SECTION F - SCHEDULE OF DELIVERABLES

F.1. PERIOD OF PERFORMANCE

The period of performance for the 9th SOW QIO contracts is August 1, 2008 through July 31, 2011.

All work and deliverables required under this contract shall be completed by the expiration date of the period of performance.

For Section F – QIO Schedule of Deliverables, unless otherwise specified all deliverable due dates required monthly, quarterly, or annually are defined as due 10 “calendar” days after the given time period. If a due date falls on a weekend or holiday, the due date shall be the very next business day.

For example: If the contract period of performance begins on August 1, then a deliverable due date of “quarterly” would be due on the 10th day following the end of each quarter (i.e., November 10 for the period of August 1 – October 31; February 10 for the period of November 1 – January 31; etc.).

F.2. ITEMS TO BE FURNISHED AND DELIVERY SCHEDULE

The QIO shall furnish the reports and deliverables required under this contract in accordance with the Delivery Schedule and Reporting Instructions as set forth below:

Deliveries or Performance Reports/Items to be Furnished and Delivery Schedule

Section F – QIO Schedule of Deliverables

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
C.4. GENERAL REQUIREMENTS						
C.4.1 Infrastructure Operations Support and Data Management						
1.	Provide list of assigned disaster recover individuals with specified responsibilities and actions [Point of Contact (POC) list] (C.4.1.)	QIO Project Officer (PO) Standard Data Processing System (SDPS) Government Task Leader (GTL)	November 30, 2008 Update when staff changes	SDPS Application		NA
2.	Provide a written Contingency Plan that details the roles, responsibilities, and process for recovering data and that documents procedures for making and safeguarding backup	QIO PO SDPS GTL	November 30, 2008 11:59 PM Eastern Annually thereafter on November 30	SDPS Application	Template will be provided by CMS	NA

	copies of software, operating data, and user data (C.4.1.)					
3.	Record daily iterative and weekly full tape backup (Tape Backup Rotation Schedule and Logs) (C.4.1.)	QIO PO SDPS GTL	Upon Request	Kept locally at site		NA
4.	Record offsite storage of backups and rotation (Offsite Storage Logs) (C.4.1.)	QIO PO SDPS GTL	Upon Request	Kept locally at site		NA
5.	Provide list of assigned QIO Information Technology (IT) Representatives with contact information (i.e., name; position; phone numbers; email addresses) (C.4.1.)	QIO PO SDPS GTL	November 28, 2008, Annually thereafter on November 30 Update when staff changes	SDPS Application		NA
6.	Complete Remedy ticket assignments within the designated timeframe (C.4.1.)	QIO PO SDPS GTL	As assigned to QIO IT Representative through Remedy Action Request (AR) System	Remedy AR System	Perform task and close ticket in Remedy AR System If required, include any documentation with ticket to validate completion	NA
7.	Maintain systems and software to be in compliance with current standard configuration (C.4.1.)	QIO PO SDPS GTL	As Released	Memorandums or Remedy AR System	Perform task as assigned through Memorandums or Remedy AR System and maintain as required	NA
8.	QNet System Security	QIO Security	Before QIO	Maintain a log	Train QIO employees	NA

	Policies (SSP) Training (C.4.3.)	POC	employee receives a User Account to access a QNet system/ application Annually thereafter	locally onsite with the attached user certificate	on QNet Security Policies and maintain a log locally onsite with Security POC of QIO employee signatures confirming receipt of the QNet SSP Training	
9.	QNet Security POC Site Compliance Letter (C.4.3.)	CMS QualityNet Information System Security Officer	November 30, 2008 11:59 PM Eastern Annually thereafter on November 30	Mail hard copy of Signed Compliance Form Letter to CMS QualityNet Information System Security Officer		NA
10.	Sign in log for visitors (C.4.3.)	QIO Security POC	As required when visited by external personnel	Maintain Visitors Log (current and historical) locally onsite		NA
11.	Information Security Plan (ISP)	QIO Security POC	Within 1-month after contract award	SDPS Application	The QIO will provide a 1-pager high level ISP on how it will control access and security of its system.	
12.	List of current Active users accounts with access roles and privileges identified and a log of deactivated users (C.4.1.)	QIO Security POC PO or CMS GTL upon request	As required when establishing or changing user access and when user leaves the organization	User account and permission logs maintained locally onsite		NA
13.	Records of incident response	CMS QualityNet	As required when a security	Incident report maintained in		NA

	(C.4.1.)	Information System Security Officer PO or CMS GTL upon request	incident occurs	Remedy AR and a hard copy (and/or electronic copy depending on the sensitivity of the incident) of incident reports sent to CMS QualityNet Information System Security Officer via the Remedy Tracking System as outlined in the most current QualityNet Incident Response Procedure (http://qionet.sdps.org/training_resources/IncidentResponse.pdf)		
14.	Update Remedy inventory for all procured and received IT equipment (hardware and software) (C.4.1.) Maintain and follow HHS-22 process within Remedy	QIO PO SDPS GTL	As required when hardware or software equipment received	Update record in Remedy Inventory Module		NA
15.	List of all purchased and leased equipment in HHS-565 submission (C.4.1.)	CMS Property Officer	Annually on November 30 11:59 PM Eastern or upon request	Mail hard copy printout of HHS-565 to CMS Property and Contract Officer		NA

