

Immediate Advocacy

Getting help with problems, difficulties, or concerns

Livanta is a Medicare Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO) providing Medicare case reviews in 27 states and U.S. territories. As a BFCC-QIO, Livanta has the authority to advocate for Medicare beneficiaries and their representatives who are having trouble with their care. Immediate advocacy is a mediation service to assist Medicare beneficiaries who need help resolving a problem.

Livanta's skilled and empathetic advocates work by phone with Medicare beneficiaries, family members, or other representatives to resolve complaints quickly. Immediate advocacy can address many types of problems. Examples include but are not limited to the following:

- Language barriers or other communication problems with healthcare providers;
- Delays in getting needed care or services including referrals and follow-up appointments;
- Problems getting Medicare-covered supplies or equipment, including medications and wheelchairs; and
- Challenges with discharge planning, treatment plans, or other plans of care.

Some problems may be better addressed through the BFCC-QIO complaint process, which includes a formal medical record review by one of Livanta's independent physician reviewers. These medical record reviews may be requested for up to three years after the date of service.

Livanta has prepared this document to help Medicare beneficiaries and their families understand the immediate advocacy process and their rights under that process. The information below is meant to be general guidance for common situations.

Section 1: Immediate Advocacy - General Questions

1. What is the purpose of immediate advocacy?

Immediate advocacy provides Medicare beneficiaries and their families with an effective service for resolving complaints in real time.

2. How is using the immediate advocacy service different from filing a formal complaint?

Immediate advocacy is designed to facilitate problem-solving between a Medicare beneficiary or their representative and the healthcare provider and is a voluntary process for all involved parties. In contrast, when a beneficiary or representative files a formal complaint, it results in a medical record review by a Livanta physician reviewer. For FAQs about formal complaints, click the link below.

- FAQs Beneficiary Complaints: <https://www.livantaqio.cms.gov/assets/files/Complaints-FAQs.pdf>

3. What are the general guidelines for the immediate advocacy service?

- To qualify for immediate advocacy, the problem, difficulty, or concern must stem from a current issue or a care episode that occurred within the past six (6) months.
- The problem, difficulty, or concern must arise from services that are payable at least in part by Medicare for a Medicare beneficiary whether or not Medicare paid for the service.
- The problem, difficulty, or concern can be related to clinical quality or related Medicare-covered items or services.
- Livanta evaluates each case to determine whether immediate advocacy is an appropriate method to resolve the problem, difficulty, or concern.
- All parties must verbally consent to the immediate advocacy process. The beneficiary must also agree that Livanta will disclose his or her name to the healthcare provider. Additionally, all parties must agree that information exchanged during the immediate advocacy process must not be redisclosed without the written consent of all parties.
- Immediate advocacy does not involve a review of the patient's medical record. Livanta does not request a copy of the patient's medical record.

4. Can the result of the immediate advocacy case be used in a court proceeding?

No. All parties agree that communications exchanged during the immediate advocacy process must not be redisclosed without the written consent of all parties.

5. What are some typical concerns that Livanta can address through immediate advocacy?

Livanta's contract with the Medicare program allows immediate advocacy to address a number of medically related issues, including, but not limited to, the topics and examples listed below.

Topics

- Communication concerns
- Discharge planning
- Medication management
- Follow up/Appointment
- Plan of care
- Referrals

Examples

- Receiving a different colored pill than expected and requesting that Livanta call the practitioner and/or provider to find out the name of the drug and why it was given
- Experiencing a change in prescription drug without sufficient explanation
- Experiencing a lack of information about a procedure
- Experiencing diagnosis and treatment communications in a non-native language
- Being served a diet or food outside of recommended diet
- Receiving inadequate discharge instructions
- Experiencing a failure to involve the Medicare beneficiary's family in discharge planning
- Experiencing a failure to receive a motorized scooter or wheelchair timely

- Ineffective communication from provider
- Experiencing other safety, environmental, and interpersonal complaints
- Experiencing other issues associated with the care and treatment of the Medicare beneficiary that cannot be confirmed through a review of medical records

6. What are some typical complaints that Livanta is not allowed to review under immediate advocacy?

Complaints that Livanta may not address under the advocacy service include, but are not limited to, the following:

- Billing issues - call 1-800-Medicare (1-800-633-4227)
- Suspected financial fraud - call 1-800-Medicare (1-800-633-4227)
- Medicare coverage questions - call 1-800-Medicare (1-800-633-4227)
- Medicare enrollment issues - call 1-800-Medicare (1-800-633-4227)

Section 2: Immediate Advocacy Case Procedures

1. Are practitioners and healthcare providers required to participate in immediate advocacy?

No. As noted above, all parties must verbally consent to the immediate advocacy process. If all parties do not consent, or if a party withdraws consent at any time during the process, the Medicare beneficiary may consider filing a formal complaint.

2. How long does it take to get my concern resolved through immediate advocacy?

Most concerns can be resolved in 4 business days or less. Immediate advocacy should not extend beyond 10 business days.

3. How do Livanta’s advocates help resolve Medicare beneficiaries’ problems or concerns?

Once an immediate advocacy case is initiated on Livanta’s Medicare Helpline, Livanta’s advocates may use conference calls or three-way calling to facilitate a conversation between the beneficiary and provider. Alternatively, advocates can make a call to the provider on behalf of the beneficiary.

4. What happens if the problem, difficulty, or concern cannot be resolved in the allotted time?

Most cases are resolved within a few days. However, if a concern cannot be resolved, Livanta’s advocates will discuss other options with the beneficiary. In certain instances, if the beneficiary remains dissatisfied after the immediate advocacy case is completed, Livanta staff will advise the beneficiary of his or her right to file a formal complaint.

5. Is immediate advocacy anonymous?

No. Only formal complaints can be made anonymously.

6. I am a family member or friend of the Medicare beneficiary. Am I allowed to request immediate advocacy?

To have someone else participate in immediate advocacy, the beneficiary must appoint a representative. This can usually be done by having the beneficiary designate a representative using Form CMS-1696, a Power of Attorney form, or a similar document. A beneficiary may have only one representative.

The FAQs above are educational only and are not legally binding on Livanta, on a Medicare beneficiary, or on the Medicare program.

This material was prepared by Livanta LLC, the Medicare Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO) that provides claims 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. 12-SOW-MD-2023-QIOBFCC-BENE84