QUALITY IMPROVEMENT ORGANIZATION (QIO) PROGRAM TRANSFORMATION

The Centers for Medicare & Medicaid Services (CMS) has launched the reorganization of the Quality Improvement Organization (QIO) Program to further enhance the quality of services for Medicare beneficiaries. The QIO Program, one of the largest federal programs dedicated to improving health quality for Medicare beneficiaries, is an integral part of the U.S. Department of Health and Human Services National Quality Strategy for providing better care and better health at lower cost.

QIO PROGRAM CHANGES

CMS redesigned the QIO Program structure to maximize learning and collaboration in improving care, to enhance flexibility, to support the spread of effective new practices and models of care, to help achieve the priorities of the National Quality Strategy and the goals of the CMS Quality Strategy, and to deliver program value to beneficiaries, patients, and taxpayers. This will be accomplished through reorganizing the Program with new regional contractors beginning on August 1, 2014, while maintaining a presence at the local level and meeting local needs.

The QIO Program changes include separating case review from quality improvement, extending the contract period of performance from three (3) to five (5) years, removing requirements to restrict QIO activity to a single entity in each state/territory, and opening contractor consideration to a broad range of entities to perform the work. Now, one group of QIOs will handle complaints while another group will provide technical assistance to support providers and suppliers. QIOs will have new skills for transforming practices, employing lean methodologies, assisting with value based purchasing programs and developing innovative approaches to quality improvement.

Beneficiary and Family Centered Care (BFCC)-QIOs

BFCC-QIOs will improve health care services and protect beneficiaries through expeditious statutory review functions, including complaints and quality of care reviews for people with Medicare benefits. BFCC-QIOs will ensure consistency in the case review process while taking into consideration local factors and local needs for general quality of care.

Quality Innovation Network (QIN)-QIOs

QIN-QIOs will improve health care services through excellence in operations, quality improvement activities, and education of beneficiaries. QIN-QIOs will provide expert health care quality improvement services to improve the quality of health care for targeted health conditions and priority populations and to reduce the incidence of healthcare-acquired conditions.

CHANGES FOR PROVIDERS

New Points of Contact. Any reviews, on-going issues or other assistance providers have after July 31, 2014 will be transferred to the new QIOs. A list of the current BFCC-QIOs and QIN-QIOs for your area, and their contact information, is located at QIOProgram.org under Locate Your QIO.

Quality Case Review and Appeals After July 31. On August 1, 2014, all beneficiary quality review case work and appeals will be conducted by the new BFCC-QIOs. If a case is currently under review or in process, please be assured that every effort has been made to ensure a seamless transition for Medicare beneficiaries with no disruption in case review services.

QIOs Organized by Area. QIOs will continue to work with providers in local communities, but will not be designated to serve only one state. QIOs are expected to have knowledge of things that may be important to beneficiaries such as local culture, practices, and health care improvement needs, and will apply that knowledge to its case review and quality improvement projects.

FOR MORE INFORMATION

More information on the QIO Program can be found at QIOProgram.org or by contacting 1-800-MEDICARE.