

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. | 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 | 8 | Add new item | None | When the QIO reviews your complaint as a general quality of care review, after you answered NO to item 8, you may not receive report of the review. | Clarification is given in information page about the implication of reviewing a complaint as a general quality of care review. |
| 1 | 9 | Add new item | None | If you leave item 9 question blank, a surveyor may contact you about your satisfaction. | Clarification is given in information page about the implication of leaving item 9 blank. |
| 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 | “Please note” section 1 and 2. | Replace original content with the new content | Please note: If you raise concerns that are not quality of care concerns within the scope of the QIO's authority, your complaint will be referred to the appropriate entity. 1. By signing the form, you are authorizing the QIO | Please note: <ul style="list-style-type: none"> • The processing of your complaint may require the requesting of pertinent medical records. • PLEASE keep this page for your information. Only mail the second page (Medicare | Revised for more clarity, and to remove duplicate statements. |

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| | | | <p>to review your complaint and render a formal determination. The processing of your complaint may require the requesting of pertinent medical records.</p> <p>2. PLEASE keep this page for your information. Only mail the second page (Medicare Quality of Care Complaint Form) to the QIO.</p> | Quality of Care Complaint Form) to the QIO. | |
| 2 | 2 | Replace original content with the new content | MEDICARE NUMBER (HIC) | MEDICARE BENEFICIARY IDENTIFIER (MBI) NUMBER | Revised for clarification purposes, to ensure beneficiary is certain the number that is needed. |
| 2 | 9 | Replace original content with the new content | <p>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”, you will be contacted by telephone or postal mail to conduct a brief survey about your satisfaction with the service you received from the QIO. If you leave this question blank, a surveyor will contact you about your satisfaction.</p> | <p>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” or leave this question blank, you may be contacted to conduct a brief survey about your satisfaction with the service you received from the QIO.</p> | Revised for clarification purposes, and to modify the language to accommodate other forms of surveys than by phone and postage. |