

KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for more than 30 states and offers information and assistance to providers, patients, and families about beneficiary complaints, discharge appeals, Immediate Advocacy, and Patient Navigation.

This document contains some of the most frequently asked questions about eligibility requirements for KEPRO's newest program, Patient Navigation.

Who qualifies for the Patient Navigation program?

KEPRO is accepting all referrals for Medicare Fee-for-Service (FFS) beneficiaries.

What is the goal of the Patient Navigation program?

The goal of the Patient Navigation program is to assist the beneficiary to move through the complex healthcare system by working with providers and other organizations to meet the needs of the beneficiary.

What do Patient Navigators do?

Patient Navigators can help beneficiaries with the following types of needs: coordinate care, help with questions to ask the physician at an upcoming appointment, help understand a treatment plan or diagnosis, assist with medication management, and provide resources and information to help keep them healthy.

What are the qualifications of KEPRO's Patient Navigators?

Patient Navigators have a background in social work or nursing.

What is the length of time beneficiaries are in the program?

This program is meant to be a short-term program to meet transitional needs. Medicare beneficiaries can be assisted for up to 60 days as needed.

Who can refer Medicare beneficiaries to the Patient Navigation program?

KEPRO accepts all requests for the Patient Navigation program from interested parties on behalf of the FFS Medicare beneficiary.

How is a referral made?

If a provider or organization makes a referral on behalf of a beneficiary, the Patient Navigation team will reach out to the beneficiary within 1 business day. If the beneficiary calls and talks directly to the Patient Navigator, the process could begin immediately. If a beneficiary leaves a voicemail, his/her telephone call is returned within 1 business day.

What is the Patient Navigation process when a referral is made?

A Patient Navigator will reach out to the beneficiary within 1 business day to assess his/her needs and develop a care plan. The Patient Navigator will work with the beneficiary during the next 30-60 days to work on care plan goals. Please refer to the Patient Navigation Process insert for complete details on the process.

How does the program coordinate with other care transitions that might be available to a patient?

The Patient Navigation program collaborates with the providers on behalf of the beneficiary for coordination of care. If other transition programs are already involved, KEPRO will reach out to see if they

can coordinate services or offer assistance in any way. KEPRO will also collaborate with providers and organizations in an effort to connect beneficiaries with local resources that help achieve their care plan goals. KEPRO also utilizes their outreach specialists for support and assistance with community care transitions.

How is Patient Navigation success measured?

Success is measured by decreasing 30-day readmissions and emergency room visits as well as increasing beneficiary satisfaction scores for appeals and Quality of Care.

How can KEPRO be contacted?

For additional information or clarification, please direct questions to pfe@bfcc.hcgis.org, visit us at www.keproqio.com/pfe, or call KEPRO at the toll-free number below. To reach the Patient Navigation department, please dial ext. 8770.

KEPRO Area 2: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
Toll-free: 844-455-8708

KEPRO Area 3: Alabama, Arkansas, Colorado, Kentucky, Louisiana, Mississippi, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Wyoming
Toll-free: 844-430-9504

KEPRO Area 4: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin
Toll-free: 855-408-8557