16.	HHS-22 submission (C.4.1.)	CMS Property Officer	When hardware or software equipment is transferred and/or retired or disposed	Submit HHS-22 for approval via Remedy to CMS Property Officer Update record in Remedy Inventory Module		NA
17.	Corrective Action Plans	CMS Security Lead and FISMA Audit Team	Once findings are identified; quarterly submitted until closed	Submit via QualityNet Exchange to audit team accounts and CMS/QualityNet/ISSO	Templates to be provided by CMS	
18.	Partnership and Communications Plan (C.6.B.8.)	PO Communications GTL Region Office Communications Specialist working through Communications GTL	August 31, 2008 11:59 PM Eastern Every 6 months thereafter Available upon request	SDPS Application electronically by request as directed by the Communications GTL	Template provided by the Communications GTL	NA
19.	Internal Quality Control (IQC) Plan which includes each subtask and major activity (C.4.10.)	PO	September 30, 2008 11:59 PM Eastern Update Project Officer during regular subtask discussions or as otherwise requested by the Project	SDPS Application and as directed by the Project Officer		NA

			Officer			
C.6.1. Beneficiary Protection						
20.	C.6.1. a. Review Activities (includes Sub-tasks 1, 3, 4, and 7) All case review information will be entered into the case review information system within three days of completion of: 1. initial review 2. reconsideration or reopening review 3. other review activity	PO/ Protection GTL/ SDPS/ Theme Lead	Ongoing	SDPS Application	The QIOs will enter data related to case reviews and their associated activity (as applicable) as directed per the SDPS user's guide.	All case review information will be entered into the case review information system within three days of completion of: 1. initial review 2. reconsideration or reopening review 3. other review activity
21.	C.6.1. a. B. Sub-Task 2 Report on Quality Improvement Activity as a result of case review data analysis	PO/ Protection GTL/ SDPS/ Theme Lead	Semi-annually	SDPS Application	The QIOs will identify the methods in which they determine the presence of quality of care issues, QIA development, implementation and follow-up.	Provide an outline of QIA identification, development and evaluation process. The QIOs will submit a write-up of all QIA implementation that focus on systems change, including an explanation of the nature of the issue/system change, interventions, intended and actual outcomes associated with the change, and the QIO's efforts related to adoption of the systems change by other providers.
22.	C.6.1. a. E. Sub-Task 5	SDPS	Annually, in accordance	SDPS Application	Provide data to demonstrate the	Provide data to demonstrate the required

	Report of completed Physician Acknowledgement Monitoring		with TOPs Memo 2006-02		required sample size (per CMS instructions) and validation is being met.	sample size and validation is being met.
23.	C.6.1. a. F. Sub-Task 6 Report of Documented Collaboration with QIO Beneficiary Satisfaction Survey Contractor, State Survey Agencies, FIs, MACs, Qualified Independent Contractors (QICs), the OIG.	PO/GTL/ Theme Lead/ SDPS	Quarterly	SDPS Application	At a minimum, the QIO shall meet with the SSA annually to discuss information exchange and areas of relating to QIO contract performance.	The QIO will provide an update to CMS regarding the level of contact and coordination with the SSAs. A summary of the annual meeting with the SSA will also be required. This should include topics discussed, level of collaboration, applicable actions and follow-up items.
24.	C.6.1. a. G. Sub-Task 7 No less than annual posting of QIO CR information on the QIO websites	PO/GTL/ Theme Lead	Annually	SDPS Application	The template is part of an SDPS application. As such, it will guide the QIO as well as automatically populate the required data.	Via an SDPS application, the QIO will utilize the Annual Medical Services Review template to populate all of the applicable fields related to specific review types and their outcome. To be posted on the individual QIO website.
25.	C.6.1. a. H. Sub-Task 8 Quality Data Reporting	PO/GTL/ Theme Lead	Quarterly	SDPS Application	Update the Program Resource System (PRS) on a quarterly basis by keeping the data on the status of hospitals up-to-date, including open/closed status, information on the CEO, hospital mailing address, and e-	

