

Supporting Statement – Part A
Medicare Quality of Care Complaint Form (CMS-10287)
0938-1102

A. Background

This is a reinstatement with changes. Since 1986, Quality Improvement Organizations (QIO) have been responsible for conducting appropriate reviews of written complaints submitted by beneficiaries about the quality of care they have received. In order to receive these written complaints, each QIO has developed its own unique form on which beneficiaries can submit their complaints. CMS has initiated several efforts aimed at increasing the standardization of all QIO activities, and the development of a single, standardized Medicare Quality of Care Complaint Form beneficiaries can use to submit complaints is a key step towards attaining this increased standardization. The form was updated to remove lengthy instructions, provide clarification and ensure demographic data collection aligns with statistical Policy Directive 15.

B. Justification

1. Need and Legal Basis

In accordance with Section 1154(a)(14) of the Social Security Act, Quality Improvement Organizations (QIOs) are required to conduct appropriate reviews of all written complaints submitted by beneficiaries concerning the quality of care received. This is a standard form for all beneficiaries to use and ensure pertinent information is obtained by QIOs to effectively process these complaints.

2. Information Users

The Medicare Program works to ensure that beneficiaries get the best care possible. The Medicare Quality of Care Complaint Form will be used by CMS to ensure concerns are processed in an efficient manner. Quality Improvement Organizations (QIOs) are under contract with Medicare and are required to conduct reviews of all written complaints from beneficiaries about the quality of services not meeting professionally recognized standards of health care.

3. Use of Information Technology

The Medicare Quality of Care Complaint Form (Complaint Form) is a paper form that is mailed to a Medicare beneficiary once he/she contacts the Quality Improvement Organization (QIO) to file a written beneficiary complaint. The beneficiary is required to sign the Complaint Form to consent for the QIO to conduct its Quality of Care review and issue a formal determination. Currently, the Complaint Form is not available for electronic submission because the transmission of sensitive medical information is not secure. However, if CMS develops a mechanism to allow for secure electronic submission, this

collection could be conducted electronically. Currently a method for electronic collection is not in development. This would require substantial CMS resources to develop. The government Paperwork Elimination Act mandates that, where practicable, federal agencies provide electronic options for submitting and maintaining records to approve efficiency and accessibility. However, after evaluating the feasibility of electronic submission for this form it has been determined that electronic submission is not viable due to lack of the necessary infrastructure to securely accept and process electronic submissions that contain Personal Health Information (PHI) and Personally Identifiable Information (PII); compatibility issues may arise with existing documents management systems, preventing seamless integration; security concerns such as identity verification, data integrity and protection against cyber threats, may not be sufficiently addressed with available technology and certain populations submitting the form may lack access to reliable internet or digital tools creating an accessibility concern.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

This collection does not impact small businesses.

6. Less Frequent Collection

This is a voluntary form. Medicare beneficiaries are required to provide a QIO with a certain threshold of information in order for the QIO to be able to identify the beneficiary, the care at issue and the concerns of the beneficiary with specificity. Without a standardized form, a QIO and a beneficiary will need to correspond back and forth numerous times in order for the QIO to have the necessary threshold of information. Use of the Complaint Form reduces the burden on the beneficiary by concentrating the specific information in one place, streamlining the process.

In addition, the QIO is required to obtain the beneficiaries written consent to disclose the beneficiary's personal information (address and/or telephone number) to the entity that conducts beneficiary satisfaction surveys. See 42 CFR § 480.132. The entity that conducts beneficiary satisfaction surveys will mail the beneficiary a survey to determine the beneficiary's level of satisfaction with the level of service the beneficiary received from the QIO. If the beneficiary does not wish to receive a satisfaction survey, they may check "no" on the Medicare Quality of Care Complaint form.

7. Special Circumstances

Effective March 28, 2024 Statistical Policy Directive No. 15 (SPD 15) directs that all new collections of race and ethnicity use a single combined race and ethnicity questions allowing

for multiple responses. The Medical Quality of Care Form was revised to align with SPD 15.

