GENERAL COMMENTS/QUESTIONS

Q1. Many of the attachments in J-4, J-5, etc., that are referenced in the SOW7 are not attached. Without these documents, it will not be possible for QIOs to accurately estimate the effort and costs associated with the tasks to which the attachments apply. When does CMS intend to make a complete set of reference documents available?

A1. A complete Section J is provided as an attachment to this amendment.

Q3. Where should the activities and the costs for the two collaboratives, the QIO intervention collaborative and the Surgical Infection Prevention collaborative, be included in this proposal? They are not scheduled to conclude until 2003.

A3. The QIO shall include costs for the Surgical Infections Prevention Collaborative in Task 1c and costs for the QIO Interventions Collaborative in Task 1 (QIOs should allocated these costs to the individual Task 1 subtasks as appropriate).

Q4. What will be the mechanism to access person-level MDS and OASIS data?

A4. The definition of "resident level data" as CMS understands it is: "data file(s) containing the entire MDS for a given time period as transmitted by nursing homes in a specific state." Neither CMS nor its contractors (*e.g.* the NH QIOSC) will provide the entire or "raw" MDS to QIOs. The QIOSC/subcontractor to QIOSC will have access to the data as defined above for all states. Every QIO will receive for the NHs in its state quarterly standard analytic reports (SAR) created by the QIOSC or another QIO (under Task 4 contract with CMS or under subcontract to the QIOSC).. The SAR for each QIO will contain information about the publicly reported QI rates in its state (and national comparisons), and information on individual facilties' QI rates – which may include resident-level information. (Resident-level information is distinct from resident-level raw data.) The format for the SARs is being developed and tested during the 6-state pilot. CMS expects the format to the SAR to evolve during the 7th SOW, as a result of feedback from QIOs using the SAR. CMS anticipates each QIO's SAR will be made available to it electronically.

CMS will not provide raw OASIS data to QIOs. QIOs will be able to access OBQI reports (see Q&As 215, 1121, & 1123).

Q5. Is there a list of core training expectations (topic, location, length) to be used for budgeting purposes?

A5. No

Q7. CMS is asking QIOs to work with 10% of physicians for the outpatient topics of immunization, breast cancer, and diabetes. However, CMS has not made it clear if this literally means 10% of all physicians, or 10% of primary care physicians. Please clarify.

A7. The following is in response to all the questions regarding "targeting identified participants who treat at least 10% of the beneficiaries in the State for each topic area"

- CMS will create a number to approximate 10% of the active primary care physicians in the state, based on the number of combined Internists, General Practitioners, Family Physicians and Ob/Gyn's, including subspecialties of the above for each QIO. The number will be the target number of identified participants for the diabetes and breast cancer (adult immunization is dropped from this subtask) components of task 1d b. (iii).

- The QIO will within 6 months of the start of its contract, provide to CMS a list of its identified participants, as well as physician identifiers (PINs and UPINs) necessary to identify patients for whom these physicians have submitted claims. The QIOs are free to include in the list of identified participants, any licensed practitioners that submits Medicare claims, regardless of other practice characteristics (specialty, group or other practice).

-- CMS will then identify two sets of beneficiaries:

1. All beneficiaries included in the data set that was used to calculate the state-specific diabetes baseline (and subsequently, remeasurement) and associated (by claims) with any practitioners in the set of identified participants which the QIO provided.

2. All beneficiaries both meeting the inclusion criteria for the mammography indicator and associated (by claims) with any practitioner in the set of identified participants that the QIO provided.

The beneficiary sets will be used to produce the baseline and remeasurement rates for diabetes and mammography indicators for the identified participants. CMS expects the QIO to demonstrate at least 8% decrease in failure rate in the measures for those beneficiary sets.

CMS is currently developing the methodology to link patients to practitioners for the purposes of evaluation. In the event it proves impractical to measure the identified participant-specific rates, the QIO will not be evaluated on this subtask, but on the statewide rates and participant satisfaction.

SECTION C – STATEMENT OF WORK

C.1. BACKGROUND

A. Statutory Mandate

Q40. Where in the Code of Federal Regulations (CFR) has CMS officially changed PROs to QIOs?

