# Quality Improvement Organization Manual

# Chapter 13 - Management

TABLE OF CONTENTS (Rev. 1, 05-23-03)



## 13000 - Purpose And Objectives of the Internal Quality Control (IQC) Program - (Rev. 1, 05-23-03)

The objectives of the IQC program are to:

- Support and foster continuous quality improvement within the QIO in support of the Health Care Quality Improvement Program (HCQIP), the Medicare Beneficiary Protection Program (MBPP), and other Statement of Work (SOW) activities;
- Develop and implement a plan that ensures all aspects of QIO activities run efficiently, comply with the contract, and are consistent with CMS' goals and objectives for the HCQIP, MBPP, and the SOW;

- Maintain QIO activities within a permissible range of deviation with minimum effort;

- Ensure the financial integrity of the contract by actively monitoring and staying within the total estimated cost and indirect cost ceilings of the contract;

- Improve the reliability, accuracy, consistency, and timeliness of data processing, data reports, and case review process and decisions; and

- Ensure the support, understanding, and participation of all beneficiaries, practitioners, providers, and other constituencies that are affected by QIO activities.

## 13010 - IQC Program Requirements - (Rev. 1, 05-23-03)

You must have an IQC program that encompasses the SOW tasks, subtasks, and other major activities including administrative functions such as financial management.

## 13020 - IQC Control Process - (Rev. 1, 05-23-03)

You must implement an IQC program that includes the following elements:

- Identify tasks/subtasks and/or activities that are included;

- For each of the tasks/subtasks and/or activities, identify measures/monitors of performance;

- Develop a plan for how you will meet goals/targets;

- Use measures that enable you to determine if performance is proceeding acceptably during the course of the contract to enable you to meet goals or targets that you have set for identified tasks/subtasks and/or activities;

- At least annually, or more often as performance indicates, or as otherwise directed, use measures, results, and other information to assess whether you are likely to meet goals/targets. Analyze any causes of failure, and project changes in the process that you believe will improve performance;

- Improve your process; and

- Determine whether improvements were successful, and make further adjustments to the process as needed.

## 13030 - Analysis and Reporting Requirements - (Rev. 1, 05-23-03)

You must document and make available on request by CMS your documentation of measurements/monitoring, plan, results, and improvement actions for all subtasks and major activities.

## 13100 - Introduction - (Rev. 1, 05-23-03)

Maintain complete and accurate documentation of all review activities in a manner that ensures that:

- Review activities can be validated during auditing procedures;
- Documentation is available to verify performance of all reviews; and
- Review activities and documentation are handled in a manner that ensures the confidentiality of all QIO data in accordance with 42 CFR Part 480.

## 13110 - QIO Review Documentation - (Rev. 1, 05-23-03)

A. General Documentation Requirements -- At a minimum, your review documentation must include:

- Case identifiers (e.g., Health Insurance Claim (HIC) number);
- Determinations (outcomes) of each review (e.g., approval, denial, coding decision, quality concern);
- Medical review criteria used in the review;
- Verification that appropriate review was performed;
- Name and title of each reviewer who contributed to the determination (e.g., review coordinator, physician advisor);
- Dates of each review function that demonstrate compliance with review timeframes (e.g., date case was identified for review, dates records requested and received, dates review initiated and completed, dates notices issued, if applicable); and
- Any referrals to other QIO departments or external agencies.

B. Denial Determinations, Diagnostic Related Group (DRG) Assignment Changes, and Confirmed Quality Concerns -- In addition to the general documentation required in

§13110.A, if your determination results in an initial or technical denial, DRG assignment change, or confirmed quality concern, your review documentation must also include:

- The detailed basis (e.g., all documentation already in your possession for the case) for the denial determination (including limitation on liability determinations and documentation errors), DRG assignment change, or confirmed quality concern;

- A copy of the notice that was sent to all parties, identification of each party, and the date the notice was mailed or delivered; and

- The returned envelope and notice, if the notice was subsequently returned as undeliverable or receipt refused.

C. Reconsideration and Re-review Determinations -- In addition to the general documentation required in §13110.A, if you conduct a reconsideration or re-review, your review documentation must also include:

- A copy of the reconsideration/re-review request;

- The detailed basis for the reconsideration (including the limitation on liability determination) or re-review determination;

- A copy of the reconsideration or re-review notice that was sent to all parties, identification of each party, and the date on which the notice was mailed or delivered; and

- The returned envelope and notice, if the notice was subsequently returned as undeliverable or receipt refused.

D. Format of QIO Review Documentation -- Retain review documentation in an easily retrievable format such as hard copy, computer entry, imaging/CD ROM, or microfilm.

