

# QIN-QIO, BFCC-QIO & MAC: What these acronyms mean for you

Ardis A. Reed, MPH, RD, LD, CDCES

TMF Quality Innovation Network



Ardis A. Reed, MPH, RD, LD,  
CDCE, FADCES

- TMF Quality Innovation Network Quality-Improvement Organization (QIN-QIO) Chronic Disease Subject Matter Expert
- Helped write the current Competencies for Diabetes Educators and the 2017 National Standards for Diabetes Self-Management Education and Support (DSMES)
- Appointed to the Texas Diabetes Council by Governor Greg Abbott 2108-2023

## True or False, pre-test

1. The Centers for Medicare & Medicaid Services (CMS) directs Quality Innovation Network-Quality Improvement Organization (QIN-QIO) activities.
2. QIN-QIOs lead CMS quality improvement (QI) efforts for a network of states and territories.
3. There is one type of a CMS QIO.

# Learning objectives

- Translate the acronyms
  - › QIN-QIO
  - › BFCC-QIO
  - › MAC
- Identify the difference between a QIN-QIO and a BFCC-QIO
- List three QIN-QIO projects currently underway in your state

# Learning objectives

- Discuss how a QIN-QIO can assist you in your QI efforts
- Recognize your Medicare Administrative Contractor (MAC)

# QI principles

- Apply changes in the clinical environment
- Measures should be patient-centered and person-neutral
- Measure the system not the people
- Use a proven framework for the QI process
- Learn from data variants — intended or unintended?

# About the Medicare QIO program

- 1965 — Medicare is established to provide inpatient and outpatient services for people over 65
- 1972 — Medicare Professional Standards Review Organizations are established to standardize quality of care at the local level
- 1982 — Peer Review Organizations (PROs) are given authority to ensure Medicare beneficiaries receive health services available to them

Source: Assistant Secretary for Planning and Evaluation (ASPE), Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work retrieved at <https://aspe.hhs.gov/reports/toward-evaluation-quality-improvement-organization-program-beyond-8th-scope-work> on 3/27/24.

# PRO history

- 1996 — PROs begin to collect data, measure progress and identify areas for improvement
  - › PROs could focus on more targeted efforts
  - › PROs could address specific diseases and improve management of common chronic conditions

Source: Assistant Secretary for Planning and Evaluation (ASPE), Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work retrieved at <https://aspe.hhs.gov/reports/toward-evaluation-quality-improvement-organization-program-beyond-8th-scope-work> on 3/27/24.



# How PROs became QIOs

- 2002 — PROs are renamed Quality Improvement Organizations (QIOs)
  - › Reflect a multidisciplinary, service-delivery approach to improve quality of care
  - › Become the “boots on the ground” resource in communities

Source: Assistant Secretary for Planning and Evaluation (ASPE), Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work retrieved at <https://aspe.hhs.gov/reports/toward-evaluation-quality-improvement-organization-program-beyond-8th-scope-work> on 3/27/24.

# The Transition in Focus

## *An abbreviated timeline*

**1970**

- Quality assurance (QA) focused on individual case review
- Considered punitive

**1990**

Quality care — safe, effective patient-centered, timely, efficient and equitable

**2001**

- Focused on quality measures and process improvement
- QI in standards of care for Medicare beneficiaries

# Similar names, different purposes

- The QA process reviews the quality of service provided to Medicare beneficiaries
  - › Identifies individuals or licensed health care entities that may provide sub-standard care
  - › Can punish those providing such care
- The QI process reviews compliance with standards and evidence-based practices
  - › Measures and improves care through technical assistance
  - › The outcomes are not punitive

## QIO Program growth

- Each state and territory is assigned a QIO. These organizations have been successful in improving care for Medicare beneficiaries
- QIO program successes include:
  - › Decreasing the number of pressure ulcers for beneficiaries
  - › Helping stem the overprescription of antipsychotic medications
  - › Reducing the number of unnecessary hospital readmissions

# QIO Program growth

- QIOs drive recognition of successful QI efforts
  - › Sharing best practices help other entities achieve success
- QIOs provide technical assistance and tools
  - › QIO assistance has resulted in effective communication tools and best practices for providers

Source: Assistant Secretary for Planning and Evaluation (ASPE), Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work retrieved at <https://aspe.hhs.gov/reports/toward-evaluation-quality-improvement-organization-program-beyond-8th-scope-work> on 3/27/24.

