9th Scope of Work Renewal QIOs
Questions and Answers (Montana)

Question Number	RFP Section	Question	Answer
MT1	Attachment J-8, Other Direct Costs page 6 and Section G3 paragraph C subpart 1 page 169	Section G states that AHQA dues are to be accounted for as indirect costs. Attachment J-8 allows for reporting AHQA dues as direct contract costs. We have historically reported AHQA dues as direct costs to the QIO contracts as our organization would not belong to the association if we did not hold the QIO contracts. Is it acceptable to continue reporting AHQA dues as direct costs in the 9th SOW?	See revised business proposal instructions. For the 9 th SoW CMS considers AHQA dues indirect costs.
MT2	Section L.7 page 237-239	Section L.7 Small Business Subcontracting Plan references Attachment J-5 as an example of such a plan. Attachment J-5 contains descriptions of data to be supplied by CMS and does not include the referenced example. Will CMS make an example of the acceptable Small Business Subcontracting Plan format available for use?	See Section J, Attachment J-18 for the Sample Small Business Subcontracting Plan
MT3	Section L.10 subpart n page 245	Are Excel spreadsheets submitted to support costs in	See amended Sections L and M.

Question Number	RFP Section	Question	Answer
		the business proposal held to the 12pt Times New Roman font requirement or can spreadsheets be compressed to one page for readability purposes?	
MT4	Section L.14 paragraph 6 subparagraph (a) page 252	Under section L if purchasing additional equipment, you are required to state if you are proposing to furnish the equipment with your own funds. Does this refer to equipment purchased with indirect funds?	It applies to purchases utilizing both indirect and other noncontract funds.
MT5	Section L.14 paragraph 6 subparagraph (a) page 252 and Section C.4 Subparagraph 2	The referenced parts of Section C and Section L reflect an inconsistency in the solicitation language. Section C.4 subparagraph 2 states that additional equipment and software must be paid for out of QIO contract funds. Section L.14 paragraph 6 discusses purchasing equipment with corporate funds. Would CMS please clarify?	There are no inconsistencies. Section C4, Subparagraph 2 relates to computer (Hardware/Software) equipment only.
MT6	Section L.14 Paragraph 6 subparagraph (b) item 1 page 252	What defines when the government retains title on federal equipment as opposed to the contractor receiving and holding title?	If the equipment is purchased with contract funds and purchased thru the ERB process, it's classified as government furnished equipment (GFE) and the government retains

Question Number	RFP Section	Question	Answer
			the title on the equipment.
MT7	Section L Business Proposal Instructions Tab 7 page 253	Is it intended that the offeror actually insert RFP sections B, G, H and K into the business proposal volume?	Section B and K have fill-in items that must be completed by the QIO. A completed Section B and Section K must be included. Section L is amended to reflect this change.
MT8	Section G.4 Subparagraph e page 171	Are speaker fees considered to be honorariums?	Yes
MT9	Section G.14 subparagraph A page 179/Section L.2 subparagraph a page 231	Section G.14 references the NAICS code of 923120 as appropriate for the contract. Section L references NAICS code 541618 for the acquisition. Which is the appropriate NAICS code to use for completing the required Small Business Subcontracting Plan?	The correct NAICS code is 541618. The RFP is corrected.
MT10	Section G.25 page 190	In the instance of corporate (indirect) hardware failure, what guarantees will CMS provide that Contracting Officer's Authorizations will be processed in a timely manner to ensure no harm to the organization due to delays in the approval process?	There is a standard process in place for ordering, approving and receiving GFE equipment to support the contract. We will treat each major hardware failure, which causes a production outage, as a high priority and will process the purchase of the replacement equipment as quickly as possible. The replacement equipment may or may not be available at that time.

Question Number	RFP Section	Question	Answer
			In such cases, we would have to find alternate means of replacing the failed equipment. The government is self insured and any replacement of equipment has to be treated on a case-by-case basis and follow normal ERB procurement.
MT11	Attachment J-8	Where in the business proposal do contract administration costs belong? In previous SOWs there has been a specific column for costs associated with contract administration. This particular area of work related to the CMS contracts is time consuming and specific to the QIO contracts.	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,
MT12	Attachment J-2	Attachment J-2 describes the award fee plan and methodology, but the fee percentages are not defined. What fee percentages should be used to prepare the business proposal?	There are no award fee percentages. As provided in RFP Section B, QIOs shall insert award fee pool dollars.
MT13	Section G.25 page 190	Will CMS acceptance of the overall business proposal constitute “Contracting Officer’s Authorizations (COAs)” for the purchases listed in the business proposal?	No. The business proposal includes the estimated costs which may include anticipated purchases of GFP and/or anticipated use of subcontractors and consultants. Prior to the QIO entering into

Question Number	RFP Section	Question	Answer
			purchases, subcontracts and/or consultant agreements, the QIO shall obtain the proper COA or other contract required approval.
MT14	Attachment J-8	Is there other planned CMS sponsored training that needs to be considered in the budget response beside TeamStepps and QualityNet attendance?	Please review the SoW for required training.
MT15	Section G.4 page 171	Is "DSL Lines" meant to encompass all sources of Internet connectivity?	DSL refers to Internet Connectivity (e.g., broad band, etc.) Payment of personal internet access is not authorized. The federal government does not pay for home internet access for their employees so this holds true for this contract.
MT16	Section G.4 page 171	Can there be a waiver for this policy due to special circumstances? In areas of large geography with small populations, the cost of internet connectivity could easily be offset with saved travel dollars.	Internet Connectivity is viewed as a personal expense as work at an alternate location is for the convenience of the employee. Additionally, work being performed at other than the contractor's site must meet the security requirements of this contract. Therefore, the QIO will be responsible for any breach in the security of data when permitting work in locations other than their official place of business.
MT17	Section G9 page 175-176	Does GTL reference Government Theme Leader or Government Task Leader?	No. GTLs are the Government Task Leaders.

