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 days after the given time period based on the start date of the period of performance.

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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	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	QIO PO SDPS GTL	As Released	Memorandums or Remedy AR System	Perform task as assigned through Memorandums or	NA

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	standard configuration (C.4.1.)				Remedy AR System and maintain as required	
8.	QNet System Security Policies (SSP) Training (C.4.3.)	QIO Security POC	Before QIO employee receives a User Account to access a QNet system/ application Annually thereafter	Maintain a log locally onsite with the attached user certificate	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	NA
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		
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	QIO Security POC	As required when	User account and permission logs	NA	

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	access roles and privileges identified and a log of deactivated users (C.4.1.)	PO or CMS GTL upon request	establishing or changing user access and when user leaves the organization	maintained locally onsite		
13.	Records of incident response (C.4.1.)	CMS QualityNet Information System Security Officer PO or CMS GTL upon request	As required when a security incident occurs	Incident report maintained in 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)	NA	
14.	Update Remedy inventory for all procured and received IT equipment (hardware	QIO PO SDPS GTL	As required when hardware or software equipment	Update record in Remedy Inventory Module		

NA

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	and software) (C.4.1.) Maintain and follow HHS-22 process within Remedy		received			
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		
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; monthly submitted until closed	Submit via QualityNet Exchange to audit team accounts and CMS/QualityNet/ISSO	Templates to be provided by CMS NA	
18.	Partnership and Communications Plan (C.6.B.8.)	PO Communications GTL Region Office Communications Specialist	August 31, 2008 11 :59 PM Eastern Every 6 months thereafter	SDPS Application electronically by request as directed by the Communications GTL	Template provided by the Communications GTL	NA

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
		working through Communications GTL	Available upon request			
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 Officer	SDPS Application and as directed by the Project Officer	NA	
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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
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 Report of completed Physician Acknowledgement Monitoring	SDPS	NLT 27th month of contract	SDPS Application	Provide data to demonstrate the required sample size (per CMS instructions) and validation is being met.	Provide data to demonstrate the required 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	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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	Independent Contractors (QICs), the OIG.					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 both 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 9 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.	

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
					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 minimum number of providers.	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 Care™ (ABC). The list of providers for nursing home pressure ulcers encompasses those at

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						effective.
30.	Persuade specific providers, and their respective executives, to accept and participate in a QIO-led quality improvement project	PO/GTL/ Theme Lead	September 30, 2008	Secure, password protected web page with passwords 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.	QualityNet or other website designated by CMS	Providers recruited for the SCIP, Pressure Ulcer (Nursing Homes), Pressure 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	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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
					MRSA data will be collected per standards NHSN protocol and the hospital will agree to share/ provide the data to CMS/QIO	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	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	CMS is coordinating with AHRQ to provide QIOs with TeamSTEPPS training. AHRQ will provide a

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	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.				Master Team Stepps trainers CMS or a CMS contractor will announce when the training is to be held.	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;

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						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)	PO/GTL/ Theme Lead	Monthly, through Quarter 6 ST1	SDPS Application	CMS to provide template for readiness assessment and consent form	Marketing plan clearly defines how recruitment will occur throughout contract, including marketing strategies. PPs meet enrollment criteria:

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						Currently implementing Certification Commission of Health Information Technology (CCHIT)-certified electronic health records (EHRs) Evidence of agreement to implement care management processes using their EHR that include breast cancer and CRC screening and influenza and pneumococcal vaccination for at least 75% of their patients or patient encounters. Evidence of agreement to report their practice results for the preventive measures as outlined in the SoW. Implemented processes for disease management for at least one of the targeted chronic conditions outlined in the SoW Implemented care management processes in at least one of the clinical topics outlined in the SoW Meets definition of Solo Practice and Group

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						Practice as specified in SoW. Meets definition of Practice Site specified in SoW: Submission of a practice site readiness assessment form and a signed consent form that meet CMS requirements for these forms. Recruitment of at least 80% of the PP target by the end of Quarter 2. Reports monthly through Quarter 2 the number of successfully-recruited practices, attrition of practice sites and the reason for loss, e.g., practice site closed or moved out of state; no longer provides preventive care services. Meets the characteristics outlined in the SoW and these characteristics are clearly listed for each state/territory. Submission of characteristic list to the support contractor by the end of quarter 2 of the contract.

