

winning technical proposals for sub-contracts under those contracts (except for proprietary or business information);

(3) Copies of documents describing administrative procedures, agreed to between the QIO and institutions or between a QIO and the Medicare intermediary or Medicare carrier;

(4) Routine reports submitted by the QIO to CMS to the extent that they do not contain confidential information.

(5) Summaries of the proceedings of QIO regular and other meetings of the governing body and general membership except for those portions of the summaries involving QIO deliberations, which are confidential information and subject to the provisions of § 476.139;

(6) Public information in its possession;

(7) Aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers;

(8) Quality review study information including summaries and conclusions from which the identification of patients, practitioners and institutions has been deleted; and

(9) Information describing the characteristics of a quality review study, including a study design and methodology.

(b) Aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers, to Federal or State health planning agencies (including Health Systems Agencies and State Health Planning and Development Agencies) in carrying out their health care planning and related activities.

[50 FR 15359, Apr. 17, 1985; 50 FR 41887, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999]

§ 480.121 Optional disclosure of non-confidential information.

A QIO may, on its own initiative, subject to the notification requirements in § 476.105, furnish the information available under § 476.120 to any person, agency, or organization.

DISCLOSURE OF CONFIDENTIAL
INFORMATION

§ 480.130 Disclosure to the Department.

Except as limited by §§ 476.139(a) and 476.140 of this subpart, QIOs must disclose all information requested by the Department to it in the manner and form required.

§ 480.131 Access to medical records for the monitoring of QIOs.

CMS or any person, organization or agency authorized by the Department or Federal statute to monitor a QIO will have access to medical records maintained by institutions or health care practitioners on Medicare patients. The monitor can require copies of the records.

§ 480.132 Disclosure of information about patients.

(a) *General requirements for disclosure.* Except as specified in paragraph (b) of this section, a QIO must—

(1) Disclose patient identified information in its possession to the identified patient or the patient's representative if—

(i) The patient or the patient's representative requests the information in writing;

(ii) The request by a patient's representative includes the designation, by the patient, of the representative; and

(iii) All other patient and practitioner identifiers have been removed.

(2) Seek the advice of the attending practitioner that treated the patient regarding the appropriateness of direct disclosure to the patient 15 days before the QIO provides the requested information. If the attending practitioner states that the released information could harm the patient, the QIO must act in accordance with paragraph (c)(2) of this section. The QIO must make disclosure to the patient or patient's representative within 30 calendar days of receipt of the request.

(b) *Exceptions.* (1) If the request is in connection with an initial denial determination under section 1154(a)(3) of the Act, the QIO—

(i) Need not seek the advice of the practitioner that treated the patient

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regarding the appropriateness of direct disclosure to the patient; and

(ii) Must provide only the information used to support that determination in accordance with the procedures for disclosure of information relating to determinations under § 473.24.

(2) A QIO must disclose information regarding QIO deliberations only as specified in § 476.139(a).

(3) A QIO must disclose quality review study information only as specified in § 476.140.

(c) *Manner of disclosure.* (1) The QIO must disclose the patient information directly to the patient unless knowledge of the information could harm the patient.

(2) If knowledge of the information could harm the patient, the QIO must disclose the information to the patient's designated representative.

(3) If the patient is mentally, physically or legally unable to designate a representative, the QIO must disclose the information to a person whom the QIO determines is responsible for the patient.

The QIO must first attempt to make that determination based on the medical record. If the responsible person is not named in the medical record, then the QIO may rely on the attending practitioner for the information. If the practitioner is unable to provide a name, then the QIO must make a determination based on other reliable information.

[50 FR 15359, Apr. 17, 1985; 50 FR 41887, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999]

§ 480.133 Disclosure of information about practitioners, reviewers and institutions.

(a) *General requirements for disclosure.* Except as specified in paragraph (b) of this section, the following provisions are required of the QIO.

(1) *Disclosure to the identified individual or institution.* A QIO must disclose, to particular practitioners, reviewers and institutions, information about themselves, upon request, and may disclose it to them without a request.

(2) *Disclosure to others.* (i) A QIO must disclose to an institution, upon request, information on a practitioner to

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the extent that the information displays practice or performance patterns of the practitioner in that institution.

(ii) In accordance with section 1160 of the Act, a QIO must disclose information that displays practice or performance patterns of a practitioner or institution in accordance with the procedures for disclosures specified in §§ 476.137 and 476.138 to—

(A) Federal and State agencies that are responsible for the investigation of fraud and abuse of the Medicare or Medicaid programs, and

(B) Federal and State agencies that are responsible for licensing and certification of practitioners and providers.

(iii) A QIO may disclose to any person, agency or organization, information on a particular practitioner or reviewer with the consent of that practitioner or reviewer provided that the information does not identify other individuals.

(b) *Exceptions.* (1) If the request is in connection with an initial denial determination or a change resulting from a diagnostic related group (DRG) coding validation under Part 466 of this subchapter, the QIO must provide only the information used to support that determination in accordance with the procedures for disclosure of information relating to determinations under § 473.24.

(2) A QIO must disclose information regarding QIO deliberations only as specified in § 476.139(a).

(3) A QIO must disclose quality review study information only as specified in § 476.140.

[50 FR 15359, Apr. 17, 1985, as amended at 52 FR 37458, Oct. 7, 1987; 52 FR 47004, Dec. 11, 1987. Redesignated at 64 FR 66279, Nov. 24, 1999]

§ 480.134 Verification and amendment of QIO information.

(a) A QIO must verify the accuracy of its information concerning patients, practitioners, reviewers, and institutions and must permit the individual or institution to request an amendment of pertinent information that is in the possession of the QIO.

(b) If the QIO agrees with the request for amendment, the QIO must correct the information in its possession. If the information being amended has already