					mail and telephone contact information.	
26.	C.6.1. a. H. Sub-Task 8 Quality Data Reporting	PO/GTL/ Theme Lead	Annually by August 31	SDPS Application	Provide CMS with a diary of contacts between the QIO and all hospitals participating in the RHQDAPU program. This diary's purpose is to document technical assistance provided by each QIO to the hospitals, and it is necessary for the RHQDAPU reconsideration process. The diary shall include a list of contacts, dates, and summarized information about each contact. This deliverable is due to CMS Hospital Reporting Program contractor annually by August 31.	
C.6.2. Patient Safety						
27.	Recruit up to a specified maximum number of providers from a state pool defined by CMS.	PO/GTL/ Theme Lead	September 30, 2008	QualityNet	Maximum number of providers for each subtask is specified in Attachments B and C. NOTE: Not all QIOs have the opportunity to select all subtasks. In addition, there is no	CMS chose potential provider pools by identifying those with the greatest need. For example, the lists of SCIP providers are those scoring at least 30% below the Achievable Benchmark of

					minimum number of providers.	Care™ (ABC). The list of providers for nursing home pressure ulcers encompasses those at least 10% below the ABC. The patient safety funding for each QIO is dependent on the number of providers they recruit to work with. The decision to work with none (hence the "no minimum") can be seen as prudent if the QIO does not want to work in a particular subtask.
28.	Assess provider leadership and cultural assets and liabilities Cultural leadership survey-AHRQ Patient Safety Survey or HLQAT Survey Re-administer or collect leadership or safety cultural assessment and submit results by month 35.	PO/GTL/ Theme Lead	January 31, 2009 And June 30, 2011	Electronic version of AHRQ cultural assessment tool as well as CMS leadership survey (HLQAT)	AHRQ Patient Safety Survey (APSS) available: http://www.ahrq.gov/qual/hospculture/ Hospital Leadership Quality Assessment Tool (HLQAT) available: http://www.ofmq.com/hospital-leadership-collaborative	In this deliverable, CMS is looking for QIOs to ensure that each provider takes a baseline survey and subsequent survey by month 35 to track interventions. QIOs to provide technical assistance based on survey results. The APSS consists of 42 items that measure 12 areas or composites of patient safety culture. Detailed instructions on how to measure improvement using the survey are on AHRQ's web site. A provider will be considered passing if they

						have an “acceptable” score (see website) at remeasurement. The HLQAT consists of 72 questions that cover five domains. Since this tool is still in the developmental stages, CMS is in the process of determining what an acceptable score will be. Field testing is occurring in August and September, 2007 which will refine the tool and the scoring system.
29.	Conduct topic specific training sessions Survey participants on training effectiveness Training feedback survey	PO/GTL/ Theme Lead	January 31, 2009	Electronic standardized training feedback survey	Template to be provided by CMS, or CMS contractor	The purpose of this is for the participants to evaluate the QIO-led trainings. These results will be provided to CMS—a 70% considered satisfactory. Since provider trainings will continue throughout the SoW if a QIO receives less than a 70% score, PO and QIO must engage in a root cause analysis exercise to determine why the trainings are not perceived to be effective.
30.	Persuade specific providers, and their respective executives, to	PO/GTL/ Theme Lead	September 30, 2008	Secure, password protected web page with passwords	QualityNet or other website designated by CMS	Providers recruited for the SCIP, Pressure Ulcer (Nursing Homes), Pressure

	accept and participate in a QIO-led quality improvement project			assigned to CEO and delivered to him/her via QIO. This signup page is dedicated to QIO/ provider signup, provides for un-enrollment, with time/date stamp logging of each entry.		Ulcer (Hospitals), MRSA, and Restraints (Nursing Homes) need to have a designated provider from each institution and its CEO sign up on this web page. The QIO only has two months to accomplish this task. They can draw from the CMS designated provider pools delineated in Attachments B and C. QIOs expected to retain recruited providers throughout SoW. If there are providers that are lost to follow-up, the QIO must document when this occurs and the reason for this and send to PO.
31.	Review provider data The QIO shall obtain individual provider data on applicable measures. As necessary, the QIO shall obtain authorization to receive and review data where applicable.	PO/GTL/ Theme Lead	October 31, 2008	CMS Clinical Data Warehouse, CMS MDS NHSN Interface	Assures the QIO will have QIO data to work with and improve upon. All measures, except MRSA, have CMS sponsored or endorsed data collection tools and ware-housing MRSA data will be collected per standards NHSN protocol and the hospital will agree to share/ provide the data to CMS/QIO	SCIP data are submitted by hospitals on a quarterly basis to the QIO Clinical Data Warehouse. Data for pressure ulcers and restraints in nursing homes come from the Minimum Data Set (MDS) and is available quarterly as well. MRSA data are collected by CDC's National Healthcare Safety Network (NHSN). CDC will make

						this data available to the QIO on at least a quarterly basis. These goals can be found in the 9th SoW in the Evaluation Tables of the Patient Safety Text. There are goals beyond the 18th month, as spelled out in the SoW, however the first 18 months requires monitoring. If any provider is not reaching their stated goal at any of the month markers, the PO must alert the GTL who must alert the Theme Lead.
32.	Document course completion of two master TeamStepps trainers from the QIO staff (a physician and a nurse) Within a time frame specified by CMS, the QIO shall provide to CMS the names of the physician(s) and nurse(s) who successfully completed the TeamStepps Training.	PO/GTL/ Theme Lead	January 31, 2009	QualityNet and/or electronically as directed by CMS	Each QIO should submit the names of two staff members who have become certified Master Team Stepps trainers CMS or a CMS contractor will announce when the training is to be held.	CMS is coordinating with AHRQ to provide QIOs with TeamSTEPPS training. AHRQ will provide a contractor to train all QIO trainers (a team including a physician and nurse). Once training or trainings are completed, QIOs will need to document completion by submitting names of two staff members who have become certified trainers**.** Any QIO that does not participate in the training will not be able to engage