A40. CMS is in the process of publishing a notice in the CFR that will officially change the name of the PRO and Program. The estimated date of publication will occur prior to the award of this contract.

Q1071. Traditionally, QIOs have limited their provider-issued notified of non-coverage to hospitals (HINNs). Does this scope of work require that QIOs expand to other provider-issued notifies of non-coverage, such as nursing homes?

A1071. No, unless CMS directs the QIOs to do so.

B. Contract Purpose

C. Technical Considerations

C.2. REQUIREMENTS

A. Contractual Requirements

Q41. There was no mention in this section about having a Memorandum of Agreement with providers. Will the QIOs be required to have agreements with payers and providers? If this is the case, with which types of providers should the QIO have an agreement?

A41. Provider agreements are the responsibility of providers not QIOs. Maintaining a Memorandum of Agreement with QIOs is the responsibility

of providers, no QIOs. QIOs will forward the MOA to providers for signature with a "return by" date. If the MOA is not returned, then the QIO will notify the Regional (Office) Certification component for further action. The Draft Manual instructions (Part 3) are attached to this amendment as a reference document.

B. Other Requirements

1. Data Plan

Q42. What is meant by the phrase "multi-state contracts"? Does "multi-state contracts" include QIOs who hold contracts in more than one state and affiliated QIOs with one state contract each?

A42. The phrase "multi-state contracts" refers to a single QIO holding contracts in more than one state. A subsidiary or affiliate QIO holding a contract as an in-State QIO in its State while its parent (or affiliate) holds a contract as an in-State QIO in another State is considered to be a separate corporate entity and should therefore submit its own data plan. (Clearly, the data plans can be virtually identical, but each entity is separately accountable for the requirement.)

2. Hardware/Software

Q43. The RFP states: "The SDPS contractor will provide each Quality Improvement Organization (QIO) with the necessary hardware/software for the purposes of SDPS according to a formula. In the event that the Contractor requires additional equipment, a request must be processed through the SDPS ERB process and paid for from QIO funds." Will the SDPS contractor provide a 3-year technology plan to the QIO so the QIO may adequately plan for possible additional equipment that the QIO will have to pay for?

A43. The SDPS Contractor will provide Personal Computers, Microsoft Windows, File Servers, DataBase Servers, Microsoft Office Suite, Norton Anti-Virus and Ghost, Novell Netware and GroupWise. Any additional computer equipment and software after the initial allocation will be paid from each QIO contract.

Q44. Will the SDPS Contractor provide the initial hardware and software directly to the QIOs or should the purchase costs be included in the contract proposal?

A44. Yes. See Answer to Question 43 for a list of equipment initially provided and subsequent QIO funding responsibilities.

Q45. Can a listing be supplied of the SDPS hardware and software provided to the current Illinois QIO and the formula for provision of necessary hardware and software?

A45. See Answer to Question 43 for a list of equipment initially provided.

Q46. Does this include wiring and LAN necessary to support this infrastructure?

A46. The QIO will be responsible for wiring with a site wiring plan provided by CMS. The file servers to support the LAN will be provided by the SDPS contractor.

Q47. Are subcontractors allowed to gain access to the SDPS system?

A47. Each request for SDPS access will be decided on a case-by-case basis.

Q48. Is the SDPS PROadvantage Users Guide available?

A48. Yes.

Q1073. Will CMS consider making SDPS computers and software available to part-time employees, particularly for small QIOs who have to hire part-time people to complete the work requires by the contract.

A1073. If you have two part time employees that each spend .25% of their time on the contract, we would agree to the acquisition of one PC to share between the two employees. (.25 x 2 = .50 FTE). Since these employees will each be in the office only 10 hours a week, they should be able to schedule their time to share a PC.

3. Reporting Requirements

Q49. The text in this section mentions a Reference Document to be used for understanding mid-level reporting requirements. Is a copy of the reference document available? If so, where can it be found?

A49. A complete Section J is provided as an attachment to this amendment.

Q50. Section C.2.B.3, page 11 Where are the "appropriate portions of the PRO Manual" described as being "referenced below"?

