

Spotlight

CMS Proposes Rule on QIO Eligibility Criteria (7-19-13)

In the CY 2014 Outpatient Prospective Payment System proposed rule, issued on July 19, 2013, CMS proposed amendments to portions of the QIO regulations that would change the criteria organizations would need to meet in order to become QIO contractors, as well as other changes that would update the Program's structure. Comments on the proposed rule were accepted through September 6, 2013. CMS will consider these comments carefully before issuing a final rule in the autumn of 2013. More information about the OPSS proposed rule is available [in this regulation text](#) (see pages 140-148) as well as this [fact sheet](#).

Defining QIO Service Areas (5-2-13)

On May 2, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a request for information (RFI) notice seeking comment about how we can best organize our national cadre of Medicare Quality Improvement Organization (QIO) contractors. We will use the comments from this notice to inform future QIO-related acquisitions.

The notice, numbered "HHS-CMS-CCSQ-RFI-13-QIOProgram: Request for Information to Establish Services Areas for Quality Improvement Organizations (QIOs)," was posted to the FedBizOpps.gov website, a free Internet portal that advertises procurement opportunities—or requests for information about future procurement opportunities—across most of the Federal government. A direct link to the notice is on our website at <http://go.cms.gov/qios> or on the FedBizOpps website at <http://go.usa.gov/Ty8d>.

All comments were welcomed through **Friday, May 31, 2013**. Unfortunately, we cannot answer questions about the RFI in particular; however, please send general QIO program questions to us at OCSQBox@cms.hhs.gov.

CMS Releases Independent Evaluation of QIO Program 9th SOW (9-7-12)

CMS engaged Mathematica Policy Research to develop an independent evaluation of Medicare's Quality Improvement Organization (QIO) Program's 9th Statement of Work (SOW), which spanned from August 1, 2008 through July 31, 2011.

CMS requested an independent evaluation of the program in response to the findings of the Institute of Medicine (IOM) in its 2006 report, [Medicare's Quality Improvement Program: Maximizing Potential](#). In that

report, the IOM recommended that that Secretary “periodically commission . . . independent, external evaluation[s] of the QIO Program’s overall contributions.”

[Read the full report](#), the first completed external evaluation of this type since the IOM made its recommendation.

CMS Announces De-centralized Intake for Beneficiaries' Complaints about Quality of Care (3-23-12)

CMS announced on March 23 that it had recently returned intake of beneficiaries' quality-of-care complaints to state-based QIOs, after trying a pilot project to centralize intake nationally. For more information about this de-centralization, please read the letter from Jean Moody-Williams, Director of CMS' Quality Improvement Group, in the "Downloads" section of the site, below.

QIOs Support HHS' Million Hearts Initiative (9-13-11)

In September 2011, HHS launched an historic private-public initiative aimed at preventing 1 million heart attacks and strokes in five years, the [Million Hearts](#) initiative. QIOs are integral to the initiative's work to improve care for people who need cardiovascular disease treatment focused on the ABCS:

- Aspirin for people at risk of cardiovascular disease;
- Blood pressure control;
- Cholesterol management; and
- Smoking cessation.

QIOs are working with physician offices, clinics, and other providers to create Learning & Action Networks focused on achieving the elements of ABCS as part of each QIO's tasks and goals. Learn more about what QIOs are doing through our [fact sheet that details QIOs are improving population health](#).

CMS Sets Bold New Care Improvement Goals for Quality Improvement Organization (QIO) Program (8-5-11)

In August 2011, the Centers for Medicare & Medicaid Services (CMS) marked a bold, new direction in improving health care services to Medicare beneficiaries by launching a series of projects that will take place within the Quality Improvement Organization (QIO) Program between now and July 2014.

The new set of projects serves as one more tool in the fight against poor, uncoordinated, and unsafe care in America's nursing homes, physician offices, hospitals, and other care settings. Earlier this year, the Administration launched a new collaborative effort, "Partnership for Patients: Better Care, Lower Costs," which aims to reduce hospital-acquired conditions by 40 percent by 2013 and save an estimated 60,000 lives in the next three years. In addition, this initiative aims to reduce hospital readmissions by 20 percent by 2013, preventing rehospitalization of 1.6 million patients.

A transcript of a call we held to launch the new program goals is below in the "Downloads" section of this site. A fact sheet that announces the new goals is also available below, in the "Related Links" section of the site.

The QIO program will work side-by-side with the [Partnership for Patients](#) to help meet these bold new goals.

Learn more about these bold new goals and the current work of the QIOs in achieving them in the [Current Work](#) portion of this website.