QIO Program:
Beneficiary and Family Centered Care –
Quality Improvement Organizations
A Better Way to Serve Medicare Beneficiaries

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’ 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 patients and families, providers, communities, and healthcare stakeholders in every setting in which care is delivered.

Beneficiary and Family Centered Care
Recent changes to the QIO Program were made to ensure that Medicare beneficiary needs are better met by designating a special type of organization, a Beneficiary and Family Centered Care (BFCC)-QIO, to address quality of care concerns and appeals. BFCC-QIOs address all beneficiary concerns and appeals, quality of care reviews, cases of suspected “patient dumping” covered by the Emergency Medical Treatment and Labor Act (EMTALA), and other types of case review. The two new BFCC-QIOs, Livanta and KEPRO, serve all 50 states and three territories, which are grouped into the five regions depicted on the next page.

How Beneficiaries Navigate the System
BFCC-QIOs are designed to help Medicare beneficiaries who have a complaint about clinical quality or want to appeal a healthcare provider’s decision to discharge them from the hospital or discontinue other types of services. Medicare beneficiaries have an important role to play in improving healthcare for themselves and others. When they share their concerns with a regional BFCC-QIO, they help identify how the healthcare 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.

As of August 1, 2014, the Centers for Medicare & Medicaid Services (CMS) has 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. Under the new structure, CMS has 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 patients and families, and improve clinical care at the community level. To learn more, visit www.qioprogram.org.

Continued

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is by reviewing their appeal of a hospital’s discharge decision or another healthcare provider’s decision to discontinue health services like rehabilitation therapy and home healthcare. 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.