The Medical Quality of Care Form was updated to remove sociodemographic data.

Sociodemographic data is no longer collected to prioritize data minimization for privacy and data protection concerns. Beneficiaries may be hesitant to share personal demographic due to concerns of data use and storage. Removing sociodemographic information may reduce bias and discrimination in decision making processing.

In addition, reducing data collection requirement can lower processing cost and administrative burden and streamline administrative processes. The decision to omit sociodemographic data is based on balancing the need for relevant information with privacy, efficiency and policy goals.

CMS can also collect sociodemographic information from the Social Security Entitlement database if needed. Reliance on the beneficiary is not needed to supply the demographic information.

Form CMS 10287 primarily addresses Medicare health care service-related complaints. There is a potential overlap with civil rights discrimination complaints, particularly when beneficiaries report issues that suggest bias or unequal treatment. Both CMS and the Office of Civil Rights collect (OCR) and analyze demographic data to monitor disparities, though their objectives differ - CMS focuses on health care service quality while OCR investigates discrimination.

Form CMS 10287 the Medicare Beneficiary Complaint Form collects PHI and PII. This information is collected and stored by the Centers for Medicare and Medicaid Services, a federal agency and is retrievable by personnel identifiers. It therefore meets the criteria for coverage under the privacy act.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on XXXXXXXX (XX FR XXXXX).

The 30-day Federal Register notice published on XXXXXXXX (XX FR XXXXX).

9. Payments/Gifts to Respondents

Respondents will not receive any payments or gifts as a condition of complying with this information collection request.

10. Confidentiality

The information collected will be kept confidential to the extent provided by law. BFCC QIO will not disclose any confidential patient information unless authorized to do so by section 42 CFR 480.132 entitled "Disclosure of information about patients" or section 42 CFR 480.135

entitled “Disclosure necessary to perform review responsibilities.”

11. Sensitive Questions

There are no sensitive questions associated with this information collection request.

12. Burden Estimates (Hours & Wages)

Provide estimates of the hour burden and wages of the collection of information. The statement should:

BFCC QIOs receive approximately 3,369 beneficiary complaints each year. This form is one page and requests commonly provided identification information as well as a short summary of the beneficiary complaint. Typically, we do not receive more than one response per respondent per year. We estimate that it would take no more than 10 minutes for a beneficiary or BFCC QIO intake person to complete this form. Therefore, we estimate the total annual burden associated with this information collection request to be 561.5 hours (.16666 X 3,369).

Burden Table

Task	Number of Forms	Time per form (minutes)	Total Time (minutes)	Total Hours
Completing Complaint Form	3,369	10	33,690	562

We determined the average hourly rate for the individual responsible for collecting the benefit complaint form. The professional and analytical skills required to perform this function are similar to those of office and administrative support occupations with an hourly wage of \$22.12. To account for fringe benefits and overhead costs, the adjusted hourly rate for this position is \$44.24. We then multiplied this adjusted hourly rate (\$44.24 by the number of hours for data collection (562hours) to arrive at the annual wage burden of \$24,863 per year. Hourly salary rate was obtained from the U.S. Bureau of Labor Statistics accessible at <https://www.bls.gov/ooh/office-and-administrative-support/secretaries-and-administrative-assistants.htm>

13. Capital Costs

There are no capitals costs associated with these information collection requirements.

14. Cost to Federal Government

All Federal costs associated with this rule will be incurred by CMS through their contracts with QIOs. We determined the average hourly rate is \$149.00 based on the Office of

Management and Budget (OMB) local salary table. We estimate 10 hours annually for a contractor office representative to review the complaint form. The annual cost is estimated to be \$149.00 X 10 hours = \$1,490.

15. Changes to Burden

The number of respondents decreased from 4,350 to 3,369. The annual burden hours have decreased from 725 to 562.

16. Publication/Tabulation Dates

CMS does not plan to publish this data. The data is for CMS internal use.

17. Expiration Date

CMS will display the expiration date on the collection instrument.

18. Certification Statement

There are no exceptions.