Question Number	RFP Section	Question	Answer
		Paragraph A indicates Government Theme Leaders and paragraph B lists their responsibilities. Then paragraph C lists responsibilities for GTLs. Is this paragraph C referring to Task Leaders? Will GTL be a common acronym for both positions of responsibility?	
MT18	General	Rural – We are a very rural state. There is nothing in the 9th SOW RFP focused on improving the patient safety for rural Medicare beneficiaries. Rural beneficiaries and rural health care providers face unique challenges that need to be addressed. We have made great progress through subtask work in the rural setting in the 8th SOW. We have partnered with stakeholders who understand the challenges in dealing with and improving quality health care for the rural population and all of us are passionate about continuing this important work. Will	CMS will address future special studies in separate solicitations and that QIOs should construct their proposal based on the requirements included in the current solicitation.

Question Number	RFP Section	Question	Answer
		there be an opportunity to submit a special project at a later date -focused on rural providers and beneficiaries?	
MT19	General	Home Health – Our home health agencies in our states have made great strides in improving clinical measures and learning about quality improvement. They have come to depend upon us to assist them in these efforts. We see a continued need for quality improvement work in this setting. Will there be an opportunity to submit a special project at a later date -focused on home health?	See Response to MT18
MT20	Section C; #7 on Page 20	"The QIO shall sign a subcontract with the Clinical Data Abstraction Center (CDAC) and shall work directly with the CDAC on records management activities. The CDAC will (1) request medical records on behalf of the QIO; (2) work with the QIO to track which medical records have been received and (3) track and report to the QIO on all	Currently the Annual Payment Update (APU) validation records, Premier Demonstration project and Patient Safety records are the top three with others added as needed. The exact numbers of records are determined upon each project as needed.

Question Number	RFP Section	Question	Answer
		photocopying and mailing costs incurred by providers or practitioners. The CDAC may pay the pass-through costs if the QIO chooses to include this as a provision of its subcontract with the CDAC." How many and what types of records can we expect from CDAC?	
MT21	Section C.4. Number 15; page 26	We assume this requirement applies to software development that will be directly charged to the QIO contract. Is that correct?	Correct.
MT22	Section C.5; Overall Contract Evaluation; paragraph 2; Page 26	There will be two evaluation periods – the first at the end of 18 months. From our experience in the 8th SOW, 18 months can be too soon to see improvement. At the 18-month mark – several of our states were failing a sub-task – yet at the 28-month they achieved an excellent pass. Will CMS take this fact into consideration during the final evaluation when both time periods (18 and 28 months) will be used?	No.

Question Number	RFP Section	Question	Answer
MT23	Section F.2 Deliverable # 22 Page 134	Why does Deliverable 22 state that the due date for reporting Physician Acknowledgement Monitoring is no later than the 27th month of the contract when the QIO Manual states Physician Acknowledgement Monitoring is required to be completed annually?	The contract has been modified to provide clarification. The due date now reads Annually, in accordance with TOPS Memo 2006-02.
MT24	Section F.2 Deliverable # 22 Page 134	Will CMS obtain the sample size and validation information for Physician Acknowledgement Monitoring via PRS or will QIOs be required to submit this data through another mechanism?	PRS.
MT25	Section F.2 Theme 6.1 No. 20 Page 134	QIOs are required to enter case review information into CRIS within three days of completion of each level of review. Why is entry within three days being required and is this three working days or three calendar days?	Case review data is considered real-time data. Taking into consideration holidays and weekends, the requirement is three calendar days. This is not a new requirement.
MT26	Section F.2 Theme 6.1	When will CMS let QIOs know what SDPS application	Please utilize PARTner application unless directed otherwise by CMS.

Question Number	RFP Section	Question	Answer
	No. 23 Page 134	will be available for QIOs to report documented collaboration with CMS contractors?	
MT27	Section C; Theme 6.1; H. Task 8 Item #2 Page 34	States to provide technical assistance for the use of the CMS reporting tool to hospitals. Does this include critical access hospitals?	Yes, CMS requires QIO's to provide technical assistance to PPS and CAH hospitals for the use of the CMS inpatient reporting tool. This level of effort is inconsistent with work performed by QIOs in the 8th SoW.
MT28	Section C; Theme 6.1; H. Task 8 Item #6 Page 34	Does the statement "work with all hospitals to improve validity…" include processing of validation appeal records?	Yes, CMS requires QIOs to review and process inpatient validation appeals. This level of effort is inconsistent with work performed by QIO's in the 8th SoW.
MT29	Section C. Theme 6.1 Evaluation - section Pages 34 & 35	Regarding the performance improvement requirement for beneficiary satisfaction surveys and QIAs – quarter 1 establish a baseline and show improvement in the quarters 2-12. Will CMS give QIOs with low volumes (i.e. less than 3 satisfaction surveys per quarter) an allowance for this performance measure? For example, it would be impossible to show improvement if there is only	Except for timeliness of reviews which is a cumulative measure, CMS will evaluate performance on a quarterly basis as indicated. The goal is to see improvement on a consistent basis. CMS recognizes your concerns and will account for low volumes in the evaluation process.

Question Number	RFP Section	Question	Answer
		one beneficiary survey completed or one QIA on a confirmed QIA.	
MT30	Section M – Theme 6.2 Patient Safety; 2nd paragraph; p. 259 –	"In responding to this RFP for this component, each QIO must first prepare two documents." We assume one document is the EXCEL spreadsheet listing the nursing homes/ hospitals with whom we will be working? – What is the second document?	Please see revised contract language.
MT31	Section C6.2 Patient Safety; final evaluation measures p42.	How are the final evaluation measures listed on page 42, under prescription drug safety (DDI and PIM), related to the work under #16 (page 38)?	Please see revised contract language. Please see response to Question AR-91.
MT32	Section C6.2 Patient Safety; final evaluation measures p42.	Are these measures also applied to other sections within Theme C.6.2?	Please see revised contract language.
MT33	Section C6.2 Patient Safety; final evaluation measures p42	The final evaluation lists the repository as Medicare Claims Data. Where will this particular data reside and how will it be made available to the QIOs?	Please see response to Question AR-91 related and Drug Safety.
MT34	Section C6.2 Patient Safety; final evaluation measures p42	Does CMS anticipate that QIO will need to work with Prescription Drug Plans or Medicare Advantage Plans to access Medicare prescription	Yes.