A50. This statement goes on to say that detail will be provided in the SDPS PROVantage Users Guide to be available prior to August 1, 2002.

The Statement of Work will be modified to read: "The QIO shall report to CMS as identified in Section F and PRO Manual Sections as appropriate. The QIO shall use all components of the SDPS Data Collection and Reporting Systems to manage and report work done under the current Statement of Work." (Further detail will be provided in the SDPS Users Guide to be available prior to August 1, 2002).

Q51. What and where is the "Reference Document"?

A51. The "Reference Document" will be an attachment to this amendment.

Q1074. C.2.B.3 Reporting Requirements; Please clarify the location of the "Reference Document" for a list of mid level reporting requirements.

A1074. The Reference Document is an attachment to this amendment.

4. Coordination

Q52. Do the other agencies have the information that they should be working efficiently and effectively with the quality improvement organization to reduce duplication of effort?

A52. Other agencies either have or will have that information.

Q1075. When partners are charging for services (e.g., seminars), how does that impact the QIO's ability to participate and co-sponsor activities with partners?

A1075. Please refer to Transmittal of Operational Policy Document #2001-04 attached to the revised RFP.

Q1076. In such cases, can QIOs share the costs of developing programs with our partners?

A1076. Please refer to Transmittal of Operational Policy Document #2001-04 attached to the revised RFP.

Q1077 When key stakeholders are other government agencies that work with CMS (e.g., SSCA, fiscal intermediaries), will CMS provide those stakeholders guidance to work with the QIOs?

A1077. The answer to this question is not needed to complete the business or technical proposal.

5. Communication

Q53. With respect to the clearinghouse, when will the clearinghouse be stocked?

A53. CMS expects to launch the new Medicare Quality Improvement Clearinghouse (MEDQIC) near the start of the 7th SoW. Meanwhile, QIOs should make use of materials posted to the QIONet and various external sites described in CASPRO Connections (the quarterly newsletter posted to QIONet) as well as http://www.obqi.org

Q54. Has CMS collected all materials developed by QIOs in the 6thSOW?

A54. No. This was never CMS' intent. The new MEDQIC will include extensive materials developed by QIOs (and others) but not "all" QIO-developed materials since much of it is duplicative or tailored for local conditions.

Q55. What are the selection criteria for the initial stocking of the clearinghouse?

A55. The inclusion criteria are under development by a Cross-Cutting Literature and Interventions Planning Group of 6th SoW Task 1 QIOSCs. Before the end of May, CMS will post to the QIONet, a status report on the planning process to develop the Medicare Quality Improvement Clearinghouse. CMS and the QIOSCs will inform all QIOs of the selection criteria and all other relevant standards and processes.

Q56. Are QIOs required to put all previously developed materials in the specified format and submit them to the clearinghouse?

A56. No. See Q/A number 54.

Q57. If this material is to be submitted, what is the timeframe for doing so and what file formats will be acceptable?

A57. QIOs will submit some materials to the Medicare Quality Improvement Clearinghouse, according to submission and inclusion standards that are under development. Also see Q/A number 1083.

Q58. How will the clearinghouse materials be maintained?

A58. The QIOSCs will work with QIOs to maintain materials in the Medicare Quality Improvement Clearinghouse.

Q59. If electronically, in what file format will it be maintained?

A59. CMS will employ file formats compatible with SDPS standards, see Q/A number 1083.

Q60. The first sentence of this paragraph reads "The planning, development and implementation of a broad range of …". The word evaluation was taken out of the RFP – will the QIO be required to evaluate these activities in addition to planning, development and implementation?

A60. The evaluation of these activities should take place in the context of the task for which they were performed.

Q.61. If so, how?

A61. See #60.

Q62. If not, how will the QIO be able to determine the effectiveness of the activities that it undertakes?

A62. See #60.

Q63. With respect to the clearinghouse, when will the clearinghouse be stocked?

A63. See #53.

Q64. Has CMS collected all materials developed by QIOs in the 6thSOW?

A64. See #54.

Q65. What are the selection criteria for the initial stocking of the clearinghouse?

A65. See #55.

