Attachment J-8 Business Proposal Format

BUSINESS PROPOSAL FORMAT

FOR UTILIZATION AND QUALITY CONTROL

QUALITY IMPROVEMENT ORGANIZATIONS

FORMS AND INSTRUCTIONS

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Attachment J-8 Business Proposal Format
TABLE OF CONTENTS

		PAGE
I.	INTRODUCTION	2
II.	GENERAL INSTRUCTIONS	3
III.	ADDITIONAL EXPLANATION AND JUSTIFICATION FOR BUSINESS PROPOSALS	5
IV.	BUSINESS PROPOSAL FORMS AND INSTRUCTIONS	
A.	CMS Form 718 BP - Quality Improvement Organization 9th SOW Business Proposal Summary.	7
B.	CMS Form 719 BP - Quality Improvement Organization 9th SOW Business Proposal.	10
C.	CMS Form 720 BP - Fringe Benefit Proposal.	14
D.	CMS Form 721 BP - Indirect and Other Direct Cost.	18
E.	CMS Form SUM - Staffing Proposal Summary.	22
F.	CMS Form STAFFING - Personnel Loading Charts.	27
G.	CMS Form SC 1 - Subcontracts Proposal - Physician Reviewers.	33
H.	CMS Form SC 2 – Subcontracts Proposal - Other.	36
I.	QIO ODC – Other Direct Costs – Supplemental Schedule	39
J.	Other Beneficiary Protection Costs – Supplemental Schedule	41
V.	APPENDIX	A-1
	1: DEFINITIONS AND GUIDELINES: QUALITY IMPROVEMENT ORGANIZATION 9th SOW BUSINESS PROPOSAL	A-2

Attachment J-8 Business Proposal Format

I. INTRODUCTION

PURPOSE

This guideline package will assist you in preparing the standardized business proposal forms used to award Medicare Quality Improvement Organization (QIO) contracts.

SCOPE

Offerors must use the electronic file that CMS provides to prepare and submit the business proposal. This guideline package provides instructions for completing the various business proposal forms in the CMS electronic file. The hardcopy version of this package includes a sample of the various forms.

Business proposals must also include appropriate supporting information, cross-referenced to the related column, line item, and form. The supporting information should be detailed and, as appropriate, fully explain calculations, bases for estimates, etc.

METHOD OF SUBMISSION

CMS is providing you with the business proposal forms in an Excel spreadsheet file titled BP9SOW. In addition to the aforementioned, there are three files listed – Patient Pathway (Optional), CKD (Optional), and Disparities. **You should enter your cost data in these Excel files** and submit your completed business proposal in both electronic and hard-copy format.

The business proposal forms in CMS's Excel file were prepared in Excel2000 format and the narrative explanations in this guideline package were prepared in Word2000 format. The cost information in the electronic version of your completed business proposal must be in Excel2000 format. The narrative supporting information can be in Excel2000 or Word2000 format.

Attachment J-8 Business Proposal Format

II. GENERAL INSTRUCTIONS

The following general instructions for the completion and submission of the business proposal forms are in addition to those instructions contained in the RFP issued by CMS to all offerors and in addition to the attached Section III – ADDITIONAL EXPLANATION AND JUSTIFICATION FOR BUDGET PROPOSAL.

1. The CMS-provided electronic file and the specified Excel and Word versions are the only acceptable format for your cost proposal submission. Proposals received in any other format will be considered unacceptable.

   The business proposal spreadsheets are formatted to accept one decimal place for entries relating to hours and whole dollars for entries relating to costs. However, where appropriate (e.g., hourly rates), the formatting will permit 2 decimal places for costs.

2. As used in this cost proposal process, the term "QIO" refers to both present QIO and potential QIO organizations.

3. A QIO organization proposing to administer a Medicare contract in more than one QIO area must complete a separate business proposal for each QIO area.

4. All blocks on the forms that are shaded are filled out by formulae from within the form or from other forms or are for CMS use only, and they should not be filled out by the submitting QIO. Please fill out, as appropriate, only the unshaded blocks.

5. OMB INSTRUCTIONS REQUIRE THE FOLLOWING BURDEN DISCLOSURE NOTICE TO BE INCORPORATED ON ALL COLLECTIONS OF INFORMATION OR THE ACCOMPANYING INSTRUCTIONS.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0579. The time required to complete this information collection is estimated to average (22hours)(45minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

ADDITIONAL MATERIALS (Optional &/or Supplemental)

There are additional, supplemental schedules attached (i.e. – Other Beneficiary Protection Costs Supplemental Schedule, Other Direct Costs Supplemental Schedule, CKD - optional, Disparities,

and Patient Pathways - optional). Of the five, CKD, and Patient Pathways are **OPTIONAL**. If interested, please complete the separate files and submit with your proposal. Generally, the instructions are the same - follow the core instructions as provided in this document. Please refer to the Appendix and the 9th Scope of Work for further information.

III. ADDITIONAL EXPLANATION AND JUSTIFICATION FOR BUSINESS PROPOSAL

General

As a general rule you should explain how you calculated all items in your budget request, with the exceptions provided below. With the exception of salaries, which are discussed below, the QIO should not inflate any line item for a year to year increase of greater than 2.8% without providing further justification. The QIO should also make sure to indicate what rate of increase it is using on all non-salary line items, even when they are at or below the 2.8% rate of increase per year.

Full Time Equivalents (FTEs) and Salaries

Full Time Equivalents (FTEs) and Salaries

FTEs proposed should be reasonable and proposed on the basis of the most efficient method of performing each sub-task under a limited budget. The total direct labor hours, and their distribution across labor categories (e.g. professional, support staff) proposed for each sub-task should be justified on the basis of the information provided in the technical proposal and/or capability.

The QIO's proposed labor rates shall be supported with payroll information, letter of intent from the prospective employee, or salary survey information. The QIO shall explain salary increases greater than 5 percent to an individual's current salary and justify the salary proposed for all new employees. QIOs shall also explain organizational salary increases greater than 3 percent per year. The organizational salary increase will be determined each year by the "Grand Total Percent Change" cell on the Person Loading Chart – Staffing (i.e. for the year 1 over the current year it is cell "O 112" on the Form Staffing).

Leave

Please summarize your leave policy. Also, explain any increase in your leave rate as a percentage of direct labor cost. This information on leave should be provided even if you report leave as part of the Fringe Benefit Category.

Fringe Benefits

For Fringe Benefits, if you have an approved Defense Contract Audit Agency (DCAA) provisional rate, it can serve as the justification for the Fringe Benefit expense. If you do not have an approved DCAA provisional rate or you do not believe that this rate is correct for your three-year budget, please justify the rate requested, with emphasis on the major items of increase.

Other Consultants Subcontracts

Form SC 1 requests information on the number of reviews, the time per review and the hourly rate for Physician Reviewers/Advisors. Please explain how you determined these factors and why and how they are different from the current year. The Form SC 1is provided for Beneficiary Protection and Special Studies. For all other tasks, enter Physician Reviewers/Advisors costs

directly into the appropriate cell on the Form 719BP fully justify the need for Physician Reviewers/Advisors costs for these tasks and explain the basis for the amount entered. If the Physician Reviewers/Advisors cost for these other tasks is based on the number of reviews performed, you should provide the detail in the same format as on the Form SC 1.

For Consultants and Other Subcontracts, please justify the purpose of each proposed Consultant and Subcontract and explain how the current request compares with your experience in the prior contract. Any significant change from the prior contract should be explained. Explain how the cost for each Consultant Service or Subcontract was calculated, including hourly rates and number of hours requested for the Consultants or for the personnel employed in the Subcontract. For subcontracts in excess of $25,000 by task, you may use the subcontractor's business proposal as supporting documentation.

Travel

Explain how you calculated your Travel request by Task. Your travel justification should include the following for each trip: **(1)** cost, **(2)** kind of travel (air, car, bus, train) and its cost, **(3)** location, **(4)** lodging, **(5)** number of participants, **(6)** number of days and nights, **(7)** registration fees, as apply, **(8)** purpose, and **(9)** meals and incidentals.

Other Direct Costs

Explain how you calculated all Other Direct Costs (ODC). For example, your printing justification should show the number of specific items that you expect to print and the cost per item. If you report Rent under Other Direct Costs, please provide the details of how many square feet are currently rented, and the number of square feet you propose to rent under the new contract. Also, provide the cost per square foot in the prior year and each year of the proposed contract. If you report Board of Directors fees under Other Direct Costs, please detail your basis of compensation per board meeting or for travel performed on behalf of the organization.

