

Revisions to Form CMS-10287 MEDICARE QUALITY OF CARE COMPLAINT FORM

Page #	Section #	Action to be Performed	Original Content	New Content	Reason for the Change
1	All	Remove text	Form instructions	Quality Improvement Organizations (QIOs) are authorized by Medicare to review Medicare quality of care complaints. Use this form to share details of your complaint with the QIO.	Removed lengthy instructions information.
1	2	Replace text	Beneficiary	Change to Patient	Term beneficiary avoided for clarity.
1	2	Replace original content with the new content	Include the Beneficiary's Medicare (HICN) number if known.	Include the Beneficiary's Medicare Beneficiary Identifier (MBI) number if known	The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires CMS to remove Social Security Numbers from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number on new Medicare cards for transactions like billing, eligibility status, and claim status.
1	2	Remove text	Ethnicity and Race	None- removed	No longer necessary to collect social demographic information.
1	2	Add text	None	Email address	Needed this point of contact for beneficiary
1	10	Add new item	None	By signing the form, you are authorizing the QIO to review your complaint and render a formal determination.	Added to provide clarification about the implication of signing the form.
1	10	Replace Text	How to submit this form Mail this completed form to your state Quality Improvement Organization (QIO). The phone number of your QIO is .	For your information: If you have any questions about your complaint, please call _____. You will be contacted within _____	Updated for clarification

			<p>Or, find your QIO here: QIOprogram.org/locate-your-bfcc-qio</p> <p>The QIO will make a decision on your complaint within days of receiving this signed form.</p>	<p>days upon the QIO's receipt of the signed complaint form. The QIO will utilize a physician who practices in the same or similar clinical area as the physician who provided your care in completing its review. You may provide any information you believe is relevant to your complaint, including copies of documentation, names of witnesses, etc. A decision will be made on your complaint within ____ days of receiving the signed complaint form. If your complaint includes concerns not within the scope of the QIO's authority, the concerns will be referred to the appropriate entity.</p>	
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