QIO Communications Handbook

Please Note: Updates and additions to the current version of the handbook are shown in red.

Table of Contents

Introduction

Reports and Deliverables
Communications 8th SOW Contract Deliverables and Due Date
Annual Medical Services Review Report
Communications Diary and Planning Tool
Stakeholder and Provider Surveys
Partnership and Communications Plan
PARTner
Internal Quality Control

Outreach
Partnerships with ESRD Networks
Partnerships with Stakeholders
Beneficiary Outreach
Beneficiary Helpline
Provider Outreach
QIO Program Priorities Document
IHI "100,000 Lives" Campaign
Remaking American Medicine
Physician Voluntary Reporting Program (PVRP)
Welcome to Medicare
Outreach Items
Exhibits

Creating Materials
Communications Activities Overview
Key Messages
Outreach Material Description
Developing New Materials for Tasks 1 or 3
Impact Statement Guidelines
QIO Proper Reference
CMS Proper Reference
Screening Process
Publication Numbering System/Disclaimer
Copyrights
DHHS Logo and CMS Identity Mark Guidelines
QIO Sharing
Peer Reviewed Journal Articles and Abstracts
Plain Language
Cultural Competence
Medicare+Choice References

Resources
Listserves
CMS Press Mailing List
CMS Publication Ordering System
MedQIC
QIOnet
Qualitynet.org
Dashboard/Reports
Qnet Quest
Contact Information

Other Relevant CMS Policy
Confidentiality/Disclosure/Release of Information
Information Collection
QIO Affiliations (Conflict of Interest/Endorsement)
Retention of Materials
Beneficiary Satisfaction Surveys
Public Health Efforts

Technical Information
Website Guidelines and Standards
Hardware and Software Catalogs

Index

QIO Communications Handbook

Introduction

The *QIO Communications Handbook* is designed as a resource to support Quality Improvement Organization (QIO) communications staff. QIOs conduct a variety of communications activities that may include positioning the organization as a resource to the general public in support of Centers for Medicare & Medicaid Services (CMS) initiatives, as well as communications efforts that support specific contract tasks. The handbook is also a resource and reference for CMS staff in both the Central and Regional Offices (RO) who work with QIO Contract communications requirements.

Serving as a comprehensive reference guide to all existing CMS communications guidelines, policies, procedures and other information related to communications, the handbook places necessary information in one location for easier reference. The handbook's functionality is further enhanced with links* to the original documentation for each item. When possible, the summaries quote actual policy. In some instances, paraphrasing was necessary. However, readers are encouraged to always use the link or references to check the policy for exact language. The handbook will be updated each time a CMS communications-related policy, guideline or procedure is released or revised.

Note: *CMS policies and procedures are contractually binding. Summaries of key policies, procedures and guidelines contained in this document are not intended to replace CMS policy. Questions about policy clarification should be directed to a QIO's RO Project Officer (PO).*

*** Most links in this document are directed to the QIOnet (http://qionet.sdps.org/). You must view this document on a Standard Data Processing System (SDPS) computer or the links will appear to be broken. If you find any links that should be updated, please contact the Communications QIOSC at 1-877-865-3793.*

Reports and Deliverables

Communications 8th Scope of Work (SOW) Contract Deliverables and Due Dates

Deliverable	Date Due	Submission Method
Partnership and Communications Plan	August 31, 2005 and every 6 months thereafter	PARTner and Electronically by request to PO, Communications GTL, RO Communications Specialist and Communications QIOSC
List of key stakeholders	November 21, 2005, update monthly with any changes	PARTner and by email to FRYS1@westat.com
QIO Annual Medical Services Review Report	Annually, see below for exact due dates based on contract year.	PARTner

(QIO 8th SOW Contract, F.2)

QIO Annual Medical Services Review Report

QIOs must produce a report at least once per year using the Annual Medical Services Review Report template. Allow up to 20 working days for PO approval. Once the PO has approved the report, it should be posted on your QIO website; print copies should also be available upon request. The report must be published no later than 90 days following the end of the each contract year, with the exception of the third year. During the third year of the contract, the annual report is due 90 days from the end of the 33rd month and covering months 25 through 33.

Program Progress Reports #8990300 and #8990400 are available to complete the report. These reports do not include data for 'Cases per 10,000 Part A Medicare Beneficiaries' or 'Total Part A Medicare Beneficiaries in the State.' You will need to identify the data for these fields.

To access the reports go to the QIOnet (http://qionet.sdps.org), select Dashboard/Reports. Select Program Progress/Program Progress Reports. These reports can be found under the CRIS Management Reports folders. The current report template is in SDPS Memo #06-376-CR.
(SDPS Memo #06-376-CR) (SDPS Memo #04-369-CR)
(SDPS Memo #SDPS 03-459-CR; QIO Manual, Chapter 12, 12400-12440)

Communications Diary and Planning Tool

The Communications Diary and Planning Tool is no longer required.

(SDPS Memo #05-276-GN)

Stakeholder and Provider Satisfaction Surveys

Stakeholder Survey
Consistent with QIO 8th SOW contract requirements and as part of QIO evaluation on performance, stakeholders will be surveyed to gauge their knowledge and perception of value of collaboration with a QIO. Through their state chapter or local contact, QIOs are required to work with 15 national CMS-identified stakeholders. These CMS-identified stakeholders are in addition to the 15 QIO-submitted stakeholders required for a total of 30 stakeholders per QIO.

For QIOs in states where there may be no local chapter of an organization listed, a QIO should notify its Project Officer by email (with a copy to the Communications GTL) about the need for an exemption in working with that organization. Exemptions will be discussed and approved by the Project Officer on a case-by-case basis.

Using the Stakeholder template, QIOs are required to email the template to *FRYS1@WESTAT.com* and upload into PARTner any updates monthly (as necessary) by the last working day of the month.

If you have questions regarding the key stakeholder list, please check Qnet Quest.

(QIO 8th SOW Contract C.6.B.1.5.a) (SDPS Memo #05-303-CM)
(SDPS Memo #05-416-GN)

The aggregated composite scores by state and the national average scores from the 2006 Stakeholder Satisfaction and Knowledge Survey are posted on the SDPS CMS Dashboard. A summary report is available as part of SDPS Memo 06-217-GN. The next stakeholder survey is scheduled for Summer 2007.
(SDPS Memo #06-217-GN)

For the round 2 stakeholder surveys, updates of contact information may be submitted until April 13, 2007. QIOs should use the stakeholder template to submit changes. No changes in the stakeholder list will be accepted unless the QIO receives an approval from CMS.
(QIO 8th SOW Contract, C.4.B.14) (SDPS Memo #06-352-CO)

Provider Survey
Westat will be conducting the surveys. The QIO will subcontract with Westat within two weeks following receipt of a signed contract from CMS. This subcontract must incorporate the requirements in Attachment J-10 of the RFP. To start the contracting process, contact Westat:

Contact: Vasudha Narayanan
Email: QIOsurvey@westat.com
Toll Free line: 888-518-2690

QIOs will send provider contact information directly to Westat through QualityNet Exchange. Westat will provide the template that was developed for submitting the necessary provider contact information to the QIOs. No information/data should be provided to Westat by the QIO prior to execution of the Refresher Modification and the QIOs agreement (subcontract) with Westat is in place.
(SDPS Memo #06-369-CO)

For the round two provider surveys (round one has been canceled), updates of contact information may be submitted until April 13, 2007.
(QIO 8th SOW Contract, C.4.B.14) (SDPS Memo #06-352-CO)

The following table shows the type of survey respondents by setting:

