



KEPRO
is committed
to improving
healthcare services
for Medicare
beneficiaries.

What is KEPRO?

KEPRO works under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. KEPRO serves as the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for CMS Areas 2, 3, and 4. This includes the following states:

- **Area 2:** Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia.
- **Area 3:** Alabama, Arkansas, Colorado, Kentucky, Louisiana, Mississippi, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Wyoming.
- **Area 4:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin.

BFCC-QIOs work to improve healthcare services for Medicare beneficiaries. KEPRO manages all beneficiary complaints and quality of care reviews to ensure consistency in the review process while taking into consideration local factors important to beneficiaries and their families. KEPRO case review services are free for all people with Medicare. KEPRO also reviews discharge appeals when Medicare beneficiaries do not feel they are ready for discharge from the hospital or skilled services.

What is a QIO?

Led by CMS, the QIO Program is one of the largest federal programs dedicated to improving quality at the local level. The QIO Program is the cornerstone of Medicare's efforts to improve the quality and value of healthcare for its over 45 million beneficiaries.

QIOs work with local healthcare providers, serving as change agents, conveners, and collaborators. They form groups of healthcare providers and other stakeholders to learn from one another and to use that knowledge in making care more patient-centered, safer, and coordinated. Because QIOs share best practices with one another, providers benefit from the experience of their peers across the country, which further accelerates improvement.

Who are Outreach Specialists?

KEPRO Outreach Specialists prepare and present educational programs and resources to make stakeholders, providers, and Medicare beneficiaries aware of Medicare rights. There is no charge for their services. You can request a speaker by calling 216-447-9604 x7202, or you can schedule a speaker online at www.keproqio.com.

What has changed in the QIO Program?

In August 2014, CMS took its first step in restructuring the QIO Program in an effort to improve patient care and health outcomes and save taxpayer resources. In the past, CMS has awarded 53 contracts, in which each QIO performs both case review and quality improvement support for each state or territory. In the new structure, case review and quality improvement functions are performed by different contractors, the contract periods are extended from 3 to 5 years, and there is enhanced focus on learning, collaboration, and dissemination of best practices.

Effective August 1, 2014, the QIO Program structure changed, and the following QIOs are contracted in each state:

1. BFCC-QIOs manage all beneficiary complaints and quality of care reviews to ensure consistency in the review process while taking into consideration local factors important to beneficiaries and their families.
2. Quality Innovation Network (QIN) QIOs are responsible for working with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care and transparency at local, regional, and national levels. For additional information, visit www.qionews.org.

How does this change affect providers?

Provider's QIO contact for Medicare discharge appeals and quality of care concerns is KEPRO. "Notice of Medicare Non-Coverage" forms and any other internal or external documents or resources that list the incumbent QIO's information need to be updated with KEPRO's contact information.

In order to participate in the Medicare program, federal law requires certain providers to have a Memorandum of Agreement (MOA) with a QIO. MOAs outline the QIO's and provider's responsibilities during the review process. Visit www.keproqio.com for MOA information and forms.

How can a Medicare beneficiary contact KEPRO?

Medicare beneficiaries in CMS Areas 2, 3, and 4 who are concerned about the medical care they received can contact KEPRO to obtain a free case review. KEPRO is available to assist Medicare beneficiaries who have questions about whether they are ready for discharge from a hospital or home health agency, or whether they received appropriate care. Medicare beneficiaries should use the contact information below or visit www.keproqio.com for additional information.

Area	Toll-free Telephone Number	Local Telephone Number
Area 2	844-455-8708	813-280-8256
Area 3	844-430-9504	216-447-9604
Area 4	855-408-8557	813-280-8256

*TTY users in Areas 2, 3, and 4 should call 855-843-4776

KEPRO's Medicare Helpline is available Monday through Friday from 9:00 a.m. to 5:00 p.m. and from 11:00 a.m. to 3:00 p.m. on Saturday, Sunday, and holidays in all local time zones. A Medicare beneficiary can contact the Helpline to file a quality of care complaint or to request Immediate Advocacy, which is a process that can deal with provider concerns immediately.

For more information, visit www.keproqio.com.