Question Number	RFP Section	Question	Answer
		drug claims?	
MT35	Section C6.2 Patient Safety; #16; last paragraph p. 38	"Each QIO will record the number of requests for assistance under this part." Is it correct that there are no deliverable requirements in Section F for #16?	Please see revised contract language, including Section F – Schedule of Deliverables. Theses are deliverables related to this component.
MT36	Section C.6.2 Activity 1 Page 36	The lower performing hospitals have historically been the least motivated to work on QI projects, is there any leverage that CMS will put on these facilities to get them to work with us?	No.
MT37	Section C.6.2 Theme Description Activity #1 Page 36	What are the QIOs re-course if the facility chooses not to participate?	QIOs have some flexibility in determining provider pools (up to 15% of the maximum allowance per component); please see revised contract language.
MT38	Section C.6.2 Theme Description Activity 1 Page 36	Recruitment in the past has proven to take a good deal of time. Therefore, when will we receive the list of facilities in attachments B&C?	These lists are currently available on the website.
MT39	Section C.6.2 Theme Description Activity 1 Page 36	Has CMS determined the timeframe for baseline?	This information will be available prior to the start of the contract.
MT40	Section C.6.2 Theme Description	"Analyze, rate, and catalog specific interventions and	Please see revised contract language and response to Question AR-57.

Question Number	RFP Section	Question	Answer
	Activity 2 Page 36	tools, as well as program and policy implementation". Is this meant in regard to facility interventions and tools, MedQIC, PSIC, etc.?	
MT41	Section C.6.2 Theme Description Activity 3 Page 37	Will QIOs be responsible for administering baseline and re-measurement surveys onsite, developing interventions and tabulate the results?	Please see response to Question AZ-50.
MT42	Section C.6.2 Theme Description Activity 3 Page 37 AND Section C6.2 Attachment A: second Activity Detail; Page 44	There seems to be a discrepancy in the wording between page 37 and page 44. Page 37 reads administer and collect results of the Healthcare Leadership and Quality Assessment Tool (HLCAT) **and** other Patient Safety Survey Instruments. Page 44 reads re- administer and collect results of the Healthcare Leadership and Quality Assessment Tool (HLCAT), Hospital Quality & Leadership Culture Assessment tool survey **or** other Patient Safety Survey Instruments. Are we to conduct both the HLQAT and the AHRQ Patient Safety Survey or do we have a choice	Please see revised contract language and response to Question AZ-50.

Question Number	RFP Section	Question	Answer
		on which survey we will administer?	
MT43	Section C.6.2 Theme Description Activity 3 Page 37	Will a tool be provided to tabulate the results from the Healthcare Leadership and Quality Assessment Tool (HLCAT)	Please see revised contract language and response to Question AZ-50. This information will be available prior to the start of the contract.
MT44	Section C.6.2 Theme Description Activity 6 Page 37	How does CMS envision the QIO staff obtaining accurate data on hospital acquired pressure ulcers - – conducting chart audits?	Please see revised contract language and response to Question AR-55.
MT45	Section C.6.2 Theme Description Activity 8 Page 37	Please clarify what "coordinate a local quality improvement **community** for each topic means?"	Please see revised contract language and response to Question CO-17.
MT46	Section C.6.2 Theme Description Activity 9 Page 37	Are implementation tools synonymous with improvement tools?	Yes.
MT47	Section C.6.2 Theme Description Activity 11 Page 37	Please clarify what CMS means by "identify improvements with implementation details?	Please see revised contract language under Activity #9.
MT48	Section C.6.2 Theme Description Activity 15 Page 38	We believe there are quality improvement professionals besides nurses or nurses that are qualified to complete TeamStepps Training as outlined under activity #15. May a QIO substitute a	Yes. Please see revised contract language and response to Question AL-15.

Question Number	RFP Section	Question	Answer
		qualified quality improvement professional for a nurse and/or physician?	
MT49	Section C.6.2 Theme Description Activity 15 Page 38	When will CMS conduct TeamStepps training sessions for QIO staff?	Please see revised contract language and response to question AL-15 and Section F – Schedule of Deliverables.
MT50	Section C.6.2 Theme Description Activity 17 Page 38	Will the focus of RCA be only on pressure ulcers and/or physical restraints or will we be doing a root cause analysis on other identified problems?	Please see revised contract language and response to Question AR-62. The RCA should be comprehensive and targeted to a particular facility.
MT51	Section C.6.2 Theme Description Activity 17; second paragraph; Page 38	The contract reads, "CMS will review the SFF candidate list and select the nursing homes the QIOs will work with." Which quarter and which measures will be used for the determination of these nursing homes?	Please see revised contract language and response to Question AR-62. This information will be available prior to the start of the contract.
MT52	Section C.6.2 Theme Description Activity 17; second paragraph; Page 38	Will QIOs be able to see the satisfaction survey template before it is administered to the facility?	Yes. This information will be available prior to the start of the contract.
MT53	Section C.6.2 Evaluation Page 39-40	The contract reads, "To pass the first evaluation period, the QIO must meet the following criteria: 1. QIO receives a score of 75% or greater on	Please see revised contract language and response to Question AR-62. This component will require ongoing oversight by CMS; additional information will be

Question Number	RFP Section	Question	Answer
		nursing home satisfaction. 2. The first NH assisted has recorded a minimum 10% relative improvement over baseline on the outcome measures. Those QIOs not meeting the criteria to pass the first evaluation period will fail the first evaluation period." QIOs do not have authority to require nursing home participation in quality projects and, therefore, does not have direct impact on the performance of #2. Will there be consideration in the first evaluation period for QIOs if the nursing home does not meet the 10% relative improvement over baseline?	available prior to start of the contract.
MT54	Section C.6.2 Attachment B – first bullet Page 45	Which quarter/year of SCIP Achievable Benchmarks of Care data will be used in identifying the hospitals 30 points or more below?	Outcomes on measures SCIP Inf-1 and Inf-3 for Quarters 4 (2006) and 1 (2007) were used to determine this provider pool.
MT55	Section C.6.2 Attachment B Page 45	How will CMS handle a hospital in the identified group if it converts to critical access	CAH are included in the determination of provider pools.

