

**U.S. House and Senate Notification
February 2, 2011**

To: Congressional Health Staff

**From: Amy Hall, Director, Office of Legislation
Centers for Medicare & Medicaid Services**

**Re: Proposed Rule Issued on Medicare Beneficiary Notification of Quality Improvement
Organization Rights**

The Centers for Medicare and Medicaid Services (CMS) issued a proposed rule today that would require most Medicare-participating providers and suppliers to give Medicare beneficiaries written notice about their right to contact a Quality Improvement Organization (QIO) with concerns about the quality of care they receive under the Medicare program. Under current rules, only Medicare beneficiaries admitted as hospital inpatients are required to receive information about their right to contact their State QIO with quality of care concerns.

This notice of proposed rulemaking would change the conditions of participation for ten types of providers and suppliers. In order to participate in the Medicare program, the following providers and suppliers would need to inform beneficiaries of their right to contact a QIO as well as explain how to contact that QIO: Comprehensive Outpatient Rehabilitation Facilities; Critical Access Hospitals; Home Health Agencies; Hospices; Hospitals; Long-Term Care facilities; Ambulatory Surgical Centers; Portable X-ray Services; Rural Health Clinics and Federally Qualified Health Centers; and Clinics, Rehabilitation Agencies and Public Health Agencies that provide outpatient physical therapy and speech-language pathology services. These providers and suppliers would be required to inform beneficiaries of this right through written notice at the start of their care.

For further information, please contact the CMS Office of Legislation.