Task	Identified Participants	Non-Identified Participants
Nursing Home (1a)	X	X
Home Health (1b)	X	X
Hospital (1c1)	X	X
Hospital (1c2)	X	X
Physician Practice (1d1)	X	
Physician Practice (1d2)	X	X
Physician Practice/pharmacy/ PDPs	X	
Managed Care*	X	X
* 1d2 and 1d3		

(SDPS Memo #05-416-GN) (SDPS Memo #07-066-GN)

For task 1d2, QIOs will need to provide a listing of 15 to 25 partner contacts with whom it works to conduct its 1d2 statewide activities for Mammography and Diabetes. These contacts will be entered into the template provided by Westat.
(SDPS Memo #07-066-GN)

For task 1d1 IPG only, the Satisfaction with QIO Services and Knowledge/Perception about CMS Quality Activities questions will be contained in the Office System Survey (OSS). Practices in the IPG will complete the OSS in August 2006 and October 2007. For QIO evaluation in task 1d1, survey responses for all practices that

complete an OSS at baseline (August 2006) or remeasurement (October 2007) will be used to evaluate the QIOs Satisfaction and Knowledge/Perception score.
(QIO 8th SOW Contract, C.6.B.1.5.a)

Partnership and Communications Plan

Using the template provided by the CommQIOSC, QIOs are required to submit their partnership and communications plan to the Program Activity Reporting Tool (PARTner) on August 31, 2005 and every 6 months thereafter. The partnership and communications plan provides CMS with an overview of the strategies and tactics the QIO will use to achieve the goals and objectives of the QIO Program.

CMS will review and may suggest modifications to the QIO's partnership and communications plan based on QIO Program priorities.
(QIO 8th SOW Contract, C.4.B.8.a) (SDPS Memo #05-276-GN)

PARTner

Program Activity Reporting Tool (PARTner) is an SDPS application developed to allow QIOs to collect information required by CMS for capturing "identified participants," tracking quality improvement activities, hospital payment monitoring activities, deliverables and narratives.

The following must be posted to PARTner for informational use by CMS:

- Partnership and Communications Plan;
- List of key stakeholders

The following postings to PARTner involve approvals by CMS:

- Annual Medical Services Review Report;
- Peer-Reviewed Journal Publications and Conference Abstracts; and
- Information Collection Activities.
  (SDPS Memo #02-366-PA)

The PARTner Document Storage window is used to add and modify document information, as well as to upload and download files. To add a new document:

1. Access the Document Storage Listing window by selecting the PARTner/Document Storage Listing.
2. From the Document Storage Listing window, select the insert icon. The Document Storage window is then displayed.
3. In the Drive field, select the drive where your document is located.
4. In the Directory field, select the directory where your document is located. If the directory selected contains sub-directories, the sub-directories will be displayed in the Directory field. Continue selecting directories until you locate the directory in which your document is located.

5. In the File Name field, select the File Name of the document you want to upload to the database.
6. Select the State Code from the drop-down list.
7. In the Category field, select the category applicable to the document you are uploading to the database.
8. In the Subcategory field, select the appropriate subcategory for the document.
9. In the Deliverable Due Month field, enter the month and year the deliverable is due. This field is available for entry only if the subcategory selected is a deliverable.
10. Select the Upload icon to upload the document.
11. To exit the Document Storage window, select the Close Window icon.

If you inadvertently upload an incorrect document, you can delete it the same day you upload it. If you don't realize the incorrect document was uploaded until a later day, notify your PO of the error. Also enter a note in the Notes field on the Document Storage window indicating it is not the correct document. Then upload the correct document.
(PARTner User's Guide, available on SDPS computers at t:/instruct/partug/PARTner User Guide.pdf)

Internal Quality Control

The QIO shall implement an IQC program as described in Sections 13000-13030 of the QIO Manual.

The IQC plan must include the following elements:

- Identify tasks/subtasks and/or activities that are included
- Identify measures/monitors of performance
- Develop a plan for how you will meet goals/targets
- Use measures that enable you to determine if performance is proceeding acceptably
- At least annually, use measures, results, and other information to assess whether you are likely to meet goals/targets. Analyze any causes of failure, and project changes in the process that you believe will improve performance
- Improve your process
- Determine whether improvements were successful and make further adjustments to the process as needed.

CMS encourages each QIO to collaborate with other QIOs in developing and implementing IQC programs. The QIO shall share lessons learned with other QIOs using available mechanisms, including QIO conferences, newsletters, and databases.
(QIO 8th SOW Contract, C.4.B.10) (QIO Manual, Chapter 13)

Outreach

To accomplish the goals of the QIO program, CMS requires the QIO to manage its resources as efficiently and effectively as possible. QIOs may only conduct provider, practitioner, stakeholder and beneficiary communication activities in support of Tasks 1 and/or 3. The QIO should integrate communications to ensure consistent messaging across all Tasks and subtasks and to coordinate national initiatives. *(QIO 8th SOW Contract, C.4.B.8)*

The QIO shall have available the following communication expertise: health education, health promotion, social marketing and formative research, public relations, market research, media, web design, social and behavioral sciences. *(QIO 8th SOW Contract, C.4.B.11)*

Partnerships with ESRD Networks

QIOs shall assist ESRD Network(s) to promote the Fistula First Project among providers. All QIO activities must have documented approval or collaboration of the appropriate ESRD Network or the Network Coordinating Center. *(QIO 8th SOW Contract, C.4.B.8.b)*

Partnerships with Stakeholders

QIOs shall partner with stakeholders to achieve 8th SOW goals. Such partnerships may expand awareness of the program and should include the following areas:

- Public reporting of provider performance measure results;
- Pay-for-performance programs that reward improvements in quality;
- Increasing awareness of the services and value offered by the QIO Program; and
- ESRD Networks' initiatives, including the National Fistula First Project.

(QIO 8th SOW Contract, C.6.B.2.g.iii)

QIO partnerships shall also coordinate QIO activities with stakeholders working on comparable efforts. This may involve creating, joining, and supporting partnerships with similar goals and objectives, or facilitating dialogue among stakeholders. Specific guidance is provided in the Task Descriptions in Section C.6. *(QIO 8th SOW Contract, C.4.B.7)*

QIOs should meet at least twice per year with organizations directly affected by the activities of the QIO program. These organizations should include, but are not limited to, state and local provider organizations, medical societies, specialty societies and state licensure agencies. All meetings should be appropriately documented. *(QIO Manual, Chapter 12, 12210)*

Refer to QIO Affiliations for related policy section.

Beneficiary Outreach

QIOs may conduct beneficiary communication activities only as it relates to Task 1 and 3 and as it relates to:

- The purpose of the QIO program;
- The rights of Medicare beneficiaries under the QIO program; and
- How these rights may be exercised.

This includes advising beneficiaries that they should receive "An Important Message from Medicare" from hospitals during their stay.
(QIO Manual Chapter 12, 12100)
(QIO 8th SOW Contract, C.4.B.8.j)

QIOs must evaluate beneficiary outreach efforts in support of Tasks 1 and 3. Some methods QIOs can use to evaluate beneficiary outreach activities are listed below. QIOs are required to use measurement and evaluation results when developing and carrying out new educational initiatives. Results also should be shared with other QIOs, QIOSCs and clearinghouses.

- Compare the population reached to the total Medicare population in your state.
- Determine if the information presented meets beneficiaries' needs.
- Determine if the information is presented effectively.
- Determine if the information achieves the desired outcome.
- Determine if education materials are produced in a cost effective manner.
- Evaluate partnership activities.

