Questions and Answers Template
North Dakota Questions

Question Number	RFP Section	Question	Answer
ND1	B.5.A, page 11	What process should QIOs use to apply for special project (SP) funding?	CMS will address future special studies in separate solicitations and QIOs should construct their proposal based on the requirements included in the current solicitation.
ND2	B.8, page 13	How will incremental funding for years 1, 2, and 3 of the 9th SOW be determined?	CMS will negotiate the entire 36-month contract. The FY 2008 obligation amount will not reflect the entire 36-month award. CMS anticipates that we will add any remaining funds not added to the contract in FY 2008 in FY2009.
ND3	C.4.9.d, page 23	Where within the business proposal should costs associated with emergency preparedness activities be submitted?	For direct contract costs that cannot be attributed to provided costs centers, the QIO/Offeror shall allocate those direct costs to each of the cost centers, using an allocation method consistent with organization practice. This does not include costs related to governance. These costs benefit the entire organization and should be included in indirect.
ND4	C.6.1.a.F.2, page 33	What are CMS' projections for the number of RAC referrals QIOs will receive during the 9th SOW?	At this point in time CMS cannot accurately predict the volume of cases that may be referred from the RACs.

ND5	C.6.1.a.F.2, page 33	Who will originate the MOAs or JOAs referred to in this section?	Please follow the current QIO manual instructions as set forth in chapter 3.
ND6	C.6.1.a.H.1.b, page 33	During the 8th SOW, support for HCAHPs was provided by a support QIO. Does the reference to QIO support for HCAHPs in this section mean that each QIO will provide support for HCAHPs for hospitals in their jurisdiction?	No. QIO level of support for HCAHPs will be similar in function (e.g., updating PRS campuses) to 8th SoW work).
ND7	C.6.1.a.H.6, page 34	Will QIOs have responsibilities associated with the validation appeals process during the 9th SOW?	Yes, QIO will continue to serve as the final validation appeals reviewer during the 9th SOW for inpatient hospitals not meeting the passing threshold.
ND8	C.6.2.1, page 36 and M.2.A., page 260	Section C states that QIOs shall recruit up to the maximum number of providers specified in Attachment B. Section M states QIOs will recruit additional hospitals to participate in NHSN. Can QIOs recruit hospitals for the MRSA topic beyond the number listed in Attachment B?	Please see revised contract language.
ND9	C.6.2.1, page 36	Attachment C was not provided with the RFP. When will QIOs be provided with this information?	This information is currently available in Attachment J-17. Please see revised contract language.
ND10	C.6.2.2, page 36	What will the frequency of reporting be, and what is the extent of the analysis, rating, and cataloging will be required?	This information will be included in a quarterly report. Please see revised Section F – Schedule of Deliverables.
ND11	C.6.2.15, page 38	For purposes of projecting travel costs, what is the location and duration of TeamSTEPPs training that will be provided by CMS?	Please see information provided on the website: www.ahrq.gov/qual/TeamsSTEPPS/
ND 12	C.6.2 16, page 38	Are community-based pharmacists eligible to receive QI assistance from and partner with the QIO as active project participants for the	Please see contract language. All Medicare providers and practitioners are eligible to receive quality improvement assistance

		Prescription Drug Therapy project? How about Critical Access Hospitals?	pertaining to Prescription Drug Therapy.
ND13	C.6.2.17, page 39	How many and which quality measures will be used for evaluation of this task? Are the 10% and 20% RI improvement goals required for each measure or for all measures combined?	The quality measures include Pressure Ulcers and Physical Restraints from MDS data. Please see revised contract language. Additional information will be available prior to start of contract.
ND14	C.6.2, pages 40 and 41	How will hospital-based interim performance measures be calculated for QIOs working with 3 or fewer hospitals?	This information will be available prior to start of contract.
ND15	C.6.2, pages 41 and 41	Will interim pressure ulcer measures be used for both nursing home and hospital patients?	No. The 18-month evaluation criteria for Pressure Ulcers apply to nursing homes only.
ND16	C.6.2, pages 40 and 41	Where can we find the CMS sponsored or endorsed data collection tools that will be used to abstract and analyze interim measures for pressure ulcers and SCIP?	Please see revised contract language. The nursing home Pressure Ulcer measure will be taken from MDS data, the hospital Pressure Ulcer measures has not yet been determined. The SCIP/HF measures will derive from the Clinical Data Warehouse.
ND17	C.6.2, Attachment B, Page 46	Are "Pressure Ulcer Hospitals" listed on Attachment B only PPS hospitals? Will a QIO be allowed to include a CAH as a participating hospital if it is in the same zip code as a nursing home 7 or more percentage points from the PU goal of 5%?	Please see revised contract language. CAH are included in the Pressure Ulcers – hospital component.
ND18	C.6.3. page 48	Where can we find the reference material to support the Prevention Theme? J16 referenced in the RFP is the Q&A template.	This is deleted.
ND19	C.6.3 page 54	How is CMS defining "care management processes" for purposes of determining PP eligibility?	The PP must be using their EHR to: • Maintain problem or diagnoses list, and • Identify specific patients by