Q66. When will the Communications Clearinghouse become accessible?

A66. The SoW referred to a Communications Clearinghouse. CMS has named this clearinghouse the Medicare Quality Improvement Clearinghouse. For information on whent this clearinghouse will become accessible, see Q/A number 53.

Q67. When will the QIOSC be established?

A67. QIOSCs already have been established and publicized to QIOs. CMS intends to select and fund one or more new QIOSCs, likely near the start of the 7th SoW, to coordinate the work of setting and topic-specific QIOSCs to populate the proposed Medicare Quality Improvement Clearinghouse. Meanwhile, two existing QIOSCs (VHQC and Qualidigm) are coordinating current QIOSCs to plan the Medicare Quality Improvement Clearinghouse with CMS staff.

Q68. What are the functions of the QIOSC?

A68. CMS staff currently are determining the functions of the proposed new QIOSC(s). The functions of setting and topic-specific QIOSCs during the 7th SoW will be similar to the functions of setting and topic-specific QIOSCs during the 6th SoW.

The specific requirements for the Communications QIOSC are still being determined, but generally it will be responsible for activities to support communications-related activities at both CMS and the entire QIO community.

Q69. Will SDPS be brought up to current print standards for the 7th statement of work i.e. QUARK EXPRESS?

A69. We are evaluating Adobe In-Design that provides a Quark Express, PageMaker Converter that allows conversion of PageMaker files to Quark.

Q70. The seventh scope of work calls for an increased reliance on web technology. Is CMS willing to pay for increased resources needed to build capacity in this arena?

A70. CMS will pay for costs related to web technology to the extent that it is associated with one of the tasks of the contract.

Q71. C.2.B.5.b., page 13; C.3. D.5. b. (iii), page 31; and, C.3.D.6.a., page 32 It does not appear as if the website addresses included in the above noted sections are accessible. Can these materials be made available or access to the website be obtained?

A71. OPL2001.133 is available at www.hcfa.gov/medicare/opl133.pdf. The website for information on QAPI is www.hcfa.gov/medicare/mdgcar1.htm. The Outreach Standards and Guidelines are available at Attachment J-3.

Q487. Items to be submitted to the clearinghouse must be "in file formats specified by CMS." Could you provide the specified file format(s)?

A487. CMS will employ file formats compatible with SDPS standards. Examples of SDPS-standard software include: Pagemaker, Microsoft Word, Excel, PowerPoint and PDF format. Materials created on other software, such as QuarkXpress or Freehand, will be converted to SDPS-compatible software.

Q488. Outreach material requirements are to be found on http://www.cms.hhs.gov/contracts/outreach. Can you tell us when that page will be available?

A488. See #71.

Q1078. When material is not available in the clearinghouse, can the QIOs ask the QIOSC to do the search or does each individual QIO have to do their own searches?

A1078. CMS funds QIOSCs to provide broad support for the national program. QIOs should in the future (and have during the 6th SoW) bring to each QIOSC's attention, needs and concerns potentially relevant for more than one QIO.

Q1079. Will the search strategy used to populate the clearinghouse be available to the QIOs so that they don't duplicate search strategies?

A1079. Yes. The inclusion criteria are under development by a Cross-Cutting Literature and Interventions Planning Group of 6th SoW Task 1 QIOSCs. Before the end of May, CMS will post to the QIONet, a status report on the planning process to develop the Medicare Quality Improvement Clearinghouse. CMS and the QIOSCs will inform all QIOs of the selection criteria and all other relevant standards and processes.

Q1080. When using information from the clearinghouse, will individual QIOs have to obtain permission?

A1080. CMS intends to structure the submission process to provide advance, blanket permission for QIOs to replicate clearinghouse materials. CMS also may need to facilitate posting guidance on using materials, which could include contacting the "submitting" QIO before use. If copyrighted photos or artwork are included in any materials, CMS expects to provide QIOs information where the copyright could be gained.

Q1081 When QIOs share information with the clearinghouse that requires copyright permission, does the individual QIO need to obtain copyright permission for all QIOs?