(QIO Manual Chapter 12, 12140)

For all new beneficiary-targeted outreach materials related to Task 3, with the exception of appeals such as of Hospital Issued Notice of Non-coverage (HINN) and Notice of Discharge and Medicare Appeal Rights (NODMAR) materials, QIOs shall publish and promote the national 1-800-MEDICARE helpline. For appeals materials such as HINN and NODMARs, QIOs shall promote and publish its own toll-free helpline.
*(TOPS Memo # 2003-11; Note: the contents of this memo **replace** the policy included in the QIO Manual, Chapter 12, 12120.)*

In instances where a QIO partners with a local, regional or national non-profit or advocacy organization in the development and publication of topic-specific ads or other outreach materials, the contact information for the partner organization may also be included in the material. See the QIO Affiliations section for more partnership information.
(*SDPS Memo #04-217-GN*)

Beneficiary Helpline

QIOs must maintain a cost-free beneficiary helpline staffed during normal working hours. This helpline should provide information regarding Medicare beneficiary rights and responsibilities, beneficiary protections, health education issues related to active QIO projects and beneficiary complaints. QIOs must make appropriate referrals when information or assistance that the beneficiary request is not related to QIO activities or responsibilities and must make a monthly record of these calls on the 1-800-MEDICARE Issues Tracking Log and fax to CMS at the end of each month.
(QIO Manual Chapter 12, 12110-12115)(SDPS Memo #05-158-GN)
(QIO 8th SOW Contract, C.6.B.3a.2.e)

QIOs are not required to maintain a TDD line. If a QIO receives a call from a TDD line, they may forward those calls to Medicare's TDD line.
(QUEST Question #23645)

See previous section, Beneficiary Outreach on when it is appropriate to promote and publish this QIO helpline.

Provider Outreach

QIOs shall offer to send a physician representing the QIO to meet with medical and administrative staff of each hospital, which it reviews.
(QIO 8th SOW Contract, C.4.B.8.c)

QIO Program Priorities Document

CMS developed the priorities document to describe the QIO program and 8th SOW topics to providers and other partners. The program priorities document is available publicly in PDF version or for QIO customization in Word version. You can access both versions at
http://www.medqic.org/dcs/ContentServer?cid=1097592510511&pagename=Medqic%2FMQLiterature%2FLiteratureTemplate&c=MQLiterature. Limited quantities are available in hard-copy by contacting MedQIC.
(TOPS Memo #2006-01).

IHI "100,000 Lives" Campaign

QIOs may choose to participate in the "100,000 Lives" campaign by providing technical assistance or serving as partner in areas that are within the QIO scope of work.

QIOs may assist providers to implement interventions addressing 8th SOW indicators for Task 1c and 1d3. QIOs may lead campaign launch and implementation and act as

a "node". These activities may include coalition participation, and outreach to the public, providers, and health plans.
(SDPS Memo # 05-218-GN)

Remaking American Medicine

The Public Broadcast Service (PBS) is preparing a four-part, prime-time, nationally broadcast series – The Remaking of American Medicine – featuring institutions and individuals in the forefront of efforts to change systems of care to improve quality. CMS considers QIO support of the following activities allowable under the 8th SOW contract: coalition building, sponsorship, coordination with local PBS affiliates and development of local programming. Activities outside of those suggested should be discussed with your PO and the Communications GTL prior to implementation.
(SDPS Memo #04-223-GN) (SDPS Memo #05-218-GN)

Physician Voluntary Reporting Program (PVRP)

QIOs shall support PVRP while implementing their DOQ-IT project. QIOs are expected to:

- Support PVRP participation by making information available to physicians and stakeholders.
- Support physicians by providing technical assistance regarding PVRP participation and submission of information.
- Support physicians in EHR adoption and improvement on performance measures.

Information regarding the program, registration for Qnet Exchange and using it to obtain feedback reports, and performance measure specifications will be available at *http://cms.hhs.gov/physicianfocusedqualinits/*.
(QIO 8th SOW Contract, C.6.B.1d1.2.a.i)(SDPS #06-072-PO)

Welcome to Medicare Visit

The QIO shall promote statewide quality improvement by working with public health, provider groups, and other broad-based agencies to support the use of appropriate preventive and disease-based care processes, including the "Welcome to Medicare Visit".
(QIO 8th SOW Contract, C.6.B.1d1.2.a.i)

Outreach Items

Outreach items such as displays and pens may be used as part of a comprehensive plan for communication with a target audience. Outreach items may be provided by the QIO at no cost to the recipient and used for the purposes of extending the impact and reinforcing the awareness of a CMS message about its programs and the role of the QIO in supporting those programs or initiatives.

A QIO's organization name, with or without a logo, may be included on an item or exhibit as long as:

- It is not the only or primary message on the item; and
- It includes the phrase "The Medicare Quality Improvement Organization for (insert state)" immediately after the QIO name.

Please note, no QIO name or logo should compete in size or placement with the primary CMS quality improvement intervention or quality care message.
(QIO 8th SOW Contract, C.4.B.8.f.2)

For all new beneficiary-targeted outreach materials related to Task 3, with the exception of appeals such as of Hospital Issued Notice of Non-coverage (HINN) and Notice of Discharge and Medicare Appeal Rights (NODMAR) materials, QIOs shall publish and promote the national 1-800-MEDICARE helpline. For appeals materials such as HINN and NODMARs, QIOs shall promote and publish its own toll-free helpline.
*(TOPS Memo # 2003-11; Note: the contents of this memo **replace** the policy included in the QIO Manual, Chapter 12, 12120.)*

Exhibits

Exhibits or public displays may be used, if necessary, to attract the attention of a specific target audience who would benefit from direct QIO interaction about a CMS quality improvement intervention or quality care information.
(QIO 8th SOW Contract, C.4.B.8.f.1)

Creating Materials

Communications Activities Overview

To accomplish the goals of the QIO program, CMS requires the QIO to manage its resources as efficiently and effectively as possible. QIOs may only conduct provider, practitioner, stakeholder and beneficiary communication activities in support of Tasks 1 and/or 3. The QIO should integrate communications to ensure consistent messaging across all Tasks and subtasks and to coordinate national initiatives. *(QIO 8th SOW Contract, C.4.B.8)*

Before creating new materials, CMS expects QIOs to:

- Consult the relevant information clearinghouse prior to developing new material (see Developing New Materials for Tasks 1 and 3 for more information);
- Consult the ESRD Networks and ESRD Network Coordinating Center for renal-related material; and
- Consider using already-developed, non-copyrighted materials available from other sources for use or modification. With documented permission from the owner as needed, a QIO may modify such materials when required for the QIO's communications strategy with local audiences and partners. CMS expects QIOs to utilize existing, non-copyrighted materials and resources to the extent possible when undertaking communications activities similar to those for which the materials/resources were originally developed.

If new materials are created, CMS expects QIOs to:

- Develop new materials in the most efficient and effective methods possible; and
- Make the materials available to the general QIO community through the relevant QIOSC (see QIO Sharing for more information). *(QIO 8th SOW Contract, C.4.B.8)*

Key Messages

QIOs shall ensure that key messages are integrated appropriately into all materials to ensure a unified voice. QIOs should use draft key messages, which are available in the Communication Tools section on the front page of the Communications Clearinghouse.

Outreach Material Description

"Outreach" is defined as non-peer-reviewed products (electronic or hardcopy) that will be distributed outside your QIO to any audience: i.e., healthcare providers, stakeholders, information intermediaries or Medicare beneficiaries. Outreach materials include but are not limited to CDs, newsletters, brochures, pamphlets, posters, audio/visual materials and clinical intervention materials. All such products

must contain a publication number and disclaimer (see Publication Numbering System/Disclaimer for more information).
(TOPS Memo #2004-06)

Developing New Materials for Tasks 1 and 3

Before a QIO develops new communications materials, the relevant information clearinghouse (if available) should be consulted. If suitable materials are available through the clearinghouse, the QIO is expected to use the content in original form or adapt for local use.