			characteristics or risk, and • Create patient-specific care plans.
ND20	C.6.3 page 54	Is there a date by which a practice must have had its EHR in place in order to qualify as a PP?	October 31, 2008.
ND21	C.6.3 page 59	Is the patient registry the only data source that will be used for calculating improvement in the breast cancer quality measures?	The EHR requirements for the NP are identical to those for the PP. That is, NP must have a CCHIT certified EHR that is used to meet the care management criteria for at least one clinical topic.
ND22	C.6.3 page 61	Is the patient registry the only data source that will be used to calculate improvement in the immunization quality measures?	The EHR requirements for the NP are identical to those for the PP. That is, NP must have a CCHIT certified EHR that is used to meet the care management criteria fro at least one clinical topic.
ND23	C.6.3. Task 2, page 55, 56	When will the list of NPs be due from QIO and when will CMS provide QIOs with the match list? The 9th SOW now states that the match list will be provided by the end of month 1, but QIOs have until the end of Quarter 2 to submit the original NP list to CMS.	The QIOs are to supply a list of potential NPs for recruitment to CMS by the end of quarter 2 of the contract.
ND24	C.6.3. Task 6, page 57	What is the data source from which QIOs will track the "statewide rates" for the four prevention measures? What data will be included that will enable the QIO to perform analysis to evaluate disparities in rates for the four measures? Are the disparities to be tracked limited to race, or will the QIO be able to perform analysis that will detect rural/urban or geographic disparities?	Statewide rates will include only FFS beneficiaries in calculations based on analysis of Medicare claims. QIOs may augment Medicare claims data with survey data, such as CAHPS, includes all Medicare beneficiaries. Statewide rates will be supplied by a support contractor.
ND25	C.6.3. Task 7, page 57	Will QIOs fail Theme C.6.3. of the 9th SOW if fewer than 65% of NPs complete the OSS?	The QIO will be evaluated on the 18th and 28th month criteria outlined in the SoW.

ND26	C.7.2. Task 1.A.3, page 76	Does the population need to be such that we can evaluate a statistically significant impact of no less than 2% in the 30 day rehospitalization measure at the end of the contract, or is it (1% over the duration of the contract)? Please clarify.	The revised SOW makes the timeframes clear, including a sample power calculation. In summary, it is a 2 percentage point absolute reduction between two quarters at baseline and two quarters near the end of the project. The exact timeframes and methods are given in J-10.
ND27	C.7.2. Task 1, A.1.b, page 76	For recruiting participants it is important to be able to understand and explain the work requirements associated with use of the CARE instrument. Is the finalized tool available for review, and approximately how much time does it take to complete the tool per patient?	The website fro the paper version of the CARE tool is in the J-10 section of the revised SOW. Completing the entire tool requires about one hour. Sites can choose to require less than full completion and CMS aims to make efficiencies such as carry-forward and upload available during the project.
ND28	C.7.2. Task 1, A.1.b, page 76	Will all provider types be required to use the CARE tool, or just hospitals?	The evaluation measure O-6 will include all transitions that involve facilities (SNF, IRF, LTCH, as well as acute care hospitals).
ND29	C.7.2, Task 2, 3.a.i, page 81	Does the language “lead the target community through interventions” for medication management, plan of care, and post-discharge follow up mean that QIOs must discuss and consider those evaluations with participating providers, or does it mean those specific interventions must be implemented?	Since these are the interventions that have the best evidence, sites should at least discuss them with their partners and explain any choice not to try them out.
ND30	C.7.2, Task 4, 3,e, page 88	Does “the number of implemented interventions” refer to intervention strategies employed by the QIO, or process changes put in place by participating providers?	So long as the QIO considers the intervention to be part of the project and the QIO is involved in assisting and can describe the course, the QIO may include process changes put in place by participating providers.
ND31	C.7.3.	The second evaluation performance target for Task	Evaluation will be based on relative

