

Provider Resource

MEMORANDUM OF AGREEMENT

Important Information for Healthcare Providers

As of June 8, 2019, Livanta is the new Medicare Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for 27 states and territories, providing Medicare case review services for Medicare beneficiaries. See page 2 of this document for a listing of these service areas.

Medicare Requirement: Completion of a new MOA is required as a condition of your organization's participation in Medicare.

As the Medicare BFCC-QIO, healthcare providers in Livanta's service areas were required to sign a new Memorandum of Agreement (MOA) with Livanta by June 8, 2019. This requirement for Medicare providers is detailed at 42 U.S.C. §1866 (a) (1) (E).

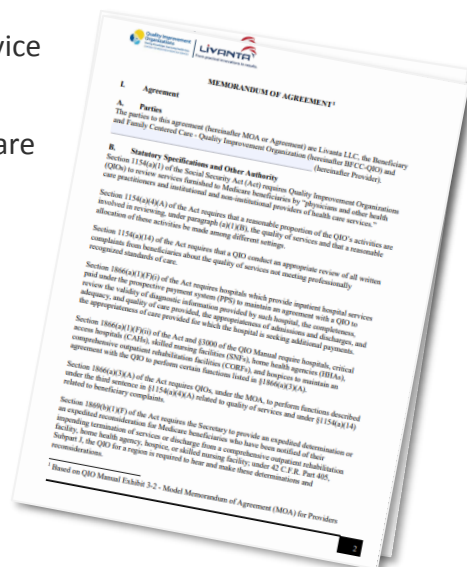
As a BFCC-QIO under contract with CMS, Livanta requires an MOA from the following types of Medicare-certified healthcare providers:

- **Hospitals** - including acute care, long-term care, critical access, and swing-bed hospitals
- **Skilled Nursing Facilities (SNFs)**
- **Home Health Agencies (HHAs)**
- **Comprehensive Outpatient Rehabilitation Facilities (CORFs)**
- **Hospice organizations**

Please note: Previous signed versions of the MOA are invalid after June 7, 2019. You must complete a separate MOA for each facility. Your organization will need to complete and sign an MOA for each CMS Certification Number (CCN) under which it operates.

MOA RESOURCES

- **Livanta MOA Form:** https://livantaqio.com/assets/file/MOA_FORM.pdf
- **FAQs:** https://livantaqio.com/assets/file/MOA_FAQ_12SOW_final_06072019.pdf
- **Social Security Act Section 1866:** https://www.ssa.gov/OP_Home/ssact/title18/1866.htm



How to Submit the MOA Form

For large organizations, separate MOAs are needed if: (1) multiple CMS Certification Numbers (CCNs) are used; or (2) there is one CCN but different physical addresses for various information-sharing locations. Livanta also uses the MOA form to maintain contact information for healthcare facilities.

The Livanta MOA form and FAQs are available at www.LivantaQIO.com/en/Provider/MOA. When clicking the MOA form, it downloads as a fillable PDF file.

- Please read the entire MOA, complete the fillable form fields, and sign electronically where indicated.
- Save the file to your computer.
- E-mail the completed MOA to the Provider Update team: ProviderUpdate@Livanta.com.

Additional Resources

Livanta has a separate Contact Update form - which can only be used AFTER an initial MOA is submitted - to update your facility's contacts with Livanta. The Contact Update form is available [here](#).

Other resources include:

- [Livanta QIO website](#)
- [MOA Bulletin, 5/28/2019](#)
- [MOA Audit Bulletin, 9/9/2019](#)

Livanta's MOA with Providers: CMS Regions 2, 3, 5, 7, and 9

Livanta's Memorandum of Agreement, or MOA, is a legal document that outlines the Medicare case review requirements of the QIO and the healthcare provider. It also includes the statutory authority of the QIO under the Social Security Act. As part of your facility's participation in Medicare, CMS or its QIOs may request medical records or other quality data. In a nutshell, the MOA establishes the relationship between the QIO, the provider, and CMS. For healthcare providers, a new MOA is generally required with the QIO every five years.

Healthcare providers in these regions should submit an MOA if they have not done so since June 8, 2019:

Region	States and Territories
2	New Jersey, New York, Puerto Rico, U.S. Virgin Islands
3	Delaware, Maryland, Pennsylvania, Virginia, Washington, D.C., West Virginia
5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
7	Iowa, Kansas, Missouri, Nebraska
9	American Samoa, Arizona, California, Guam, Hawaii, Nevada, Northern Mariana Islands