- When developing Task 1 materials, consult the Medicare Quality Improvement Community (MedQIC) and consider contacting the relevant QIOSC.
- When developing Task 3 materials, consult QIOnet (including the Communications Clearinghouse) and consider contacting the relevant QIOSC. *(QIO 8th SOW Contract, C.4.B.8.d)*

QIOs shall ensure that key messages are integrated appropriately into all materials to ensure a unified voice. QIOs should use draft key messages, which are available on the Communications Clearinghouse.

If materials from Tasks 1 and 3 are to be used in activities involving media on a national scale, materials may require CMS review and approval process. Once a submitted document has been approved and any required changes made, the QIO shall provide a copy of the final version to the appropriate QIOSC in a format prescribed by CMS.

For all new beneficiary-targeted outreach materials related to Task 3, with the exception of appeals such as of Hospital Issued Notice of Non-coverage (HINN) and Notice of Discharge and Medicare Appeal Rights (NODMAR) materials, QIOs shall publish and promote the national 1-800-MEDICARE helpline. For appeals materials such as HINN and NODMARs, QIOs shall promote and publish its own toll-free helpline.
*(TOPS Memo # 2003-11; Note: the contents of this memo **replace** the policy included in the QIO Manual, Chapter 12, 12120.)*

Impact Statement Guidelines

QIO impact statements are used to communicate statewide QIO data and attribute improvements demonstrated by the data to the work of the QIO. The statements target external audiences including providers, state legislators, media, stakeholders, and the general public.

The following guidelines should be followed when developing impact statements.

1. Include information that provides context for the QIO Program and the data presented.
2. When appropriate, articulate differences between those providers that work with the QIO (such as identified participants) and those that do not.
3. Identify data source(s) and methodology(ies) for all data presented.
4. Outline specific measurable achievement by setting rather than as a cross-setting aggregate.
5, 6, 7. Reporting on "lives improved," cost savings and project impact each have detailed specific guidance. See TOPS Memo #2007-01 for details.
8. Promote activities that are CMS and QIO Program priorities, such as (a) adoption and use of health information technology, (b) beneficiary protection, and (c) other topics that may be identified by CMS.
9. May include local success stories as examples of impact.
10. Include a publication number and disclaimer.

Please note: None of the data or other content provided by the QIO in impact statements can be used in lieu of the contractual evaluation criteria specified in the SOW contract and its supporting documents to determine eligibility for interim award fees, final award fees, or group award fees or to determine if the QIO has met the SOW contract performance criteria to be eligible to have its contract renewed non-competitively.
(TOPS Memo #2007-01)

QIO Proper Reference

When referring to your organization, use the term Quality Improvement Organization or QIO. In describing contract work with CMS, QIOs may choose to identify themselves as "Medicare QIOs."
(TOPS Memo #2002-02)
QIO program branding elements are currently in development.

CMS Proper Reference

In written references to the Centers for Medicare & Medicaid Services, QIOs must use the ampersand (&) and not the word "and." When referring to the Agency using an acronym, QIOs shall use the acronym "CMS."
(TOPS Memo #2002-02)

The proper reference to CMS is:
The Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Note that an ampersand (&) rather than the word "and" is used when referring to the Centers for Medicare & Medicaid Services (CMS).

The correct possessive form of CMS is "CMS'" For example: CMS' quality initiatives cover nursing home, home health and hospital care.
(The CMS Communications Handbook is currently being revised and is not available electronically; this link will be updated as soon as it's available)

Screening Process

A new screening process is in development for the 8th SOW. Until this process is issued via a TOPS memo, QIOs are to follow the existing review process.

A review process is in place for communications work involving CMS-directed high-profile activities (e.g., the Medicare Prescription Drug, Improvement and Modernization Act of 2003 [MMA]).

Materials requiring prior review and approval include:

- Products referencing or quoting the DHHS Secretary or CMS Administrator
- Products the QIO proposes for use nationally
- Products for which the QIO requests use of the DHHS logo or CMS identity mark
- Newly developed or substantially modified products for other high-profile CMS activities (e.g., MMA, P4P)

Unless mentioned above, QIO-developed materials that support ongoing public reporting activities for the Nursing Home and Home Health Quality Initiatives are exempt from review.

Submission Instructions:

1. Email materials to the review contact (reviews@moqio.sdps.org) with the following required subject line:
   "REVIEW REQUESTED BY: [DATE NEEDED], [TARGET MEDIA OR AUDIENCE], [TYPE OF PRODUCT]"
2. Include the QIO contact name and telephone number in the message.
3. Copy your QIO's RO DQI communications lead and project officer.
4. Provide rationale for fast-track or immediate response requests, including an explanation of the product's time sensitivity.

You will be contacted via e-mail with any required changes and suggestions. QIOs are responsible for making required changes to products prior to production or distribution. Suggested changes included in the review results are optional and may be used at the QIO's discretion.
(SDPS Memo #04-111-GN)

RHQDAPU

A review process is in place for materials created for the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Initiative. CMS authorizes QIOs to produce materials as long as they adhere to the CMS review guidelines as follows:

- QIOs must rely on CMS-approved materials to develop their RHQDAPU products.
- QIO products that contain the language verbatim from CMS-approved materials do not require clearance.
- QIO products that reflect added content or information to address hospital enrollment and participation in the RHQDAPU Initiative must be submitted for review by the Hospital Data Collection and Communications QIOSCs. QIOs must submit items directly to the Communications QIOSC for coordination of review to ensure consistency with approved messaging.

CMS has implemented the following expedited review process:

1. Submit products to reviews@moqio.sdps.org. The Communications QIOSC will provide confirmation of receipt and coordinate clearance.
2. The Hospital Data Collection and Communications QIOSCs will conduct simultaneous reviews.
3. The QIO will receive review results as follows:
   - Product cleared for production - adheres to approved messaging; no further clearance required (response will be received directly from the Communications QIOSC).
   - Product not cleared - does not adhere to approved messaging or content is inaccurate (response will be received from GTL).
   - CMS clearance required - product uses different language or contains new language, which requires Office of General Council (OGC) review. (Note: Communications and/or 2b GTLs will pursue OGC review and advise QIOSC when clearance has been obtained.)
     (SDPS Memo # 04-181-HD)

Publication Numbering System/Disclaimer

All QIO and QIOSC outreach materials and publications, in direct support of a contract task, require a publication number and disclaimer as outlined in SDPS Memo # 07-067-GN. These requirements do not apply to QIO or QIOSC correspondence, or to individualized provider performance feedback reports.

- Outreach materials are defined as non-peer-reviewed products (electronic or hardcopy) that will be distributed outside your QIO or QIOSC to any audience: i.e., healthcare providers, stakeholders, information intermediaries or Medicare beneficiaries. In the case of QIOSCs and Special Project QIOs, this includes materials prepared for distribution to QIOs. Outreach materials include but are not limited to CDs, newsletters, brochures, pamphlets, posters, audio/visual materials and clinical intervention materials.

- Publications are defined as any peer-reviewed, referenced, and/or refereed document a QIO submits on its own behalf to a professional or trade journal and which results from a CMS-funded quality improvement activity.

Numbering System
TOPS Memo #99-23 requires all QIO outreach materials and publications for any contract task to be assigned a unique number for QIO internal tracking purposes, even if the material does not require a disclaimer or positioning statement. This includes QIO materials that display the DHHS logo and CMS identity mark.

