

or in concert with other providers or entities. Separate community education materials may be developed and used, at the discretion of the M+C organization. The same written materials are not required for all settings, but the material should define what constitutes an advance directive, emphasizing that an advance directive is designed to enhance an incapacitated individual's control over medical treatment, and describe applicable State law concerning advance directives. An M+C organization must be able to document its community education efforts.

(2) The M+C organization—

(i) Is not required to provide care that conflicts with an advance directive; and

(ii) Is not required to implement an advance directive if, as a matter of conscience, the M+C organization cannot implement an advance directive and State law allows any health care provider or any agent of the provider to conscientiously object.

(3) The M+C organization must inform individuals that complaints concerning noncompliance with the advance directive requirements may be filed with the State survey and certification agency.

**§ 422.132 Protection against liability and loss of benefits.**

Enrollees of M+C organizations are entitled to the protections specified in § 422.502(g).

**Subpart D—Quality Assurance**

SOURCE: 63 FR 35082, June 26, 1998, unless otherwise noted.

**§ 422.152 Quality assessment and performance improvement program.**

(a) *General rule.* Each M+C organization that offers one or more M+C plans must have, for each of those plans, an ongoing quality assessment and performance improvement program that meets the applicable requirements of this section for the services it furnishes to its M+C enrollees.

(b) *Requirements for M+C coordinated care plans and network M+C MSA plans.* An organization offering an M+C co-

ordinated care plan or M+C network MSA plan must do the following:

(1) Meet the requirements in paragraph (c)(1) of this section concerning performance measurement and reporting. With respect to an M+C coordinated care plan, an organization must also meet the requirements of paragraph (c)(2) of this section concerning the achievement of minimum performance levels. The requirements of paragraph (c)(2) of this section do not apply with respect to an M+C MSA plan.

(2) Conduct performance improvement projects as described in paragraph (d) of this section. These projects must achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and nonclinical care areas that can be expected to have a favorable effect on health outcomes and enrollee satisfaction.

(3) In processing requests for initial or continued authorization of services, follow written policies and procedures that reflect current standards of medical practice.

(4) Have in effect mechanisms to detect both underutilization and overutilization of services.

(5) Make available to HCFA information on quality and outcomes measures that will enable beneficiaries to compare health coverage options and select among them, as provided in § 422.64(c)(10).

(c) *Performance measurement and reporting.* The organization offering the plan must do the following:

(1) Measure performance under the plan, using standard measures required by HCFA, and report its performance to HCFA. The standard measures may be specified in uniform data collection and reporting instruments required by HCFA, and will relate to—

(i) Clinical areas including effectiveness of care, enrollee perception of care, and use of services; and

(ii) Nonclinical areas including access to and availability of services, appeals and grievances, and organizational characteristics.

(2) Achieve any minimum performance levels that HCFA establishes locally, regionally, or nationally with respect to the standard measures.