

Memorandum of Agreement Frequently Asked Questions

1. What is a Memorandum of Agreement (MOA)?

Under Medicare law, Beneficiary and Family Centered Care - Quality Improvement Organizations (BFCC-QIOs, or QIOs) review patient medical records to determine whether services delivered to these beneficiaries meet professionally recognized standards of care, are medically necessary, and are delivered in the most appropriate setting. In addition, they conduct reviews generated by requests from Medicare beneficiaries that include appeals related to notices of discharge and/or notices of service terminations, and written complaints about the quality of Medicare services they have received. QIOs may refer confirmed quality of care concerns to another QIO entity under contract with the Centers for Medicare & Medicaid Services (CMS) to work with your organization on healthcare quality improvement initiatives.

MOAs between the QIO and the provider are intended to support all of these activities by facilitating the exchange of information between entities. An MOA smooths the review process by outlining the QIO's administrative and review responsibilities and the provider's responsibilities in assisting the QIO in accomplishing their review requirements.

2. Do all providers need to complete an MOA?

All institutional providers need to complete an MOA. Hospitals, critical access hospitals (CAHs), skilled nursing facilities (SNFs), and home health agencies (HHAs) are required by Medicare law (Section 1866(a)(1)(F)(ii) of the Social Security Act) to complete an MOA. Under a different section of the Act (Section 1866(a)(1)(E)), all institutional providers of services, including comprehensive outpatient rehabilitation facilities (CORF) and hospice programs, must have an agreement to release data with respect to beneficiaries upon request of a QIO in order for the QIO to carry out its duties under the Act. An MOA is recommended in all cases as the most appropriate document to make information exchanges with the QIO go more smoothly. MOAs are intended to facilitate the review process by outlining the QIO's administrative and review responsibilities and the provider's responsibility in assisting the QIO in accomplishing their review requirements.

Other providers, such as individual practitioners or group practices, do not need an MOA as a general rule, but still need to comply promptly with QIO requests for documentation.

Beginning June 8, 2019, Livanta LLC is the BFCC-QIO for CMS Regions 2, 3, 5, 7 and 9. If you have not yet completed the MOA with an effective date of June 8, 2019 or after, please do so as soon as possible. Please note: the MOA is the only agreement required between providers and Livanta. Visit <https://www.livantaqio.com/en/provider/moa> to learn how to submit an MOA, and/or update Provider liaisons/contacts. You may also email the Provider Update Team at ProviderUpdate@Livanta.com to request an MOA.

3. What happens if we do not complete an MOA with Livanta LLC?

It is critical that Livanta LLC receives your MOA within 30 days of your receipt of an MOA request to avoid having your organization be out of compliance with Federal law. A provider that does not submit a signed copy of the MOA will be reported to CMS as violating the Conditions of Participation in the Medicare program.

4. Our facility completed an MOA with Livanta in 2014 and we notice that a new version is now available. Do I need to redo my MOA?

Yes. Due to the new contractual relationship that Livanta has with CMS as of June 8, 2019, all providers identified in #2 above that are located in CMS Regions 2, 3, 5, 7 and 9 are required to submit a new MOA with Livanta. MOAs for providers in the above stated Regions, that were completed with the predecessor to Livanta will no longer be effective beginning June 8, 2019, so an MOA with Livanta is needed. Be sure to keep your Designation of Liaisons/Contacts with Livanta current to ensure that QIO-related communications reach the right departments. If you are the appropriate person to update your facility's Liaisons/Contacts, visit <https://www.livantaqio.com/en/provider/moa> to learn how to update Provider Liaisons/Contacts.

5. Will Livanta sign a Business Associate Agreement?

No. As a QIO, Livanta is not a vendor to providers and therefore, a BAA is not applicable.

6. What privileges does the MOA provide to the QIO?

Section III of the MOA outlines the various provisions that must be afforded the CMS BFCC-QIOs. This includes the ability to request medical records for review. By signing the agreement, the provider agrees to partner with Livanta LLC in the exchange of patient level data and information.

7. Does the MOA have anything to do with my “AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS” (Form CMS-R-193)?

Yes. Notices to patients are covered by the MOA. You should make sure to have updated Livanta’s appeal contact information on your notices, as follows:

Name of QIO - Livanta LLC

<u>Region/States</u>	<u>Phone</u>	<u>TTY</u>
Region 2 - NJ, NY, PR, VI	1-866-815-5440	1-866-868-2289
Region 3 - DE, DC, MD, PA, VA, WV	1-888-396-4646	1-888-985-2660
Region 5 – IL, IN, MI, MN, OH, WI	1-888-524-9900	1-888-985-8775
Region 7 - IA, KS, MO, NE	1-888-755-5580	1-888-985-9295
Region 9 - AZ, CA, HI, NV, Pacific Territories	1-877-588-1123	1-855-887-6668

This material was prepared by Livanta LLC, the Medicare Beneficiary and Family Centered Care Quality Improvement Organization for Medicare Regions II, III, V, VII & IX 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-2019-QIOBFCC-PROV2