A1081. That approach sounds promising, but CMS will need to explore the practicality and functionality, that is, consider the additional cost (if any) a broader copyright clearance may incur and the likelihood of its being used by other QIOs.

Q1082. Will the QIOSC and/or CMS insure that materials from the clearinghouse are available in electronic format so that they can be adapted?

A1082. Yes. CMS will employ file formats compatible with SDPS standards, see Q/A number 1083.

Q1083. What constitutes suitable production files or materials?

A1083. The submission criteria have not been developed, but CMS' goal is to make available to all QIOs, production files or materials in SDPS-standard software, such as Pagemaker, Microsoft Word, Excel, PowerPoint and PDF format. Materials created on other software, such as QuarkXpress or Freehand, will be converted to SDPS-compatible software.

Q1084. What are significantly modified materials (prior review and approval not needed except “significantly modified materials”)?

A1084. CMS has not defined "significantly modified materials" but will issue a TOPS on this topic if needed.

6. Internal Quality Control

Q72. Please clarify to what cost center in the business proposal the listed activities would be posted. In the "Contract Requirements" section (page 10), there is no mention of internal quality control.

A72. The Internal Quality Control function should be allocated to each subtask that it benefits.

Q73. When will we receive the template for IQC plan?

A73. CMS is in the process of finalizing the template.

Q74. It looks like the IQC plan should cover both programmatic and administrative activities to be performed under the contract -- Can CMS clarify how it plans to use information generated from these reviews?

A74. The answer to this question is not needed to complete the business or technical proposal.

Q75. Will the IQC plan and reported results be factored into the 9th Month, 18th month and 28th Month Project Officer reviews?

A75. The answer to this question is not needed to complete the business or technical proposal.

Q76. When will we receive the template for IQC plan?

A76. The answer to this question is not needed to complete the business or technical proposal.

Q77. Is CMS expecting to see all Communications activities in support of HCQIP melded into the HCQIP IQC plans, or does it want to see them separately?

A77. You should include your communications activities in support of HCQIP in the HCQIP IQC plans.

7. Workplan

Q78. Regarding the template that CMS will provide for recording major activities and milestones, is the actual date of release on target for August 1st and if it is delayed, will the work plan also be delayed?

A78. It is anticipated that the template will be provided in sufficient time for August 1 QIOs to meet the deliverable deadline.

Q79. When will we receive the template for the work plan?

A79. There is a Reporting Joint Application Development (JAD) scheduled early April. The template will be developed in conjunction with this JAD.

Q80. Will the same information be reported in TQIP as is expected to be reported in quarterly updates?

A80. The Reporting requirements are being discussed/developed during a Joint Application Development (JAD) session early April. All reporting requirements to support the Tasks and will be determined during that time.

Q81. When will we receive the template for the work plan?

A81. It is anticipated that the template will be provided in sufficient time for August 1 QIOs to meet the deliverable deadline.

Q1085. Will the same information be reported in TQIP as is expected to be reported in quarterly updates?

A1085. The Reporting requirements are being discussed/developed during a Joint Application Development (JAD) session early April. All reporting requirements to support the Tasks and will be determined during that time.

Q1086. Please define the difference between a workplan and a project plan?

A1086. The Project Plan (as required in the 6t^{h} SoW) outlines the details for a quality improvement project. Since the Task 1 activities were separated into clinical topics, a project plan was required for each. Decisions regarding project plans in the 7th SoW are pending.

Q1087. Are the terms interchangeable since both terms are used throughout the document (e.g., B9)?

A1087. See response to 1086

Q1088. When will the workplan template be available?

A1088. It is anticipated that the template will be provided in sufficient time for August 1 QIOs to meet the deliverable deadline.

Q1089. If QIOs are using Microsoft Project (or other software), will that be sufficient?

A1089. The Reporting requirements are being discussed/developed during a Joint Application Development (JAD) session early April. All reporting requirements to support the Tasks and will be determined during that time.

8. Confidentiality

Q82. Do we have a HIPAA statement from CMS to issue to providers?

A82. Not yet.

Q83. What is CMS' policy per QIOs as it pertains to HIPAA?

A83. Please construct your bid under the assumptions that QIOs will be considered oversight agencies under HIPPA.