						in the MRSA sub-task.
33.	Conduct training sessions(s) and provide participant evaluations of results	PO/GTL/ Theme Lead	January 31, 2009	QNet Exchange And/or electronically as directed by CMS	The QIO shall conduct training sessions for provider staff, survey the participants on training effective-ness, and provide feedback on training effective-ness, potential improvements, and lessons learned.	QIO shall provide provider participants the training survey. In discussing the results, the QIO should solicit feedback on how the QIO can improve the effectiveness of the training. QIO should prepare a brief summary of each session with provider participant feedback and QIO "lessons learned." This should be submitted to the PO and GTL. This summary should be less than 5 pages long; contain a description of the provider group for which the training was held; include the provider feedback; and any lessons learned the QIO gleaned from its experience. If the QIO does not submit reports with any constructive suggestions for QIO improvement on training, the PO should intervene by either participating via teleconference on the next

						provider training evaluation/survey session or making it very clear that CMS expects the QIO to be continually assessing its opportunities for improvement.
C.6.3 Prevention						
34.	Recruitment of participating practices (PPs) – including eligibility criteria outlined in the SOW	PO/GTL/ Theme Lead	Monthly	SDPS Application	CMS to provide template and consent form	The QIO shall submit an excel worksheet with each practice name, practice identifier, and eligibility criteria. 80% of PPs shall be recruited by February 1, 2009. The QIO shall submit monthly reports of the number of successfully recruited practices and any attrition of practices. The report shall include the reasons for attrition, e.g. practices closed or moved out of state; or no longer provide preventive care services.
35.	Identification of a pool of non-participating practices (NPs) – including eligibility criteria	PO/GTL/ Theme Lead/support contractor	Monthly through the end of Quarter 2	SDPS Application	CMS to provide template and consent form	The QIO shall submit an excel worksheet with each practice name, practice identifier, and eligibility criteria. The size of the NP pool shall not be less than 50% of the number of PPs nor

						more than 125% of the number of PPs.
36.	Promote Care Management Processes for Preventive Services using EHR – PPs receiving educational session	PO/GTL/ Theme Lead	Monthly through end of quarter 2 70% of PPs using EHR to report tracking of each preventive service for at least 75% of their patient encounters by Month 18 from the start of the contract.	SDPS Application		Each PP shall receive at least 2 hours of post-recruitment education on care management processes and QIO intervention to improve rates. The QIO shall submit the number of PPs that have received the educational sessions monthly.
37.	Assessment of Care Processes and Reporting – PPs and NPs	PO/GTL/ Theme Lead	Baseline assessment report due March 31, 2009 Monthly reports of PPs and NPs	SDPS Application	CMS to provide outline of care processes and progress toward reporting that QIOs will assess and report on.	The QIO will report monthly each PP and NPs use of care processes and progress towards reporting of EHR-derived data.
38.	Participating Practice (PP) and Non-participating practice Data Submission	CMS Management Information System/QIO/ Support contractor	Quarterly Beginning quarter 3, monthly	CMS Management Information System, electronic report of EHR-derived data, or other method required by CMS.	CMS to specify approved standards and methods for data submission	PPs and NPs HER CCHIT certified by October 31, 2008. The QIO shall capture the number of ordered and the number of performed screens and vaccinations. The QIO shall report the number of PPs reporting data, the method of

						reporting, and the actual rates for each measure.
39.	QIO Monitoring of statewide rates and disparities – report	PO/GTL/ Theme Lead	Quarterly report	SDPS Application	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. Racial/ethnic breakdowns will also be provided.	The report identifies actual or potential disparities, QIO interventions, and recommendations.
41.	Annual Report	PO/GTL/ Theme Lead	Annually (July 31, 2009 -2011)	SDPS Application	CMS contractor to provide template	Report includes PPs baseline rates, quarterly rates, QIO successful interventions, QIO unsuccessful interventions, barriers to performance, and corrective action plans
42.	QIO Plan for optimization of performance	PO/GTL/ Theme Lead	February 1, 2009 and them monthly	SDPS Application		The QIO shall submit an optimization plan by month seven of the contract them submit monthly reports of activities to improve and sustain performance.
C.7.1 Prevention Disparities						
43.	Recruitment of Participating Practices (PP)	PO/GTL/ Theme Lead	Weekly, through 2nd Qtr ST1	SDPS Application		Must achieve 80% recruitment by end of 2nd quarter
44.	Submission of intervention participants	PO/GTL/ Theme Lead	Weekly, through 2nd	SDPS Application	CMS Template TBD	Deliverable only.