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						Evidence of completion of the Office System Survey (OSS).
35.	Identification of pool of non-participating practices (NPs)	PO/GTL/ Theme Lead	End of 2nd Quarter ST2	SDPS Application	CMS to provide template for consent form	Marketing plan clearly defines how recruitment will occur throughout contract, including marketing strategies. NPs meet enrollment criteria: NPs must have E.H.R. capability. The size of this pool shall not be less than 50% of the number of PPs nor more than 125% of the number of PPs. Meets the characteristics outlined in the SoW and these characteristics are clearly listed for each state/territory. Submission of characteristic list to the support contractor by the end of quarter 2 of the contract.
36.	Promote Care Management Processes for Preventive Services	PO/GTL/ Theme Lead	Monthly ST3	SDPS Application	CMS to provide Office Systems Survey	Defined approach to providing technical directions on the EHR

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	using EHR					redesign and/or implementation of care management and patient self-management for preventive service needs. Education and outreach plan include use of EHR capabilities and Doctor's Office Quality Information Technology - University. Monthly submission to CMS the number of practices who have received at least 2 hours of post-recruitment education (in-person or by telephone). Completion of initial education of all Intervention Group Practices (PPs) by end of the 7th month. 80% of the responding PPs will report tracking of each preventive service for at least 75% of their patients or patient encounters by 18th month.
37.	Completion of Assessment of Care Processes	PO/GTL/ Theme Lead	End of 3rd Quarter ST4	SDPS Application	CMS or support contractor to develop Assessment of Care Process Tools	Administered the CMS-developed "Assessment of Care Processes" to each PP.

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						Results of this Assessment are reported to CMS by the end of Quarter 3.
38.	Participating Practice (PP) Data Submission	PO/GTL/ Theme Lead	B-weekly ST5	SDPS Application	CMS to specify approved standards and software for data submission	PPs use CCHIT certified EHRs to report quality data using messaging protocols approved by CMS Data is corrected, cleaned, and aggregated (if submitting aggregate data) before submission to CMS. PP use their EHR to report breast cancer and colorectal cancer screening and flu and pneumococcal immunization data directly to the CMS clinical data warehouse or generated electronic reports from their EHR and transmit through CMS approved method. PP report quarterly the number of ordered and number of performed screens and immunizations for the defined populations for each quarter.

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						PPs collect and report at the beginning of Quarter 3 and continue quarterly thereafter screens and immunizations performed in both of their practice sites and in other venues such as in the community. Bi-weekly beginning Quarter 3, the QIO reports to CMS the number of PPs that are reporting data via each method, and the actual rates each PP reports. Data is extracted from the practices EHR, or in the case of practices without this functionality, by a CMS defined data abstraction tool.
39.	QIO Monitoring ff statewide rates and disparities	PO/GTL/ Theme Lead	Quarterly ST6	SDPS Application	The baseline period for the cancer screening and immunization measures for the population cared for by physicians with E.H.R. capabilities will be the reporting quarter of (April - June 2008). Rates to be provided by support contractor Performance measure rates will be analyzed and reported	Report quarterly the numerators, denominators, and disparity rates for mammograms, CRC screening, flu immunizations, and pneumococcal pneumonia

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
					quarterly by the support contractor. In addition, the support contractor will aggregate data, track progress, and compare measures for the PPs and the comparison groups.	
40.	Completion of Office Systems Survey (OSS)	PO/GTL/ Theme Lead	End of 16th Month ST7	SDPS Application	CMS to develop OSS	Completion of OSS by all PPs and NPs by the end of Month 16. 90% of PPs and 65% of NPs have completed the OSS
41.	Report of PPs and Statewide trends	PO/GTL/ Theme Lead	Annually, 12th, 24th, 36th month ST8	SDPS Application	Data support contractor to report all measures and rates as outlined in contract	Report annually the baseline and rates for PPs and the statewide trends on each measure. Annual report includes a self-assessment, barriers to performance, and corrective action plans. The PO and GTL to analyze data to review trends and patterns for identification of potential failure and take actions as outlined in protocols
42.	QIO Plan for optimization of performance	PO/GTL/ Theme Lead	18th month ST9	SDPS Application		Submission of plans to optimize performance based on experience to date by 18th months.

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
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 QIO attempted to recruit	PO/GTL/ Theme Lead	Weekly, through 2nd Quarter ST2	SDPS Application	CMS Template TBD	Deliverable only.
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	SDPS Application	CMS Template TBD	Deliverable only.