Disclaimer
Individual disclaimers and/or publications numbers are required for the following publications and outreach materials:

- Materials containing DHHS logo and CMS identity mark (see DHHS logo and CMS identity mark guidelines section for instructions)
- Materials used to contain/present other information
- Shortened CMS materials
- Peer-reviewed journal articles
- Conference abstracts
- Outreach materials routed through the CMS review process
- Radio advertisements
- Print and television advertisements
- Promotional outreach items
- QIOSC-developed materials
- All other outreach materials
  (*SDPS Memo # 07-067-GN*)

QIO website pages do not require a publication number and disclaimer. Individual outreach materials posted on the site (PDFs, Word documents, etc.,) do require a publication number and disclaimer.
(Quest Question #30555)

Copyrights

Information and artwork created and published by the Federal Government is part of the public domain, whether authored by government employees or under contract. No copyright can be claimed by private persons or organizations.

In the case of peer-reviewed journals, no copyright transfer agreement is needed between a QIO and the journal, as work done on behalf of CMS should not be copyrighted.
(The CMS Communications Handbook is currently being revised and is not available electronically; this link will be updated as soon as it's available)

DHHS Logo and CMS Identity Mark Guidelines

The DHHS Logo and CMS identity mark (logo) cannot be used by QIOs without CMS clearance. These materials should still be numbered using the QIO's internal publication numbering system. A disclaimer is not required if clearance is obtained to use the DHHS Logo or CMS identity mark.

When planning to use the CMS identity mark, QIOs and QIOSCs should follow the following process:

1. Send product to the appropriate task-specific QIOSC for a clinical review.
2. Ensure content clearly and accurately reflects CMS-approved messages, correct placement of the CMS identity mark, and correct references to CMS and/or DHHS. Use the following primary resource to help assure appropriate use of the mark and logo: http://www.cms.hhs.gov/Multimedia/Downloads/CMSMarkGuidelines_051122.pdf
3. Submit request for approval though the project officer. Copy Communications GTL and Communications QIOSC (commqiosc@waqio.sdps.org) on all related communications. (SDPS Memo # 07-067-GN)

You may retain the logo and identity mark on materials without further clearance if you do not modify these materials or if you modify them **only** as follows. You may:

- Add your logo and contact information including name, address, etc., of your organization (note that the DHHS logo must be larger and more prominently placed than the CMS identity mark or any other logo);
- Select any color(s) to fit your corporate image;
- Add the names of local partners; and delete any text and references (but not author acknowledgments if included in CMS' document) that you select to shorten the materials, without altering the message of the original document. In this instance, you must include the following disclaimer on the materials:

  "This is an edited version of a document prepared by the Centers for Medicare & Medicaid Services and/or its contractors. You can find the original, unedited version of the document at (fill-in the cms.gov website address here)."
  (TOPS Memo # 99-30)

If the logo and identity mark appear on materials used to contain/present other information (folders, binders, covers, etc.) the cover should bear the following disclaimer:
"The enclosed material was prepared and assembled by (name of QIO) under contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy."
(TOPS Memo #99-23)

No QIO name or logo should compete in size or placement with the primary CMS quality improvement intervention or quality care message.
(QIO 8th SOW Contract, C.4.B.8.f.2)

Incorrect uses of identity mark to avoid:

- Do not alter the position of the identity mark elements.
- Do not alter or change the typeface.
- Do not rotate any of the identity mark elements.
- Do not stretch, distort or otherwise alter the aspect ratio of the identity mark.
- Do not position the identity mark too close to the other items or images.
- Do not alter the color of any of the identity mark elements.
- Do not position the identity mark on colors that do not complement the mark's colors.
- Do not position the identity mark on a photographic background where there is insufficient contrast between the photographic image and the identity mark and typography.
- Do not use any of the mark elements to create a new mark or graphic.
- Do not position the mark to bleed off any edge.
- Do not use the mark without the full agency name under the horizontal bar.

http://www.cms.hhs.gov/Multimedia/Downloads/CMSMarkGuidelines_051122.pdf

QIO Sharing

QIOs are expected to share newly created materials with the QIO community. QIOs must share materials with the relevant QIOSC, which will share with the proper clearinghouse and (if directed) to the QIO's Project Officer. Each QIOSC may have its own submission requirements. The *QIO Guidebook to QIOSC Resources*, provides contact information for each QIOSC.
(QIO 8th SOW Contract, C.4.B.8.g)

Peer-Reviewed Journal Articles and Abstracts

Peer-reviewed, referenced and/or refereed documents for a professional or trade journal, which resulted from a CMS-funded quality improvement activity, must be cleared by your PO prior to submission. This also applies to abstracts submitted to professional meetings or conferences (excluding CMS, QIO and/or American Health Quality Association [AHQA] sponsored meetings).

POs have 30 calendar days from the date of receipt of the manuscript to respond. In the case of abstracts, your PO has 10 calendar days to respond. POs and/or other RO staff may provide you with substantive changes to the manuscript. Once you have addressed these issues and your PO has certified that they have been adequately addressed, you may submit the manuscript for publication. If you do not receive certification from your PO within 30 days of the PO's receipt of the manuscript (or

within 10 days in the case of the abstract), you can assume certification and proceed with the publication.

These documents (except abstracts) must have a special disclaimer:

> The analyses upon which this publication is based were performed under Contract Number (contract number), funded by the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. The author assumes full responsibility for the accuracy and completeness of the ideas presented.
> *(TOPS Memo #2004-06)*

All publications (articles/abstracts) must meet the confidentiality requirements specified at 42 CFR Part 480, §1160 of the Social Security Act (the Act), and Chapter 10 of the QIO Manual.

Provide a copy of the article, as published, to your PO.
(QIO Manual, Chapter 12, 12510-12530)

This policy does not apply if any author of the publication is a staff member of CMS. In those instances, the CMS author will be responsible for obtaining the appropriate clearances.
(TOPS Memo #2000-28)

Plain Language

The Federal Government's and its contractor's writing must be in plain language. By using plain language, we send a clear message about what the program is doing, what it requires, and what services it offers. Plain language documents have logical organization, easy-to-read design features, and use:

- Common, everyday words, except for necessary technical terms;
- "You" and other pronouns;
- The active voice; and
- Short sentences.

If you use the techniques in *Writing User-Friendly Documents*, a handbook available on the Internet at http://www.plainlanguage.gov, you will meet the goals of clarity.

Cultural Competence

Talent, language, images and illustrations must reflect the heterogeneity of the beneficiary population at large in regards to race, color, age, sex, physical handicaps and national origin. Sometimes, this may mean that separate ethnic or cultural versions may be required. Speech content or style, roles and demeanor of all persons portrayed

shall not reflect adversely on any group or groups of people who might be identified in fact or by implication with the portrayal. Stereotyped behavior shall not be portrayed unless the product's purpose is served by doing so.
(The CMS Communications Handbook is currently being revised and is not available electronically; this link will be updated as soon as it's available)

Medicare+Choice References

Medicare Advantage is the new terminology for the Medicare+Choice program. The transition of terminology from Medicare+Choice to Medicare Advantage in materials must be fully completed no later than 2006. CMS intends to change its information beginning in fall 2004 and recommends that all organizations make the change at the same time. Any QIO materials that have the term Medicare+Choice may be used until exhausted, however, once exhausted begin printing and using materials with the term Medicare Advantage.
(SDPS Memo #04-328-CR)

Resources

Listserves

To sign up for a POC (Point-of-Contact) list:

- Go to http://qionet.sdps.org/listserve/subscribe.shtml;
- Complete the User Information section;
- Select the lists to which you wish to subscribe; and
- Click "Subscribe."