	QIO attempted to recruit		Quarter ST2			
45.	Identification of Matched Control Groups	PO/GTL/ Theme Lead	2nd Quarter ST3	SDPS Application	CMS Template TBD;	Deliverable only.
46.	Submission of Monthly Completion Report	PO/GTL/ Theme Lead	Monthly ST4	SDPS Application	CMS Template TBD	Must meet threshold listed in SoW by 12th , 18th and 28th month
47.	Submission of list of PQRI-reporting PPs	PO/GTL/ Theme Lead	Weekly ST5	SDPS Application	CMS Template TBD	Deliverable only
48.	QIO monitoring of statewide diabetes rates	PO/GTL/ Theme Lead	Quarterly ST6	SDPS Application		Deliverable only. However, QIO is expected to indicate other efforts to improve diabetes disparity at statewide level
49.	QIO monitoring of other diabetes education activities in the state	PO/GTL/ Theme Lead	Quarterly ST7	SDPS Application	CMS Template TBD	Deliverable only.
50.	Annual report of statewide trends	PO/GTL/ Theme Lead	12th, 24th, 36th month ST8	SDPS Application	CMS Template TBD	Deliverable only. This should tie into deliverable #94, and provide an annual summary based on what is reported quarterly within #94.
51.	QIO plan for optimization of performance	PO/GTL/ Theme Lead	12th, 18th month ST9	SDPS Application	CMS Template TBD	Deliverable only.
52.	QIO Sub-task experience report	PO/GTL/ Theme Lead	28th month	SDPS Application	CMS Template TBD	Deliverable Only
C.7.2. Care Transitions						
53.	Initial Report Characterizing the Selected Community	PO/ GTL/ Theme Lead	Within 1 month after contract award	SDPS Application	The Site Selection Report shall be an update of the plan submitted in response to the Request for	Must address the areas specified in Task 1.

					Proposal (RFP).	
54.	Report Characterizing the Selected Community 18-Month Update	PO/GTL/ Theme Lead	18 months after contract award	SDPS Application	Describes and analyzes the impact that QIO efforts have had on the origins and drivers (root causes) of observed patterns of unreliable, inappropriate, or wasteful services affecting re-hospitalization rates within the target community, relative to deliverable 53.	Must address the areas specified in Task 1.
55.	Report Characterizing the Selected Community 28-Month Update	PO/GTL/ Theme Lead	28 months after contract award	SDPS Application	Describes and analyzes the impact that QIO efforts have had on the origins and drivers (root causes) of observed patterns of unreliable, inappropriate, or wasteful services affecting re-hospitalization rates within the target community, relative to deliverable 53.	Must address the areas specified in Task 1.
56.	Narrative Report of Project Progress	PO/GTL/ Theme Lead	18 months following contract award (Interim) 28 months following contract award	SDPS Application, hardcopy and/or electronic report as agreed by CMS		

			(Final)			
57.	Conference Calls	PO/GTL/ Theme Lead/QIOs	At least monthly or as directed by CMS	SDPS Application, hardcopy and/or electronic report as agreed by CMS	The QIO shall participate in regular conference calls with CMS, other QIOs, and CMS contractors that are engaged in the Care Transitions Theme and contribute findings, tools, and other information that is of potential use to other QIOs.	Evidence of calls, documented by the contractor's monthly reports and meeting minutes to be provided within 3 working days following each meeting.
58.	Intervention Plan	PO/GTL/ Theme Lead	Within 1 month after contract award, and quarterly updates	SDPS Application, hardcopy and/or electronic report as agreed by CMS	The QIO shall collaborate with organizations to set priorities and to generate the commitment to test and adapt interventions aimed to improve patient transitions from hospitals and between other health care providers.	Must address the areas specified in Task 2.
59.	Reporting Requirements	PO/GTL/ Theme Lead	Quarterly and/or as directed by CMS	SDPS Application, hardcopy via U.S. mail and/or e-mail (if not prohibited by confiden-tiality requirements)	Necessary for performance monitoring. The written, quarterly reports that the QIO submits to CMS shall be in accordance with Section F – QIO Schedule of Deliverables and work	The report must describe QIOs progress in carrying out the work plan, report progress on IQC activities that related to the Care Transitions Theme and identify any areas in which adjustments to the work plan and IQC measures are needed. In addition, the QIO shall discuss