## CMS QIOs

- 2014 — CMS established a new structure for the QIO Program
  - › Case review is separated from QI work
  - › Both focus areas serve all 50 states and our territories

# QIO Program today

- 2014 — Two QIOs created to maximize efficiencies and split into regions
  - › Quality Innovation Network (QIN)-QIOs
    - 12 regional QIN-QIOs
    - States no longer have an individual QIO
  - › Beneficiary and Family Centered Care—Quality States and territories (BFCC)-QIO
    - Two BFCC-QIOs

# Two QIOs, two objectives

- QIN-QIO
  - › A *system* focus
  - › These organizations work on CMS-assigned priorities
- BFCC-QIO
  - › An *individual* focus
  - › These organizations monitor the care individual beneficiaries receive



## QIN-QIOs

- Work with providers, community partners, Medicare beneficiaries and caregivers on data-driven QI initiatives
  - › Emphasis is on helping people better manage specific health conditions
- QIN-QIOs can quickly spread best practices for better care
  - › Makes accommodations for local conditions and cultural factors

Source: CMS, Quality Improvement Organizations, Why CMS has QIOs, retrieved online at <https://www.cms.gov/medicare/quality/quality-improvement-organizations> on 3/27/2024

## More about QIN-QIOs

- QIN-QIOs work on CMS QI initiatives in 12 regions
- QIN-QIOs collaborate with national and local partners
- QIN-QIOs engage providers and stakeholders to effect large-scale change

# TMF QIN-QIO Service Area



- **3,928,911 Medicare beneficiaries impacted**
- **48 communities**

## Current Priority Areas (2019-2024)

- Improve Behavioral Health Outcomes
  - › Focusing on decreasing opioid misuse
- Improve Patient Safety
- Improve Chronic Disease Self-Management
  - › Cardiac and vascular health
  - › Diabetes
  - › Slowing and preventing end-stage renal disease (ESRD)
- Improve Quality of Care Transitions
- Improve Nursing Home Quality

Visit *Locate Your QIN-QIO* at <https://qioprogram.org/locate-your-qin-qio> to find your state's QIN-QIO.

## Quality Innovation Network (QIN) Map



# 13th Scope of Work (SOW), new regions



Source: CMS, QIO 13th Scope of Work (2024 - 2029), CMS Quality Improvement Program, retrieved online at <https://vepimg.b8cdn.com/uploads/vjfnw/8703/content/images/1683061637may-2nd-listeningsession-cms-quality-improvement-program-pdf1683061637.pdf> on 3/27/2024

# 13th SOW, what's new

## Service Areas

- Seven QIN-QIOs

## Area Alignment

- Service areas aligned with respective CMS regions.

**2024-2029**

## Contract Award

- Partnership for Community Health (PCH), and Hospital Quality Improvement Contractor (HQIC) merge

## Focus Areas

- Current focus areas with addition of Behavioral Health, Workplace Violence and Climate Change

## **CMS QIN-QIO 13th SOW**

- Request for Proposal (RFP) release pending
- QIN-QIOs bid on an entire CMS region, not individual states
- Anticipate a 12<sup>th</sup> SOW and 13<sup>th</sup> SOW overlap
- Overlap may happen between July and November 2024
- QIN-QIOs will provide a “warm hand off” for states assigned to a new region and a new QIN-QIO



# Your involvement

- Work is data-driven, you will be asked to collect data
- Data from our partners is aggregated before it is sent to CMS
- All QIN-QIO services are free of charge
- Visit *Locate Your QIN-QIO* at <https://qioprogram.org/locate-your-qin-qio> to find your state's QIN-QIO

## **BFCC-QIOs**

- Manage all complaints and quality of care reviews to ensure consistency in the review process
- Assist Medicare patients file hospital discharge appeals or other services that are discontinued
- Use the Immediate Advocacy process to address complaints quickly
- Provide health care navigation services

# Two BFCC QIOs



## Livanta

- Help Line:
  - 1-888-755-5580
- Covers Nebraska
  - [www.livantaqio.com/](http://www.livantaqio.com/)



## Kepro

- Regional Zone Helpline
  - [www.keproqio.com](http://www.keproqio.com)

# Current QIN-QIO Work in Nebraska

**1**

## **TMF Quality Innovation Network**

- Ardis Reed
- Nanci Newberry
- Kerri Sireno
- Shanay Conway
- Luke McCabe
- Melody Malone
- Carla Smith
- Monika Maxwell

