Centers for Medicare & Medicaid Services:

1. Quality of Care Concerns: What Can Your Quality Improvement Organization (QIO) Address?

Examples of quality of care concerns that your QIO can address are:
- Medication Errors
- Unnecessary or inappropriate surgery
- Unnecessary or inappropriate treatment
- Change in condition not treated
- Discharged from the hospital too soon
- Incomplete discharge instructions and/or arrangements

2. Help with other health care concerns

A concern about an issue other than the quality of care you received needs to be addressed by an agency other than a QIO. The agency that can help you depends on the nature of your concern. Florida Medical Quality Assurance 1-800-844-0795 or local Tampa number 813-354-9111.
- A concern about a doctor, such as unprofessional conduct, incompetent practice, or licensing questions-State Medical Board
- A concern about conditions at a facility, rooms too hot, too cold, poor housekeeping-State Department of Health
- A concern about Medicare fraud – call the HHS Office of the Inspector General Hotline at 1-800-447-8477
- A concern about billing, such as questions about charges and what Medicare does or does not cover – call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

1-800-MEDICARE (1-800-633-4227) to:
- Get more help with your Medicare questions
- Order quality and other information on Medicare health plans
- Listen to recorded questions and answers on topics such as Medicare health plan choices
- Order Medicare publications. (Some available in large print Spanish, audio-tape, and Braille)

3. Medicare has health and safety standards to protect you. You can file a complaint against a Medicare or Medicaid provider (including hospitals, home health agencies, hospices, or nursing homes) for improper care or treatment.

Examples of complaints:
- Claims of abuse to a person;
- A mistake in giving out prescribed medication;
- Poor quality of care in a hospital, nursing home, dialysis facility, ambulatory surgery center, home health agency, hospice, intermediate care facility for the mentally retarded, and others;
- Unsafe conditions, like water damage or electrical or fire safety concerns; or laboratory results that were wrong and lead to improper care.

How do I file a complaint?
Verbally or in writing. Your personal information will only be shared with organizations who are working to protect you and investigate the complaint. Your may file a complaint without using your name. Contact your State’s health department by looking in the blue pages of the telephone book or you may visit the web site at
www.medicare.gov. Under “Search tools”, select “Find Helpful Phone Numbers and Websites.” They will need the following information ready when you call:

- Your name, address, and telephone number (name optional);
- Name of health care provider;
- Location of the health care provider, including room or floor, if applicable;
- Details of your concern, including date and time;
- Name (s) of the other people involved and/or affected;
- Whether you have reported this complaint to anyone else, including the provider. If reported to provider, what was the response and what would you like to see happen to resolve your complaint;

For more information:

How the Medicare Beneficiary Ombudsman Works For You
An “Ombudsman” is a person who reviews issues and helps to resolve them. Congress requires that Medicare have a Beneficiary Ombudsman who helps people with Medicare. The Medicare Beneficiary Ombudsman shares information with the Secretary of Health and Human Services, Congress, and other organizations about what works well, and what doesn’t work well, to continuously improve the quality of the services and care you get through Medicare by reporting problems and making recommendations.

How does the Medicare Beneficiary Ombudsman help you?
The Ombudsman makes sure information is available for you about • your Medicare benefits, • whether you have the information you need to make good health care decisions, • your rights and protections under the Medicare Program, and • how you can get issues resolved.

How does the Medicare Beneficiary Ombudsman help you through other organizations?
The Ombudsman works with organizations like State Health Insurance Assistance Programs (SHIPs) and Quality Improvement Organizations (see back for more information) to ensure they resolve your issues promptly. This allows these organizations to provide information, counseling and assistance to help you with • your Medicare questions, including your benefits, coverage, premiums, deductibles, and coinsurance. • grievances (complaints). • appeals. (You can appeal if you think a service or item you got should have been covered or paid for and Medicare denies your request, you question the amount that was paid, or your plan stops paying for coverage you are already receiving.) • problems joining or leaving a Medicare Advantage Plan (like an HMO or PPO) or any other Medicare Health Plan or Medicare Prescription Drug Plan.

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