# Livanta Medicare BFCC-QIO Contract Update

May 10, 2024

Dear Colleague,

We are pleased to announce that the Centers for Medicare & Medicaid Services (CMS) has selected Livanta to continue to serve as the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for case review services in CMS Regions 2, 3, 5, 7, and 9 for the next five years. This new contract lasts from May 1, 2024, through April 30, 2029. Livanta's current national Medicare Claim Review contract will remain the same.

This Provider Bulletin, which includes the sections outlined below, is intended to provide information and guidance to the following types of provider organizations: Medicare-certified institutional health care providers, including skilled nursing facilities, hospitals, home health agencies, hospices, and comprehensive outpatient rehabilitation facilities in CMS Regions 2, 3, 5, 7, and 9 and hospitals, nationally.

**Section 1:** Beneficiary Case Review versus Claim Review
**Section 2:** What is changing, and what is staying the same?
**Section 3:** Updating Contact Information and Memoranda of Agreement
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Livanta remains committed to providing our provider partners with the highest quality customer service. Please refer to Section 5 of this bulletin if you need to contact us.

Best regards,

The Livanta BFCC-QIO Communications Team

# Section 1: Beneficiary Case Review vs. Claim Review

## Case Review

When Medicare beneficiaries or representatives request a review of their discharge or service termination, the BFCC-QIO requests medical records from providers to review clinical documentation. The BFCC-QIO also requests and reviews medical records for quality of care concerns at the direct request of Medicare beneficiaries or their representatives or by referral from other parties. Other types of case reviews, such as focused reviews, may be added as directed by CMS.

- What provider settings are subject to Medicare case review? Case reviews for discharge or service termination reviews stem from the care provided in hospitals, skilled nursing facilities (SNFs), home health agencies (HHAs), hospices, or comprehensive outpatient rehabilitation facilities (CORFs). BFCC-QIO case reviews for quality of care complaints stem from the care provided in any care setting except dialysis centers providing care for end-stage renal disease patients.
- In which states or territories does Livanta provide case review for CMS? Livanta conducts case review services for CMS in Regions 2, 3, 5, 7, and 9 until April 2029.
- Acentra Health (formerly Kepro) currently conducts case review for CMS Regions 1, 4, 6, 8, and 10 until April 2029. Please visit their website at www.keproqio.com for more information.
- See table on page 3 for a listing of BFCC-QIO case review contractors by CMS region.

## Claim Review

For the purpose of validating Medicare claims and payments, the BFCC-QIO requests medical records from hospitals to review medical coding. Reviews include Short Stay Reviews (SSRs) and Higher-Weighted Diagnosis Related Group (HWDRG) reviews. Other types of claim reviews, such as focused reviews, may be added as directed by CMS.

- **Which provider settings are subject to claim review?** Claim reviews stem from the care provided in acute care facilities, including hospitals, psychiatric hospitals, and long-term acute care (LTAC) hospitals.
- **In which states or territories does Livanta provide claim review for CMS?** Livanta is authorized to conduct claim review services for CMS nationwide. All fifty states, five U.S. territories, and Washington, D.C., are within the scope of this contract.
- See table on page 3 for a listing of the CMS regions Livanta covers as a BFCC-QIO claim review contractor.

Livanta's claim review website is https://LivantaQIO.com/en/ClaimReview/index.html

***Table 1: CMS Regions and BFCC-QIO Contractors***

| | CMS Region / States and Territories | Case Review | Claim Review |
|---|---|---|---|
| **1** | Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont | Acentra | Livanta |
| **2** | New Jersey, New York, Puerto Rico, U.S. Virgin Islands | Livanta | Livanta |
| **3** | Delaware, Maryland, Pennsylvania, Virginia, West Virginia, Washington, D.C. | Livanta | Livanta |
| **4** | Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee | Acentra | Livanta |
| **5** | Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin | Livanta | Livanta |
| **6** | Arkansas, Louisiana, New Mexico, Oklahoma, Texas | Acentra | Livanta |
| **7** | Iowa, Kansas, Missouri, Nebraska | Livanta | Livanta |
| **8** | Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming | Acentra | Livanta |
| **9** | Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands | Livanta | Livanta |
| **10** | Alaska, Idaho, Oregon, Washington | Acentra | Livanta |

## Section 2: What is changing and what is staying the same?

### What is changing?

- Livanta's Medicare Helpline hours have expanded. As of May 1, 2024, Livanta's Medicare Helpline is open weekdays from 9 a.m. to 5 p.m., and weekends and holidays from 10 a.m. to 4 p.m. All times are local to the U.S. time zone of the caller.
- Helpline callers who use TTY machines may now contact Livanta by dialing 7-1-1 and connecting to the relay service.

### What is staying the same?

- Livanta will continue to provide case review services in CMS Regions 2, 3, 5, 7, and 9.
- Livanta will continue to provide claim review services nationwide.
- Medical records and documentation are still required to be submitted electronically for all review types and provider types. This is in accordance with CMS Final Rule 17-35F. Transmission methods such as e-LiFT, esMD, and Direct Secure Messaging remain available.
- Memoranda of Agreement (MOAs) are still required as before. If your organization has already signed an MOA with Livanta, it remains valid, and no action is required.
- If your organization has not yet executed an MOA with Livanta, please visit our website at https://www.livantaqio.cms.gov/en/Provider/MOA to complete it now. Read more about MOAs in section 4 on the next page.

## Section 3: Memoranda of Agreement (MOA) Requirements

The MOA is a required legal document between Medicare-certified healthcare provider organizations and Livanta, a BFCC-QIO. The MOA establishes the terms and conditions of the relationship between healthcare organizations and Livanta.

Section 1866 of the Social Security Act requires MOAs from Medicare certified hospitals, critical access hospitals (CAHs), long-term acute care hospitals (LTACs), skilled nursing facilities (SNFs), home health agencies (HHAs), hospices, and comprehensive outpatient rehabilitation facilities.
MOAs are the primary mechanism through which healthcare providers can provide updated contact information to the BFCC-QIO. On the MOA, each provider organization can list several phone and fax contact numbers.

To update contact information, sign a new MOA, or check on the status of an existing MOA, visit Livanta's websites:

- All healthcare providers in CMS Regions 2, 3, 5, 7, and 9: https://www.livantaqio.cms.gov/en/Provider/MOA
- Hospital providers in CMS Regions 1, 4, 6, 8, and 10: https://www.livantaqio.cms.gov/en/ClaimReview/MOA/moa.html

## Section 4: Stay in Touch with Livanta

- Connect with us on LinkedIn: https://www.linkedin.com/company/livanta-bfcc-qio
- Subscribe to
  - Livanta's provider bulletins.
  - *The Livanta Compass*, an award-winning Medicare-focused e-journal produced and published by Livanta.
  - Livanta *Claims Review Advisor*, a monthly journal of best practices and supplemental education on Short Stay Reviews and Higher Weighted DRG Reviews.

Click here to subscribe now:

**https://www.LivantaQIO.cms.gov/en/About/Publications**

Livanta offers provider education for case review and claim review activities. For more information or to schedule a training session, send an email to Communications@livanta.com.

This material was prepared by Livanta LLC, the Medicare Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO) that provides claim review services nationwide and case review services for Medicare Regions 2, 3, 5, 7, and 9, 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. 13-SOW-MD2024-QIOBFCC-PROV -1