To post a message to the Communications POC list, address an e-mail to comm-poc-discuss@lists.sdps.org. For additional POC instructions, visit http://qionet.sdps.org/listserve/listhelp.shtml.

Anyone on the SDPS network can sign up for any topic on the Open POC lists. View the POC List Descriptions document for a list of POC topics and list descriptions.

CMS Press Mailing List

To sign up for the CMS Press mailing list and receive CMS media releases via email, go to http://www.cms.hhs.gov/media/?media=pressr and select "Subscribe or unsubscribe to the CMS Press mailing list" at the bottom of the page. On the next screen, enter your email address and name, indicate any list preferences and select "Join the list."

CMS Publication Ordering System

CMS publications are free of charge to QIOs. Delivery takes approximately two to four weeks from the day the publication is ordered. If there is a limit on quantity, it will be noted beside the publication.

To access the CMS Publication Mailing List ordering system:

1. Go to http://www.cms.fu.com/mailinglist
2. Enter your email address and password.
   (If you are a first-time user, enter the password "CMS9." After you have successfully logged in for the first time, you will be prompted to change your password.)

MedQIC

MedQIC (www.medqic.org) is a public website where QIO staff and providers can find and share quality improvement tools, resources, and articles. MedQIC (pronounced "Med-Quick") is an online resource provided by CMS exclusively for Task 1 materials related to home health agencies, hospitals, nursing homes, physician offices, and underserved populations. Search the MedQIC site before developing new materials for Task 1.

MedQIC is populated by Task 1 QIOSCs who act as section editors and subject matter experts in their field. The Task 1 QIOSCs contribute content from experts and colleagues that can be shared with the QIO community, including newly created materials developed by QIO staff. (See QIO Sharing for more information.) QIO staff can contribute quality improvement tools or resources to MedQIC by using the Submit a Resource template available on the MedQIC Help page. The submission is routed to the appropriate Task 1 QIOSC for further development and posting.

A MedQIC brochure is available to QIOs. The brochure is a complimentary piece for distribution in IPG packets and at provider workshops and seminars. QIOs may add their contact information and logo to the back panel of the brochure. Copies of the brochure are available by submitting a request to: medqic@ifmc.sdps.org. The MedQIC brochure is also available in PDF format on the Home page under Latest News.

The majority of materials on MedQIC are accessible without a login. The QIO-only section of MedQIC is for documents provided by the QIOSCs for QIOs to use as training materials, provider outreach materials, and provider intervention tools. In order to access this information, QIO staff must register. Registration is combined with the QualityNet Exchange Online Access Request System (OARS) to ensure that users are part of the SDPS community.

To register:

- Request that your QIO Security Administrator (located in your QIOs information systems/technology department) grant the "QIO-only Content" role under the "MedQIC" system area in OARS.
- Register on the MedQIC.org site using the same email address entered in the user demographic area within OARS. *(SDPS 03-155-MC)*

QIOnet

The **QIOnet** (http://qionet.sdps.org) is an Intranet site available only to those on the SDPS network. It provides QIO and CMS staff a centralized resource related to all operational aspects of the QIOs' SOW, as well as the SDPS that supports it.

Items included on QIOnet include

- All SDPS and TOPS Memos (http://qionet.sdps.org/memos.shtml).
- Reports including CMS Dashboard and reporting tools/findings (http://qionet.sdps.org/reports/reports_main.shtml) (SDPS Memo #06-065-QN)

Communications materials developed by QIOs and approved by CMS are available on the Communications Clearinghouse (http://qionet.sdps.org/commclhouse/index.shtml), a subsection of QIOnet. QIOs are expected to use this resource to search for materials before developing new products.
(SDPS Memo #04-408-QN)

QIOs are expected to share newly created materials with the QIO community. QIOs must share materials with the relevant QIOSC, which will share with the proper clearinghouse, including MedQIC. (See QIO Sharing for more information.)

QualityNet.org

QualityNet.org is a website that gives healthcare providers and Quality Improvement Organizations the latest information on data exchange and reporting for CMS healthcare quality initiatives.

QualityNet.org is also the gateway to the secure area of QNetExchange.org, the only CMS-approved website for secure communication and exchange of healthcare quality data. Users can access QNetExchange from a login link found on each page of QualityNet.org.

QualityNet.org also houses the e-learning environment. This environment is for QIOs to conduct web-ex sessions or participate in web-ex sessions. Users can access the E-learning environment by clicking on the link in the training box on the home page of Qualitynet.org.
(SDPS Memo #06-146-QE)

Dashboard/Reports

The CMS dashboard reports are located on QIOnet. The dashboard houses analytic information for each state's, and the nations, progress on each task. This can be used to create story angles for promotion of your work to media, partners, and providers. The Dashboard/Reports page includes the following:

CMS Dashboard - high-level reports on the status of the QIO program allowing users to see if, how and where QIOs are progressing in improvement efforts for the various tasks in the SOW.
Analytic Tools
- user-driven tool for creating ad hoc reports from various databases
- multi-dimensional analytic reporting tool for Hospital Payment Monitoring Program (HPMP)
- on-line analytic processing tool (OLAP) tool for physician office outpatient data

A WebEx training session "QIOnet Reports Re-Organization Walkthrough" has been recorded and posted to the QIOnet under Training Resources/QIOnet Training: http://qionet.sdps.org/training_resources/training_resources.shtml#qionet.

National data from the Dashboard are currently embargoed while CMS seeks journal publication of those results. In the meantime, however, QIOs may use their state-specific data on an external basis to help the media, stakeholders, providers and general public gain a better understanding about the QIO Program and the progress you are making to improve healthcare. However, QIOs **may not** release state ranking information.

QNet Quest

The purpose of the QNet Quest system is to provide you with a consistent, timely and primary resource for obtaining answers to topic-specific questions. It serves as a search engine for existing Q&As in order to provide you with immediate answers to questions. If you are unable to find an existing Q&A that answers your question, the system enables you to submit a question within one of the identified topics.

QNet Quest is accessible through the following three websites:

- QIOnet (http://qionet.sdps.org/);
- QualityNet Exchange (http://www.qnetexchange.org/); and
- MedQIC (http://www.medqic.org/).
  (*SDPS Memos 04-292-QE*, *03-399-QE*, *04-524-QE*)

A communications topic is available on QNet Quest for search and question submission. You'll want to use QNet Quest if you're seeking clarification on a communication-related policy issue that is relevant to others in the QIO program. However, if your question is related to a specific issue or situation, continue using the CommQIOSC Helpdesk (877-865-3793 or commqiosc@waqio.sdps.org). If you're seeking feedback on a communication project or are curious if other QIOs have experience in a certain area, use the communication list serv (comm-poc-discuss@lists.sdps.org).
(*SDPS Memo 05-057-QE*)

Contact Information

Communications QIOSC Helpdesk
Phone: 1-877-865-3793
Email: commqiosc@waqio.sdps.org

CMS Review Process
Email: reviews@moqio.sdps.org
(See Review and Approval Process)

CMS Communications GTL, Rick McNaney
Phone: 410-786-0774
Email: mailto:Richard.McNaney@cms.hhs.gov

CMS Publications Helpdesk
Phone: 1-888-205-0684

QIO Contacts
See the QIO Profile section of QIOnet: http://qionet.sdps.org/QIO_Profiles.shtml.

QIOSC Contacts
See the QIOSC Points of Contact:
http://qionet.sdps.org/SoW/QNetGuide/QIO_GB_QIOSC_Res.pdf

U.S. Department of Health and Human Services
See the DHHS Employee Directory: http://directory.psc.gov/employee.htm.