## 13115 - Timeframes For Retaining QIO Review Documentation – (Rev. 1, 05-23-03)

Retain copies of your review documentation as follows:

A. Approved Reviews -- Retain your review documentation for 12 months from the date review is completed.

B. Negative Determinations -- In accordance with regulations at 42 CFR 476.94(e), retain your review documentation of initial denial determinations and DRG assignment changes for 6 years from the date the services in question are furnished. In addition, retain your review documentation of confirmed quality concerns for 6 years from the date the services in question are furnished.

C. Re-review Determinations -- Retain your review documentation of quality and DRG assignment change re-review determinations for 6 years from the date the services in question are furnished.

D. Reconsideration Determinations -- In accordance with regulations at 42 CFR 478.36, retain your review documentation of reconsideration determinations for 4 years after the date on the notice of your reconsidered determination, or until litigation is completed and the time period for filing all appeals has passed, whichever is later.

E. Regional Office (RO) Reviews -- The RO retains pertinent records at least until the QIO contract is no longer in effect.

F. Audits -- Ensure that the documentation is readily retrievable within 10 working days for any auditing process that may be required by CMS. If an audit is conducted by CMS, retain your review documentation for 3 years from the date of the audit or date specified in §13115.A, B, C, or D, whichever is later.

## 13120 - Medical Records - (Rev. 1, 05-23-03)

See §7520.A.1 for a listing of documents contained in a medical record.

## 13125 - Timeframes for Retaining Medical Records - (Rev. 1, 05-23-03)

Retain copies of medical records as follows:

A. Approved Reviews -- Retain medical records for at least 90 days from the date review is completed.

B. Negative Determinations -- Retain medical records for initial denial determinations, DRG assignment changes, and confirmed quality concerns for 12 months from the date review is completed.

C. Re-review Determinations -- Retain medical records for quality and DRG assignment change re-review determinations for 12 months from the date the re-review is completed.

D. Reconsideration Determinations -- Retain medical records for 12 months from the date the reconsideration is completed.

## 13130 - Electronic Data Retention Requirements - (Rev. 1, 05-23-03)

Retain for 18 months, records of any sampling universe records electronically supplied by CMS. Sampling records include the universe for sampling, identification of each

sample selected for review with information sufficient to identify an individual case, and the category of review for which the case was selected.

## 13140 - Contractor Records Retention - (Rev. 1, 05-23-03)

In addition to SOW requirements, the Federal Acquisition Regulations (FAR) require that all other documents (e.g., outreach activities) related to contracts entered into by negotiation be retained for 3 years after final payment under the contract.

The Comptroller General of the United States or duly authorized representatives from the General Accounting Office (GAO) have access to and the right to examine directly any of the contractor's pertinent books, documents, papers, or other records involving transactions related to the contract.

For any subcontracts under a negotiated contract, the GAO has access to and the right to examine any of the subcontractor's pertinent books, documents, papers, or other records involving transactions related to the subcontract for 3 years after final payment under the subcontract. Subcontracting records do not include purchase orders not exceeding $10,000 and subcontracts or purchase orders for public utility services.

## 13150 - Disposal Of Records - (Rev. 1, 05-23-03)

Ensure that confidential records are destroyed when appropriate. In accordance with 42 CFR 480.115(e), destroy and dispose of records in a manner that ensures that confidential information cannot be retrieved.

If you subcontract with a private company to destroy records, use prudent business standards.

## 13200 - Purpose Of Data Exchange Reports - (Rev. 1, 05-23-03)

Produce data exchange reports as specified in §13220. Produce reports monthly, quarterly, or as you or the Centers for Medicare and Medicaid Services (CMS) determine is necessary. Modify and/or expand reports to meet changing needs and requirements.

## 13210 - Reporting Requirements - (Rev. 1, 05-23-03)

A. Submission of Reports -- Submit reports to CMS concerning QIO/intermediary exchange of information as required by your contract. Develop a specific set of reports to meet your needs. The reports detailed in §13220 should be submitted in accordance with your Project Officer's (PO) instructions.

B. PO Approval -- Produce these reports for PO approval no later than 90 days after the effective date of the contract. Reflect the same time periods as reported to CMS in the QIO Report Files. This not only assists you in knowing what is being reported to CMS, but also reflects the data CMS uses to evaluate your performance. Once approval is obtained, produce reports for your staff on an ongoing basis. When necessary, produce and provide your PO with requested copies.

## 13220 - QIO/Intermediary Data Exchange Reports - (Rev. 1, 05-23-03)

Produce a report for PO approval no later than 90 days after the effective date of the contract. Thereafter, produce and electronically submit an adjustment report monthly (at a minimum) to the PO and to each intermediary listed on the report. Design this report to monitor the status of adjustment records. Be cognizant of the number of adjustments generated, forwarded, pending, and returned from the intermediary. Make sure that the report identifies the overall status of the adjustment process to facilitate prompt corrective action when necessary. Quality Improvement Organization Manual