Indirect Costs

For Indirect Costs, if you have an approved DCAA Provisional Indirect Rate it can serve as the justification for this cost. However, you should always explain how you calculated Rent. For rent, please provide the details of how many square feet are currently rented and the number of square feet you propose to rent under the new contract, and the cost per square foot in the prior year and each year of the proposed contract. In addition, if you report AHQA dues, make sure that you report the amount per year and how the amount was determined. If you report Board of Directors fees under Indirect Costs, please detail your basis of compensation per board meeting or for travel performed on behalf of the organization.

If you do not have an approved DCAA provisional rate, or you do not believe that this rate is correct for your three-year budget, please fill out all the line items on Form 721 and justify the rate requested, with emphasis on the major items of increase.

Pass-thru Costs

Explain how you calculated Pass-thru Costs, indicating how many records are involved, how the QIO projected the number of records, and the cost per record.

Attachment J-8 Business Proposal Format
INSTRUCTIONS FOR CMS FORM 718 BP
QUALITY IMPROVEMENT ORGANIZATION 9th SOW
BUSINESS PROPOSAL SUMMARY

ITEM

1. **Name and Address of QIO Organization.** Enter the name and address of the organization submitting the proposal (make sure the information is entered in the boxes shown at cells A3, A4 and A5)

2. **QIO Area**. Enter the State or other area that the proposed QIO contract will cover (make sure the information is entered in the box shown at cell C7).

3. **RFP Number**. Enter the CMS RFP number for the proposed QIO contract (make sure the information is entered in the box shown at cell J3.)

4. **Proposed Contract Period**. Enter the beginning and ending dates of the proposed QIO contract (make sure the information is entered in the boxes shown at cells K7 and K9.)

5. **Total Proposed Costs**. This column contains your total proposed costs for the 3-year contract period. The proposed costs are listed for each line item category. No entries are required because the proposed costs automatically flow from Form 719 BP.

6. **CMS Recommended Costs**. No entries required. For CMS internal use only.

7. **$ Difference**. No entries required. For CMS internal use only.

8. **% Difference**. No entries required. For CMS internal use only.

9. **Fringe, Indirect, and Other Rates.** QIOs should enter their DCAA approved fringe benefit rate and indirect cost rate in the appropriate spaces. Leave the fringe and indirect rate spaces blank if you are a new QIO and do not have approved rates.

10. **Signature of Authorized Official**. The appropriate official of the organization submitting the business proposal should sign here.

11. **Type Name and Title.** Insert the name and title of the official signing in item 10.

12. **Date.** Enter the date the business proposal is submitted.

13. **Telephone #.** Enter the organization's phone number, starting with the area code.

14. **For CMS use only**.

15. **For CMS use only**.

16. **For CMS use only**.

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RESERVED FOR INSERTION OF FORM 718 BP SUM

INSTRUCTIONS FOR CMS FORM 719 BP
QUALITY IMPROVEMENT ORGANIZATION 9th SOW BUSINESS PROPOSAL

ITEM

1. **RFP#**. No entry required. This information automatically flows from Form 718 BP.

2. **Name and Address of QIO Organization**. No entry required. This information automatically flows from Form 718 BP.

3. **QIO Area**. No entry required. This information automatically flows from Form 718 BP.

4. **Proposed Contract Period**. No entry required. This information automatically flows from Form 718 BP.

COST CENTER COLUMNS

COLUMNS 5 & 6 – COVER THE COST CENTERS FOR THE BENEFICIARY PROTECTION THEME AS INDICATED BELOW:

5. **QUALITY DATA REPORTING -** This column is used for all costs directly attributable to the activities described in the 9th SOW under the theme - Beneficiary Protection.

6. **OTHER BENEFICIARY PROTECTION COSTS -** This column is used for all cost directly attributable to the activities described in the 9th SOW under the theme – Beneficiary Protection.

OPTIONAL COLUMN 7 – COVER THE COST CENTER FOR THE PATIENT PATHWAYS THEME AS INDICATED BELOW:

7. **RESERVED: PATIENT PATHWAYS - If your organization is interested in submitting a proposal for Patient Pathways, you must complete the separate form entitled, "*J-8a 9th SOW Patient Pathways Spreadsheet.xls*".**

COLUMNS 8-14 – COVER THE COST CENTERS FOR THE PATIENT SAFETY THEME AS INDICATED BELOW:

8. **MRSA -** This column is used for all cost directly attributable to the activities described in the 9th SOW under MRSA.

9. **NH PRESSURE ULCERS -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Nursing Home Pressure Ulcers.

10. **HOSPITAL PRESSURE ULCERS –** This column is used for all cost directly attributable to the activities described in the 9th SOW under Hospital Pressure Ulcers.

11. **NH RESTRAINTS** – This column is used for all cost directly attributable to the activities described in the 9th SOW under Nursing Home Restraints.

12. **SCIP –** This column is used for all cost directly attributable to the activities described in the 9th SOW under SCIP.

13. **DRUG SAFETY –** This column is used for all cost directly attributable to the activities described in the 9th SOW under Drug Safety.

14. **POOR PERFORMING NH –** This column is used for all cost directly attributable to the activities described in the 9th SOW under Poor Performing Nursing Homes.

COLUMNS 15-17 – COVER THE COST CENTERS FOR THE PREVENTION THEME AS INDICATED BELOW:

15. **CORE PREVENTION –** This column is used for all cost directly attributable to the activities described in the 9th SOW under Core Prevention.

16. **RESERVED: DISPARITIES – If your organization is identified as a state that must submit a proposal, you must complete the separate form entitled, "*J-8a 9th SOW Disparities Spreadsheet.xls*".**

17. **RESERVED: CKD – If your organization is interested in submitting a proposal for CKD, you must complete the separate form entitled, "*J-8a 9th SOW CKD Spreadsheet.xls*".**

18. **INFORMATION SERVICES –** This column is used for all cost directly attributable to information services activities described in the SOW, and which are further described in the Appendix to these instructions under the section on Information Services.

Note: For direct contract costs that cannot be attributed to provided costs centers, the QIO/Offeror shall allocate those direct costs to each of the cost centers, using an allocation method consistent with organization practice. This does not include costs related to governance. These costs benefit the entire organization and should be included in indirect.

LINE ITEMS

a.1- a.4 **Labor**. No entry required. The hours and costs for each direct labor category are automatically calculated from the Staffing Proposal Summary sheet (Form SUM).

b. **Leave**. No entry required. If you exclude direct leave costs from the fringe benefit pool, the hours and costs for this category are automatically calculated. If you include direct leave costs in the fringe benefit pool, this line will be blank.

c. **Fringe Benefits**. Enter the fringe benefits cost for the 3-year contract period that applies to the particular column cost center.

d.1- d.3 **Subcontracts**. No entry required. The hours and costs for each category are automatically calculated from the Subcontracts Proposal sheets (Forms SC 1 and SC 2). However, if you have costs for Physician Reviewers/Advisors in any task other than Beneficiary Protection and Special Studies, you should enter the cost for the 3-year contract period that applies to the particular column cost center.

e. **Travel.** Enter the travel cost for the 3-year contract period that applies to the particular column cost center**. Furnish detailed supporting documentation to explain these costs**.

f. **Other Direct Costs.** No entry required. The costs for each column cost center are automatically calculated from the QIO ODC sheet. **Furnish detailed supporting documentation to explain these costs**.

g. **Indirect Costs.** Enter the indirect costs for the 3-year contract period that applies to the particular column cost center.

h. **Pass-thru Costs.** Enter the pass-thru costs for the 3-year contract period that apply to the particular column cost center. Furnish detailed supporting documentation to explain these costs.

i. **Fee.** Enter the appropriate portion of the total fee in each column cost center.

j. **Total Proposed Providers.** Enter the total number of proposed providers for the 3-year contract period that apply to the particular column cost center.

k. **Average 3-year Cost Per Provider.** Enter the average 3-year cost per provider for the 3-year contract period that applies to the particular column cost center.

COLUMN 19: Total

No entry required. This column automatically calculates the total hours and costs for each line item category from the entries in cost center columns 5 thru 18.

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INSTRUCTIONS FOR CMS FORM 720 BP
FRINGE BENEFIT PROPOSAL
QUALITY IMPROVEMENT ORGANIZATION 9th SOW BUSINESS PROPOSAL

ITEM

1. **Name and Address of QIO Organization.** No entry required. This information automatically flows from Form 718 BP.

2. **QIO Area.** No entry required. This information automatically flows from Form 718 BP.

3. **RFP#.** No entry required. This information automatically flows from Form 718 BP.

4. **Proposed Contract Period**. No entry required. This information automatically flows from Form 718 BP.

NOTE: The total cost entries that you make in column 7 and 9 should include both direct and indirect costs. Also, an established QIO that has an approved DCAA provisional fringe benefit rate and which determines that this approved rate will accurately reflect projected 3-yr fringe benefit costs, does not have to complete the individual line items on Form 720 BP. Instead, enter the fringe benefit rate on Line m.

