

# Beneficiary Protection

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## Overview

Under the 9<sup>th</sup> SOW, QIOs will continue to carry out statutorily mandated review activities, such as:

- Reviewing the quality of care provided to beneficiaries;
- Reviewing beneficiary appeals of certain provider notices;
- Reviewing potential anti-dumping cases; and
- Implementing quality improvement activities as a result of case review activities.

## Opportunity for Quality Improvement

Individual patient complaints and provider medical record reviews are important starting points for analysis of quality improvement needs among providers. In the 9<sup>th</sup> SOW, QIOs will be increasing their efforts to link case review activities to improvements in the quality of care, specifically by developing quality improvement activities focused on system-wide changes. QIOs will utilize all data related to case review activities to identify problems related to the quality of care and design quality improvement activities aimed at helping providers correct these problems. The QIOs will be responsible for collaborating with all pertinent CMS contractors to ensure that all available data are considered and to maximize opportunities for quality improvement.

## QIO Activities

The activities involved in the Beneficiary Protection Theme will focus on nine Tasks:

1. Case reviews
2. Quality improvement activities (QIAs)
3. Alternative dispute resolution (ADR)
4. Sanction activities
5. Physician acknowledgement monitoring
6. Collaboration with other CMS contractors
7. Promoting transparency through reporting
8. Quality data reporting
9. Communication (education and information)

In carrying out these activities, QIOs are required to ensure consistency and value and must adhere to CMS policies and procedures. This includes the QIOs' responsibility to refer cases to the Department of Health and Human Services' Office for Civil Rights for further investigation if the QIO finds that care is being compromised or denied due to discrimination on the basis of race, color, national origin, disability, or age.

In the 9<sup>th</sup> SOW, QIOs will now be required to use ADR techniques in appropriate beneficiary complaint cases for which there are no significant concerns about the quality of care provided. ADR options include mediation, facilitated resolution, and external resolution. Mediation involves a mediator in a face-to-face or telephone meeting. Facilitated resolution consists of a QIO facilitator interacting with all parties to generate a resolution or agreement, and does not typically involve a face-to-face meeting. External resolution occurs through direct communication between the provider and the complainant facilitated by the QIO, which follows up to ensure that direct communication occurred and no further review is needed.

With regard to confirmed quality of care concerns, QIOs must follow all CMS instructions. This includes allowing the provider an opportunity for discussion, imposing a corrective action plan where appropriate, and referring cases to the Office of Inspector General (OIG) when a QIO identifies a case in which the provider violates or fails to comply with any obligation in Section 1156(a) of the Social Security Act.

Each QIO must maintain a beneficiary hotline to provide callers with information concerning Medicare beneficiary rights and responsibilities, beneficiary protections, and the various QIO programs and initiatives. The helpline must be staffed during normal business hours with the capability to record calls received outside business hours.

In addition, QIOs must actively promote, and support hospitals in, submission of quality data for reporting and Annual Payment Update (APU) purposes. QIOs must have a basic understanding of all measures, deadlines for submission, and the impact on the APU. QIOs will offer educational and technical assistance to providers on the use of CMS systems and reporting tools such as CART, QualityNet, and the QIO Clinical Warehouse.

Finally, QIOs will continue to fulfill other responsibilities on a regular basis. These responsibilities include physician acknowledgement monitoring, whereby the QIOs ensure that hospitals have a physician acknowledgement statement on file for physicians billing for services provided in the hospital. The QIOs must also work with the Beneficiary Satisfaction Survey Contractor that is surveying beneficiaries regarding their satisfaction with the QIO complaint process. The QIO is responsible for providing complete and timely information to the Survey Contractor. Finally, QIOs must provide an annual public report of all medical service reviews, using a template provided by CMS.

### **Evaluation**

QIOs must complete reviews in a timely manner, with at least 90% of all reviews meeting timeliness standards. QIOs will also be assessed on beneficiary satisfaction. They will be evaluated on the percentage of beneficiaries filing complaints who complete a satisfaction survey and also on the percentage of survey respondents who are satisfied or very satisfied with the complaint process. In addition, QIOs will be assessed on the percentage of QIAs implemented in those cases with confirmed quality of care concerns. For QIAs and both beneficiary performance measures, QIOs will be evaluated by the extent of their improvement each quarter over the baseline value of each measure. Lastly, QIOs will be evaluated on system-wide QIAs, specifically regarding improvements realized as a result of the systems-wide change during the 12-month period immediately following the implementation of the activity.

