



**Department of Health & Human Services
Centers for Medicare & Medicaid Services**

7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850
Office of Clinical Standards and Quality

**QIP TOPS
CONTROL
NUMBER:**

2017-003

DATE:

January 19, 2017

FROM:

Steven C. Rubio
Director, Beneficiary Health Improvement and Safety
Quality Improvement and Innovation Group

Michael Milanese
Contracting Officer
Division of Quality Contracts
Office of Acquisition & Grants Management

SUBJECT:

IOM 100-10 Chapter 5 (Quality of Care Review)
Reconsideration Process

TO:

TOPS BFCC Point of Contact, TOPS Chief Executive Officer Point of
Contact, TOPS MEDPCC Point of Contact, TOPS Rev Point of Contact,
Traci Archibald

The purpose of this TOPS memorandum is to provide clarification to the Beneficiary and Family Centered Care – Quality Improvement Organizations (BFCC-QIOs) and the Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs) regarding the reconsideration process pursuant to regulation (42 CFR 476.140) and QIO Manual Chapter revision (IOM 100-10 Chapter 5 – Quality of Care Review). The effective date of offering the quality of care review considerations is February 1, 2017; it should be applied to any cases that are completed on or after this date.

The reconsideration regulatory process for quality of care reviews that replaces the former re-review process that was available to providers and practitioners following receipt of a final initial determination letter. Additionally, beneficiaries will now have the right to request a second quality of care review for their completed case.

The regulation addressing reconsideration of a QIO's determination is intended to provide a dissatisfied party with this right following receipt of an initial determination. In accordance with

current regulation, a beneficiary, provider or practitioner has a right to reconsideration of the QIO's final initial determination (42 CFR 476.140).

This memorandum is intended to emphasize the importance of ensuring comprehensive and competent initial review of all complaints received. This initial review includes, but is not limited to, the requirement for the beneficiary, or his or her representative, and the practitioner and/or provider to be available to answer any questions or supply any information that the QIO requests, and the requirement that the QIO offer the beneficiary and the practitioner and/or provider an opportunity to provide further information [42 CFR 476.140(a)(2) and (a)(3)]. Based on current regulation, there is no right to further reconsideration following the issuance of the QIOs final decision [42 CFR 476.140(b)].

All subsequent FIVS will be communicated in a separate notice.

If you have any questions, please submit them via the Right Now Tool: <https://cms-qio.custhelp.com/app/ask>.