If the QIO does not believe that the approved rate is appropriate for projecting 3-yr costs or it is a new QIO that does not have a DCAA approved provisional rate, the QIO should complete the individual line items in columns 7 and 9, as explained below.

COLUMN 6. - Prior Year Total Organization Costs

LINE

a. - l. **Individual line item categories**. Disregard these line items. No entries should be made on these lines in column 6.

m. **Fringe Benefit Rate.** Enter the fringe benefit rate for the latest 12-month period completed, for which cost data is available. Identify this 12-month period in your supporting documentation and explain the base (i.e., denominator) used to calculate this rate.

COLUMN 7 - Projected Total 3-yr Organization Costs

LINE

a. - k. **Individual line item categories.** (See note, above) On each line item, enter the fringe benefit cost projected for your organization for the 3-year period that the QIO contract would be operating. However, make an entry on line j. (Leave) only if you include leave in the fringe benefit pool.

Your supporting documentation should explain, in detail, any amount you enter on line item k. The supporting documentation should also fully explain the assumptions and bases you used for your organization's projection, including appropriate cost projection schedules.

l. **Total Fringe Benefits.** No entry required. This line item automatically calculates the total of line items a. thru k.

m. **Fringe Benefit Rate.** Enter the fringe benefit rate that is applicable to the amount on line item l., Total Fringe Benefits. In your supporting documentation, give a detailed explanation of the method used to calculate this rate. It is necessary to provide the Fringe Benefit Rate even if you do not have to fill out lines a. thru l.

COLUMN 8 - Prior Year Total Medicare Costs

LINE

a. - l. **Individual line item categories.** Disregard these line items. No entries should be made on these lines in column 8.

m. **Fringe Benefit Rate.** Enter the fringe benefit rate for the latest 12-month period completed, for which cost data is available. Identify this 12-month period in your supporting documentation and explain the base (i.e., denominator) used to calculate this rate.

COLUMN 9 - Projected Total 3-yr Medicare Costs

LINE

a. - k. **Individual line item categories.** (See note above) On each line item, enter the portion of the corresponding line item cost in column 7. (Projected Total 3-YR Organization Costs) allocated to the proposed Medicare QIO contract.

Your supporting documentation should explain, in detail, any amount you entered on line item k. The supporting documentation should also fully explain the assumptions and bases you used to allocate a portion of your organization's total projected fringe benefits cost to the proposed Medicare QIO contract.

l. **Total Fringe Benefits.** No entry required. This line item automatically

calculates the total of line items a. thru k.

m. **Fringe Benefit Rate.** Enter the fringe benefit rate that is applicable to the amount on line item l., Total Fringe Benefits. In your supporting documentation, give a detailed explanation of the method used to calculate this rate. It is necessary to provide the Fringe Benefit Rate even if you do not have to fill out lines a. thru l.

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INSTRUCTIONS FOR CMS FORM 721 BP
INDIRECT AND OTHER DIRECT COST
QUALITY IMPROVEMENT ORGANIZATION 9th SOW BUSINESS PROPOSAL

ITEM

1. **Name and Address of QIO Organization.** No entry required. This information automatically flows from Form 718 BP.

2. **QIO Area.** No entry required. This information automatically flows from Form 718 BP.

3. **RFP#.** No entry required. This information automatically flows from Form 718 BP.

4. **Proposed Contract Period**. No entry required. This information automatically flows from Form 718 BP.

Note: If a QIO has an DCAA approved provisional indirect cost rate and the QIO determines that this approved rate will accurately reflect projected 3-year indirect costs, it is not necessary to complete the individual line items on Form 721 BP pertaining to indirect costs. Instead, enter the indirect cost rate on Line ee.

If the QIO believes that the approved rate is not appropriate for projecting 3-year costs, the QIO should complete the individual line items in columns 6 and 8, as explained below. In any case, as explained in "Section 3 - Additional Explanation and Justification for Business Proposal" you should explain all rental costs, AHQA dues, or Board of Directors fees in that section.

COLUMN 5 - Prior Year Total Indirect Costs

LINE

a. - dd. **Individual line item categories.** Disregard these line items. No entries should be made on these line items in column 5.

ee. **Indirect Cost Rate.** Enter the indirect cost rate for the latest 12-month period completed, for which cost data is available. Identify this 12-month period in your supporting documentation and explain the base (i.e., denominator) used to calculate this rate.

COLUMN 6. - Projected Total 3-yr Indirect Costs

LINE

a. - cc. **Individual line item categories.** On each line item, enter the indirect cost projected for your organization for the 3-year period that the QIO contract would be operating.

Your supporting documentation should explain, in detail, any amount you entered on line item cc. The supporting documentation should also fully explain the assumptions and bases you used for your organization's projection, including appropriate cost projection schedules.

dd. **Total.** No entry required. This line item automatically calculates the total of line items a. thru cc.

ee. **Indirect Cost Rate.** Enter the indirect cost rate that applies to the amount on line item dd. (Total). In your supporting documentation, give a detailed explanation of the method used to calculate this rate.

COLUMN 7. - Prior Year Medicare Indirect Costs

LINE

a. - ee. **Individual line item categories.** Disregard these line items. No entries should be made on these lines in column 7.

COLUMN 8. - Projected Medicare 3-yr Indirect Costs

LINE

a. & b. **Indirect Labor and Indirect Leave.** No entry required.
The amounts on these line items flow directly from the Staffing Proposal Summary Sheet (Form QIO Staff Sum).

c. - cc. **Individual line item categories.** On each line item, enter the portion of the corresponding line item cost in column 6. (Projected Total 3-yr Indirect Costs) allocated to the proposed Medicare QIO contract.

Your supporting documentation should explain, in detail, any amount you entered on line item cc. The supporting documentation should also fully explain the assumptions and bases you used to allocate a portion of your organization's total projected indirect costs to the proposed Medicare QIO contract.

dd. **Total.** No entry required. This line item automatically calculates the total of line items a. thru cc.

ee. **Indirect Cost Rate.** No entry required, as the indirect rate that applies has already

been provided in column 6.

COLUMN 9. - Prior Year Medicare Other Direct Costs

LINE

a. - c. **Indirect Labor, Indirect Leave, and Indirect Fringe.** No entries required. These line items are not applicable to this column.

d. - cc. **Individual line item categories.** If applicable, on each line item, enter the other direct cost for the current Medicare QIO contract for the latest 12-month period completed.

Identify this 12-month period in your supporting documentation. Your supporting documentation should also explain, in detail, any amount you entered on line item cc.

Line item o. Consultants does not apply to this column.

Line item q. Travel does not apply to this column.

dd. **Total.** No entry required. This line item automatically calculates the total of line items d. thru cc.

COLUMN 10. - Projected Medicare 3-yr Other Direct Costs

LINE

a. - c. **Indirect Labor, Indirect Leave, and Indirect Fringe.** No entries required. These line items do not apply to this column.

d. - cc. **Individual line item categories. No entry required.**
The amounts on these line items flow directly from the Other Direct Costs Supplemental Schedule (QIO ODC).

dd. **Total.** No entry required. This line item automatically calculates the total of line items d. thru cc.

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INSTRUCTIONS FOR CMS FORM
STAFFING SUMMARY PROPOSAL

NOTE: This form summarizes hour and cost information by labor category and cost center. **No entries are required**, as all information is automatically calculated from the individual personnel loading charts for each labor category.

COLUMN

1. **Average Current Hourly Rate.** For each labor category, this amount corresponds to the related current hourly rate for that labor category. This amount is an average of the individual entries in the loading chart column.

2. **Proposed Average Year 1 Hourly Rate.** For each labor category, this amount corresponds to the total Proposed Year 1 Hourly Rate for that labor category. This amount is an average of the individual entries in the loading chart column.

3. **Percent Change.** For each labor category, this amount reflects the percentage change in the average hourly pay rate from the current average rate to the average rate for year 1 of the proposed Medicare QIO contract.

4. **Proposed Average Year 2 Hourly Rate.** For each labor category, this amount corresponds to the total Proposed Year 2 Hourly Rate for that labor category. This amount is an average of the individual entries in the loading chart column.

5. **Percent Change.** For each labor category, this amount reflects the percentage change in the average hourly pay rate from year 1 of the proposed Medicare QIO contract to year 2.

6. **Proposed Average Year 3 Hourly Rate.** For each labor category, this amount corresponds to the total Proposed Year 3 Hourly Rate for that labor category. This amount is an average of the individual entries in the loading chart column.

7. **Percent Change.** For each labor category, this amount reflects the percentage change in the average hourly pay rate from year 2 of the proposed Medicare QIO contract to year 3.

8. **Total Quality Data Rep. Hours.** For each labor category, this amount is the total direct labor hours proposed for quality data reporting activities during the 3-year Medicare QIO contract period.

