

December 5, 2016

Dear Colleague,

Livanta LLC is the Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC-QIO) authorized by the Medicare Program. As the BFCC-QIO, we may request copies of patient medical records from providers for a variety of reasons, such as quality of care reviews, short stay reviews, higher-weighted diagnosis related group (HWDRG) reviews, and other types of case review. In order to ensure quick turnaround on provider reimbursements, the following process should be followed by providers and QIO liaisons:

**Step 1:** The BFCC-QIO, Livanta, will mail a copy of the medical record request (MRR) to the QIO Liaison and medical records contacts needed for case review. This request includes the specific information related to the record required, a cover sheet for the return package, and an eight-digit key claim ID number that will be used in all future correspondence related to the record being requested.

**Step 2:** The facility, specifically the QIO Liaison, needs to maintain a copy of the eight-digit key claim ID number for reference.

**Step 3:** The provider will provide the BFCC-QIO with a copy of the medical record. The record should include a cover sheet with the number of pages, postage, and any other instructions for sending payment in the spaces provided. The medical record should be organized in the following order:

1. Discharge summary
2. Emergency room record/admission record
3. History and physical
4. Consultations
5. Operative and procedure notes
6. Practitioner progress notes
7. Practitioner orders
8. Social work and case management notes
9. Nursing notes
10. Ancillary - laboratory reports, x-ray reports
11. Medication administration record, treatment administration record
12. Any other information

**Step 4:** The medical record is sent for case review. Livanta confirms that all pieces of the medical record listed above are included in the medical record.

**Step 5:** Monthly, Livanta will reimburse each facility for the pages and postages of all records received in the previous month. Livanta will mail provider reimbursements to the QIO Liaison.

The documentation included with the check will list all eight-digit key claim ID numbers included in the check payment.

**Step 6:** The facility should cash the check as soon as possible. It is a contract requirement that the BFCC-QIO reimburses providers for these records and confirms that all monies are accounted for. When there are outstanding uncashed checks, Livanta must follow up with the facility. For more information regarding the reimbursement amount, please visit <http://bfccqioarea5.com/pagespostage.html>.

To ensure that reimbursements are sent/received correctly, please help us by adhering to the process set forth above by the BFCC-QIO and CMS. If you have any questions or concerns, do not hesitate to contact Livanta directly at 1-240-712-4300 ext. 2125.

## Thanks again for everyone's help!

*Best Regards,  
Jennifer Bitterman  
Director, Communications  
Livanta LLC*

This material was prepared by Livanta LLC, the Medicare Quality Improvement Organization for BFCC Areas 1 and 5, 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. 11SOW-MD-2016-QIOBFCC- PROV8