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Potential Alternatives to the Current Approach of Quality Improvement Organizations (QIOs) Handling Medicare Beneficiary Quality of Care Complaints

Purpose of a Process for the Review of Beneficiary Quality of Care Complaints

- There should be an examination and discussion of the purposes of a finding that quality care was or was not provided. This inquiry should consider such factors as:
 - how answering beneficiary questions about whether care was appropriate should be handled;
 - for beneficiaries, if a complaint is substantiated, whether there is any action taken against the provider by any regulatory agency or other oversight body; and
 - how corrective information and directives about quality of care matters (technical assistance) including practice norms are communicated to physicians and other healthcare providers following and investigation.

Components of a Quality of Care Complaint Review System

- There should be an examination of the components of a quality of care complaint review system as identified by the Office of the Inspector General (Department of Health and Human Services); the Medicare agency's reports about the Nursing Home complaints review system; and the Chapter on Complaints in the State Operations Manual of the Center for Medicare & Medicaid Services (CMS). This exploration should consider such factors as:
 - whether the systems' primary focus is on beneficiary complaints;
 - how those systems might be modified to focus more specifically on beneficiary concerns; and
 - whether additional components are necessary, particularly

considering a beneficiary-focused complaint process.

- There should be an exploration of how beneficiary complaints are obtained by the reviewing entity, considering such factors as:
 - in-person complaint;
 - complaints by telephone, internet, or other electronic means; and
 - written complaints.
- There should be an exploration of how complaint findings can be used, considering such factors as:
 - public reporting on quality and enforcement activities;
 - corrective action to improve quality of care;
 - relief options available to a complaining party; and
 - the role of complaint findings in private litigation.

Qualifications of Complaint Investigators and Decision-Makers

- There should be an exploration of the qualifications of complaint investigators and decision-makers, considering such factors as:
 - the mix of legal and/or medical background that is necessary, given the nature of a complaint;
 - the need for expertise from other disciplines;
 - agreed terminology and standards and norms of practice; and
 - the role and function of experts (both experts advising review panels and outside experts in support of a beneficiary complaint).

Type of Entity

- A quality of care complaint review system for Medicare beneficiaries might be handled by (a) an existing public entity; (b) an existing private entity; (c) a new private entity; or (d) a new public entity, considering such factors as:
 - accessibility to Medicare beneficiaries;
 - existing expertise;
 - start-up time to gain new expertise;
 - whether an entity's primary focus is beneficiaries or health care providers; and
 - measures of accountability.

- There should be an exploration of state survey agencies, considering such factors as:

- whether the appropriate expertise is present (state survey agencies' general lack of experience regulating healthcare practice); and
 - the track record of such entities in resolving beneficiary quality of care complaints.
- There should be exploration of state licensing entities, considering such factors as:
 - the openness of such entities to outside review; and
 - the likely interplay of law and medicine in complaint reviews.
- There should be exploration of a single entity with state and/or regional offices designated for filing quality of care complaints, considering such factors as:
 - the capacity of such an entity to handle multiple types of beneficiary quality of care complaints; and
 - ease of Medicare beneficiary access to review sites.

Appropriateness of Alternative Dispute Resolution

- There should be exploration of alternative dispute resolution systems, considering such factors as:
 - how well such systems work for the population of Medicare beneficiaries;
 - equality of bargaining power; and
 - access to appropriate medical and/or economic expertise.

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