9. **Total Quality Data Rep. Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for quality data reporting activities during the 3-year Medicare QIO contract period.

10. **Total Other Ben. Protection Hours.** For each labor category, this amount is the total direct labor hours proposed for other Beneficiary Protection activities during the 3-year Medicare QIO contract period.

11. **Total Other Ben. Protection Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for other Beneficiary Protection activities during the 3-

year Medicare QIO contract period.

12. **Total Patient Pathways Hours - RESERVED.** If your organization is interested in submitting a proposal for Patient Pathways, you must complete the separate form entitled, "*J-8a 9th SOW Patient Pathways Spreadsheet.xls*".

13. **Total Patient Pathways Labor Costs - RESERVED.** If your organization is interested in submitting a proposal for Patient Pathways, you must complete the separate form entitled, "*J-8a 9th SOW Patient Pathways Spreadsheet.xls*".

14. **Total MRSA Hours.** For each labor category, this amount is the total direct labor hours proposed for MRSA during the 3-year Medicare QIO contract period.

15. **Total MRSA Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for MRSA during the 3-year Medicare QIO contract period.

16. **Total NH Pressure Ulcers Hours.** For each labor category, this amount is the total direct labor hours proposed for nursing home ulcers activities during the 3-year Medicare QIO contract period.

17. **Total NH Pressure Ulcers Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for nursing home pressure ulcers activities during the 3-year Medicare QIO contract period.

18. **Total Hospital Pressure Ulcers Hours.** For each labor category, this amount is the total direct labor hours proposed for hospital pressure ulcers during the 3-year Medicare QIO contract period.

19. **Total Hospital Pressure Ulcers Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for hospital pressure ulcers during the 3-year Medicare QIO contract period.

20. **Total NH Restraints Hours.** For each labor category, this amount is the total direct labor hours proposed for nursing home restraints during the 3-year Medicare QIO contract period.

21. **Total NH Restraints Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for nursing home restraints during the 3-year Medicare QIO contract period.

22. **Total SCIP Hours.** For each labor category, this amount is the total direct labor costs proposed for surgical care improvement project during the 3-year Medicare QIO contract period.

23. **Total SCIP Labor Costs.** For each labor category, this amount is the total direct labor costs proposed for surgical care improvement project (SCIP) during the 3-year Medicare QIO contract period.

24. **Total Drug Safety Hours.** For each labor category, this amount is the total direct labor

hours proposed for drug safety during the 3-year Medicare QIO contract period.

25. **Total Drug Safety Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for drug safety during the 3-year Medicare QIO contract period.

26. **Total Poor Performing NH Hours.** For each labor category, this amount is the total direct labor hours proposed for poor performing nursing homes during the 3-year Medicare QIO contract period.
27. **Total Poor Performing NH Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for poor performing nursing homes during the 3-year Medicare QIO contract period.
28. **Total Core Prevention Hours.** For each labor category, this amount is the total direct labor hours proposed for core prevention during the 3-year Medicare QIO contract period.

29. **Total Core Prevention Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for core prevention during the 3-year Medicare QIO contract period.

30. **Total Disparities Hours. RESERVED - If your organization is identified as a state that must submit a proposal, you must complete the separate form entitled, "*J-8a 9th SOW Disparities Spreadsheet.xls*".**

31. **Total Disparities Labor Costs. RESERVED - If your organization is identified as a state that must submit a proposal, you must complete the separate form entitled, "*J-8a 9th SOW Disparities Spreadsheet.xls*".**

32. **Total CKD Hours. RESERVED** - If your organization is interested in submitting a proposal for CKD, you must complete the separate form entitled, "*J-8a 9th SOW CKD Spreadsheet.xls*".

33. **Total CKD Labor Costs. RESERVED** - If your organization is interested in submitting a proposal for CKD, you must complete the separate form entitled, "*J-8a 9th SOW CKD Spreadsheet.xls*".

34. **Total IS Hours.** For each labor category, this amount is the total direct labor hours proposed for information services activities during the 3-year Medicare QIO contract period.

35. **Total IS Labor Costs.** For each labor category, this amount is the total direct labor cost proposed for information services activities during the 3-year Medicare QIO contract period.

36. **Left Blank**

37. **Left Blank**

38. **Total Direct Labor Hours.** For each labor category, this amount is the total direct labor hours proposed for all activities during the 3-year Medicare QIO contract period.

39. **Total Direct Labor Costs.** For each labor category, this amount is the total direct labor

costs proposed for all activities during the 3-year Medicare QIO contract period.

40. **Total Indirect Labor Hours.** For each labor category, this amount is the total indirect labor hours you propose to apply to the 3-year Medicare QIO contract period.

41. **Total Indirect Labor Costs.** For each labor category, this amount is the total indirect labor costs you propose to apply to the 3-year Medicare QIO contract period.

42. **Total Labor Hours.** For each labor category, this amount is the total direct and indirect labor hours you propose for the 3-year Medicare QIO contract period.

43. **Total Labor Costs.** For each labor category, this amount is the total direct and indirect labor costs you propose for the 3-year Medicare QIO contract period.

44. **Total Direct Leave Hours.** For each labor category, this amount is the total direct leave hours you propose for the 3-year Medicare QIO contract period.

45. **Total Direct Leave Costs.** For each labor category, this amount is the total direct leave costs you propose for the 3-year Medicare QIO contract period.

46. **Total Indirect Leave Hours.** For each labor category, this amount is the total indirect leave hours you propose to apply to the 3-year Medicare QIO contract period.

47. **Total Indirect Leave Costs.** For each labor category, this amount is the total indirect leave costs you propose to apply to the 3-year Medicare QIO contract period.

48. **Total Leave Hours.** For each labor category, this amount is the total direct and indirect leave hours you propose for the 3-year Medicare QIO contract period.

49. **Leave as a % of Hours Worked.** For each labor category, this amount provides the percentage relationship of leave hours to labor hours. It is based on the entries you made on the individual personnel loading charts for each labor category regarding direct and indirect labor and leave hours.

50. **Total Leave Costs.** For each labor category, this amount is the total direct and indirect leave costs you propose for the 3-year Medicare QIO contract period.

51. **Total Labor and Leave Hours.** For each labor category, this amount is the total labor and leave hours (direct and indirect) you propose for the 3-year Medicare QIO contract period.

52. **Total Labor and Leave Costs.** For each labor category, this amount is the total labor and leave costs (direct and indirect) you propose for the 3-year Medicare QIO contract period.

53. **Total FTE Per Year.** For each labor category, this amount is the full-time equivalent per year. It is based on total labor and leave hours (direct and indirect) and a work year of 2,080 hours.

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Attachment J-8 Business Proposal Format
INSTRUCTIONS FOR PERSONNEL LOADING CHARTS
STAFFING PROPOSAL
FORM STAFFING

These instructions apply to the personnel loading charts for all four labor categories. It is preferable that positions should be listed in the following order: (1) Corporate Management, (2) Professional, (3) Information Systems, and (4) Support Staff. You should not list each type of labor category on a separate sheet. Positions will be sorted by labor category based on the labor category code (see col. 3 below). The form will automatically summarize information by labor category under the Grand Total line. Please note that all entries for employees concerning proposed hours for labor and leave, whether direct or indirect, must be based on a work year of 2,080 hours.

COLUMN

1. **Staff Name.** For each labor category, enter the last name and first initial of each employee that you have identified as a staff person under the guideline definitions in the Appendix. If the position title listed in column 2. is not assigned to anyone, enter vacant instead of an employee's name.

2. **Position Title.** Enter the employee's position for the 3-year Medicare QIO contract.

3. **Labor Category Code.** Enter the employee's Labor Category code: **P** for Professional; **I** for Information Systems; **C** for Corporate Management; **S** for Support Staff.

4. **Current Hourly Rate.** Enter the employee's current hourly rate of pay.

5. **Proposed Year 1 Hourly Rate.** Enter the employee's hourly pay rate for year 1 of the proposed Medicare QIO contract.

6. **Percent Change.** No entry required. This column automatically calculates the percentage change in the hourly pay rate from the current rate to the year 1 rate of the proposed Medicare QIO contract.

7. **Proposed Year 2 Hourly Rate.** Enter the employee's hourly pay rate for year 2 of the proposed Medicare QIO contract.

8. **Percent Change.** No entry required. This column automatically calculates the percentage change in the hourly pay rate from year 1 of the proposed Medicare QIO contract to year 2.

9. **Proposed Year 3 Hourly Rate.** Enter the employee's hourly pay rate for year 3 of the proposed Medicare QIO contract.

10. **Percent Change.** No entry required. This column automatically calculates the percentage change in the hourly pay rate from year 2 of the proposed Medicare QIO contract to year 3.

11. **Average Quality Data Reporting Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to quality data reporting during the 3-year Medicare QIO contract period.

