Quality Improvement Organization (QIO) Program

The Centers for Medicare & Medicaid Services QIO Program is an integral part of the U.S. Department of Health and Human Services’ National Quality Strategy and is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in partnership with patients and families, providers, communities, and healthcare stakeholders in every setting in which care is delivered.

Beneficiary and Family Centered Care

Recent changes to the QIO Program were made to ensure that Medicare beneficiary needs are better met by designating a special type of organization, a Beneficiary and Family Centered Care (BFCC)-QIO, to address quality of care concerns and appeals. BFCC-QIOs address all beneficiary concerns and appeals, quality of care reviews, cases of suspected “patient dumping” covered by the Emergency Medical Treatment and Labor Act (EMTALA), and other types of case review. The two new BFCC-QIOs, Livanta and KEPRO, serve all 50 states and three territories, which are grouped into the five regions depicted on the next page.

How Beneficiaries Navigate the System

BFCC-QIOs are designed to help Medicare beneficiaries who have a complaint about clinical quality or want to appeal a healthcare provider’s decision to discharge them from the hospital or discontinue other types of services. Medicare beneficiaries have an important role to play in improving healthcare for themselves and others. When they share their concerns with a regional BFCC-QIO, they help identify how the healthcare system can better meet the needs of other patients. Beneficiary experiences, both good and bad, give the QIO Program the perspective to identify opportunities for improvement, develop solutions that address the real needs of patients, and inspire action by health professionals.

It’s important to know how BFCC-QIOs work with beneficiaries, their families, and their healthcare team. Medicare has strict policies that are designed to protect the privacy of beneficiaries and provide them objective information about the care they received. When Medicare beneficiaries have a complaint that is not related to the clinical quality of healthcare, they and their healthcare provider can agree to participate in a flexible, dialogue-based resolution process, called immediate advocacy, which is coordinated by the BFCC-QIO. Being treated disrespectfully by a provider is an example of a complaint that can benefit from immediate advocacy. Another way BFCC-QIOs can immediately help patients and families

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is by reviewing their appeal of a hospital’s discharge decision or another healthcare provider’s decision to discontinue health services like rehabilitation therapy and home healthcare.

The BFCC-QIO is the point of contact when Medicare beneficiaries or their families want to file a quality of care complaint or make an appeal. A quality of care complaint can also be made by calling 1-800-MEDICARE.