### **Resources**

CMS: <http://www.cms.hhs.gov/BeneComplaintRespProg/>  
MedQIC: [www.medqic.org](http://www.medqic.org) (click on "Beneficiary Protection")

**For more information, please contact the Kansas Foundation for Medical Care, Inc. (KFMC) at 1-800-432-0770.**

# Patient Safety

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## Overview

QIO activities under the Patient Safety Theme will focus on six primary topics:

1. Reducing rates of health care–associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections;
2. Reducing rates of pressure ulcers in nursing homes and hospitals;
3. Reducing rates of use of physical restraints in nursing homes;
4. Improving inpatient surgical safety and heart failure treatment in hospitals;
5. Improving drug safety; and
6. Providing quality improvement technical assistance to nursing homes in need.

## Opportunity for Quality Improvement

The requirements of the Patient Safety Theme, also known as the CMS National Patient Safety Initiative (NPSI), are designed to address areas of patient harm for which there is evidence of how to improve safety by improving health care processes and systems. The Theme brings forward several components from the previous SOW (surgical care, heart failure, pressure ulcers and restraints in nursing homes, and drug safety), allowing QIOs to build on the progress they have made with providers over the past three years.

With the new SOW, however, the safety focus also pushes into new areas (MRSA, pressure ulcer prevention in hospitals, and QIO technical assistance for nursing homes in need), giving providers and QIOs the chance to broaden the scope of their patient safety–related improvement activities.

## QIO Activities

QIO activities under the NPSI will support the development of an “all-teach, all-learn” community in action to meet the goals within each component of the Initiative. To that end, CMS is requesting that QIOs identify 2–3 individuals from each QIO to serve as National Quality Improvement Leaders. These individuals will serve as liaisons between QIO senior leadership and the work that is occurring at the patient care level in each state/jurisdiction. They will also liaise with health care executives in their respective states/jurisdictions to highlight the work occurring at the national level in their provider groups. The National Quality Improvement Leaders will come together up to three times per year to share practices that are proving to be successful at the local level.

QIOs will have a tools available to carry out this work. Included in these tools are survey instruments geared toward leadership and/or patient safety processes in hospitals and nursing homes. Additionally, QIOs can draw upon successful tools that were utilized in the 8<sup>th</sup> SOW. It is expected that as successful tools and practices develop, the QIOs will share these with one another for implementation in other QIO communities.

## Evaluation

Evaluation of QIO performance will be performed at 18 and 28 months. The first evaluation period (through the end of the 18<sup>th</sup> contract month) is intended to serve as the foundation for the QIOs’ future success in positively moving the Patient Safety measures by the 28<sup>th</sup> month. The 18<sup>th</sup> month evaluation criteria focus on recruitment, protocol implementation, and some improvement successes.

The final contract evaluation at 28 months will be based on provider improvement on the established clinical measures over the course of the contract. For MRSA, at least 50% of the reporting hospitals are expected to effectuate a 40% reduction in the MRSA metrics. Pressure ulcers for both hospitals and nursing homes are expected to show an 8% relative improvement rate, and physical restraints are expected to have a 20% relative improvement rate. Surgical site infection and heart failure improvement will be based upon obtaining at least 70% of the Achievable Benchmark of Care.

CMS is expecting that each QIO will suggest the quantitative evaluation structure for the drug safety component. Nursing homes in need of QIO technical assistance—as defined by CMS (see the Nursing

## CMS 9<sup>th</sup> Scope of Work Theme Summaries

Home Compare Web site)—are expected to have a 20% mean relative improvement from baseline for their pressure ulcer and physical restraint measures and to have obtained at least 90% on a satisfaction survey. A “pass” will be given to those QIOs that meet at least 70% of the target for each measure within a component.