12. **Total 3-yr Quality Data Reporting Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for quality data reporting based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 11 entry.

13. **Average Other Beneficiary Protection Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to other beneficiary protection costs during the 3-year Medicare QIO contract period

14. **Total 3-yr Other Beneficiary Protection Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for other beneficiary protection costs based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 13 entry.

15. **Average Patient Pathways Hours Per Year. RESERVED -** If your organization is interested in submitting a proposal for Patient Pathways, you must complete the separate form entitled, "*J-8a 9th SOW Patient Pathways Spreadsheet.xls*".

16. **Total 3-yr Patient Pathways Labor Costs. RESERVED -** If your organization is interested in submitting a proposal for Patient Pathways, you must complete the separate form entitled, "*J-8a 9th SOW Patient Pathways Spreadsheet.xls*".

17. **Average MRSA Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to MRSA during the 3-year Medicare QIO contract period.

18. **Total 3-yr MRSA Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for MRSA based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 17 entry.

19. **Average Nursing Pressure Ulcers Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to nursing pressure ulcers during the 3-year Medicare QIO contract period.

20. **Total 3-yr Nursing Pressure Ulcers Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for nursing pressure ulcers based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 19 entry.

21. **Average Hospital Pressure Ulcers Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to hospital pressure ulcers during the 3-year Medicare QIO contract period.

22. **Total Hospital Pressure Ulcers Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for hospital pressure ulcers based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 21 entry.

23. **Average Nursing Home Restraints Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to nursing home restraints during the 3-year Medicare QIO contract period.

24. **Total 3-yr Nursing Home Restraints Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for nursing home restraints based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 23 entry.

25. **Average SCIP Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to SCIP during the 3-year Medicare QIO contract period.

26. **Total 3-yr SCIP Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for SCIP based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 25 entry.

27. **Average Drug Safety Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to drug safety during the 3-year Medicare QIO contract period.

28. **Total 3-yr Drug Safety Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for drug safety based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 27 entry.

29. **Average Poor Performing Nursing Homes Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to the poor performing nursing homes during the 3-year Medicare QIO contract period.

30. **Total 3-yr Poor Performing Nursing Homes Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for poor performing nursing homes based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 29 entry.

31. **Average Core Prevention Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to core prevention during the 3-year Medicare QIO contract period.

32. **Total 3-yr Core Prevention Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for core prevention based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 31 entry.

33. **Average Disparities Hours Per Year. RESERVED - If your organization is identified as a state that must submit a proposal, you must complete the separate form entitled, "*J-8a 9th SOW Disparities Spreadsheet.xls*".**

34. **Total 3-yr Disparities Labor Costs. RESERVED - If your organization is identified as a state that must submit a proposal, you must complete the separate form entitled, "*J-8a 9th SOW Disparities Spreadsheet.xls*".**

35. **Average Chronic Kidney Disease Hours Per Year. RESERVED -** If your organization is interested in submitting a proposal for CKD, you must complete the separate form entitled, "*J-8a 9th SOW CKD Spreadsheet.xls*".

36. **Total 3-yr Chronic Kidney Disease Labor Costs. RESERVED -** If your organization is interested in submitting a proposal for CKD, you must complete the separate form entitled, "*J-8a 9th SOW CKD Spreadsheet.xls*".

37. **Average IS Hours Per Year.** Enter one-third of the total direct labor hours the employee would devote to information services activities during the 3-year Medicare QIO contract period.

38. **Total 3-yr IS Labor Costs.** No entry required. This column automatically calculates the total direct labor costs for IS based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct labor hours for each of the 3 contract years based on your column 39 entry.

39. **Leave Blank**

40. **Leave Blank**

41. **Average Total Direct Labor Hours Per Year.** No entry required. The amounts in this column are automatically calculated from your previous entries in the individual cost center columns dealing with average direct labor hours per year.

42. **Total 3-yr Direct Labor Costs.** No entry required. The amounts in this column are automatically calculated from the entries in the individual cost center columns dealing with 3-yr labor costs.

43. **Average Indirect Labor Hours Per Year.** Enter one-third of the total indirect labor hours estimated for the employee during the 3-year Medicare QIO contract period.

44. **Total 3-yr Indirect Labor Costs.** No entry required. This column is automatically calculated based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same indirect labor hours for each of the 3 contract

years based on your column 43 entry.

45. **Average Total Labor Hours Per Year.** No entry required. This column is automatically calculated based on your previous entries for average direct and indirect labor hours per year.

46. **Total 3-yr Labor Costs.** No entry required. This column automatically combines the amounts entered for total direct labor costs and total indirect labor costs in previous columns.

47. **Average Direct Leave Hours Per Year.** Enter one-third of the total direct leave hours estimated for the employee during the 3-year Medicare QIO contract period.

48. **Total 3-yr Direct Leave Costs.** No entry required. This column is automatically calculated based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same direct leave hours for each of the 3 contract years based on your column 47 entry.

49. **Average Indirect Leave Hours Per Year.** Enter one-third of the total indirect leave hours estimated for the employee during the 3-year Medicare QIO contract period.

50. **Total 3-yr Indirect Leave Costs.** No entry required. This column is automatically calculated based on the amounts you entered in the previous columns. The calculation assumes that an employee has the same indirect leave hours for each of the 3 contract years based on your column 49 entry.

51. **Average Total Leave Hours Per Year.** No entry required. This column is automatically calculated based on your previous entries for average direct and indirect leave hours per year.

52. **Leave as a % of Hours Worked.** No entry required. This column calculates automatically based on amounts you entered in previous columns.

53. **Total 3-yr Leave Costs.** No entry required. This column automatically combines the amounts entered for total direct leave costs and total indirect leave costs in previous columns.

54. **Average Total Labor and Leave Hours Per Year.** No entry required. This column automatically combines the amounts for average yearly direct and indirect labor and leave hours in previous columns.

55. **Total 3-yr Labor/Leave Costs.** No entry required. This column automatically calculates the total 3-yr cost of your proposed contract for labor and leave combined.

56. **FTE Per Year.** No entry required. This column automatically calculates the average yearly FTE for each employee. The calculation considers all employee hours -- labor, leave, direct, and indirect.

    Your proposed hours for labor and leave must be based on a work year of 2,080 hours.

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Attachment J-8 Business Proposal Format

INSTRUCTIONS FOR CMS FORM SC 1
SUBCONTRACTS PROPOSAL – PHYSICIAN REVIEWERS

NOTE: This form should reflect the aggregate cost information for the total number of physician reviewers/advisors that you estimate will be used. Information entered into this form will input hours and costs to the respective tasks on the 719 form automatically. However, the form is set up only for Beneficiary Protection and Special Studies. If you have Physician Reviewer cost for any other sub-task, you should provide the information in the same format as on the Form SC1 and input the totals directly in the appropriate block on the 719.

Physician Reviewer Cost for Beneficiary Protection - Blocks 1 through 17.

1. **Current Physician Reviewer Hourly Rate.** Enter the current average hourly rate for your physician reviewers/advisors in beneficiary protection.

2. **Year 1 Number of Reviews.** Enter your estimate of the number of reviews for year 1 of beneficiary protection proposed Medicare QIO contract.

3. **Year 1 Hours Per Review.** Enter your estimate of the average time it takes for a Physician Reviewer/Advisor to complete a beneficiary protection review. This estimate should include all the time that it takes a Physician Reviewer/Advisor to complete such a review.

4. **Year 1 Hours Per Year.** No entry is required. This column automatically calculates the total number of beneficiary protection review hours for the first year of the contract based on the amounts you entered in the previous columns.

5. **Year 1 Physician Reviewer Hourly Rate.** Enter the average hourly rate for your beneficiary protection Physician Reviewers/Advisors for Year 1 of the proposed Medicare QIO contract.

6. **Year 1 Beneficiary Protection Review Costs.** No entry is required. This column automatically calculates the total Physician costs for beneficiary protection review based on the amounts you entered in the previous columns.

7. **Year 2 Number of Reviews.** Enter your estimate of the number of beneficiary protection reviews for year 2 of the proposed Medicare QIO contract.

8. **Year 2 Hours Per Review.** Enter your estimate of the average time it takes for a Physician Reviewer/Advisor to complete a beneficiary protection review. This estimate should include all the time that it takes a Physician Reviewer/Advisor to complete such a review.

9. **Year 2 Hours Per Year.** No entry is required. This column automatically calculates the total number of beneficiary protection review hours for the second year of the contract based on the amounts you entered in the previous columns.

10. **Year 2 Physician Reviewer Hourly Rate.** Enter the average hourly rate for your beneficiary protection Physician Reviewers/Advisors for Year 2 of the proposed

Medicare QIO contract.

11. **Year 2 Beneficiary Protection Review Costs.** No entry is required. This column automatically calculates the total Physician costs for beneficiary protection reviews based on the amounts you entered in the previous columns.

