

**Revisions to Form CMS-10287: Medicare Quality of Care Complaint Form
OMB-0938-1102**

APPLICATION/UPDATE FORM

Issue #	Page #	Section	Action to be performed	Changes to the Application	Reason for the Change
1.	1	Page 1 of the Medicare QUALITY OF CARE COMPLAINT FORM Information to Help You Fill Out the “Quality of Care Complaint” Form	Delete text: 1. Check the appropriate box indicating whether you would like the physician or provider who is the subject of your complaint to know that you have filed a complaint with the QIO about the care you received. The QIO will not reveal your identity if you check “No.”	Replace: Information about this will be in Question number 8. See below.	Per 42 CFR§ 476.160(a)(1) and §1154 (a)(1)(B) of the SSA, Quality Improvement Organizations have the authority to conduct General Quality of Care Reviews in instance when a beneficiary wishes to remain anonymous. If the beneficiary wishes to remain anonymous, the complaint cannot be processed as a written beneficiary complaint. However, the QIO may process the complaint as a general quality of care review.
2.		Page 2 of the Medicare Quality of Care Complaint Form	Original text as follows: 8. May we review your identity during the review of your complaint? Yes___ No___	Replace: 8. May we review your identity during the review of your complaint? Yes___ No ___ If you check “no” we cannot review your complaint as a written beneficiary complaint. However, based on the circumstances of your complaint, we may choose to review your complaint as a general quality of care review.	Per 42 CFR§ 476.160(a)(1) and §1154 (a)(1)(B) of the SSA, Quality Improvement Organizations have the authority to conduct General Quality of Care Reviews in instance when a beneficiary wishes to remain anonymous. If the beneficiary wishes to remain anonymous, the complaint cannot be processed as a written

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					beneficiary complaint. However, the QIO may process the complaint as a general quality of care review.
3.		Page 2 of the Medicare Quality of Care Complaint Form		<p>Add next text:</p> <p>9. Check yes here if you authorize the QIO to forward your address or other contact information to the entity that conducts beneficiary satisfaction surveys? If you check “yes” below, the entity that conducts beneficiary satisfaction surveys will mail you a survey in order to inquire about your level of satisfaction with the service you received from the QIO. If you leave this question blank, a QIO will mail you a satisfaction survey.</p> <p>Yes__ No__</p>	Currently at both intake and at the end of their review, QIOs ask beneficiaries whether they can mail the beneficiary a satisfaction survey. The process would be streamlined by asking the beneficiary this question during intake of his/her complaint on the Medicare Quality of Care Complaint Form. It also provides a more accurate written, versus verbal response to the question of whether the beneficiary wishes to be mailed a satisfaction survey.