					requirements set forth in the SoW. CMS and/or the CMS contractor will supply the QIO with a template, guidance, and/or guidelines related to the report requirements.	progress on the 3 interim measures and 4 outcome measures listed in the SoW, and, if that progress falls below the quarterly milestones laid out in the work plan, the QIO shall describe the corrective actions that it has or will take along with the timeframe for these actions and for expected results.
60.	Interim Measures	PO/GTL/ Theme Lead/CMS contractor	Report quarterly and/or as requested by CMS	SDPS Application	The QIO shall report data associated with all interim 18-month interim measures. CMS or CMS contractors will supply the QIO with guidance and/or guidelines related to the interim measures.	
61	Outcome Measures	PO/GTL/ Theme Lead/CMS contractor	Report quarterly and/or as requested by CMS	SDPS Application	The QIO shall report data associated with all outcome measures as specified in the SoW. CMS or CMS contractors will supply the QIO with guidance and/or guidelines related to the interim measures.	
C.7.3. Chronic Kidney Disease						
62	CKD:	PO/ GTL/	a. 1-month	SDPS application	Template to be	Initial Work Plan –

	a. Work plan b. Revisions to the initial work plan c. Re-evaluate and update the work plan	Theme Lead	after contract signed b. 1 ½ months after contract effective date c. 18 months after contract effective date	or other system specified by CMS.	provided by CMS, or CMS contractor.	Concise Clear explanation of all required elements (as defined in template), including timelines, benchmarks, monitoring strategy consistent with evaluation timelines. Revision – Concise and in accordance to timeline. Clear explanation and justification for required change, including why change is necessary and what will be achieved as a result of change. Change must include benchmarks, timelines, and monitoring strategy.
63	CKD: Number of providers recruited for each subtask 1.a., 1.b., and 1.c.	PO/GTL/ Theme Lead	Quarterly and at 1 month	SDPS application or other system specified by CMS.	40% of practices recruited for each subtask. CMS or a CMS contractor will provide a template for the letter of commitment and the satisfaction of service survey. CMS or CMS contractor to provide system and format for reporting.	Evidence of full participation as demonstrated through signed letters of commitment upon PO request. 40% requirement must be maintained, and increased in subsequent months. Elements for the letter of commitment will include confidentiality requirements and participation in the QIO

						projects. Providers should be aware of, and agree to, all requirements of participation (data submittal, data sharing, completion of surveys, etc.) Retention of original practices is expected unless extenuating circumstances such as change in ownership. Turnover greater than 4% must be justified to PO or corrective action plan and/or other contract action may be undertaken.
64	CKD: subtask 1a. Report on activities that led to system change to increase the number of individuals with diabetes who are tested yearly for microalbumin	PO/GTL/ Theme Lead	Quarterly in the progress and status report	SDPS application or other system specified by CMS.	Emphasis on change as a result of activity. Address the four continuous evaluation questions in the report. Address the four continuous evaluation questions in the report. CMS or CMS contractor to provide template for reporting and the protocol to be used in determining a system change & TA to be provided.	Information is clear and concise and only includes system change (e.g. changes in practices, policies, procedures) that was a direct result of QIO activity. Determination of what is a system change is in accordance with the protocol provided by CMS, or CMS contractor, as determined by the PO. If it is verified CMS, or CMS contractor, that there is a high degree (40% or greater) error in reporting

						(e.g. not in accordance to protocol), PO may require a corrective action plan and/or other contract action.
65	CKD: subtask 1b. Report on activities that led to system change to increase the use of ACE and/or ARBs in CKD patients with hypertension	PO/GTL/ Theme Lead	Quarterly in the progress and status report	SDPS application or other system specified by CMS.	Emphasis on change as a result of activity. Address the four continuous evaluation questions in the report. CMS, or CMS contractor to provide template for reporting, and the protocol to be used in determining a system change and the TA that should be reported.	See information provided under deliverable for CKD work plan. And information provided for subtask 1a.
66	List of Community Partners in Collaborative	PO/GTL/ Theme Lead	End of Quarter 1	SDPS application or other system specified by CMS.	Participation secured. CMS, or CMS contractor, to provide TA on effective collaboration and coalition building.	See information provided under deliverable for CKD work plan.
67	CKD: Summary report of system level change(s) as a direct result of collaborative activities.	PO/GTL/ Theme Lead	18 months after signing contract	SDPS application or other system specified by CMS.	Minimally one system level change. CMS, or CMS contractor, to provide TA on what is a system level change.	See information provided under deliverable for CKD subtask 1a and 1b.
68.	CKD: Number of providers recruited for each subtask 1.a., b., & c.	PO/GTL/ Theme Lead	End of Quarter 3	SDPS application or other system specified by CMS.	75% of practices recruited.	See information provided under deliverable for recruitment of 40%