Question Number	RFP Section	Question	Answer
		hospital (CAH) prior to the start date of the contract?	
MT56	Section F.2 No. 33 Page 141	Please clarify which trainings are being referred to in deliverable 33?	Please see revised contract language and response to Question AR-58.
MT57	Section M. Theme 6.2 - part e. Page 260	Does reference to executive leadership agreement "(CEO/CFO/Medical Director)" indicate QIOs need to obtain signatures from all three persons?	No. Please see revised contract language and response to Question AR-59.
MT58	Section M; Theme 6.2; part g. Page 260	Please clarify how CMS intends for QIOs to "assist" participating hospitals in expanding MRSA reporting as outlined by the CDC?	In as far as providers need technical assistance or explanation related to reporting on the NHSN system, the QIO is expected to support providers in this effort as well as with QI initiatives.
MT59	Section M.; Theme 6.2;part i. 4th bullet Page 260	"A discussion of specific analyses to be undertaken, including a discussion of why these were selected over other possibilities." Please give an example of what "analyses" is being referred to?	Special analyses refers to the components chosen by the QIO and the Special Analysis that a QIO might undertake to show causation, attribution, progress, etc.
MT60	Section C.6.3 **Note: (**above the word "Background")	"NOTE: Reference materials supporting the Prevention Theme can be found in Section	This information was deleted.

Question Number	RFP Section	Question	Answer
	Very top of page 48	J, Attachment 16 of this document"; however, Section J, Attachment 16, is a template for submitting questions as part of Amendment Number 1 issued on 1/2/08. Where are the reference materials for Theme C.6.3?	
MT61	Section C.6.3 Task 1; Page 55	When will CMS negotiate with the QIO for the targeted number of PPs?	The QIO will be notified of the pre-contract award negotiation process.
MT62	Section C.6.3 Task Description Pg 54	Please describe what is included in Preventive Services as a care management clinical topic	Preventive Services includes mammography and colorectal cancer screening, influenza and pneumococcal pneumonia vaccinations.
MT63	Section C.6.3 Definition of a Physician Practice; 4th paragraph – Practice Site Pg 54	Please clarify the definition of "practice site" as a single place where 50% or more of the PP provides care. Does PP (participating practice) in this case mean all physicians of the practice collectively?	Is defined as the single place (office or site) where 50% or more of the full-time physician(s) provides care. Urgent care centers are not included as PP sites.
MT64	Section C.6.3 General	Can we work with Federally Qualified Health Centers (FQHC) and/or Rural Health Clinics (RHC)?	Federally-qualified health centers (FQHCs) and rural health centers (RHCs) may qualify if they meet all of the PP criteria.
MT65	C.6.3 Definition of a Physician	When will CMS supply readiness assessment and	A support contractor will provide these forms at the start of the

Question Number	RFP Section	Question	Answer
	Practice; 4th paragraph - Practice Site; Pg 54	practice consent forms?	contract.
MT66	Section C.6.3 General	Can a practice that is using a disease registry that includes the entire practice and covers Preventive Services, qualify as a PP?	The practice must have the electronic health record that meets the eligibility criteria.
MT67	Section C.6.3 Definition of a Physician Practice; Definition of Reporting Data; 1st paragraph Page 55	When will the CMS-directed software for transmitting patient level data to the QIO data repository be available?	CMS is enhancing its Management Information Systems. More information will be provided in the future.
MT68	Section C.6.3 Tasks, Task 2, in the **Note**, top of page 56	Will CMS be selecting the PP group? Please clarify statement under identification of pool of non-participating practices (NPs) – "The final list of PPs and NPs will be provided to the QIO by the end of month one of the contract."	The QIO shall submit this list of PPs actually recruited to the support contractor by the end of quarter 2 of the contract. CMS will then provide the final PP and NP list to the QIO.
MT69	Section C.6.3 Task 2; Under Characteristic: Page 56	Is there any other acceptable, required electronic clinical information production and usage status for inclusion in the NP and PP pool except EHR?	Each PP and NP will report their EHR-derived breast cancer and CRC screening and influenza and pneumococcal immunization data directly to the new CMS Management Information System. Alternately, the PP may generate an electronic report of this information

Question Number	RFP Section	Question	Answer
			from its EHR and transmit using software as directed by CMS.
MT70	Section C.6.3 Task 2; under Characteristic Page 56	What is meant by " 'denominator size' of a solo practice"?	This language has been revised to "estimate the number of patients eligible for each measure".
MT71	Section C.6.3 Task 4, Page 56	Is the "Assessment of Care Processes" (pg 56) the same as the "readiness assessment form" (pg 54) under Definition of a Practice Site – Practice Site 4th paragraph?	The language pertaining to readiness assessment has been deleted.
MT72	Section C.6.3 Task 6; Page 57	What practices are included in the statewide rates the QIO is required to monitor?	The participating practices.
MT73	Section C.6.3 Task 6; Page 57	What patients are included in the statewide rates the QIO is required to monitor?	The patients for the participating practices will be collected from the PP. CMS is providing claims for statewide rates, example CAHPS.
MT74	Section C.6.3 Task 6; Page 57	Will CMS provide timely, patient-level, billing claims data for mammograms, CRC screenings, influenza immunizations, and Pneumococcal pneumonia immunizations? Historically these data have had as much as a 2-year data lag.	Breast and colorectal cancer screening rates will be prepared annually from fee-for-service claims data by a support contractor and distributed to the QIOs. CAHPS will provide immunization rates each year; these rates will be distributed to the QIOs.
MT75	Section C.6.3 Task 7; Page 57	Will the OSS contain the same questions as the Assessment of	The reference to OSS is deleted. This is not the same process as the