**2**

## **Telligen and Nebraska Hospital Association**

- Hospital Quality Improvement (HQIC)
- Dana Steiner
  - Amber Kaven

**3**

## **Livanta Beneficiary and Family Centered Care – BFCC-QIO**

- File concerns and complaints, get help with accessing Medicare benefits
- 1-888-755-5580

**Improved Outcomes for Medicare Beneficiaries**

## Medicare Administrator Contractor (MAC)

- Private health care insurers
- Medicare awards contracts
- MACs process claims for Medicare services
  - › Part A and B,
  - › durable medical equipment (DME) and
  - › fee-for-service (FFS)

## Medicare Administrator Contractor (MAC)

- Provider Education Specialists
  - › Provide educational presentations to help providers better understand billing requirements
- Nebraska MAC
  - › WPS Government Health Administrators.
  - › Visit [wpsgha.com](https://wpsgha.com) for more information.

## How can a QIN-QIO help you?

- Provide free technical assistance for your project
- Assist you in conducting a QI initiative
- Support you in your new role
- Assist with aligning your facility's QI goals and objectives

## How can a QIN-QIO help you?

- Review your QI project with fresh eyes
- Provide a constructive review of your QI project
- Assist you in following evidence-based processes

**Help you shine!**



# Health QI Associations

- American Health Quality Association (AHQA)
  - › Visit <https://www.ahqa.org/>
- Institute for Healthcare Improvement (IHI)
  - › Visit <https://www.ihl.org/>
- National Association for Healthcare Quality (NAHQ)
  - › Visit <https://nahq.org/>

## True or False, post test

1. CMS is the oversight agency that directs QIN-QIO activities and budget.
2. QIN-QIOs lead CMS quality improvement efforts for a network of states and territories.
3. There is one type of CMS QIO.

# Acronyms

ADE	Adverse Drug Event
BFCC	Beneficiary Family Centered Care
BH	Behavioral Health
CKD	Chronic Kidney Disease
CMS	Centers for Medicare & Medicaid Services
DPP	Diabetes Prevention Program
DSMES	Diabetes Self-management Education and Support
ED	Emergency Department
EMCRO	Experimental Medical Care Review Organization
ESRD	End-Stage Renal Disease
HCFA	Health Care Finance Administration
LTC	Long-term Care
MedPac	Medicare Payment Advisory Committee

# Acronyms, continued

MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
QIN	Quality Innovation Network
QIO	Quality Improvement Organization
PRO	Professional Review Organization
PSRO	Professional Standards Review Organization
RFP	Request for Proposal

# References

- Provost, L., Health Catalyst, 2018, A Guide to Applying Quality Improvement to Healthcare: Five Principles, retrieved online at <https://www.healthcatalyst.com/insights/quality-improvement-healthcare-5-guiding-principles> on 3/28/2024
- Institute of Medicine (US) Committee on Quality of Health Care in America, 2001, Crossing the Quality Chasm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US). Retrieved at <https://pubmed.ncbi.nlm.nih.gov/25057539/> on 3/28/2024
- Institute of Medicine of the National Academies, 2006, Pathways to Quality Health Care, Medicare's Quality Improvement Organization Program, Maximizing Potential, retrieved online at <https://nap.nationalacademies.org/read/11604/chapter/1> on 3/28/2024

# References

- CMS, Quality Improvement Organizations, Why CMS has QIOs, retrieved online at <https://www.cms.gov/medicare/quality/quality-improvement-organizations> on 3/27/2024
- Assistant Secretary for Planning and Evaluation (ASPE), Toward an Evaluation of the Quality Improvement Organization Program: Beyond the 8th Scope of Work retrieved at <https://aspe.hhs.gov/reports/toward-evaluation-quality-improvement-organization-program-beyond-8th-scope-work> on 3/28/24
- CMS, QIO 13th Scope of Work (2024 - 2029), CMS Quality Improvement Program, retrieved online at <https://veping.b8cdn.com/uploads/vjfnew/8703/content/images/1683061637may-2nd-listening-session-cms-quality-improvement-program-pdf1683061637.pdf> on 3/28/2024

# Questions?



Ardis Reed, MPH, RD, LD, CDCES, FADCES

[Ardis.Reed@tmf.org](mailto:Ardis.Reed@tmf.org)

This material was prepared by TMF Health Quality Institute, a Quality Innovation Network-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 (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/TMF Health Quality Institute/Quality Innovation Network-Quality Improvement Organization-12SOW-QINQIO-PCH-24-48 Pub 4/2024