					CMS or CMS contractor to provide system and format for reporting.	practices.
69	CKD: Number of providers recruited for each subtask 1.a., b., & c.	PO/GTL/ Theme Lead	End of Quarter 4	SDPS application or other system specified by CMS.	100% practices recruited. CMS or CMS contractor to provide system and format for reporting.	See information provided under deliverable for recruitment of 40% practices.
70	CKD: subtask 1.c. Report on activities conducted in support of the AV fistula placement and maturation as a part of timely renal replacement	PO/GTL/ Theme Lead	Quarterly in the progress and status report	SDPS application or other system specified by CMS.	Emphasis on change as a result of activity. Address the four continuous evaluation questions in the report. CMS, or CMS contractor, to provide template for reporting & TA on determining what a system change that should be reported is.	See information provided under deliverable for CKD work plan and information provided for subtask 1a and 1b.
71.	Report on impact quality interventions had on disparity, including corrective actions planned and/or undertaken.	PO/GTL/ Theme Lead	Quarterly in the progress and status report	SDPS application or other system specified by CMS.	Report impact on disparities in all clinical areas (e.g., testing, ACE/ARB, & AV fistula), as well as the specific disparity intervention (if part of the contract.)	See information provided under deliverable for CKD work plan. Additionally, it is expected that an acceptable corrective action plan (e.g. approved by PO) is implemented if there is a negative impact on disparities.
72.	Baseline survey to	PO/GTL/	End of month 2	SDPS application	The standard survey	Distributed in a timely

	partners and providers to determine QIO effectiveness in driving change	Theme Lead		or other system specified by CMS.	will be provided by CMS or CMS contractor and will also provide specific information on "which" providers to send survey (e.g., all, random selection, specified, etc.). A CMS contractor will administer the survey.	manner, in accordance to the instructions provided by CMS, or CMS contractor, and in a manner that ensures a high response rate. PO may impose corrective action if there is not an 80% response rate when the survey was given to providers that signed a letter of commitment. (100% response rate is expected from those providers)
73.	Mid-course survey to partners and providers	PO/GTL/ Theme Lead	16 months after contract signing	SDPS application or other system specified by CMS.	Standard survey to be provided by CMS, or CMS contractor. CMS, or CMS contractor, to provide specific information on "which" providers to send survey (e.g., all, random selection, specified, etc.). A CMS contractor will administer the survey. QIO must use survey for CQI purposes.	See information for initial survey.
74.	Final survey to partners and providers	PO/GTL/ Theme Lead	26 months after contract signing	SDPS application or other system specified by CMS.	Standard survey to be provided by CMS, or CMS contractor. CMS or CMS contractor to provide specific information on "which"	See information for initial survey.

					providers to send survey (e.g., all, random selection, specified, etc.). A CMS contractor will administer the survey. QIO must use survey for CQI purposes.	
75.	Results of baseline, mid-course and final survey.	PO/GTL/ Theme Lead	Due one month after the established deadline for partners' and providers' response	SDPS application or other system specified by CMS.	Results reported to CMS, or CMS contractor as instructed by CO, GTL, or PO, in the manner specified (e.g., aggregate, each survey de-identified).	Follow-up is required until response rate is in-line with what is specified in instructions provided by CMS, or CMS contractor. Providers should be aware, and commit to participation in surveys at the time or recruitment.
76.	Report of system change that occurred as a result of QIO intervention or action, with description of the QIO activity that caused (directly or indirectly) the change to occur.	PO/GTL/ Theme Lead	Monthly	SDPS Application or Other System specified by CMS	As close to real time data entry as possible, with record of effective date of change, including the activity (and date) that drove change, and other required data elements CMS provide system for reporting, and TA and support on system use.	See information as it relates to reporting. Information is entered into the system accurately, in accordance to the required timeline and format.
77.	***Optional Sub task for CKD**: Support for CMS Quality Initiatives (PQRI) Health Information	PO/GTL/ Theme Lead	Quarterly reports The deliverables for	SDPS application or other system specified by CMS.	CMS, or CMS contractor, to provide system and format for reporting. Reports will include quality	Information is entered into the system accurately, in accordance to the required timeline and format.

	Technology Reduction in Disparities		the optional tasks will be tailored to the specific sub task that the QIO elects.		improvement metrics, partners engaged, providers recruited, and activities and associated progress, monthly documentation of interventions. Address the four continuous evaluation questions in the report.	See information for CKD work plan regarding expectations for reports.
G. Contract Administration						
78.	Electronic submission of voucher in FIVS (G.2.A.2.)	PO	Monthly	Electronic		
79.	Notice request for provisional rates from DCAA (G.3.D.)	CO	Ongoing Annually	Hardcopy		
80.	Annual Indirect Cost Rate Proposal (G.3.E.)	CO	6 months after the close of the QIO's fiscal year	Hardcopy		
80 a.	SF 294 ISR	CO	Oct 1 thru Mar 31 (G.14.C.)	eSRS, due date Apr 30th		
80 b.	SF 294 ISR	CO	Apr 1 thru Sep 30th (G.14.C.)	eSRS, due date Oct 30th		
80 c.	SF 295 SSR	CO	Oct 1 thru Sep 30th (G.14.C.)	eSRS, due date Oct 30th		
80 d.	Severance Plan (H.13)	CO	Within 60 days of the effective date of the contract	Hard Copy		
H. Special Contract Requirements						
81.	Organizational Conflict of Interest Certificate	CO, PO, OCI Specialist	Per section H.11.d.2	Electronic or Hard Copy	Per section H.11.d.1	
82.	Organizational Conflict of Interest (H.11.c.2(c)(2)) –	CO, PO, OCI Specialist	Annual submission due	Electronic or Hard Copy	List all contractor(s) name, address, start	