### Resources

Most recent version of 9<sup>th</sup> SOW: [www.cms.hhs.gov/QualityImprovementOrgs](http://www.cms.hhs.gov/QualityImprovementOrgs)

MedQIC: [www.medqic.org](http://www.medqic.org) (Click on “hospital” or “nursing home” tabs for resources)

AHRQ: [www.ahrq.gov](http://www.ahrq.gov) (Resources available on clinical topics and drug therapy)

Hospital Compare: [www.medicare.gov](http://www.medicare.gov)

Nursing Home Compare: [www.medicare.gov](http://www.medicare.gov)

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# Prevention

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## Overview

The overall goal of the Prevention Theme is to improve the quality and frequency of preventive health care services in order to optimize beneficiary quality of life and health care efficiencies. The Core Prevention work builds on the QIO 8<sup>th</sup> SOW by focusing on QIOs' ability to impact the rates of two cancer screenings (mammography and colorectal cancer [CRC] screening) and two immunizations (influenza and pneumococcal) among Medicare beneficiaries in each state/jurisdiction.

KFMC will work with a selected group of practices in Kansas to accomplish the tasks. Practices enrolled with KFMC to improve rates of mammography and CRC screenings and immunizations must have already implemented electronic health records (EHRs) certified by a certifying body recognized by the Secretary of Health and Human Services. Collaborating practices will work to implement care management processes, using their certified EHRs, that focus on breast cancer and CRC screening and influenza and pneumococcal vaccination.

## Opportunity for Quality Improvement

QIO interventions that support health information technology (HIT) have the potential to improve screening rates through timely notification of providers and patients when a mammogram or CRC screening should be scheduled. Influenza and pneumococcal vaccination levels among adults 65 years of age and older remain well below the Healthy People 2010 objective of 90%. There is a need for more effective strategies for delivering vaccines to high-risk persons, their providers, and household contacts.

## QIO Activities

The primary activities involved in the national Prevention Theme will focus on nine Tasks:

1. Recruiting participating practices;
2. Identifying the pool of non-participating practices;
3. Promoting care management processes for preventive services using EHRs;
4. Completing assessments of care processes;
5. Assisting with data submission;
6. Monitoring statewide rates (mammograms, CRC screens, influenza and pneumococcal immunizations);
7. Administering an assessment of care practices;
8. Producing an Annual Report of statewide trends, showing baselines and rates; and
9. Submitting plans to optimize performance at 18 months.

QIOs will recruit a pre-agreed-upon number of practices to participate, securing at least 80% of the targeted number by the end of Quarter 2. QIOs will also identify non-participating practices with EHR capability.

The QIO will educate each participating practice on using its EHR capabilities to improve rates of screenings and immunizations, using Doctor's Office Quality–Information Technology University (DOQ-IT University). At the end of the 18<sup>th</sup> month, at least 80% of the participating practices should report tracking of each preventive service for at least 75% of patients or patient encounters. This will be determined by an assessment of care practices.

Each participating practice will use its certified EHR to report breast cancer and CRC screening and influenza and pneumococcal immunization data directly to the CMS Clinical Data Warehouse. Reporting will begin during Quarter 3 and continue quarterly thereafter. Every two weeks, beginning in Quarter 3, the QIO will report to CMS the number of and rates for practices that are reporting data.

## CMS 9<sup>th</sup> Scope of Work Theme Summaries

QIOs will assist both collaborating and comparison practices to complete an assessment of care processes by the end of Month 16. This will assess practices' EHR capabilities and current care processes related to breast and CRC screening and immunizations. Ninety percent of participating practices and 65% of comparison practices must complete this assessment.

### Evaluation

QIOs will be evaluated at months 18 and 28 of the 9<sup>th</sup> SOW. QIOs will be accountable for achieving the minimum performance thresholds in the rates of screenings and vaccinations. QIOs will also be responsible for meeting goals related to recruiting and educating practices and the rates of practices reporting quality data.

### Resources

CMS: <http://www.cms.hhs.gov/ColorectalCancerScreening/>

MedQIC: [www.medqic.org](http://www.medqic.org)

CDC: <http://www.cdc.gov/flu/keyfacts.htm>

For more information, please contact the Kansas Foundation for Medical Care, Inc.  
(KFMC) at 1-800-432-0770.