHER WAS--

YOU KNOW, SHARING
WHILE IN THIS CASE,

THE ALJ DIDN'T
LIKE THE FACT

THAT THE ISSUING PROVIDER

DIDN'T PROVIDE
ENOUGH CONCRETE DETAILS

AND QUOTE CRITERIA,

AND WE DIDN'T
QUOTE CRITERIA.

SO, GUESS WHAT?

THESE TABLES WERE TURNED.

BUT THAT'S HOW WE ALL WORK
TOGETHER, AND THAT'S REALLY,

YOU KNOW, THE SPIRIT
OF THIS MEETING, I THINK,

IS COLLABORATION,

AND I THINK THAT JUST

THE SPIRIT WITHIN CMS

IS COLLABORATION,
AND SO IT'S GOOD TO KNOW.

BUT IF ALL ELSE FAILS,

START WITH
THE PROJECT OFFICER.

>> SO IF YOU'RE
IN NEW YORK,

AND YOU HAVE A PROBLEM
WITH THE APPEALS,

THAT IS MY DIRECT LINE.

I AM NOT ALWAYS
AT THAT LINE,

BECAUSE LIKE
I'M HERE TODAY,

BUT SOMEBODY
ALWAYS PICKS IT UP

AND I WILL GET BACK
TO YOU, OR--

>> AND IF SHE DOESN'T
GET BACK TO YOU,

YOU CAN CALL MY NUMBER,

AND I'LL MAKE
SURE THAT SHE GETS IT.

>> HA HA HA.

BUT WE'RE BOTH HERE, SO
WE'RE NOT AT OUR LINES.

>> [LAUGHTER]

>> BUT SOMEBODY DOES--

SOMEBODY WILL
PICK UP THE CALLS

FROM OUR TELEPHONE
SO THAT--YOU KNOW,

A LOT OF TIMES
I'M IN THE OFFICE

ON SATURDAY BECAUSE
WE'RE 7 DAYS A WEEK,

AND, UM, YOU KNOW,

I'VE TALKED
TO MANY A MANAGED CARES

ON WEEKENDS, AND,
UM...IT--

I'LL ALWAYS ANSWER
THE QUESTIONS.

IF I CAN'T, I'LL TRY
TO GET AN ANSWER.

SO, AND...AND THAT'S WHY
IT'S VERY IMPORTANT,

YOU KNOW,
THAT IF YOU HAVE CHANGE

IN YOUR ORGANIZATION, WHO
OUR CONTACT PERSON IS,

PLEASE, PLEASE NOTIFY US.

WE HAVE IT
ON OUR WEBSITE.

YOU GO INTO THE MEDICARE
AND YOU FIND KAREN SHARP

IS OUR CONTACT PERSON--
I DIDN'T PUT

THAT SLIDE UP
FOR KAREN SHARP--

AND SHE UPDATES
THE GRIDS ALL THE TIME,

SO THAT WE KNOW WHO

TO CONTACT ON WHAT DAY

OF THE WEEK, UM--

>> AND WHAT TIME.

BUT JUST--WWW.IPRO.ORG--

AND THERE'S A CONTACT GRID
THERE THAT YOU KEY.

>> MM-HMM.

SO, THAT'S HOW
WE--SO THIS WAY,

THE APPEALS GET DONE
TIMELY AND SEAMLESS.

[APPLAUSE]