



Your Trusted Source

The Kansas Foundation for Medical Care, Inc. (KFMC) is your trusted partner in healthcare consulting. For over 45 years, KFMC has been facilitating the improvement of healthcare. Across the Midwest, KFMC is the organization healthcare providers, consumers and government entities alike turn to in order to ensure consumers are receiving the best possible care. KFMC maintains our URAC Accreditation, along with our EQRO and QIO-like designations, to ensure continued quality of services provided.

Where Experience Matters

KFMC's diverse team knows the ins and outs of healthcare and its ever-changing environment. Our team is comprised of professionals who are currently or have worked in the field, including physicians, Ph.D.s, nurses, health information technology and security specialists, quality improvement professionals, data analysts, programmers, communications specialists, an epidemiologist and a compliance professional.

Healthcare Business Services and Solutions

Quality Improvement

- Medicare
- Hospitals
- Provider practices
- Nursing Homes
- Home Health Agencies
- Behavioral Health
- Communities of Care
- Advanced Payment Models
- Education & Training
- Change Management

External Quality Review/Peer Review

- URAC Accredited
- Medicaid
- Physical and Behavioral Health
- Home and Community Based Services
- State Insurance Departments
- Health systems/hospitals
- Provider practices
- Medical review
- Evaluation and studies

Health Information and Technology

- Meaningful Use
- Merit-based Incentive Payment Systems
- Security Risk Assessments
- Performance Measurement
- Data Analytics
- Dashboards
- Survey development

External Quality Review

Description of Services

Kansas Foundation for Medical Care (KFMC) has provided external quality review services for the Kansas Medicaid agency (currently the **Kansas Department of Health and Environment**) since the initial implementation of Medicaid Managed Care in 1995.

KFMC has experience implementing the following CMS EQR Protocols:

- Monitoring Managed Care Organizations' (MCO) compliance with Federal regulations
- Validating Performance Measures
- Validating Performance Improvement Projects
- Information Systems Capabilities Assessment
- Administering or Validating Surveys
- Conducting Performance Improvement Projects
- Conducting Focused Studies of Healthcare Quality
- Validating Encounter Data
- Calculating Performance Measures

Other related activities completed by KFMC:

- Monitored Access to Care (geographical mapping and timeliness of care)
- Conducted consumer and provider surveys
- Reviewed MCO grievances/appeals and disenrollments
- Conducted quality improvement projects and studies regarding: lead screening, childhood immunizations, C-Section rates, Early Periodic Screenings Diagnosis and Treatment (EPSDT) and gastroenteritis

Kansas Department for Aging and Disability Services (KDADS) – EQRO services since October 2007.

- In addition to many of the above Protocol activities, KFMC's work has included review of Home and Community Based Services (HCBS) waivers and Behavioral Health services, including conducting an annual mental health consumer satisfaction survey to assist in National Outcomes Measures reporting. KFMC has provided technical assistance regarding Waiver performance measurement.

Quality Review/Peer Review

Description of Services

KFMC credentials and maintains over sixty peer reviewers from over 44 specialties. KFMC's peer review program provides physician sponsored, objective peer review and opportunities for related education. The program is tailored to the client's needs and provides other services that contribute to increasing quality medical care and appropriate use of medical services.

Medicare peer review of hospital admissions: 1977 – 2014 (In 2014, CMS separated this activity from the Medicare Quality Improvement activities and subcontracted with two national regional corporations)

Medicaid utilization review for quality and medical necessity: 1984 – 2017; 2019 - Present

Insurance Departments: KFMC is the external review organization that conducts independent external reviews of insurance company adverse decisions and renders decisions in accordance with State statutes and regulations. These reviews consist of Standard and Expedited Review Procedures. KFMC has the following State customers: Kansas (since 2001), Virginia, Oklahoma, Colorado, Oregon and North Dakota.

Private Reviews: KFMC has 40 years of valuable experience providing peer review services in many areas of the medical profession to private sector clients.

KDHE: KFMC has provided audit services and medical record abstraction services for various departments/organizations and projects.

Practice Transformation & Health Information and Technology

Description of Services

KDHE Medicaid Meaningful Use technical assistance and Advanced Payment Models:

KFMC was the federally designated HIT Regional Extension Center (HITREC) for the state of Kansas and while the federal program has ended, KFMC continues to assist providers in every aspect of Health Information Technology. Our team of trained HIT professionals are advocates for health providers, helping them take their organization from its current state, to Meaningful Use, and beyond. KFMC's team provides assistance with provider education and outreach, vendor selection, project management, implementation, practice and workflow redesign, privacy and security best practices and progress towards Meaningful Use and Advanced Payment models.

Data Analysis and Programming:

KFMC's experienced and creative analysts and programmers create program management applications, contact databases, dashboards, and calculators. Of note is a Merit-based Incentive Payment System (MIPS) Calculator (developed under our subcontract with Great Plains Quality Innovation Network) that is gaining national attention.