Q84. Are QIOs exempt?

A84. See #83

Q85. Can CMS provide a HIPPA statement for QIOs to issue to providers?

A85. See #83.

Q86. The RFP refers to QIOs as "oversight" agencies --Has the Office of Civil Rights approved of that designation?

A86. See #83.

Q87. Is the definition for confidential information consistent with the definition of "protected health information" under HIPAA?

A87. See #83.

Q88. When will we receive Part 10 of the PRO Manual?

A88. The Clearance process for PRO Manual approval/distribution is significantly protracted, making it impossible to provide an exact date. CMS will issue Part 10 of the Manual as soon as practical, and in the meanwhile CMS will provide technical guidance to QIOs on an ongoing basis as necessary for them to fulfill their contractual requirements.

Q89. This section makes it clear to the QIOs that they are considered "oversight" agencies under HIPAA for their Medicare work. However, it does not make clear whether/when CMS will communicate this fact to the various providers/practitioners of which the QIOs must request medical records and prove their HIPAA exempt status. AHQA provided a draft notice to facilitate such a communication to the health care community, and would appreciate a status report.

A89**.** We are still awaiting final regulations. Please submit proposals based on the assumption that QIOs will be considered oversight agencies for the purposes of HIPPA

9. Information Collection Activities

Q90. Has CMS received intent and concept approval from OMB for all Tasks?

A90. OMB does not provide approval for 'intent and concept' related to QIO information collection activities. Rather, the CMS Reports Clearance Officer has approved exceptions to the OMB clearance process for information collection activities that meet either the clinical or audit exemption to OMB clearance.

In the 7th SOW, CMS added to the RFP language (which the Agency Reports Clearance Officer approved) that indicates that all projects related to the Task 1 clinical topics meet the exemption to OMB review of information collection activities.

However, this national exception for OMB clearance only eliminates one step in the information collection process. A QIO must still obtain review and approval from its Project Officer for the following: (1) the intent and concept underlying a QIO's request to conduct an information collection activity for a Task 1 project; (2) the survey justification; and (3) the actual instrument proposed for collecting the desired information. Approval of

the intent and concept must be approved initially, before the survey justification and instrument can be submitted. Those approvals must be received prior to the QIO's implementation of the information collection activity. QIOs must still follow the information collection process outlined in the PRO Manual for these three components for Task 1 information collection activities, while for other Tasks of this Scope of Work, the process related for Requests for Exception (to OMB clearance) must also be followed.

Q91. Has CMS received intent and concept approval from OMB for all Tasks?

A91. See #90.

Q92. The statement is made that: "All information collection is subject to approval of the project officer prior to implementation. Project officer approval of a project plan does not constitute approval of an information collection activity described in that plan." Explain when a QIO must obtain clearance to conduct a project and when project officer approval must be obtained?

A92. "Clearance" relates to OMB clearance for information collection activities and in the QIO program usually is referred to in relation to requesting exception to OMB's clearance process from the Reports Clearance Officer in Baltimore. See the PRO Manual regarding the requirements for a Request for Exception.
"Approval" relates to Project Officer approval at the Regional Office level. This is required for three documents in the information collection process (as outlined in the PRO Manual): a description of the information collection activity's intent and concept (submitted first, which must be approved before the QIO can proceed); a survey justification that addresses all the required issues outlined in the PRO Manual; and a survey instrument, which must be the draft final version, that is, the one the QIO hopes to field. Also see #90.

Q93. Are the Task 1 disease topic surveys exempt from OMB clearance?

A93. See #90.

Q94. Do information activities like consumer research (behavior, cultural, marketing, etc.) fall under this category?

A94. See #90.

Q1090. Will there be a clearinghouse or mechanism for sharing survey tools?

A1090. This is a proposed responsibility for the Communications QIOSC.

Q1091. Once the QIO has received OMB exemption, would it apply to all others who may use the survey?

A1091. No. The exception only applies to that QIO for that project. Also see #90.

10. Government Data

Q95. What about Part B Data?

