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’ (HHS) 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 Medicare beneficiaries and their families, providers, communities, and health care stakeholders in every setting in which care is delivered.

About Beneficiary and Family Centered Care – QIOs

Beneficiary and Family Centered Care-QIOs (BFCC-QIOs) review the concerns of Medicare beneficiaries and their families and handle discharge appeals and quality of care reviews. Two BFCC-QIOs, KEPRO and Livanta, serve all 50 states and three territories grouped into the five regional service areas shown on the next page.

BFCC-QIOs are available to help Medicare beneficiaries and their families or caregivers with questions or concerns such as:

- Am I ready to be discharged from the hospital?
- Should I be receiving needed skilled services such as physical therapy, occupational therapy, speech therapy, or hospice services from a home health agency, skilled nursing facility, hospice or comprehensive outpatient rehabilitation facility?
- I’m concerned about the quality of care I received from my hospital, doctor, nurse or others.

How Beneficiaries Navigate the System

Medicare beneficiaries have the right to file an appeal through their BFCC-QIO if they disagree with a health care provider’s decision to discharge them from the hospital or discontinue services, or when they have a concern about the quality of the medical care they received from a health care professional or facility. When Medicare beneficiaries share their concerns with their BFCC-QIO, they help identify how the health care 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.

In August 2014, the Centers for Medicare & Medicaid Services (CMS) established a new functional structure for the Quality Improvement Organization (QIO) Program that delivers program value to patients and families, maximizes learning and collaboration for improving care, and supports the spread and sustainment of effective new practices and models of care. CMS separated case review from quality improvement work, with both segments of the QIO Program serving all 50 states and three territories.

Two Beneficiary and Family Centered Care-QIOs review quality of care concerns and appeals, while 14 Quality Innovation Network-QIOs work with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, engage Medicare beneficiaries and their families, and improve clinical care at the community level. To learn more, visit www.qioprogram.org.
Immediate Advocacy

When Medicare beneficiaries have a complaint that is not related to the clinical quality of care, they can participate in a process called Immediate Advocacy.

Immediate Advocacy is an informal alternative dispute resolution process facilitated by BFCC-QIOs with a beneficiary’s health care provider. Examples of complaints that may be resolved through Immediate Advocacy include being treated disrespectfully by a provider or concerns about the failure to receive medical equipment, like a motorized scooter, prescribed by the beneficiary’s health care provider.

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. Beneficiaries can learn more about their Medicare rights by visiting www.qioprogram.org/patients-caregivers.