Question Number	RFP Section	Question	Answer
		Care Processes?	8th SoW.
MT76	Section C.6.3 Table 1; Page 58	Please clarify the definition of "quarter" as used in Table 1. It appears that for the minimum number of PPs the quarters are contract quarters beginning August 1, 2008; however, it appears that the relative improvement rates are based on calendar quarters.	Quarter references the beginning date of the contract, August 1, 2008.
MT77	Section C.6.3; Table 1; Page 58	How will the QIO maintain relative improvement in influenza immunization rates with the cyclical and seasonal nature of vaccinations for flu?	Relative improvement from baseline.
MT78	Section C.6.3 Breast Cancer Screening; Page 59	How will decedents be excluded from the mammogram denominator?	This will be handled in the business requirements for measure specification programming.
MT79	Section C.6.3 Breast Cancer Screening; Denominator; Page 59	How will the practice know how long their patients have been enrolled in FFS Medicare for Part B given the limited enrollment information provided to practices?	CMS will calculate measures for PPs based on their reported patient population.
MT80	Section C.6.3 CRC Screening, Denominator; Top of page 61	What CPT, ICD-9, and other codes are associated with CRC screens? (Pg 61)	The North Carolina measure specifications will be used for this measure.
MT81	Section C.6.3	How will the practice know	CMSA will calculate measures for

Question Number	RFP Section	Question	Answer
	CRC Screening, Denominator; Top of page 61	how long their patients have been enrolled in FFS Medicare for Part B given the limited enrollment information provided to practices?	PPs based on their reported patient population.
MT82	Section C.6.3 Influenza Immunization, Quarterly and Final Remeasurement, Denominator; Page 61,	Where is attachment Q?	This is deleted.
MT83	Section C.6.3 General	How are lifetime Pneumococcal pneumonia immunizations determined? By patient response only or by Medicare billing claims?	Based on electronic health record (EHR) and claims based data.
MT84	Section F Deliverable #34 Page 143	The evaluation criteria states that a PP can be currently implementing a CCHIT certified EHR (pg. 143 of Section F). Please define implementing	This language has been clarified. To be enrolled as a PP, the practice site must have implemented and be presently using an EHR. This EHR must have been certified by a recognized certifying body by October 31, 2008.
MT85	Section F; Deliverable #34 Page 143	PP must show evidence of care management processes for at least 75% of their patients or patient encounters (pg. 143). Are these Medicare only encounters or does the 75% include non-Medicare as well?	The goal is for practices to use their EHR for at least 75% of the patients or patient encounters for the total practice population, which are eligible for the screening or preventive services.
MT86	Section F; Deliverable # 34	The evaluation criteria states, “Meets the characteristics	This language is revised.

Question Number	RFP Section	Question	Answer
	Page 144 towards the bottom	outlined in the SOW and these characteristics are clearly listed for each state/territory." Where are these characteristics clearly listed for each state/territory?	
MT87	Section M; A. Technical Understanding and Approach; part i; Page 258	Will the updated Risk Management Plan be communicated to CMS via a deliverable?	This section has been deleted.
MT88	Section M Theme 6.3 Page 261	There are paragraphs "b" and "c" but no "a". Is paragraph "a" missing?	This section is revised.
MT89	Section M Theme 6.3 Core Prevention; 2nd and 3rd paragraphs b. and c.; p. 261	It appears the EXCEL spreadsheets you want prepared are incorrect. These spreadsheets are the same as you request in the Prevention – Disparities – pages 266 and 267. What information do you want us to submit for Theme 6.3 – Core Prevention – b. and c.?	This section is revised.
MT90	Section C.7.1 Disparities Reduction Evaluation Page 67	How are targeted patients enrolled in the Program?	The QIO recruits patients to participate in the DSME program. CMS will provide examples of letters that can be given to patients who agree to participate. The formal "enrollment" process is up to each QIO.
MT91	Section C.7.1; Baseline: Numerator;	How are baseline numerator rates determined if a PP did	This is to be determined by CMS.

Question Number	RFP Section	Question	Answer
	Page 70	not participate in PQRI in 2007/2008?	
MT92	Section C.7.1; Baseline: Numerator; Page 70	What are the CMS FFS claims data to be used to determine the above numerator?	This is to be determined by CMS.
MT93	Section C.7.1; Baseline; Numerator Page 70	How is relative improvement to be made in each diabetic indicator when the numerator is defined as "Number in denominator who received one or more of each diabetic indicator" By definition this would aggregates all diabetic interventions into one figure.	Numerator: Number in denominator who received one or more of each diabetic indicator between August 1, 2007 and July 31, 2008. Denominator (Eligible or "At Risk" Population)" Number of Medicare persons age 18-75 with a diabetes diagnosis. These are not the same.
MT94	Section F; Deliverable #51, Page 150	What is "QIO plan for optimization of performance"?	The QIO should report how they plan/intend to improve their performance throughout the remainder of the SoW. For example, but not limited to, any recruitment or retention barriers and efforts to address them.
MT95	Section C.8 Special Projects Page 121	Special Studies – When will QIOs be given the opportunity to submit projects as special studies – for example a rural/CAH project?	See response to MT18
MT96	Section C.7.2; Overview - top of	What is meant by sustainable replicable strategy to achieve	As an element of the overview, this goal seems obvious: just stating the