	Evaluation, Clinical Outcome Measures, page 114	1.b. is 10% improvement in statewide rate over baseline. Is this 10% relative improvement?	improvement for the measures at 1.a. and 1.b. The words "relative improvement" will be added to the RFP to clarify this for measures 1.a. and 1.b. For example, if the state baseline rate for measure 1.b. (ACEI/ARB therapy) is 45 percent of patients' prescribed ACEI/ARB therapy: the 18 month goal would be 46.8 percent (baseline percent plus 4 percent of baseline) and the 28 month target would be 49.5 percent (baseline plus 10 percent of baseline). For measure 1.c. the evaluation will be based on reduction in failure rate. For example, if the state baseline rate of AV fistula placement in new hemodialysis patients is 30 percent and the overall goal is 50 percent, then the failure rate is 20 percent. The 18 month target would be to reduce the failure rate by 4 percent (of 20 percent), which equals an initial 18 month target AV fistula rate of 30.8 percent. The 28 month AV fistula target rate would be 32 percent (baseline plus 10 percent of the failure rate). These calculations describe the minimum clinical measurement targets. QIOs are encouraged to target beyond the minimum required improvement rates.
ND32	G.15, page 179	What is the distinction in definition between consulting and subcontracting?	Consultants are subcontractors. CMS requires more documentation in support of granting the QIOs consent for consultants.
ND33	G.16.A, page 180	Does the requirement for prior written consent for use of a consultant apply only when the services are	We need to check with Naomi. I would say "Yes".

		billed as direct?	
ND34	L.9.k., page 241	The RFP states that the CD Rom copy of the technical proposal should be submitted in Microsoft Office Word or Excel version 2003. Will it be acceptable to use Microsoft Office Word or Excel version 2000?	As long as it can be opened using Microsoft Office Word or Excel version 2003.
ND35	L.12, page 246	What information is CMS asking QIOs to be responsive to and include under Tab 2, Technical Assumptions?	See the revised RFP. This has been deleted.
ND36	L.12, page 248	What is the page limit for Tab 4 of the CKD proposal?	See revised Sections L and M.
ND37	M.2.A, Theme 6.2, page 259	Should the Excel spreadsheet described in “a..” also include the number of hospitals the QIO intends to recruit for MRSA?	See revised Sections L and M. (LIZ/JADE)
ND38	M.2.A, Theme 2.6.3, page 261	Are QIOs that are not eligible to work on the disparities Theme 7.1 required to provide an estimate of total number of underserved diabetes patients as described in “b.” and “c” for the Core Prevention Theme? If not, is there difference guidance provided for the core prevention theme?	This language has been classified.
ND39	M.2.B, Them e 2.6.3, page 262	What is a CLIN?	Contract Line Item Number (CLIN). This terminology is more typical with product RFP as opposed to service type requirements. It will be removed.
ND40	M.2.C, page 262	Page 262 of the RFP states "The offeror's Information Security Plan will be evaluated to determine the degree to which the offeror's proposal demonstrates an understanding of CMS policies...as set forth in the Business Partner System Security Manual (BPSSM)". Many parts of	The Business Partner System Security Manual should not be referenced – this is a mistake. "The offeror's Information Security Plan will be evaluated to determine the degree to which the offeror's proposal demonstrates an understanding of CMS

		this manual seem to be targeted towards Fiscal Intermediary contractors. Are QIOs required to comply with all parts of this manual? E.g., will QIOs be required to submit a monthly Plan of Action and Milestones file as indicated in the BPSSM? If QIOs will not be required to respond to all parts of the BPSSM, will CMS provide guidance as to which parts QIOs are required to respond to?	policies…" Their security plans will be compared to their understanding of CMS Security Policies, Procedures, Standards and Guidelines as outlined at http://www.cms.hhs.gov/InformationSecurity/
ND41	General	In the December 21 cover letter for 9th SOW renewal QIOs it indicates that the 9th SOW will begin on August 1, 2008, and that Round 2 and 3 QIOs will have their 8th SOW contracts terminated for remaining 8th SOW performance. Should 9th SOW business proposals for Group 3 QIOs be based upon unexpended 8th SOW funds, or on new 9th SOW funding?	QIOs should base 9th SoW business proposals on new 9th SoW funding.

Instructions:
Offer or must follow the instructions outlined in the amended Section L.8. of the RFP.