

Beneficiary and Family Centered Care Quality Improvement Organization Beneficiary Frequently Asked Questions

In response to questions often asked by Medicare beneficiaries (recipients) and their representatives and questions asked by the provider and agency staff who help beneficiaries, the Beneficiary and Family Centered Care National Coordinating Center (BFCC-NCC) has prepared this document.

Responses below that describe a beneficiary's rights, or steps to follow, also apply to the beneficiary's representative.

[Quality of Care Complaints](#)

[Verbal Complaints/Immediate Advocacy](#)

[Written Complaints](#)

[Reconsiderations](#)

[Post Review Advocacy](#)

1. How can I contact my Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)?

BFCC-QIOs cover every state/region in the country. To locate your BFCC-QIO, use this [interactive map](#).

2. How can I file a complaint about the quality of care that I received from a Medicare provider or practitioner?

Contact your BFCC-QIO for complaints about the care you received from a Medicare provider or practitioner. To locate your BFCC-QIO, use this [interactive map](#).

In response to your request to file a complaint, you will be asked to complete a [Medicare Quality of Care Complaint Form](#), and to submit the completed form to the BFCC-QIO.

3. What is the difference between a provider and a practitioner?

A provider means a health care facility, institution, or organization, including but not limited to a hospital, involved in the delivery of health care services. A practitioner means a person who has credentials (a degree, a license) within a recognized area of

health care (discipline) and provides services in that discipline to patients (for example, a doctor or a physical therapist).

4. What are some examples of Quality of Care complaints that I can file with the BFCC-QIO?

Examples of Quality of Care complaints include:

- Receiving the wrong medication or dose of medication
- Receiving unnecessary surgery/diagnostic testing
- Experiencing a change in condition that was not treated
- Receiving a misdiagnosis
- Receiving inadequate discharge instructions, such as being sent home from the hospital without instructions for the changes that were made to your daily medicine

To learn more about filing a Quality of Care complaint, see question # 17 below.

5. What if I have a complaint about items or services associated with care, such as a physician-ordered wheelchair or delivery of oxygen?

The BFCC-QIO will do its best to help you with your situation.

6. What is Immediate Advocacy?

Immediate Advocacy is an informal, voluntary process used by the BFCC-QIO to resolve your complaint on your behalf.

This process begins when you or your representative contact the BFCC-QIO and give verbal consent to proceed with the complaint. Once you agree to the process and give your consent, the BFCC-QIO contacts the provider and/or practitioner on your behalf. All participants must give verbal consent to this process in order for it to be used, and discontinuation of Immediate Advocacy is permitted at any time.

7. When is Immediate Advocacy not appropriate?

Immediate Advocacy is not appropriate when you do not want your identity disclosed to the provider and/or practitioner. Also, Immediate Advocacy does not take the place of a clinical quality of care review, which includes a review of your medical records.

8. Is there a time limit on the use of Immediate Advocacy?

Yes. If Immediate Advocacy is offered by the BFCC-QIO, you must make a verbal complaint to the BFCC-QIO no later than 6 months after the date on which the health care event that led to your complaint took place.

9. Who can choose not to participate in Immediate Advocacy?

Any of the people invited to participate may decide not to participate. Immediate Advocacy requires that the beneficiary, provider and/or practitioner all agree to participate. If the BFCC-QIO decides that using Immediate Advocacy is an option, then all participants must give consent beforehand.

10. Is my name disclosed to the provider and/or practitioner in Immediate Advocacy?

Yes. If you consent to Immediate Advocacy, then you agree that your name can be disclosed to those involved with the case.

11. Can I ask for Immediate Advocacy?

The BFCC-QIO may offer the option to resolve a verbal complaint through Immediate Advocacy, depending on the type of complaint.

12. In Immediate Advocacy, are my medical records or other documents reviewed?

One of the goals of Immediate Advocacy is to quickly resolve a complaint. In most cases, the complaint includes issues that would not be documented in the medical record, or the care received does not involve a quality of care concern.

13. Can my information that is shared (disclosed) during the Immediate Advocacy process be redisclosed to others?

No. All communications, written and verbal, exchanged during the Immediate Advocacy process are confidential and may not be redisclosed unless all those involved agree and give their written consent. However, there are limited exceptions requiring redisclosure found in regulation.

14. Can I end the Immediate Advocacy process once it has started?

Yes. You may choose to end the Immediate Advocacy process at any time. If you decide to stop pursuing a verbal complaint through the Immediate Advocacy process, the BFCC-QIO will explain your right to submit a written complaint.

15. Can I decide to file a written complaint after giving my consent for Immediate Advocacy?

Yes. You may choose to file your complaint in writing at any time. Once you file your complaint in writing, you can no longer pursue that complaint through the Immediate Advocacy process.

16. Can the BFCC-QIO stop the Immediate Advocacy process after it has started?

Yes. If the BFCC-QIO becomes aware of additional information that means the complaint is no longer eligible for Immediate Advocacy, the BFCC-QIO must stop the Immediate Advocacy proceedings and tell all the participants that the process has been

discontinued. If this occurs, the BFCC-QIO must inform you of your right to submit a written complaint.

17. What is the process for submitting a written complaint about a Quality of Care concern?

You must complete and submit a written [Medicare Quality of Care Complaint form](#) to start the review process. You can download the form at the link above or contact your BFCC-QIO and ask them to mail a form to you. You can return the form to your BFCC-QIO by fax or by postal service.

