



FACT SHEET

Medicare QIOs and Beneficiary Protection

Protecting the Quality of Care Under Medicare

People with Medicare have the right to quality health care. CMS protects Medicare beneficiaries through the work of Medicare QIOs, which work directly with health care providers to improve the care they deliver. In addition, QIOs provide direct assistance to Medicare beneficiaries when they have concerns about medical quality or believe health care services are being discontinued too soon.

Where QIOs Are Focusing

QIOs work to improve the lives of Medicare beneficiaries as they:

- Review the quality of care covered by Medicare;
- Review appeals of certain provider notices about discharge or discontinuation of services;
- Review potential cases of patient “dumping”;
- Implement quality improvement activities to address concerns identified in the course of medical record review; and
- Assist hospitals in reporting quality data to CMS that help consumers compare hospital performance.

As they carry out these activities, QIOs work to assure that proper care guidelines are followed in all cases. Sometimes this requires the QIO to coordinate with groups such as the Department of Health and Human Services’ Office for Civil Rights. For instance, QIOs work with this group when a QIO suspects that care may have been compromised or denied because of discrimination on the basis of race, color, national origin, disability or age.

How QIOs Are Making an Impact

QIOs review medical records to identify potential problem areas where providers can make care improvements in their practices, both for individual beneficiaries and for all patients. When review confirms a quality concern, QIOs develop quality improvement activities and engage health care providers in making system changes to prevent a similar problem from occurring in the future. Even though QIOs use medical records to identify potential quality problems, they consider all available data as they work to maximize opportunities for quality improvement.

In addition, each QIO maintains a beneficiary helpline to provide callers with information concerning Medicare beneficiary rights and responsibilities, beneficiary protections, and the various QIO programs and initiatives. QIO helplines are staffed during normal business hours and record calls received at other times. If you or someone you know has a concern about the quality of care received under Medicare, please contact your local QIO to learn more. A list of QIOs is available on our website or from **1-800-MEDICARE**.

Continued



The Medicare QIO Program

The Centers for Medicare & Medicaid Services (CMS) improves health care for all Americans through a network of 53 Quality Improvement Organizations (QIO); one in each U.S. state as well as the District of Columbia, Puerto Rico and the Virgin Islands. With expertise in health care quality improvement and experience in related areas that include data analysis and social marketing, QIO staff engage health care providers on a local level to align processes of care with evidence-based standards that are associated with the best patient outcomes. QIOs are private, primarily non-profit organizations that provide services to CMS in a three-year contract period called a “Statement of Work” (SOW); an evaluation process determines the award of future work. The current contract cycle is the 9th SOW and will end in July 2011.

Medicare Quality Improvement Program

www.cms.hhs.gov/qualityimprovementorgs

OCSQBox@cms.hhs.gov



Finally, QIOs also protect Medicare beneficiaries by: ensuring that hospitals have a physician acknowledgment statement on file for physicians who bill for hospital services; helping CMS measure how satisfied beneficiaries are with QIOs when making a complaint; and reporting about all of the medical record reviews they conduct.

How QIOs Are Evaluated

CMS evaluates QIO progress regularly to assure that QIOs continue to protect Medicare beneficiaries' rights to high-quality, high-value health care. QIOs must meet CMS' standards about how quickly they review complaints, how many beneficiaries complain to their QIOs, how often beneficiaries give QIOs feedback about their complaint experiences, and how satisfied beneficiaries are with their QIOs' complaint processes. CMS also expects the QIOs to conduct a number of Quality Improvement Activities every year, which requires the QIOs to use their complaint information to avoid future complaints by proactively working with providers to improve care for all patients.

For More Information

Medicare QIO Program

(www.cms.hhs.gov/qualityimprovementorgs) provides an overview of the QIO Program.

Centers for Medicare and Medicaid Services

(www.cms.hhs.gov/Ombudsman/resources.asp) is a resource for the Medicare beneficiary complaint process.

MedQIC (www.qualitynet.org/medqic) is a resource for quality improvement interventions and associated tools, toolkits, presentations and other resources. (Click on "Beneficiary Protection").

For additional QIO executive summaries, visit www.cms.hhs.gov/qualityimprovementorgs.