Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Kepro®

# Quality of Care Review Process Guide

**What is this guide about?**
This guide is to give you more details about the Medicare quality of care review process at Kepro.

**Who is Kepro?**
Kepro has a contract with the Centers for Medicare & Medicaid Services (CMS) as a Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). As a BFCC-QIO, Kepro reviews quality of care complaints for people with Medicare as well as discharge and skilled service appeals. Learn more at www.keproqio.com.

**What are quality of care reviews?**
Kepro reviews medical records and decides if the care the patient received was proper and if other healthcare providers would give the same care or treatment. This is also known as meeting the standard of care.

The purpose of our review is to help providers give better quality health care. Kepro teaches providers how to meet the standard of care and give care that is safe and effective.

We do our reviews according to Medicare guidelines and are only able to review care given within the last three years. We do appreciate the opportunity to provide this service for you and hope the information provided will be helpful.

| |
|---|
| **Review Process:** What to expect during your case review<br>**Nurse Reviewer's First Name:** _____<br>**Phone Number (with extension):** _____ |
| **Step 1:** After getting your complaint form, we will call you by phone to talk about your concerns. If we can't reach you within five business days, we will send a letter asking you to call us. If we are not able to talk to you within 30 calendar days of sending the letter, your case will be closed. You can reopen the case at any time by calling us. The entire review process should be done within 4-6 weeks. |

Publication No. R146810-147-12/2020. This material was prepared by Kepro a Medicare Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

| |
|---|
| **Step 2:** During the phone call, we will talk about which concerns can and cannot be reviewed based on Medicare guidelines. We will send you a letter (called an Initial Acknowledgement Notification) with the concerns. You may ask for changes to be made to your concerns up until the time your case is sent to our doctor for review. |
| **Step 3:** We will ask your provider for your medical records. They have 14 calendar days to send them. This can take longer if more information is asked for or if the records cannot be read. We will contact you by mail if there are delays with the medical records. |
| **Step 4:** An independent doctor will review your medical records and concerns. Specialty doctors are used when needed. Kepro's doctor has 10 calendar days to finish the review and decide if the provider met the standard of care. |
| **Step 5:** Shortly after the review is done, we will call you with the results. We will mail you a letter with details about the quality of care review. |
| **Step 6:** If you do not agree with a decision, you have the right to ask that another independent doctor look at your case. This is known as Reconsideration. You have three days to let Kepro know if you want a second review. If you ask for one, your case will be sent to another doctor on the next business day. This doctor has three days to finish the review. Providers can also ask for Reconsideration if they do not agree with a decision. |
| **Step 7:** We will call you with the results of the Reconsideration and send you a letter explaining the reasons for the doctor's decision. |
| **Step 8:** If the provider did not meet the standard of care, Kepro offers education to the provider's staff. Some cases may be sent to another organization for additional provider education. |

# Your Medical Records

- Our decisions are based on the medical records sent by the provider. You can send information to help us understand your concern, but it will not be the main factor in the decision. Medicare guidelines say that medical records must be taken as fact. Kepro cannot decide if medical records have information that is not true.
- A Technical Denial is when a provider does not send the medical records that Kepro asked for. Medicare can stop payment for the care related to the review if a provider does not send them. If this happens, you will be told by phone and in writing. This process often results in your records being sent. Your case is not closed if a Technical Denial is sent.

# Physician Reviewers

- The name of the reviewing doctor is not given. Kepro's Chief Medical Officer, Dr. Jessica Whitley MD, MBA, signs all letters. She does not complete the reviews and is not familiar with your case.

# Filing a Complaint for Another Person

- More information is needed if you are filing a complaint about care provided to another person. This allows Kepro to protect the health information of the person you are calling about, which is important to us. This will allow you to get the results of the review or make decisions about how it will be done. If you are filing on behalf of a living beneficiary, we must have a signed Authorization of Representation form. If you are filing on behalf of a beneficiary who has passed away, we must receive a copy of the will naming you as the executor or documents from a court of law naming you as the representative after death under the laws of the beneficiary's state.

# How to Contact Kepro

- You can send an email to Kepro at Beneficiary.complaints@kepro.com.
- You can send a fax to Kepro at 1-844-266-3208.
- You can call Kepro using our toll-free phone number. That number is based on the state where the medical care took place.

| **Region 1** | **Region 4** | **Region 6** | **Region 8** | **Region 10** |
|---|---|---|---|---|
| Connecticut<br>Maine<br>Massachusetts<br>New Hampshire<br>Rhode Island<br>Vermont | Alabama<br>Florida<br>Georgia<br>Kentucky<br>Mississippi<br>North Carolina<br>Tennessee<br>South Carolina | Arkansas<br>Louisiana<br>Oklahoma<br>New Mexico<br>Texas | Colorado<br>Montana<br>North Dakota<br>South Dakota<br>Utah<br>Wyoming | Alaska<br>Idaho<br>Oregon<br>Washington |
| 888-319-8452 | 888-317-0751 | 888-315-0636 | 888-317-0891 | 888-305-6759 |