Question Number	RFP Section	Question	Answer
	page 74	high-value health care?	goal of achieving high quality, at a good price, in a system that can keep producing that high value.
MT97	Section C.7.2 Community/Provider Recruitment/Selection Number 1. ; Page 76	Will the CARE instrument be available at the start of the Scope of Work in the electronic format or will we be using a paper tool?	The demonstration version of the electronic CARE tool is expected to be ready by September 2008. The sites may choose to start with paper or another platform, and the CMS platform and instrument will have enhancements at various times during the 9th SoW (in part in response to the priorities of the sites).
MT98	Section C.7.2 Community/Provider Recruitment/Selection Number 1. ; Page 76	If the electronic tool is not available at the start of the SOW, when will it be available?	It will be available.
MT99	Section C.7.2 Community/Provider Recruitment/Selection Number 3. Page 76	Could CMS please better define what constitutes a reasonably stable population for at least three years?	See answers to PP31.
MT100	Section C.7.2; Community/Provider Recruitment/Selection Number 7 Page 78	What is meant by an expected size of the contribution of each institutional or organizational provider to the overall number of transitions involving Medicare patients?	The method for computing transitions and the proportion of transitions is given in Section J, Attachment J-10.
MT101	Section C.7.2; paragraph 1; Page 86	How will the comparison community/ies be selected?	The Theme QIOs will propose some possibilities and the Support QIO will help evaluate the suitability.

Question Number	RFP Section	Question	Answer
MT102	Section C.7.2 page 85 #3	CMS states QIOs will be submitting monthly reports. Is there a deliverable associated with this monthly reporting requirement?	The QIOs will submit data relevant to all interim measures monthly for purposes of monitoring progress. Quarterly, these rates will be reported to management. There is a deliverable associated with this.
MT103	Section C.7.2 a. Ii; page 81	Will participating providers receive financial incentive if they implement and use the CARE instrument by 3/1/09?	No.
MT104	Section C.7.2 B 2; page 79	CMS refers in section C.7.2 to the 18, 28 and 36-month reports. There are 18 and 28-month reports in Section F. (deliverable # 54 and 55) but no 36-month report required. Is this an oversight?	A 34-month report has bee added to Section F.
MT105	Section c.7.2 4.c.iii; page 90	What constitutes a HH claim – when they lock the initial Oasis and receive partial payment or when the episode of HH care ends?	We cannot discern the origin of this question or the prose that gave rise to it. There does not seem to be anything in the required work that turns on the definition of a home health claim.
MT106	Section C.7.2. e. 0-4 Description; page 91	Does admission to a PPS hospital outside of the geographic community, selected for this project, but within 30 days of discharge count as a readmission for the purpose of this Theme or does	Readmission anywhere counts, so long as the beneficiary's address is within the ZIP code targets.

Question Number	RFP Section	Question	Answer
		it only count as a readmission if it occurs in a PPS hospital within the selected community?	
MT107	Section F Deliverable # 60; page 153	When will the guidelines be available to the QIO for interim measures?	The data needs for the interim measures are apparent in the explanation of the measures in Section J, Attachment J-10. The specifications for submission will come later.
MT108	Section C.6.1 Beneficiary Protection Evaluation, page 35	Evaluation, p. 35: Each QIO is expected to improve its performance on specified beneficiary complaint activities on a quarterly basis. Will the evaluation contain a provision for quarters during which there are a small number of beneficiary complaints or even no beneficiary complaints?	CMS recognizes your concerns and will account for low volumes in the evaluation process.
MT109	*Section C.6.2 Patient Safety* Theme Description/Required Activities, 1., page. 36:	The QIO will recruit up to the maximum number of providers specified in Attachments B and C. Does this mean that the QIO must discontinue all support initiated during the 8SOW, such as providing QIO developed reports and assisting with pre-packaged report	Funds under the 9th SOW are targeted to facilities determined to be in the greatest need of assistance with Quality Improvement efforts.

Question Number	RFP Section	Question	Answer
		downloads, for any facility not specified in Attachments B and C?	
MT110	Section C.6.2; #17; Table. page 39:	The evaluation of QIO performance on the poorly performing nursing homes task includes assessment of the quality measures' relative improvement. A description of how relative improvement will be calculated would be helpful. Will the evaluation use resident-based rates (sum of resident numerators across facilities/sum of resident denominators across facilities) or facility-based rates (averages of individual nursing home rates)?	Please see revised contract language. This information will be available prior to the start of the contract.
MT111	Section C.6.2; Attachments B and C, pages. 46-47	Will CMS provide listings of the specific facilities included in the table; or is the QIO expected to identify the facilities based on the criteria listed under Attachment B?	These lists are currently available by state as Attachment J-17.
MT112	Section C.6.2. Evaluation, pages. 40-42:	How do the individual patient safety measures described on pages 40-42 specifically	Please see revised contract language. Clarification is provided in the revised version; at each

Question Number	RFP Section	Question	Answer
		correspond to the overall 18 and 28 month evaluation criteria described in C.5, Overall Contract Evaluation?	evaluation period, a QIO will "pass" if they meet or exceed the criteria outlined in the "Overall Contract Evaluation" as it applies to the specific requirements, by component, explained in the Patient Safety section.
MT113	Section C.6.3 Prevention Task 6, page 57:	The QIO shall monitor and track the statewide rates for all four measures. Will Part B claims data be used to calculate the statewide rates?	Breast and colorectal cancer screening rates will be prepared annually from fee-for-service claims data by a support contract and distributed to the QIOs. CAHPS will provide immunization rates each year.
MT114	Section C.6.3; Table 1, page 58:	Will the rates be calculated at the patient level (sum of patient numerators across practices/sum of patient denominators across practices) or at the practice level (averages of individual practice rates)?	The patients for the participating practices will be collected from PP. CMS is providing claims for statewide rates, example CAHPS.
MT115	Section C.6.3; Table 1, page 58:	Do the relative improvements for every measure for every quarter need to be met in order to pass the overall evaluation?	The improvements must be met for the 18th and 28th month evaluations.
MT116	Section C.7.2 Patient Pathways (Care	Can "hospitalization" refer to a critical access hospitalization	The evaluation measures will look only at "acute care" PPS

