

## About Livanta

Livanta is the Medicare Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO) for 27 U.S. states and territories, providing case review and advocacy services at no cost to Medicare beneficiaries and their families (see page 2 for list of regions).

## Appeals

When Medicare beneficiaries believe their Medicare-covered services are ending too soon, they have the right to file an appeal with Livanta. These appeals can relate to a hospital discharge or a service termination in a skilled nursing facility, home health agency, hospice, or comprehensive rehabilitation facility.

Livanta conducts a medical record review to determine if the discharge or service termination is medically appropriate. If Livanta sides with the beneficiary, the facility must keep the patient in Medicare covered status until the patient's conditions meets discharge criteria.

### When **NOT** to refer cases to Livanta:

- The hospitalized beneficiary is in observation or outpatient status.
- The beneficiary's therapy services in long-term care are not paid by Medicare.
- The beneficiary has billing issues.

## Quality

When Medicare beneficiaries have concerns with the Medicare-covered care they received within the last three years, they have the right to file a complaint through Livanta.

Livanta conducts a medical record review to determine if care met professional standards. If Livanta determines that standards were not met, Livanta can refer the matter to another Medicare contractor for corrective action.

### When **NOT** to refer cases to Livanta:

- Complaints that are not related to care provision or services, such as: food, staff demeanor, physical condition of the building, interpersonal conflict with healthcare providers.
- Concerns related to a beneficiary's long-term care facility stay paid for by Medicaid.
- Concerns related to dialysis treatments covered by end-stage renal disease (ESRD) benefit.

## Immediate Advocacy (IA)

Immediate Advocacy (IA) is an informal, voluntary process used by Livanta to resolve beneficiaries' barriers to getting needed care or services. This process is used to mediate communication gaps, delays in services, and other real-time problems that beneficiaries may encounter.

IA services can help in many scenarios, such as when beneficiaries need assistance with services to maintain or restore their health (e.g., late-arriving durable medical equipment (DME),

transportation to follow-up appointments, help getting prescriptions, and similar continuity of care issues). IA itself is not a case management service or a patient navigation program.

### When **NOT** to refer cases to Livanta:

- The beneficiary is not actively receiving care or services, or more than six months have passed. (This is a general guideline. Livanta's staff can make appropriate recommendations.)
- The beneficiary is experiencing a problem that is not related to care or services covered by Medicare.

## Additional Information

All services must be initiated by a telephone call to Livanta's regional helplines. Livanta's services only apply to Medicare-covered services, including those paid for by Original Medicare and Medicare Advantage plans. Care or services through Medicaid services are not eligible for review by Livanta.

Helpline hours are from 9 a.m. – 5 p.m. local time (weekdays) and 11 a.m. – 3 p.m. local time (weekends and holidays). Voicemail is available 24 hours a day. If prompted, please leave a single comprehensive message with a call-back number and your call will be returned.

<b>Helpline Numbers</b>	<b>Region</b>	<b>States/Territories</b>	<b>Toll-Free</b>	<b>TTY</b>
	2	New Jersey, New York, Puerto Rico, U.S. Virgin Islands	866.815.5440	866.868.2289
	3	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, Washington, D.C.	888.396.4646	888.985.2660
	5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	888.524.9900	888.985.8775
	7	Iowa, Kansas, Missouri, Nebraska	888.755.5580	888.985.9295
	9	Arizona, California, Hawaii, Nevada, Pacific Territories	877.588.1123	855.887.6668

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-2021-QIOBFCC-CP177