12. **Year 3 Number of Reviews.** Enter your estimate of the number of beneficiary protection reviews for year 3 of the proposed Medicare QIO contract.

13. **Year 3 Hours Per Review.** Enter your estimate of the average time it takes for a Physician Reviewer/Advisor to complete a beneficiary protection review. This estimate should include all the time that it takes a Physician Reviewer/Advisor to complete such a review.

14. **Year 3 Hours Per Year.** No entry is required. This column automatically calculates the total number of beneficiary protection review hours for the third year of the contract based on the amounts you entered in the previous columns.

15. **Year 3 Physician Reviewer Hourly Rate.** Enter the average hourly rate for your beneficiary protection Physician Reviewers/Advisors for Year 3 of the proposed Medicare QIO contract.

16. **Year 3 Beneficiary Protection Review Costs.** No entry is required. This column automatically calculates the total Physician costs for beneficiary protection reviews based on the amounts you entered in the previous columns.

17. **Total 3 Year Beneficiary Protection Review Costs.** No entry is required. This column automatically calculates based on the costs for all three years of the contract.

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Attachment J-8 Business Proposal Format
INSTRUCTIONS FOR CMS FORM SC 2
SUBCONTRACTS PROPOSAL - OTHER

NOTE: Please enter the requested cost information separately for each other consultant in Section 1 and each other subcontractor in Section 2. If you have more than 10 entries for Section 1 or 2, provide the additional consultant/subcontractor information on an attachment and carry the attachments subtotals to line k.

COLUMN

1. **Name.** Enter the first initial and last name of the subcontractor, when appropriate. If it is more appropriate to identify the subcontractor by a company or organizational name, enter this name instead of an individual's name. Enter TBD If you are proposing a particular subcontracting activity for the 3-year Medicare contract but have not yet identified a particular subcontractor.

2. **Total 3-yr Quality Data Reporting Costs.** For each consultant/subcontractor, enter the total costs that you propose for quality data reporting during the 3-year Medicare QIO contract period.

3. **Total 3-yr Other Beneficiary Protection Costs.** For each consultant/subcontractor, enter the total costs that you propose for other beneficiary protection costs during the 3-year Medicare QIO contract period.

4. **Total 3-yr Patient Pathways Costs. RESERVED -** If your organization is interested in submitting a proposal for patient pathways, you must complete the separate form entitled, "*J-8a 9th SOW Patient Pathways Spreadsheet.xls*".

5. **Total 3-yr MRSA Costs.** For each consultant/subcontractor, enter the total costs that you propose for MRSA during the 3-year Medicare QIO contract period.

6. **Total 3-yr NH Pressure Ulcers Costs.** For each consultant/subcontractor, enter the total costs that you propose for nursing home pressure ulcers during the 3-year Medicare QIO contract period.

7. **Total 3-yr Hospital Pressure Ulcers Costs.** Enter the total hospital pressure ulcers costs that you propose for each consultant/subcontractor for the 3-year Medicare QIO contract period.

8. **Total 3-yr NH Restraints Costs.** Enter the total nursing home restraints costs that you propose for each consultant/subcontractor, for the 3-year Medicare QIO contract period.

9. **Leave Blank**

10. **Total 3-yr SCIP Costs.** Enter the total SCIP costs that you propose for each consultant/subcontractor, for the 3-year Medicare QIO contract period.

11. **Total 3-yr Drug Safety Costs.** Enter the total drug safety costs that you propose for each consultant/subcontractor, for the 3-year Medicare QIO contract period.

12. **Total 3-yr Poor Performing Nursing Homes Costs.** Enter the total poor performing nursing homes costs that you propose for each consultant/subcontractor, for the 3-year Medicare QIO contract period.

13. **Total 3-yr Core Prevention Costs.** Enter the total core prevention costs that you propose for each consultant/subcontractor, for the 3-year Medicare QIO contract period.

14. **Total 3-yr Disparities Costs. RESERVED. If your organization is identified as a state that must submit a proposal, you must complete the separate form entitled, "*J-8a 9th SOW Disparities Spreadsheet.xls*".**

15. **Total 3-yr CKD Costs. RESERVED.** If your organization is interested in submitting a proposal for CKD, you must complete the separate form entitled, "*J-8a 9th SOW CKD Spreadsheet.xls*".

16. **Leave Blank**

17. **Total 3-yr Information Services Costs.** Enter the total information services costs that you propose for each consultant/subcontractor, for the 3-year Medicare QIO contract period.

18. **Total 3-yr Costs.** No entry required. The amounts in this column are automatically calculated from the entries in the individual cost center columns.

19. **Current Activity.** If applicable, enter a short description of the work that the subcontractor is currently performing. Otherwise, enter NA.

20. **Proposed Activity.** Enter a short description of the work that the subcontractor would perform during the 3-year Medicare QIO contract. Provide a detailed explanation of the activity in your supporting documentation.

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INSTRUCTIONS FOR OTHER DIRECT COSTS SUPPLEMENTAL SCHEDULE QUALITY IMPROVEMENT ORGANIZATION 9th SOW BUSINESS PROPOSAL

Projected Medicare 3-yr Other Direct Costs

LINE

d. - cc. **Individual line item categories.** On each line item, enter the other direct cost projected for the proposed 3-year QIO contract.

Your supporting documentation should explain, in detail, any amount you entered on line items d - cc. The supporting documentation should also fully explain the assumptions and bases you used for your projection, including appropriate supporting schedules.

Line item o. Consultants does not apply to this column. Enter direct costs related to consultants on Form SC-2 (Excel tab: QIO Subconts2).

Line item q. Travel does not apply to this column. Enter direct costs related to travel on Form 719 BP, line e.

dd. **Total.** No entry required. This line item automatically calculates the total of line items d. thru cc.

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RESERVED FOR INSERTION OF OTHER DIRECT COSTS
SUPPLEMENTAL SCHEDULE

INSTRUCTIONS FOR OTHER BENEFICIARY PROTECTION SUPPLEMENTAL SCHEDULE QUALITY IMPROVEMENT ORGANIZATION 9th SOW BUSINESS PROPOSAL

ITEM

1. **Name and Address of QIO Organization**. No entry required. This information automatically flows from Form 718 BP.

2. **QIO Area**. No entry required. This information automatically flows from Form 718 BP.

3. **Proposed Contract Period**. No entry required. This information automatically flows from Form 718 BP.

COST CENTER COLUMNS – For each cost center column (4-13), enter the amounts, both hours and costs (a-j), on average for *each* case.

4. **QUALITY OF CARE REVIEWS COSTS PER CASE -** This column is used for all costs directly attributable to quality of care review activities as described in the 9th SOW under the theme - Beneficiary Protection.

5. **UTILIZATION REVIEWS COST PER CASE -** This column is used for all cost directly attributable to utilization review activities as described in the 9th SOW under the theme – Beneficiary Protection.

6. **HOSPITAL BASED NOTICE APPEALS COSTS PER CASE -** This column is used for all cost directly attributable to hospital based notice appeals activities as described in the 9th SOW under the theme – Beneficiary Protection.

7. **FEE-FOR SERVICE (FFS) EXPEDITED APPEALS COSTS PER CASE -** This column is used for all cost directly attributable to fee-for service expedited appeal activities as described in the 9th SOW under the theme – Beneficiary Protection.

8. **MEDICARE ADVANTAGE (MA) FAST TRACK APPEALS COSTS PER CASE -** This column is used for all cost directly attributable to Medicare Advantage fast track appeal activities as described in the 9th SOW under the theme – Beneficiary Protection.

9. **EMTALA: 5-DAY REVIEWS - COSTS PER REVIEW –** This column is used for all cost directly attributable to the Emtala 5-day review activities as described in the 9th SOW under the theme – Beneficiary Protection.

10. **EMTALA: 60-DAY REVIEWS - COSTS PER REVIEW –** This column is used for all cost directly attributable to the Emtala 60-day review activities as described in the 9th SOW under the theme – Beneficiary Protection.

11. **QUALITY IMPROVEMENT ACTIVITIES (QIA) COSTS** – This column is used for all cost directly attributable to quality improvement activities as described in the 9th SOW under the theme – Beneficiary Protection.

12. **ALTERNATE DISPUTE RESOLUTION COSTS PER ADR –** This column is used for all cost directly attributable to alternate dispute resolution activities as described in the 9th SOW under the theme – Beneficiary Protection.

13. **SANCTION ACTIVITIES COSTS PER SANCTION –** This column is used for all cost directly attributable to sanction activities as described in the 9th SOW under the theme – Beneficiary Protection.

COST CENTER COLUMNS – For each cost center column (14-18), enter total cost at these activities for the three year period.