CMS Regional Office Information
See the CMS Regional Offices Information for Professionals:
http://www.cms.hhs.gov/about/regions/professionals.asp

American Health Quality Association (AHQA)
See the AHQA Staff Directory: http://www.ahqa.org/pub/inside/158_673_2429.cfm

Other Relevant CMS Policy

Confidentiality/Disclosure/Release of Information

The QIO must give the provider 30 days notice that the QIO will release the name of collaborators or provider specific information. This notice is not required if:

- The provider consents to or requests the release of information; or
- The information meets the definition of public information in 42 CFR 480.143. Public information may include the provider posting a certificate of participation in a public lobby of the facility.
  (TOPS Memo QIO 2004-14) (TOPS Memo # 2003-03)

No person or provider supplying information to a QIO will be held, by reason of having provided such information, to have violated any criminal law or to be civilly liable under any State or Federal law, unless the information provided is unrelated to the performance of the contract of the QIO or the information is false and the individual knew or had reason to believe that the information was false.
(SDPS Memo #03-106-GN and attached HIPAA letter)

See the Questions and Answers related to the status of QIOs under the Health Insurance Portability and Accountability Act (HIPAA) for more confidentiality information.
(SDPS Memo # 03-150-GN)

QIOs participating in CMS-sponsored pilot projects are required to share the names and provider numbers of the participating providers with the project's lead QIO. Because this data will not be shared outside of the QIO program and the data will only be reported in aggregate, there is no violation of the provider's privacy and, therefore, no need for any letters of disclosure.
(SDPS Memo 04-469-NH)

Clarification from CMS on January 23, 2006 regarding release of information notices, clarified that QIOs should get new releases signed by providers for each new SOW.

CMS has developed a consent form for QIOs to use for physician office practices included in their identified participant group. QIOs may use the consent form provided by CMS or develop their own as long as it includes all the consent portion bullets provided in the CMS-developed form. (Link to Consent Form)
(SDPS Memo 06-071-PO)

Information Collection (Survey)

All information collection activities directed to ten or more persons, whether exempt from Office of Management and Budget (OMB) clearance or not, must be cleared through your PO. This applies to information collected from:

- Beneficiaries;
- Healthcare providers; and
- Other entities.

It does NOT apply to medical record abstraction conducted as part of a quality improvement project.

CMS' information collection approval process has two parts. The first component is **Proposal Approval**. QIOs should complete an Information Collection Proposal - Approval Template (see QIO Manual, Chapter 12, exhibit 12-1) and submit it electronically to their PO.

After a QIO receives Proposal Approval, the next step in the approval process is **Activity Approval**. The QIO must submit the following for RO review and approval: a document justifying the information collection activity, a description of methods/methodology the QIO intends to use, and the proposed instrument. The information should be submitted via the Information Collection-Activity Approval Template (see QIO Manual, Chapter 12, exhibit 12-2).

Note: Some regional offices may require that both of the forms mentioned above be submitted simultaneously.

Your PO, in consultation with the RO scientific staff, must approve the information collection instruments and all supporting documentation prior to your implementation of the actual information collection activity. This includes a cover letter and/or scripts. You may, therefore, want to consult with RO staff as you are developing these documents.

Note: If Medicare beneficiaries comprise any of the respondent samples, you must also submit a Beneficiary Notification Letter. The purpose of the notification is to give the beneficiary advance warning of the activity and the opportunity to opt out of participating.

Your PO can deem an information collection project exempt from OMB clearance. If it is not exempt, he/she will submit the project for clearance.

When undertaking activities that do not require RO review and approval, QIOs are still encouraged to inform their RO. These activities include:

- Focus groups that use open-ended questions (less than 10 focus groups)
- Consents
- Acknowledgements
- Receipts
- Screening tools used to determine focus group participants
- Publication order forms
- Reader response cards/feedback forms if questions are open-ended
- Website feedback (suggestion box format only) and publication, etc. order forms

- Evaluation forms for meetings
- Follow-up contacts for meetings
- Discussion guides/prompts with open-ended discussion topics
- Phone scripts that are open-ended
- Continuing intermittent feedback from physicians
- A closed-ended question survey that goes to nine or fewer "persons"
- A subcontract if CMS is not sponsoring the collection

(QIO Manual Chapter 12, 12600)

QIO Affiliations (Conflict of Interest/Endorsement)

Partnership activities are an integral part of the CMS mission. Developing and sustaining partnerships is central to collaborative outreach efforts, sharing information, and leveraging resources. For more information on CMS partnership communities, see the Partner with CMS section of CMS' website: http://www.cms.hhs.gov/Partnerships/01_Overview.asp#TopOfPage

QIOs are allowed, under certain specific circumstances, to cooperate with other organizations to accomplish the goals of the Medicare contract (e.g., conference sponsorship). QIOs need to ensure the collaboration does not create actual or apparent conflict of interest, inadvertent endorsement of products, or contract funding issues. *(TOPS Memo #2001-04)*

It is a prohibited organizational conflict of interest for a QIO to be owned by or affiliated with a Medicare health care facility, or association of facilities, payor organization or health plan, in the QIO area, through management, common control or ownership.

QIOs may not enter into contracts with providers or practices over which the QIO has review authority or for which the QIO performs other quality related services under its QIO contract. This also applies to any related commercial entity operating in the same geographic service area as the QIO.

QIOs that wish to engage in commercial business related to or similar to work the QIO performs must do so through an entity that is separate from and independent of the QIO.

A QIO's related commercial entity may enter into contracts and arrangements with providers and practices outside the QIOs geographic area. If such providers or practices are part of a "chain" organization, any such contracts or arrangements entered into by the QIO's related commercial entity can not include services provided to any provider or practice within the QIOs geographic service area.

Related commercial entities are not prohibited from entering into contracts or arrangements with other parties that do not participate in Medicare, regardless of whether such parties are within or outside of the geographic service area of the QIO. *(TOPS Memo #2006-08)*

Within 30 days of entering into an agreement and by February 28th of each year within the contract period of performance, the QIO shall disclose to the Contracting Officer and Project Officer, a list of all organizations with which the QIO has a contract, agreement or arrangement outside of the CMS QIO contract. The QIO shall also disclose information about organizations in which the QIO has an ownership interest. *(QIO 8th SOW Contract, H.11)*

Retention of Materials

In addition to SOW requirements, the Federal Acquisition Regulations require that all other documents (e.g., outreach activities) related to contracts entered into by negotiation be retained for three years after final payment under the contract. *(QIO Manual, Chapter 13, 13140)*

Beneficiary Satisfaction Surveys

Westat, an experienced survey research organization, will begin to conduct the beneficiary satisfaction surveys for Case Complete Dates on or after January 18, 2006. CMS asks QIOs to advise beneficiaries that Westat will be contacting them to administer satisfaction surveys.
(SDPS Memo # 06-027-CR)

Beneficiary satisfaction survey results are available to view from within the CRIS application on the Beneficiary Complaint Mediation Survey and Medical Record Survey screens.
(SDPS Memo # 06-178-CR)

CMS has provided the following to use when referencing Westat performing beneficiary satisfaction surveys. The language may be altered to meet QIO needs.

QIO script during telephone discussion:
"I have one last question for you. We are interested in your opinion of how well the review process or mediation worked for you. After our review of your concerns is completed, would you be willing to participate in an evaluation of how well the review process or mediation worked for you?"

If yes:
"A professional interviewer from Westat, a research firm in Maryland, will call and ask you questions about your experience with this process. Your answers will help us review and improve our processes. You should hear from Westat within two weeks of the resolution of this case."