You can get the contact information for your BFCC-QIO using this [interactive map](#) and clicking on your state.

18. How long do I have to return the written complaint form?

The completed form should be returned within 30 calendar days of receiving it in the mail or downloading it. If a complaint is closed because the BFCC-QIO did not receive the written complaint form within 30 calendar days, you still have the opportunity to file a complaint.

19. What happens if I don't follow through with a complaint?

If you choose not to participate or do not comply with the requirements of the beneficiary complaint review process and the BFCC-QIO does not have enough information to complete its review, the BFCC-QIO may decide that the complaint has been abandoned.

If this occurs, the BFCC-QIO will let you know that the review process has been discontinued and will explain that you have the right to resubmit a written complaint.

20. What if I raise new concerns about the same complaint?

If you raise a new concern before the initial determination is complete, and the new concern is related to a written complaint that is under review, then the new concern(s) may be processed as part of the same complaint.

If you raise a new concern after the initial determination is complete, or if it is decided by the BFCC-QIO that the new concern is unrelated to the complaint that was filed, the new concern(s) will be processed as a new complaint.

21. Is there a time limit for filing my complaint?

Yes. The time limit is 3 years from the date on which the health care that led to your complaint or concern occurred.

The BFCC-QIO must review any written complaint received from a Medicare beneficiary about the quality of care received during this time period.

22. How will I know when the review of my complaint is complete?

Your BFCC-QIO must notify you by telephone of a final initial determination.

In addition, the BFCC-QIO must send a written notification of the final initial determination within 5 calendar days after the review is complete.

23. What if the provider or practitioner does not consent to the release of the review?

All parties (involved individuals or organizations) must receive written notice of the BFCC-QIO's final initial determination, and the written notice must include:

- A statement for each concern to specify whether the care did or did not meet the standard;
- The standard identified by the BFCC-QIO for each of the concerns; and
- A summary of the specific facts that the BFCC-QIO has decided are relevant to its findings, including references to medical information and, if held, the discussion with the involved provider and/or practitioner.

24. If I am not satisfied with the initial decision of the BFCC-QIO in response to my complaint, may I ask for an additional review?

Yes. Medicare beneficiaries who are not satisfied with a BFCC-QIO's final initial determination have the right to ask for a reconsideration review. For more information on how to ask for a reconsideration review, [contact the BFCC-QIO](#) who issued the final initial determination.

25. How will I be notified of the process to file a reconsideration of the BFCC-QIO's initial determination?

The BFCC-QIO will notify you by telephone of your right to ask for a reconsideration of the BFCC-QIO's final initial determination and will explain the process.

26. How do I ask for reconsideration of a final initial determination?

You can ask for reconsideration in writing or by telephone, within 3 calendar days after you receive notice of the BFCC-QIO's final initial determination.

27. After I ask for reconsideration, will I be able to provide additional information about my complaint, or will the BFCC-QIO ask for additional information?

Yes. You will be offered the opportunity to provide additional information to be considered by the BFCC-QIO in performing the reconsideration review and reconsideration decision.

Also you must be available to answer any questions or provide any additional information that the BFCC-QIO requests in order to conduct its reconsideration.

28. Will the BFCC-QIO use a different physician peer reviewer for the reconsideration process?

The reconsideration peer reviewer should be different than the physician peer reviewer who conducted the initial determination.

29. How will I be notified about the results of the reconsideration review?

Your BFCC-QIO may first notify you by telephone, but in all cases, the BFCC-QIO will mail you a written notice of the final reconsideration determination.

30. How quickly will the BFCC-QIO issue a final decision about my reconsideration review?

If no additional medical or other records are needed for the reconsideration, the BFCC-QIO will complete the review and notify you within 5 calendar days after receiving your request for reconsideration.

If additional records are needed for the reconsideration, the BFCC-QIO will complete the review and notify you within 5 calendar days after receiving the additional information needed for the review.

31. What information does the BFCC-QIO include in the written notice of final reconsideration determination?

The BFCC-QIO is instructed to include the following information in their final written reconsideration decision:

- A statement for each concern that care did or did not meet the standard of care;
- The standard identified by the BFCC-QIO for each of the concerns;
- A summary of the specific facts that the BFCC-QIO determines are related to its findings; and
- A statement that there is no right to further appeal.

32. What is post-review advocacy?

Post-review advocacy is an additional, voluntary (consent required from all parties), and informal process that the BFCC-QIO may offer to you and the provider and/or practitioner to resolve a continuing concern in cases where the review was completed, and no significant quality of care concern was identified.

33. How is post-review advocacy used?

Post-review advocacy may be suggested by the BFCC-QIO as an alternative dispute resolution process, if you have continuing concerns and may benefit from this process. This process requires your consent and the consent of the provider and/or practitioner,

and requires that your identity be disclosed to the provider and/or practitioner. You may decide to discontinue the post-review advocacy process at any time during the process.

34. If I am not satisfied with the outcome of the reconsideration, is there another level of appeal?

No. The BFCC-QIO's written notice to you provides the QIO's final decision. This notice include a statement that there is no further right of appeal.

35. How can I help Medicare continue to improve the BFCC-QIO process of review and the BFCC-QIO program?

One way you can help Medicare with its goal of improving the quality of services is to agree to participate in surveys when requested.

In addition, the QIO may provide information to the beneficiary, provider and/or practitioner about opportunities to improve the care given to patients based on the specific findings of its review and the development of quality improvement initiatives.

For more ways to participate, contact your BFCC-QIO.