14. **PHYSICIAN ACKNOWLEDGEMENT MONITORING –** This column is used for all cost directly attributable to physician acknowledgement monitoring activities as described in the 9th SOW under the theme – Beneficiary Protection.

15. **COLLABORATION WITH CMS CONTRACTORS –** This column is used for all cost directly attributable to collaboration with CMS contractors' activities as described in the 9th SOW under the theme – Beneficiary Protection.

16. **TRANSPARENCY THROUGH REPORTING –** This column is used for all cost directly attributable to transparency though reporting activities as described in the 9th SOW under the theme – Beneficiary Protection.

17. **BENEFICIARY HELP LINE –** This column is used for all cost directly attributable to beneficiary help line activities as described in the 9th SOW under the theme – Beneficiary Protection.

18. **OTHER NON-REVIEW ACTIVITIES –** This column is used for all cost directly attributable to other non-review activities as described in the 9th SOW under the theme – Beneficiary Protection, but not any other cost columns.

Examples:

- Training,
- General oversight and review activities,
- Beneficiary and provider education,
- 'On-call' time for appeals review when no review is underway and meetings associated with these appeal reviews,
- Training attended by QIO staff in order to conduct review of MA or FFS appeals,
- On-call time during which no review activity is conducted,
- Appeals-related administrative duties not associated with a specific MA or FFS appeal review,
- Appeals-related time spent by Review Coordinators (communicating with providers, beneficiaries and Physician Reviewers not associated with a specific review),
- Appeals-related time spent by Physician Reviewers (communicating with providers, beneficiaries to research guidelines and regulations not associated with a specific review),
- Appeals-related conference calls, and

- General discussions of appeals with beneficiaries on site.

LINE ITEMS

a.1- a.4 **Labor**. Enter the labor cost for each case to the particular column cost center.

b. **Leave**. Enter the leave cost for each case to the particular column cost center.

c. **Fringe Benefits**. Enter the fringe benefit cost for each case to the particular column cost center.

d.1- d.3 **Subcontracts**. Enter the subcontracts cost for each case to the particular column cost center.

f. **Travel.** Enter the travel cost for each case to the particular column cost center. **Furnish detailed supporting documentation to explain these costs**.

f. **Other Direct Costs.** Enter the other direct costs for each case to the particular column cost center. **Furnish detailed supporting documentation to explain these costs**.

g. **Indirect Costs.** Enter the indirect costs for each case to the particular column cost center.

h. **Pass-thru Costs.** Enter the pass-thru costs for each case that apply to the particular column cost center. Furnish detailed supporting documentation to explain these costs.

i. **Fee.** Enter the appropriate portion of the total fee in each column cost center.

TOTAL - No entry required. This line item automatically calculates the total hours and costs for each line item category from the entries in the costs center columns.

PROJECTED VOLUME - # OF CASES FOR (AS APPLY):

YEAR 1: Enter the projected volume of cases in each column cost center.

YEAR 2: Enter the projected volume of cases in each column cost center.

YEAR 3: Enter the projected volume of cases in each column cost center.

GRAND TOTAL: No entry required. This line item automatically calculates the total cost for all 3 years based on the projected volumes in each costs center column.

<u>NOTE: PLEASE PROVIDE YOUR ASSUMPTIONS IN DETERMINING YOUR ESTIMATES, INCLUDING VOLUME ESTIMATES.</u>

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RESERVED FOR INSERTION OF OTHER BENEFICIARY PROTECTION SUPPLEMENTAL SCHEDULE

IV. APPENDIX

I. GENERAL.

The forms that you need to complete your business proposal are forwarded electronically in an Excel spreadsheet file. (Sample forms are also included in the hardcopy version of this guideline package.) Upon opening the Excel file, the forms are accessible by clicking the various tabs at the bottom of your screen. Each tab represents one of the hardcopy business proposal forms. The forms and their related tab titles are as follows:

Form	Tab Title	Description
718 BP	F718 BP SUM	Business proposal summary
719 BP	QIO F719	3-year proposed costs by cost center
720 BP	QIO F720	Fringe benefit proposal
721 BP	QIO F721	Indirect and Other Direct Cost
Staffing	QIO Staff	Personnel loading chart for all QIO Staff
SC 1	QIO Subconts1	Calculation of cost for Physician Reviewers and Physician Advisors
SC 2	QIO Subconts2	Personnel loading chart for other consultants and other subcontractors
Sum	QIO Staff Sum	Personnel loading chart summary
QIO ODC	QIO ODC	Other Direct Costs
Benef. Protec. Supp.	Benef. Protec. Supp.	Beneficiary Protection Supplemental Information

Most of the cost information is entered on the individual Personnel Loading Charts and the Subcontracts Proposal form. The information you enter on these forms flows to the Form 719 BP. There are only a few line items on Form 719 BP that require your direct entry. Cells that do not require your entry are blocked. For specific data entry instructions, please see Section IV of the Table of Contents.

II. LINE ITEM CATEGORIES.

The following information is provided in a format consistent with the line item categories on CMS Form 719 BP. This information also applies to similar terms on other forms and worksheets used for the business proposal end for the Financial Information and Vouchering System (FIVS).

a. **LABOR**. Direct labor hours and costs, excluding leave and fringe benefit costs, are to be proposed and reported in the following four labor categories:

1. Professional
2. Information Systems
3. Corporate Management
4. Support Staff

Specified tasks within the Scope of Work require certain core competencies for the individuals performing the task. Since job titles are not always indicative of the type of work performed, the following chart should be used as a guide in deciding what labor category is appropriate for specific employees. Examples of various job titles are also included in the chart for each of the four labor categories.

These examples are not all inclusive, nor are they suggestions or requirements for QIOs to have jobs similarly titled. The title of a particular job at one QIO can be different from the title of a job covering similar work at another QIO. Examples of the different job titles that QIOs might use to cover similar work are: (1) Director/Manager/Supervisor and (2) Clerk/Assistant. QIOs should continue to use job titles specific to their organization.

	Labor Category	Core Competencies	Definition	Job Title Examples
1	Professional	Medicine, Nursing and related medical/clinical disciplines.	Physicians (MD and DO), RNs, LPNs/LVNs, RRAs, ARTs, whose medical/clinical degrees or certifications are considered necessary to fulfill SOW requirements. Work includes design, implementation, monitoring, and/or management activities relating to medical case review, HCQIP, pattern analysis/surveillance and program integrity.	Abstractor Associate Clinical Coordinator Associate Medical Director DRG Coordinator Epidemiologist HCQIP Director Medical Director Nurse, RRA, ART Project Coordinator Nurse Reviewer Principal Clinical Coordinator Review Director
		Epidemiology, statistics, survey research, data analysis, related empirical and analytic disciplines.	Professional non-medical staff with research and analysis degrees/skills considered necessary to fulfill SOW requirements. Work includes epidemiology, biostatistics, data analysis and/or health care research to support medical case review, HCQIP, pattern analysis/surveillance and/or program integrity.	Bio-statistician Data Analyst Programmer Analyst Researcher Statistician
		Health education and promotion, public relations, social marketing and formative research, communications, social and behavioral science disciplines, CQI.	Professional non-medical staff developing educational campaigns, and intervention strategies. Beneficiary rights, outreach and education activities, and the beneficiary hotline. Research and writing for HCQIP and beneficiary publications, and survey design. Report direct labor hours and costs on line a1 of CMS BP Form 719, FIVS Forms 719 + 719A.	Beneficiary Outreach Coordinator CQI Coordinator Communications Director Health Education Coordinator Graphic Designer Market Researcher Medical Editor Medical Librarian Technical Writer

	Labor Category	Core Competencies	Definition	Job Title Examples
2	Information Systems	Database Administration DBA	Database information systems personnel who support the QualityNet Standard Data Processing System at the QIO. Work includes Oracle and MS Access database administration, maintenance, backup and support.	DBA Database Administrator
		PC Desktop/Help Desk Support	Information systems personnel who support the QualityNet Standard Data Processing System at the QIO. Work includes providing support for local/remote users with standard MS Windows workstations/laptop hardware and SDPS/QualityNet applications. Act as the first level support for the local QIO personnel and interface with the QualityNet Helpdesk on issues that cannot be resolved locally. Also responsible for any additional approved workstation/laptop hardware or software attached to the SDPS/QualityNet network.	PC Specialist Systems/Computer - Analyst
		Senior Network/System Administration	Information systems personnel who support the QualityNet Standard Data Processing System at the QIO. Work includes trouble shooting of local QIO network problems, working with the CMS contractors to help resolve LAN and WAN issues when necessary, backing up and restoring of data for all QIO systems platforms, and following the procedures outlined in the Operations and Administrator's Manuals. Responsible for the training of local QIO users in the proper use of the applications, LAN environment, and security requirements for QualityNet.	Senior Systems-Administrator Senior Network-Administrator
		Junior Network/System Administration	Information systems personnel who support the QualityNet Standard Data Processing System at the QIO. Work includes backing up and restoring of data on the local QIO file server and following the procedures outlined in the Operations and Administrator's Manuals.	Junior Systems - Administrator Junior Network - Administrator