QIO final letter insert:
"As you have agreed to a brief follow-up survey to let us know how satisfied you were with the complaint process, someone from Westat, an independent research firm under contract with the Centers for Medicare & Medicaid Services (CMS), will be calling you within a week or two to conduct that survey. If you would like to schedule that interview yourself, you may call Westat at 1-888-205-1976."
(SDPS Memo #06-058-CR)

Public Health Efforts

In the event of a pandemic flu outbreak, the QIO shall assist CMS' public health efforts by disseminating information and messages as directed by CMS. CMS will utilize the QIO relation with providers, including its partnerships and collaborations to serve as additional channels for communications. The QIO, in working with its state's/jurisdiction's Department of Health (DOH), shall ensure that the QIO has established point of contact(s) with the Immunization Bureau or others at the DOH to assure effective dissemination of HHS and CMS information. For example, the QIO may be required to:

- Assist the DOH in provider education/information
- Participate in the state's/jurisdiction's disaster planning process
- Participate in state/jurisdiction Pandemic Readiness Committee(s), as necessary, to bridge communications and mobilize physician practices, hospitals, nursing homes, home health agencies, and ESRD networks as necessary
- Subscribe to established Pandemic listservs, as necessary, to ensure consistency with message and status for pandemic readiness.

(QIO 8th SOW Contract Refresh Modification, C.4.B.8.k)

Technical Information

Website Standards and Guidelines

A complete list of CMS Contractor Website Guidelines can be found at http://cms.hhs.gov/AboutWebsite/13_contractorwebguidlines.asp#TopOfPage. This site lists the following guidelines:

- Any content that is available on CMS websites should be linked to rather than duplicated.
- Your site should display a Privacy Policy.

The site also lists the following standards that must be followed:

- If displaying the CMS Identity Mark on your website, following the CMS Identity Mark Usage Guidelines *(http://www.cms.hhs.gov/Multimedia/Downloads/CMSMarkGuidelines_051122.pdf)*
- Your site must be compliant with Section 508 of the Rehabilitation Act (www.section508.gov/, (http://cms.hhs.gov/AboutWebsite/03_Policiesforaccessibility.asp).
- Your site must comply with all other applicable CMS and Program requirements.

(QIO 8th SOW Contract, C.4.B.8.j.3)

QIOnet, in cooperation with CMS and the SDPS Web Strategies and Communications Workgroups, have developed 508 Compliance and Accessibility Resources along with a Chronological Compilation of QIO Web Site Guidance available at http://qionet.sdps.org/training_resources/accessibility.shtml.
(SDPS Memo #03-476-QN)

Hardware and Software Catalogs

Listings of SDPS-approved software and hardware are available on QIOnet. These catalogs list the product name, model, manufacturer, details, status and estimated cost.

- Software Catalog: http://qionet.sdps.org/tech_info/sdps_hrdw_softw/sdps_software.shtml
- Hardware catalog: http://qionet.sdps.org/tech_info/sdps_hrdw_softw/sdps_hardware.shtml *(SDPS Memo #04-113-GN)*

Index

1-800-MEDICARE (See Beneficiary Outreach)
Abstracts (See Peer-Reviewed Journal Articles and Abstracts)
Affiliations (See QIO Affiliations)
An Important Message from Medicare (See Beneficiary Outreach)
Annual Medical Services Review Report
Annual Medical Services Review Report Template (See Annual Medical Services Review Report)
Annual Report (See Annual Medical Services Review Report)
Approval Process (See Screening Process)
Beneficiary
    Beneficiary Helpline
    Beneficiary Notification Letter (See Information Collection)
    Beneficiary Outreach
    Beneficiary Protections (See Beneficiary Outreach)
    Beneficiary Rights (See Beneficiary Outreach)
    Beneficiary Satisfaction Surveys
Branding
    Developing New Materials for Tasks 1 and 3
    Key Messages
CMS
    CMS Clearance Process (See Screening Process)
    CMS Identity Mark Guidelines (See DHHS Logo and CMS Identity Mark Guidelines)
    CMS Logo (See CMS Identity Mark Guidelines)
    CMS Press Mailing List
    CMS Proper Reference
    CMS Publication Ordering System
    CMS Regional Office Information (See Contact Information)
    CMS Review Process (See Screening Process)
Clear Writing (See Plain Language)
Clearance Process (See Screening Process)
Clearinghouse (See MedQIC or QIOnet)
Communications
    Communications 8th SOW Contract Deliverables and Due Date
    Communications Activities Overview
    Communications QIOSC Helpdesk (See Contact Information)
Conference Abstracts (See Peer-Reviewed Journal Articles and Abstracts)
Confidentiality/Disclosure
Conflict of Interest/Endorsement
Consent Form (See Confidentiality/Disclosure/Release of Information)
Contact Information
Contract Deliverables (See Communications 8th SOW Contract Deliverable and Due Dates)

Copyrights
Creating Materials
Cultural Competence
Dashboard/Reports
Developing New Materials for 8th SOW Tasks 1 or 3
DHHS Logo and CMS Identity Mark Guidelines
Disclaimer (See Publication Numbering System/Disclaimer)
Disclosure (See Confidentiality/Disclosure)
Discussion Lists (See Listserves)
Display (See Exhibits)
Document Storage (See PARTner)
E-mail Lists/Groups (See Listserves)
    Beneficiary Outreach
Exhibits
HHS Employee Directory (See Contact Information)
Hardware (See Hardware and Software Catalogs)
Hardware and Software Catalogs
Helpdesk (See Contact Information)
IHI
Impact Statements
Information Collection
Internal Quality Control (IQC)
Listserves
Medicare Advantage (See Medicare+Choice References)
Mecicare+Choice References
Medicare Quality Improvement Community (See MedQIC)
MedQIC
Ordering CMS publications (See CMS Publication Ordering System)
Outreach
    Beneficiary Outreach
    Outreach Material Description
    Partnerships
    Provider Outreach
Outreach Items
Other Relevant CMS Policy
Pandemic Flu (See Public Health Efforts)
PARTner
Partnerships (See QIO Affiliations)
Peer Reviewed Journal Articles and Abstracts
Physician Voluntary Reporting Program (PVRP)
Plain Language
POC Lists (See Listserves)
Point-of-Contact Lists (See Listserves)
Priorities Document (See QIO Program Priorities Document)
Privacy Policy (See Website Guidelines and Standards)
Program Activity Reporting Tool (See PARTner)

Provider Outreach
Provider Surveys (See Stakeholder and Provider Satisfaction Surveys)
Publication
    Publication Numbering System/Disclaimer
    CMS Publication Ordering System
QIO
    QIO Affiliations
    QIO Contacts (See Contact Information)
    QIO Program Priorities Document
    QIO Proper Reference
    QIO Sharing
QIOnet
QIOSC Contacts (See Contact Information)
QNet Quest
Qualitynet.org
RHQDAPU Review Process (See Screening Process)
Reference
    CMS (See CMS Proper Reference to)
    QIO (See QIO Proper Reference to)
Release of Information (See Confidentiality/Disclosure/Release of Information)
Reports and Deliverables
Resources
Retention of Materials
Screening Process
SDPS-approved Programs (See Hardware and Software Catalogs)
Software (See Hardware and Software Catalogs)
Stakeholder and Provider Satisfaction Surveys
Survey (See Information Collection)
Task 3
    Developing Task 3 Materials (See Developing New Materials for Task 1 or 3)
User-Friendly Documents (See Plain Language)
Website Guidelines and Standards
Welcome to Medicare Visit