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
52.	QIO Sub-task experience report	PO/GTL/ Theme Lead	28th month	SDPS Application	CMS Template TBD	Deliverable Only
C.7.2. Patient Pathways (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 Proposal (RFP).	Must address the areas specified in Task 1.
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 52.	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	SDPS Application,		

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
			contract award (Interim) 28 months following contract award (Final)	hardcopy and/or electronic report as agreed by CMS		
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 Patient Pathways (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	Necessary for performance monitoring. The written, quarterly reports that the QIO submits to CMS shall be in accordance with Section F –	The report must describe QIOs progress in carrying out the work plan, report progress on IQC activities that related to the Patient Pathways (Care Transitions) Theme, and identify any areas in which

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
				confiden-tiality requirements	QIO Schedule of Deliverables and work 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.	adjustments to the work plan and IQC measures are needed. In addition, the QIO shall discuss 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	

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
					measures.	
C.7.3. Chronic Kidney Disease						
62	CKD: a. Work plan b. Revisions to the initial work plan c. Re-evaluate and update the work plan	PO/ GTL/ Theme Lead	a. 1-month after contract signed b. 1 ½ months prior after contract effective date c. 18 months after contract effective date	SDPS application or other system specified by CMS.	Template to be provided by CMS, or CMS contractor.	Initial Work Plan – 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 week 4	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	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

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
					provide system and format for reporting.	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)

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
						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	75% of practices recruited. CMS or CMS contractor to	See information provided under deliverable for recruitment of 40% practices.

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
				system specified by CMS.	provide system and format for reporting.	
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.	Send baseline survey to	PO/GTL/	End of month	SDPS	The standard survey will be	Distributed in a timely manner,

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	partners and providers to determine QIO effectiveness in driving change	Theme Lead	2	application or other system specified by CMS.	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.)	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.	Send 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.)	See information for initial survey.
74.	Send 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" providers to send survey (e.g., all, random selection, specified, etc.)	See information for initial survey.
75.	Results of baseline, mid-course and final survey.	PO/GTL/ Theme Lead	Due one month after	SDPS application	Results reported to CMS, or CMS contractor as instructed	Follow-up is required until response rate is in-line with

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
			the established deadline for partners' and providers' response	or other system specified by CMS.	by CO, GTL, or PO, in the manner specified (e.g., aggregate, each survey de-identified).	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 Technology Reduction in Disparities	PO/GTL/ Theme Lead	Quarterly reports The deliverables for the optional tasks will be tailored to the specific sub task that the QIO elects.	SDPS application or other system specified by CMS.	CMS, or CMS contractor, to provide system and format for reporting. Reports will include quality improvement metrics, partners engaged, providers recruited, and activities and associated progress, monthly documentation of interventions. Address the four continuous evaluation questions in the report.	Information is entered into the system accurately, in accordance to the required timeline and format. See information for CKD work plan regarding expectations for reports.
G. Contract Administration						

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
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	Monthly	Hardcopy		
80.	Annual Indirect Cost Rate Proposal (G.3.E.)	CO	Annually	Hardcopy		
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)) – Notification of an Outside Contract or Agreement under the 5/20% rule	CO, PO, OCI Specialist	At least 30 days prior to the start date of the proposed agreement	Electronic or Hard Copy	Name, address, start date, duration, dollar amount, auto renewal provisions	
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	CO, PO, OCI Specialist	At least 30 days prior to the start date	Electronic or Hard Copy	Name, address, line(s) of business or if governmental start date, duration, dollar	

No.	Task Description	Recipient	Due Date(s)	Reporting Mechanism	Contract Requirement Emphasis/ Notes	Evaluation Criteria
	Contract		of the proposed agreement		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.G) – Ownership interests	CO, PO, OCI Specialist	Every February 28	Electronic or Hard Copy	Per section H.11.G.	

* 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

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OAGM/MCG/DOC Baltimore, MD 21244-1850

C. Contract Specialist (CS):
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E. OCSQ CMS Property Officer:
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J. Theme 7.1: Linda Smith, R.N., Prevention: Disparities GTL
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K. Theme 7.2: Douglas Brown, Patient Pathways (Care Transitions) GTL
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L. Theme 7.3: Linda Smith, R.N., Prevention: Chronic Kidney Disease GTL
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M. CMS Small Business Specialist
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O. CMS QualityNet Information System Security Officer
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P. Communications GTL
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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)

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