	Labor Category	Core Competencies	Definition	Job Title Examples
		Technical Management	Information systems personnel who manage and support the QualityNet Standard Data Processing System at the QIO. Work includes managing senior and junior level systems administrators and IT support staff. Overall responsibility for backups and restores of data for the file/print server and all QIO data. In addition, serves as the QIO technical liaison or IT representative to the overall QualityNet enterprise system through various workgroups and/or boards. Duties will also include coordination efforts with the QualityNet development networks and lab environments for approved special study work and/or trade studies.	IT Manager CIO CTO IT Representative
		QIO Security Administration	Systems security personnel who support the QualityNet Standard Data Processing System at the QIO and protect the integrity of the QualityNet Infrastructure. Work includes: Managing security, including ensuring assigned POC perform the necessary tasks at their individual office locations; enforcing CMS security rules as outlined in the QualityNet System Security Policies Handbook; completing tasks assigned by the CMS Information System Security Officer (ISSO); and ensuring QIO staff are fully trained as policy states from QualityNet System Security Policies Handbook. In addition to these roles, serves as the primary POC in the event of security incidents identified from outside sources and provides first level response to security incidents identified within the QualityNet operations; ensures confidential data are destroyed or stored as identified within the QualityNet System Security Policies Handbook, and maintains the acceptance log for their QIO site location(s).	QIO Security Administrator

	Labor Category	Core Competencies	Definition	Job Title Examples
3	Corporate Management	Corporate management and leadership skills.	Personnel performing Administrative, Financial, Human Resource, Training and Public Relations Management for the organization as a whole. Activities are directly identifiable with specific cost centers of the QIO contract. Report direct labor hours and costs on line a3 of CMS BP Form 719, FIVS Forms 719 + 719A.	Chief Executive Officer Chief Operating Officer Contracts Administrator Controller Corporate Training Coordinator Finance Director Fiscal Analyst Accountant Human Resources Director Public Relations Director
4	Support Staff	Administrative, Secretarial and clerical support	Personnel who perform support services and staff assistance to Professional, Information Systems, and Corporate Administration staff for the QIO contract. Report direct labor hours and costs on line a4 of CMS BP Form 719, FIVS Forms 719 + 719A.	Accounting Clerk/Assistant Administrative Clerk/Assistant Data Entry Operator Human Resources Clerk/Assistant Mail Room and Photocopy Clerk Medical Records Clerk Receptionist Secretary

Note: The QIO's proposed labor rates shall be supported with payroll information, letter of intent from prospective employees, or salary survey information.

NOTE: The Line designations listed below apply both to the Forms BP719 of the FIVS 719 + 719A

b. LEAVE. This line item should be completed by all organizations that exclude leave from the fringe benefit pool. This line item includes all direct leave such as vacation, sick, holiday, and military leave. Accounting treatment of leave as a direct cost must be consistent for all contracts or lines of business.

c. FRINGE BENEFITS. This line item includes allowances provided by the contractor to its employees as compensation in addition to regular wages and salaries. The Fringe Benefits line includes all direct costs such as employer's share of FICA, federal unemployment tax, state unemployment insurance, disability insurance, pension expense, workers compensation, group health insurance, group life insurance, employee relations, and welfare. It also covers direct leave costs for those organizations that include these costs in the fringe benefit pool. This category does not include benefits provided some, but not all, full-time employees.

d. SUBCONTRACTS

1. PHYSICIAN REVIEWERS/ADVISORS. This line item includes all direct hours and costs related to subcontracts or agreements with physician reviewers or physician advisors to perform medical case review (and related) activities required by the statement of work (SOW). This applies to physicians who are not employees.

2. OTHER CONSULTANTS. This line item includes all direct costs related to subcontracts with physician and non-physician consultants (other than the physician reviewers and physician advisors performing medical case review, noted above) to perform activities required by the SOW.

3. OTHER SUBCONTRACTS. This line item is for all direct subcontracting costs not reportable on lines d.1. or d.2. This includes all direct hours and costs for subcontract arrangements (including those with universities and other organizations) meeting the requirements of the FAR, incurred in performance of the SOW, and not involving consultative services.

e. TRAVEL. This line item includes all travel directly chargeable to the contract.

f. OTHER DIRECT COSTS. This line item includes all direct costs applicable to the Medicare contract that are not reportable on other line items. Accounting treatment of other direct costs must be applied consistently to all contracts or lines of business and in accordance with the FAR or OMB Circular A-122.

All direct costs (excluding information services costs) not directly associated with a specific task should be included in the other direct cost pool and allocated to each task based on an allocation methodology developed by the offeror. Offerors must provide supporting documentation describing the proposed allocation method.

g. **INDIRECT COSTS.** This line item includes costs allocated to the Medicare contract but incurred for common or joint objectives. These costs fit in one of the following categories:

1. Costs that benefit all lines of business.

2. Costs that directly benefit the Medicare contract but which cannot be readily allocated to one or more specific cost centers. These costs are also referred to as general overhead costs of the Medicare contract.

Accounting treatment of indirect costs must be applied consistently to all contracts or lines of business and in accordance with the FAR and OMB Circular A-122.

h. **PASS-THRU COSTS.** This line item includes payments to providers or vendors as specified and negotiated in the contract as being pass-thru costs. Examples are reimbursement for medical record reproduction costs and postage costs for mailing medical records from the provider to the QIO.

i. **FEE.** This is the element of potential total compensation that may be received for contract performance over and above allowable costs. Non-competitive awards shall use a structured approach for determining the profit or fee amount that shall not exceed statutory limitations.

III. COST CENTER COLUMN CATEGORIES

a. **QUALITY DATA REPORTING -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Beneficiary Protection .

b. **OTHER BENEFICIARY PROTECTION -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Beneficiary Protection.

c. **PATIENT PATHWAYS: RESERVED -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Pathways.

d. **MRSA -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

e. **NH PRESSURE ULCERS -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

f. **HOSPITAL PRESSURE ULCERS –** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

g. **NH RESTRAINTS -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

h. **SCIP -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

i. **DRUG SAFETY -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

j. **POOR PERFORMING NH -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Safety.

k. **CORE PREVENTION** – This column is used for all costs directly attributable to the activities described in the 9th SOW under Prevention.

l. **DISPARITIES: RESERVED -** This column is used for all costs directly attributable to the activities described in the 9th SOW under Prevention.

m. **CKD: RESERVED -** This column is used for all costs directly attributable to the activities described in the 9th SOW under Prevention.

l. **INFORMATION SERVICES.** This column includes all costs directly attributable to information services activities described in the SOW. This includes standard data processing system costs. Except for data entry costs, report all costs for activities that allow QIOs to comply with their data processing and reporting responsibilities (i.e., reporting, retrieval, data validation, ADP systems analysis, and electronic data interchange).

Include costs for the following activities:

1. Data management for ADP.
2. Implementation of database quality assurance methodology.
3. Management information systems.
4. Database administration maintenance/support activities, including maintenance of review results.
5. FIVS compilation and reporting (but do not include financial accounting activities).

IV. COSTS CENTERS (CKD, PATIENT PATHWAYS, AND DISPARITIES FORMS)

PATIENT PATHWAYS

a. **COMMUNITY PROVIDER/RECRUITMENT SELECTION -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Pathways.

b. **INTERVENTIONS -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Pathways.

c. **MONITORING/REPORTS -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Pathways.

d. **EVALUATION -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Patient Pathways.

CKD

a. **CKD TASK 1: CLINICAL QUALITY IMPROVEMENT -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Chronic Kidney Disease.

b. **CKD TASK 2: COMMUNITY COLLABORATION -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Chronic Kidney Disease.

c. **CKD OPTIONAL TASK 1: SUPPORT FOR COMPANION CMS QUALITY INITIATIVES -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Chronic Kidney Disease.

d. **CKD OPTIONAL TASK 2: HIT -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Chronic Kidney Disease.

e. **CKD OPTIONAL TASK 3: REDUCTION IN DISPARITIES:** This column is used for all cost directly attributable to the activities described in the 9th SOW under Chronic Kidney Disease.

DISPARITIES

a. **SELECTION OF PARTICIPANTS AND CONTROL GROUPS (TASKS 1-3) -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Disparities: Tasks 1-3.

b. **OTHER TASKS (TASKS 4-8) -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Disparities: Tasks 4-8.

c. **PLANS/REPORTS TO OPTIMIZE PERFORMANCE (TASKS 9-10) -** This column is used for all cost directly attributable to the activities described in the 9th SOW under Disparities: Tasks 9-10.

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