A95. A Quality Improvement Organization Support Contractor (QIOSC) will create state-level measurement and analytic datasets to support Tasks 1d and 1e for distribution to QIOs. QIO requests for additional data or analytic datasets will be reviewed and approved by the Government Task Leader GTL) for distribution to the QIOs.

Q96. Where is the "reference" document?

A96. The Reference Document will be an attachment to this amendment.

Q97. Third sentence – "The QIOSC will be responsible…" When will the QIOSCs be selected?

A97. The RFP or RFPs will be released shortly.

Q98. When will they mobilize their efforts?

A98. The QIOSCs will mobilize their efforts upon contract award.

Q99. This section refers to a reference document with a preliminary list of types of information to be supplied by the various QIOSCs. Knowing what data will be available is critical to planning/budgeting and execution for the entire contract. A lack of this information will make planning extremely difficult if not impossible. When will this document be available?

A99. The Reference Document will be provided as an attachment to this amendment.

Q100. This section implies that the GTL will have the ability to limit access to data (presumably not on the basis of confidentiality). How does this fit within a performance-based contracting structure?

A100. A performance base contract does not imply unlimited resources. QIOs will be provided with the necessary CMS approved data to conduct the tasks within the Scope of Work.

Like available budgets, patient characteristics, payment issues and a myriad of other factors, this defines the millieu in which you will be performing.

Q101. In more concrete terms, what is to be done if, in from the QIO perspective, the data limitation of the GTL infringes on the ability to perform the tasks of the contract?

A101. The QIO will be wise to modify its documented plans for carrying out its responsibilities in light of any perceived limitations and, in the event of failing to meet the minimum criteria necessary for a noncompetitive renewal, be prepared to convince CMS to adopt the same perspective.

Q102. If this is the case, is the QIO held harmless?

A102. See #100 & #101.

Q103. What about Part B Data?

A103. A Quality Improvement Organization Support Contractor (QIOSC) will create state level measurement and analytic datasets to support Task 1d and 1e for distribution to QIOs. QIO requests for additional data or analytic datasets will be reviewed and approved by the Government Task Leader (GTL) for distribution to the QIOs.

Q104. Where is the "reference" document?

A104. The Reference Document will be an attachment to this amendment.

Q105. Will CMS commit to a date that this data will be made available to QIOs?

A105. For Part B only - an estimated date is not available at this time. However, a QIO may continue to receive ad hoc data until the analytical files are available.
CMS has no plans to provide raw OASIS data to QIOs. QIOs can, however, access OASIS reports now. Requests must be sent to IFMC (Task 1b).

Q106. If not, will QIOs be held harmless if the data is furnished at a later date?

A106. See #105.

Q107. There is a reference to data provided by CMS and its timing being detailed in Attachment J-5 and in a Reference Document. There are very important references elsewhere to Attachments J-1, J-7, and F-2. When will we see those documents?

A107. The Reference Document and J Attachments will be attachments to this amendment.

Q108. Is the Reference Document referred to in this section J-5?

A108. The Reference Document will be an attachment to this amendment.

Q109. If not, what is the Reference Document?

A109. #108

Q1092. What criteria will be used in the review and approval of QIO request for additional data or analytic data sets?

A1092. The full details of the process are not yet finalized. The answer to this question is not needed to prepare business or technical proposals.

11. Personnel and Core Competencies

12. Clinical Data Abstraction Centers (CDAC) Subcontracts

C.3. TASKS

A. General Guidelines

Q1093. We had understood that there would be a charge in the first year of the contract for a nursing home campaign. We don't find instructions on how to budget that expense. Please clarify.

A1093. See #301.

Q1094. The RFP does not discuss TQIP in relationship to Task 1 or subtasks. Please outline CMS goals/expectations of QIOs regarding TQIP.

A1094. CMS will develop a tool for QIOs to report activity with providers, partners, or collaborators during this scope of work. This will replace TQIP and other current reporting tools.

Q1095. C.3. Task 1 General Requirements – Please clarify any restrictions or limitations on QIOs when working with other stakeholders. Specifically, are their limitations o the ways in which QIO funds can be spent while carrying out joint activities with partner entities?

A1095. Please refer to Transmittal of Operational Policy Document #2001-04 attached to the revised RFP.