Question Number	RFP Section	Question	Answer
	Transitions) Background, Footnote 15, page 74:	followed by a PPS hospital readmission?	hospitalization. Begin in a critical access hospital before or after will not be tallied ((it will belike being in an ER or a long-term-care facility). The QIO and its community can tally critical access hospitals in other ways in implementing interventions.
MT117	Section C.7.2 Patient Pathways (Care Transitions) Background, Footnote 15, page 74:	Can "hospitalization" refer to a PPS hospital admission followed by a critical access readmission?	See MT 116 above.
MT118	Section C.7.2 Patient Pathways (Care Transitions) Background, Footnote 15, page 74:	Does a hospitalization resulting in readmission to an out of state hospital count as having a readmission in the outcome measures?	Yes.
MT119	Section M.2. -Subheading –Additional Technical Contents and format for theme 6.3 Pg.262 -Section C – Information Security Plan Evaluation Criteria and Instructions- Page.261	Do these security requirements pertain to applications developed to support the core prevention theme, the SDPS network, and/or the entire infrastructure of the proposing organization?	If federal funds are used to develop any custom applications in support of the QIO program on behalf of CMS – Yes. Any system or application developed with Federal funds on behalf of the Federal Government and CMS must adhere to the CMS Policy for the Information Security must adhere to the CMS Policy for the Information Security Program (PISP) and the

Question Number	RFP Section	Question	Answer
			CMS IS Acceptable Risks & Safeguards (ARS). These documents were developed in response to the FISMA and NIST requirements as set forth from OMB. The NIST SP-800 series, as prescribed under NIST 800-53 Recommended Security Controls for Federal Information Systems is now a FIPS-200 mandated standard. See http://csrc.nist.gov/publications/PubsFIPS.html. Federal Information Processing Standards (FIPS) 200 – Minimum Security Requirements for Federal Information and Information Systems requires that "Federal agencies must meet the minimum security requirements as defined herein through the use of the security controls in accordance with NIST Special Publication 800-53. Recommended Security Controls for Federal Information Systems, as amended." Waiver: "No provision is provided under FISMA for waivers to FIPS made mandatory by the Secretary of Commerce." Any FIPS or FIST SP 800 series documentation that is referenced by the NIST SP 800-53

Question Number	RFP Section	Question	Answer
			MUST be met according to the systems FIPS 199 – Standards for Security Categorization of Federal Information and Information Systems classification level.
MT120	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions - line one of page.263	If this RFP does intend to include the BPSSM as defined in the documentation as a requirement, is this document expected to be included in the RFP in its entirety or will it be an expected deliverable in the early days of the contract?	No – however, Business Partner System Security Manual should not be referenced – this is a mistake.
MT121	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions- line one of page.263	If an extensive BPSSM is expected in the response to this RFP, are the following documents also expected, required and/or preferred to be included in the response to this RFP? a. Certification b. Self-	Business Part System Security Manual should not be referenced – this is a mistake.

Question Number	RFP Section	Question	Answer
		Assessment c. System Security Plan for each GSS and MA d. Risk Assessment e. IT Systems Contingency Plan f. Results of the ACA g. Plan of Action and Milestones h. System Security Profile i. …. And all 10 sub sections and storage require	

Question Number	RFP Section	Question	Answer
		ments	
MT122	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions- line one of page 263	Will the delivery time frames as defined in the BPSSM document be adhered to for this contract or will there be a different deliverable timeline for items A through G in question 4 above?	Business Partner System Security Manual should not be referenced – this is a mistake.
MT123	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions – line one of page.263	If an organization is a 'multi-state' QIO, will the organization be allowed to capitalize on economies of scale by combining some of the testing, assessment and certification activities as defined by the BPSSM?	Business Partner System Security Manual should not be referenced – this is a mistake.
MT124	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions- line one of page.263	If a full BPSSM document is not expected in this proposal, when will it be expected and at what level of detail? This document is more extensive than the documents currently required, and the degree to which QIOs will be fulfilling the BPSSM will impact the	Business Partner System Security Manual should not be referenced – this is a mistake.

Question Number	RFP Section	Question	Answer
		staffing and time required to manage and complete this requirement.	
MT125	Section M.2. Subheading –Additional Technical Contents and format for theme 6.3 Section C –Information Security Plan Evaluation Criteria and Instructions- line one of pg.263 – website: www.cms.hhs.gov/informationsecurity BPSSM – 2.0 IT Systems Security Roles and Responsibilities, Section 2.2 – The (Principal) Systems Security Officer – page 11, paragraph 2	Is each QIO expected to have a full-time, fully qualified, and credentialed Systems Security Officer (Certified Information Systems Security Professional [CISSPI]}? Please provide additional details as available.	Business Partner System Security Manual should not be referenced – this is a mistake.
MT126	Section M.2. Subheading –Additional Technical Contents and format for theme 6.3 Section C –Information Security Plan Evaluation Criteria and Instructions- line one of pg.263 – website: www.cms.hhs.gov/informa	If a state is a 'multi-state' QIO, must each location employ a separate full-time System Security Officer?	Business Partner System Security Manual should not be referenced – this is a mistake.

