Budget Assumptions

Core Prevention and Patient Safety

- Most tasks under core prevention and patient safety do not require the QIO to conduct quality improvement activities with a specified minimum number of providers. The Statement of Work (SOW) provides the maximum number of providers that the QIO can propose. In the event that the QIO Program budget allocation does not allow CMS to fund all proposed participants, CMS will consider the relative efficiency of the QIO proposal (total cost for theme/theme subcomponent vs. number of proposed providers) in conjunction with the QIO's technical proposal. CMS will use this information to determining the allocation of the # of providers each QIO will service.

Beneficiary Protection

- QIO's should consider the below national median number of hours per case in developing their cost proposal. The QIO's proposed number of hours per case should equal their historical number of hours per case or the below national median number of hours per case, whichever is less.

Case Type	Median Professional Hours per Case	Median Support Hours per Case
Beneficiary complaints	33.3	7.9
Hospital-based Notice Appeals	6.2	2.5
Medicare Advantage (MA) Fast-track Appeals	5.2	1.2
Fee-for-Service (FFS) Expedited Appeals	5.6	1.3
Hospital-request Higher-Weighted Diagnosis-Related Groups (DRGs)	2.7	0.9
EMTALA	5.4	1.1

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