Centers for Medicare & Medicaid Services, HHS

Subpart C—Utilization and Quality Control Quality Improvement Organizations

SOURCE: 49 FR 7207, Feb. 27, 1984, unless otherwise noted. Redesignated at 50 FR 15327, Apr. 17, 1985, and further redesignated at 64 FR 66279, Nov. 24, 1999.

§475.100 Scope and applicability.

This subpart implements sections 1152 and 1153(b) of the Social Security Act as amended by the Peer Review Improvement Act of 1982 (Pub. L. 97-248). It defines the types of organizations eligible to become QIOs and establishes certain limitations and priorities regarding QIO contracting.

§475.101 Eligibility requirements for QIO contracts.

In order to be eligible for a QIO contract an organization must—

(a) Be either a physician-sponsored organization as described in §462.102; or a physician-access organization as described in §462.103; and

(b) Demonstrate its ability to perform review as set forth in 462.104.

§475.102 Eligibility of physician-sponsored organizations.

(a) In order to be eligible for designation as a physician-sponsored QIO, an organization must meet the following conditions:

(1) Be composed of a substantial number of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area and who are representative of the physicians practicing in the area.

(2) Not be a health care facility, health care facility association, or health care facility affiliate, as specified in §462.105.

(b) In order to meet the requirements of paragraph (a)(1) of this section, an organization must state and have documentation in its files showing that it is composed of at least 10 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area.

(c) In order to meet the requirements or paragraph (a)(2) of this section, an organization must—

(1) State and have documentation in its files demonstrating that it is com-

posed of at least 20 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area; or

(2) If the organization is not composed of at least 20 percent of the licensed doctors of medicine and osteopathy practicing medicine or surgery in the review area, then the organization must demonstrate in its contract proposal, through letters of support from physicians or physician organizations, or through other means, that it is representative of the area physicians.

(d) Organizations that meet the requirements in paragraph (a) of this section will receive, during the contract evaluation process, a set number of bonus points.

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§ 475.103 Eligibility of physician-access organizations.

(a) In order to be eligible for designation as a physician-access QIO, an organization must meet the following conditions:

(1) Have available to it, by arrangement or otherwise, the services of a sufficient number of licensed doctors of medicine or osteopathy practicing medicine or surgery in the review area to assure adequate peer review of the services provided by the various medical specialties and subspecialties.

(2) Not be a health care facility, health care facility association, or health care facility affiliate, as specified in \$462.105.

(b) An organization meets the requirements of paragraph (a)(1) of this section if it demonstrates—

(1) That it has available to it at least one physician in every generally recognized specialty; and

(2) The existence of an arrangement or arrangements with physicians under which the physicians would conduct review for the organization.

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