	Notification of an Outside Contract or Agreement under the 5/20% rule		on February 28th each year and may be included with deliverable #88, listing ownership interests		date, duration, dollar amount, auto renewal provisions for contracts falling under the 5% and the 20% thresholds. It will be for notification purposes only.	
83.	Organizational Conflict of Interest (H.11.c.2(d),(e),(f)) – Request for Approval Outside Contracts and Agreements -	CO, PO, OCI Specialist	At least 30 days prior to the start date of the proposed agreement	Electronic or Hard Copy	Copy of contract or agreement	
84.	Organizational Conflict of Interest (H.11.d.) – Outside Contracts and Agreements	CO, PO, OCI Specialist	Every six (6) months from start of 9th SoW	Electronic or Hard Copy (6 column landscape format with numbering)	Name, address, line(s) of business or if governmental start date, duration, dollar amount	
85.	Organizational Conflict of Interest (H.11.c.3) – Sub-Contracts to the QIO Contract	CO, PO, OCI Specialist	At least 30 days prior to the start date of the proposed agreement	Electronic or Hard Copy	Name, address, line(s) of business or if governmental start date, duration, dollar amount	
86.	Organizational Conflict of Interest (H.11.) – Key Personnel Appointments	CO, PO, OCI Specialist	At least 30 days prior to the start date of the proposed appointment	Electronic or Hard Copy	CV or Resume, including other board positions or ownership interests in healthcare entities	
87.	Organizational Conflict of Interest (H.11.) – Proposed subsidiary start-up	CO, PO, OCI Specialist	At least 60 days prior to the start date of the proposed subsidiary	Electronic or Hard Copy	Description of the structure of the subsidiary, line(s) of business, physical location, any support services from the parent, source of	

					funding, composition of the Board of Directors	
88.	Organizational Conflict of Interest (H.11.C&D.)	CO	Every February 28	Hard Copy Only	Per Section H.11.D.1.&2.	

* Any changes to the Deliverable due dates for all tasks of this contract not exceeding 60 days and do not have a cost impact on the contract may be authorized in writing by the Project Officer. However, due dates must not exceed the period of performance of this contract.

A. Project Officer (PO):
As assigned

B. Contracting Officer (CO):
Centers for Medicare & Medicaid Services
OAGM/MCG/DQC
Attn: Naomi Haney-Ceresa
7500 Security Boulevard, MS C2-21-15
Baltimore, MD 21244-1850

C. Contract Specialist (CS):
Centers for Medicare & Medicaid Services
OAGM/MCG/DQC
Attn: (To be completed upon award)
7500 Security Boulevard, MS C2-21-15
Baltimore, MD 21244-1850

D. SDPS Government Task Leader (GTL):
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Gary Schultheis
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

E. OCSQ CMS Property Officer:
Centers for Medicare & Medicaid Services

Office of Clinical Standards and Quality
Attn: Michael Reinhold
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

F. SDPS Contractor:
Iowa Foundation for Medical Care (IFMC)
Attn: Thane Peterson
6000 Westown Parkway, Suite 350E
West Des Moines, IA 50266

G. Theme 6.1: Donna Williamson, R.N., GTL
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
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H. Theme 6.2: Jade Perdue, GTL
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Office of Clinical Standards and Quality
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Baltimore, MD 21244-1850

I. Theme 6.3: Linda Smith, R.N., Prevention GTL
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Office of Clinical Standards and Quality
Attn: Linda Smith
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850I.

J. Theme 7.1: Linda Smith, R.N., Prevention: Disparities GTL

Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Linda Smith
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850I.

K. Theme 7.2: Douglas Brown, Patient Pathways (Care Transitions) GTL
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Douglas Brown
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850I.

L. Theme 7.3: Linda Smith, R.N., Prevention: Chronic Kidney Disease GTL
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Linda Smith
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850I.

M. CMS Small Business Specialist
Centers for Medicare & Medicaid Services
Office of Operations Management
Attn: Alice Roache
7500 Security Boulevard, MS C2-21-15
Baltimore, MD 21244-1850

N. CMS Property Administrator
Centers for Medicare & Medicaid Services
OICS, Administrative Services Group
Division of Property and Space Management
7500 Security Boulevard, MS SLL-14-06
Baltimore, Maryland 21244-1850

O. CMS QualityNet Information System Security Officer
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Michael Blake
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

P. Communications GTL
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Kelly Anderson
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

Q. Conflict of Interest and Governance Specialist
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Attn: Don Forgione
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850

F.3. 52.252-2 CLAUSES INCORPORATED BY REFERENCE. (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address:

http://www.arnet.gov/far/fac.html

52.242-15 Stop Work Order, Alt.1 (APR 1984)