

**§ 480.102**

**42 CFR Ch. IV (10–1–13 Edition)**

care services that may be reimbursed under the Act. The system includes—

- (1) The QIO and its officers, members and employees;
- (2) QIO subcontractors;
- (3) Health care institutions and practitioners whose services are reviewed;
- (4) QIO reviewers and supporting staff;
- (5) Data support organizations; and
- (6) CMS.

*Quality review study* means an assessment, conducted by or for a QIO, of a patient care problem for the purpose of improving patient care through peer analysis, intervention, resolution of the problem and follow-up.

*Quality review study information* means all documentation related to the quality review study process.

*Reviewer* means review coordinator, physician, or other person authorized to perform QIO review functions.

*Sanction report* means a report filed pursuant to section 1156 of the Act and part 474 of this chapter documenting the QIO's determination that a practitioner or institution has failed to meet obligations imposed by section 1156 of the Act.

*Shared health data system* means an agency or other entity authorized by Federal or State law that is used by the QIO review system to provide information or to conduct or arrange for the collection, processing, and dissemination of information on health care services.

*Subcontractor* means a facility or a non-facility organization under contract with a QIO to perform QIO review functions.

[50 FR 15359, Apr. 17, 1985; 50 FR 41886, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999; 69 FR 49267, Aug. 11, 2004; 76 FR 26546, May 6, 2011]

**§ 480.102 Statutory bases for acquisition and maintenance of information.**

(a) Section 1154(a)(7)(C) of the Act requires QIOs to the extent necessary and appropriate to examine the pertinent records of any practitioner or provider of health care services for which payment may be made under Title XVIII of the Act.

(b) Section 1154(a)(9) of the Act requires QIOs to collect and maintain in-

formation necessary to carry out their responsibilities under the Act.

(c) Section 1156(a)(3) of the Act requires health care practitioners and providers to maintain evidence of the medical necessity and quality of health care services they provide to Medicare patients as required by QIOs.

**§ 480.103 Statutory bases for disclosure of information.**

(a) Section 1154(a)(10) of the Act requires QIOs to exchange information with intermediaries and carriers with contracts under sections 1816 and 1842 of the Act, other QIOs, and other public or private review organizations as appropriate.

(b) Section 1160 of the Act provides that QIO information must be held in confidence and not be disclosed except where—

(1) Necessary to carry out the purpose of Title XI Part B of the Act;

(2) Specifically permitted or required under this subpart;

(3) Necessary, and in the manner prescribed under this subpart, to assist Federal and State agencies recognized by the Secretary as having responsibility for identifying and investigating cases or patterns of fraud or abuse;

(4) Necessary, and in the manner prescribed under the subpart to assist Federal or State agencies recognized by the Secretary as having responsibility for identifying cases or patterns involving risks to the public health;

(5) Necessary, and in the manner prescribed under this subpart, to assist appropriate State agencies having responsibility for licensing or certification of providers or practitioners; or

(6) Necessary, and in the manner prescribed under this subpart to assist Federal or State health planning agencies by furnishing them aggregate statistical data on a geographical, institutional or other basis.

[50 FR 15359, Apr. 17, 1985; 50 FR 41886, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999]

**§ 480.104 Procedures for disclosure by a QIO.**

(a) *Notice to accompany disclosure.* (1) Any disclosure of information under the authority of this subpart is subject to the requirements in § 480.105 relating