Question Number	RFP Section	Question	Answer
	tionsecurity BPSSM – 2.0 IT Systems Security Roles and Responsibilities, Section 2.2 – The (Principal) Systems Security Officer – page 11, paragraph 2		
MT127	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C –Information Security Plan Evaluation Criteria and Instructions-line one of pg.263	If the BPSSM will be adhered to as published, will the contractor be required to pay for the required annual on-site review of business partner security programs (insuring that they meet the information security requirements imposed by FISMA)?	Business Partner System Security Manual should not be referenced – this is a mistake.
MT128	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C –Information Security Plan Evaluation Criteria and Instructions – line one of pg.263	Both the BPSSM and the CMS web site referred to in the RFP include multiple references to the 800 series (SP 800-XX) of the NIST special publications. These sections include thousands of pages of information, guides, and guidelines related to many infrastructure components included in the SDPS	Business Partner System Security Manual should not be referenced – this is a mistake. Any system or application developed with Federal funds on behalf of the Federal Government and CMS must adhere to the CMS Policy for the Information Security Program (PISP) and the CMS IS Acceptable Risks & Safeguards (ARS). These documents were developed in response to the FISMA and NIST requirements as set forth from

Question Number	RFP Section	Question	Answer
		infrastructure. Does this RFP request information on our adherence to any of these sections by indirect inclusion based on their inclusion in the BPSSM and the web site, which this RFP includes?	OMB. The NIST SP-800 series, as prescribed under NIST 800-53 Recommended Security Controls for Federal Information Systems is now a FIPS-200 mandated standard. See http://csrc.nist.gov/publications/PubsFIPS.html. Federal Information Processing Standards (FIPS) 200 – Minimum Security Requirements for Federal Information and Information Systems requires that "Federal agencies must meet the minimum security requirements as defined herein through the use of the security controls in accordance with NIST Special Publication 800-53. Recommended Security Controls for Federal Information Systems, as amended." Waiver: "No provision is provided under FISMA for waivers to FIPS made mandatory by the Secretary of Commerce." Any FIPS or FIST SP 800 series documentation that is referenced by the NIST SP 800-53 MUST be met according to the systems FIPS 199 – Standards for Security Categorization of Federal Information and Information Systems classification level.

Question Number	RFP Section	Question	Answer
MT129	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions – line one of pg.263	Will QIOs be required to use the CISS as included as Appendix A in the BPSSM?	Business Partner System Security Manual should not be referenced – this is a mistake.
MT130	Section M.2. Pg.261 -Subheading – Additional Technical Contents and format for theme 6.3 Section C – Information Security Plan Evaluation Criteria and Instructions – line one of pg.263	If the answer to the above question is yes, to what extent?	Business Partner System Security Manual should not be referenced – this is a mistake.
MT131	CKD Optional Task 1: Support for Companion CMS Quality Initiatives; Page 110	In referring to Medicare quality incentives programs directly aligned to the CKD clinical focus, can you provide information on the specific programs you are referencing to?	See the answer to questions DE, PA, WV216 and NH36.
MT132	CKD optional Task 1: Support for Companion CMS Quality Initiatives; Page 111	Is there a PQRI reporting set only for CKD measures?	See the answers to questions DE, PA, WV207 ad DE, PA, WV216.

Question Number	RFP Section	Question	Answer
MT133	Task 1.a. Timely testing to reduce the rate of kidney failure due to diabetes; Page 113	Does the word elderly refer to 65 years and older?	The population for measure 1.a. is Medicare beneficiaries between the ages of 18 to 75.
MT134	Task 1.a. Timely testing to reduce the rate of kidney failure due to diabetes; page 113	In the statement referring to a nephrology visit for evidence of a nephropathy, why is there no restriction on the diagnosis or procedure code?	Credit in the numerator for measure 1.a is given for any diabetic patient who is seen by a Nephrologist. We see no need to restrict this category to certain diagnosis or procedures.
MT135	Task 1.a. Timely testing to reduce the rate of kidney failure due to diabetes; Page 113	Could you provide clarification on the timeframes of the two evaluation periods?	The first evaluation period ends at 18 months, and the second evaluation period ends at 28 months.
MT136	Deliverable 8, QNet System Security Policies (SSP) Training (C.4.3.)	The "Reporting Mechanism" column states "Maintain a log locally onsite with the attached user certificate" and the "Contract Requirement Emphasis/ Notes" column states "Train QIO employees on QNet Security Policies and maintain a log locally onsite with Security POC of QIO employee signatures confirming receipt of the QNet SSP Training". The QualityNet System Security Policy, V 4.0, dated October 5, 2007, states, "A minimum score of 80% on a	CMS is unable to answer the question as submitted.

Question Number	RFP Section	Question	Answer
		quiz and a digital signature of the Statement of Acceptance are required to complete the training." in both Section 2, Purpose, and Section 3., QualityNet Security Awareness. Upon implementation of the digital signature of the Statement of Acceptance regarding completion of the QualityNet Security Awareness Training and in compliance with the current QualityNet Security Policy, it has been our understanding that QIOs no longer need to maintain a log locally onsite with Security POC of QIO employee signatures confirming receipt of the QNet SSP Training. Furthermore, the digital signature of the Statement of Acceptance regarding completion of the QualityNet Security Awareness Training can be obtained via reports on the training site precludes the	

Question Number	RFP Section	Question	Answer
		need to maintain a log locally onsite "with the attached user certificate". Must QIOs require employees to digitally sign the Statement of Acceptance, to physically sign a log attesting to the Statement of Acceptance and that the employee received QualityNet Security Awareness Training, and that QIO employees must print their QualityNet Security Awareness Certification Training certificate that will be maintained along with the physical signature log?	
MT137	Section C.6.1. F. Task 6. Collaboration with CMS Contractors, page 33	Item 2 states that as directed by CMS, QIOs shall enter into MOAs and JOAs with FIs, Carriers, MACs, RACs and QIOs. Will QIOs be required to have MOAs with hospitals, SNFs, HHAs and hospice organizations, as well, in the 9SOW?	Yes. Please refer to instructions as set forth in Chapter 3 of the QIO Manual.