Q1096. General Support: Please clarify the role of the Task Action Teams.

A1096. The Task Action Teams are CMS staff responsible for leading CMS's efforts in support of the contract. Their role will include oversight of the relevant QIOSCs, assuring the timely delivery and analysis of evaluation data and coordination with other CMS teams. They will be similar in mission to the Clinical Area Teams in the 6th Scope.

1. **Task 1: Improving Beneficiary Safety and Health Through Clinical Quality Improvement**

    a. Nursing Home
    b. Home Health
    c. Hospital
    d. Physician Office
    e. Underserved and Rural Beneficiaries
    f. Medicare + Choice Organizations (M+COs)

2. Task 2 – Improving Beneficiary Safety and Health Through Information and Communications

a. Promoting the Use of Performance Data
b. Transitioning to Hospital-Generated Data
c. Other Mandated Communications Activities

3. Task 3 – Improving Beneficiary Safety and Health Through Medicare Beneficiary Protection Activities

a. Beneficiary Complaint Response Program
b. Hospital Payment Monitoring Review Program
c. All Other Beneficiary Protection Activities

4. Task 4 – Improving Beneficiary Safety and Health Through Developmental Activities

Terms used in Section C are defined in the Glossary at Attachment J-1.

B. (Reserved)

C. Task 1 – Improving Beneficiary Safety and Health Through Clinical Quality Improvement

1. General Requirements

Q110. Is Task 1 voluntary for providers?

A110. While providers do have specific legal requirements (such as to provide medical records), there currently is no legal requirement for providers to engage with QIOs in Quality Improvement beyond these requirements. This makes much of the providers' participation in QIOs' quality improvement activities conducted under this contract voluntary. QIOs do have a number of motivational tools and CMS is relying on the QIOs to have the expertise and judgement needed to apply them.

Q111. The QIO is expected to use the CMS provided data. When can the QIOs anticipate the first set of data to be released?

A111. For Part B only - an estimated date is not available at this time. However, a QIO may continue to receive ad hoc data until the analytical files are available.
CMS has no plans to provide raw OASIS data to QIOs. QIOs can access OASIS reports now. Requests must be sent to IFMC (Task 1b).
Section A, Attachment J-5 outlines the data in the CMS warehouse that are updated on a monthly basis. These data will be in the warehouse, and hence not delivered. QIOs will access the warehouse to analyze these data

and perhaps move a small subset of these data to their local server for further analysis.

Section B, Attachment J-5 states that the ARF will be placed on individual QIO database servers on an annual basis.

Section D, Attachment J-5, regarding various files. It is not possible to provide exact dates for the delivery of these data. The Data Support QIOSC will be providing these datasets, and this contract has not yet been awarded. **In any event, knowledge of specific delivery dates for these data is not a requirement for proposal preparation and submission purposes**. QIOs will be notified of actual delivery dates once they are known.

Q112. How often will the QIO receive this data from CMS?

A112. (See #111.) This answer is for Part B only.
It is anticipated that analytical files will be delivered quarterly. However, the frequency is subject to review and revision.

. Part A - *these data* there will be more than one datum.

It is much more important for a QIO to be capable of identifying and working strategically with stakeholders than for it to be able to correctly categorize them.

Q113. This paragraph mentions Medicare suppliers as a potential stakeholder; what is the CMS definition of a Medicare supplier?

A113. Providers of medical services and supplies paid under Medicare Part B. It is much more important for a QIO to be capable of identifying and working strategically with stakeholders than for it to be able to correctly categorize them.

Q1097. We did not receive beyond part 16, 16020. of the PRO Manual; When might we expect to have access to Sections beyond this?.

A1097. All of Part 16 was provided. It is not a draft and you may access the CMS website as follows: www.hcfa.gov/pubforms/program.htm. (click on pub. 19).

2. General Support

Q114. Where is the "reference" document?

A114. The reference document is included as part of this RFP amendment.

Q115. When will QIO Support Contractors be operational?

A115. As early in the 7th Round contract as possible.

3. Changes in Quality of Care Measures

4. General Evaluation

See Attachment J-7