

## § 480.138

of the Medicare or Medicaid programs, without a request.

[50 FR 15358, Apr. 17, 1985, as amended at 52 FR 37458, Oct. 7, 1987. Redesignated at 64 FR 66279, Nov. 24, 1999]

### § 480.138 Disclosure for other specified purposes.

(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 licensing and certification bodies.* (i) A QIO must disclose confidential information upon request, to State or Federal licensing bodies responsible for the professional licensure of a practitioner or a particular institution. Confidential information, including QIO medical necessity determinations that display the practice or performance patterns of that practitioner, must be disclosed by the QIO but only to the extent that it is required by the agency to carry out a function within the jurisdiction of the agency under Federal or State law.

(ii) A QIO may provide the information specified in paragraph (a)(1)(i) of this section to the State or Federal licensing body without request.

(2) *Disclosure to State and local public health officials.* A QIO must disclose QIO information to State and local public health officials whenever the QIO determines that the disclosure of the information is necessary to protect against a substantial risk to the public health.

(3) *Disclosure to the courts.* Patient identified records in the possession of a QIO are not subject to subpoena or discovery in a civil action, including an administrative, judicial or arbitration proceeding.

(b) *Exceptions.* (1) The restriction set forth in paragraph (a)(3) of this section does not apply to HHS, including Inspector General, administrative subpoenas issued in the course of audits and investigations of Department programs, in the course of administrative hearings held under the Social Security Act or to disclosures to the General Accounting Office as necessary to carry out its statutory responsibilities.

(2) A QIO must disclose information regarding QIO deliberations and qual-

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ity review study information only as specified in §§ 476.139(a) and 476.140.

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

### § 480.139 Disclosure of QIO deliberations and decisions.

(a) *QIO deliberations.* (1) A QIO must not disclose its deliberations except to—

(i) CMS, at the QIO office or at a sub-contracted organization;

(ii) CMS, to the extent that the deliberations are incorporated in sanction and appeals reports; or

(iii) The Office of the Inspector General, and the General Accounting Office as necessary to carry out statutory responsibilities.

(2) QIO deliberations are not disclosable, either in written form or through oral testimony, in connection with the administrative hearing or review of a beneficiary's claim.

(b) *Reasons for QIO decisions.* (1) A QIO may disclose to those who have access to QIO information under other provisions of this subpart, the reasons for QIO decisions pertaining to that information provided that the opinions or judgements of a particular individual or practitioner cannot be identified.

(2) A QIO must disclose, if requested in connection with the administrative hearing or review of a beneficiary's claim, the reasons for QIO decisions. The QIO must include the detailed facts, findings and conclusions supporting the QIO's determination. The QIO must insure that the opinions or judgements of a particular individual or practitioner cannot be identified through the materials that are disclosed.

### § 480.140 Disclosure of quality review study information.

(a) A QIO must disclose, onsite, quality review study information with identifiers of patients, practitioners or institutions to—

(1) Representatives of authorized licensure, accreditation or certification agencies as is required by the agencies in carrying out functions which are within the jurisdiction of such agencies under state law; to federal and state

agencies responsible for identifying risks to the public health when there is substantial risk to the public health; CMS; or to Federal and State fraud and abuse enforcement agencies;

(2) An institution or practitioner, if the information is limited to health care services furnished by the institution or practitioner; and

(3) A medical review board established under section 1881 of the Act pertaining to end-stage renal disease facilities, if the information is limited to health care services subject to its review.

(b) A QIO must disclose quality review study information with identifiers of patients, practitioners or institutions to the Office of the Inspector General and the General Accounting Office as necessary to carry out statutory responsibilities.

(c) A QIO may disclose information offsite from a particular quality review study to any institution or practitioner involved in that study, provided the disclosed information is limited to that institution or practitioner.

(d) An institution or group of practitioners may redisclose quality review study information, if the information is limited to health care services they provided.

(e) Quality review study information with patient identifiers is not subject to subpoena or discovery in a civil action, including an administrative, judicial or arbitration proceeding. This restriction does not apply to HHS, including Inspector General, administrative subpoenas issued in the course of audits and investigations of Department programs, in the course of administrative hearings held under the Social Security Act, or to disclosures to the General Accounting Office as necessary to carry out its statutory responsibilities.

**§ 480.141 Disclosure of QIO interpretations on the quality of health care.**

Subject to the procedures for disclosure and notice of disclosure specified

in §§ 476.104 and 476.105, a QIO may disclose to the public QIO interpretations and generalizations on the quality of health care that identify a particular institution.

**§ 480.142 Disclosure of sanction reports.**

(a) The QIO must disclose sanction reports directly to the Office of the Inspector General and, if requested, to CMS.

(b) The QIO must upon request, and may without a request, disclose sanction reports to State and Federal agencies responsible for the identification, investigation or prosecution of cases of fraud or abuse in accordance with § 476.137.

(c) CMS will disclose sanction determinations in accordance with part 474 of this chapter.

**§ 480.143 QIO involvement in shared health data systems.**

(a) *Information collected by a QIO.* Except as prohibited in paragraph (b) of this section, information collected by a QIO may be processed and stored by a cooperative health statistics system established under the Public Health Service Act (42 U.S.C. 242k) or other State or Federally authorized shared data system.

(b) *QIO participation.* A QIO may not participate in a cooperative health statistics system or other shared health data system if the disclosure rules of the system would prevent the QIO from complying with the rules of this part.

(c) *Disclosure of QIO information obtained by a shared health data system.* QIO information must not be disclosed by the shared health data system unless—

(1) The source from which the QIO acquired the information consents to or requests disclosure; or

(2) The QIO requests the disclosure of the information to carry out a disclosure permitted under a provision of this part.