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QIO Schedule of Deliverables

F.1.0 PERIOD OF PERFORMANCE

The periods of performance for the QIO contracts are as follows:

August 1, 2002 – July 31, 2005	Group I
November 1, 2002 – October 31, 2005	Group II
February 1, 2003 – January 31, 2006	Group III

This contract is a Group III QIO.

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

F.2.0 ITEMS TO BE FURNISHED AND DELIVERY SCHEDULE

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

DELIVERIES OR PERFORMANCE REPORTS/ITEMS TO BE FURNISHED AND DELIVERY SCHEDULE

Schedule F Item	Task Description (Contract reference)	Recipient	Due Date(s)	Reporting Mechanism	Notes
1	Submit Data Management Plan via SDPS (C.2.B.1.)	PO, CO and SDPS PO	Initially NLT Group 1 - 09/01/02 Group 2 - 12/01/02 Group 3 - 03/02/03		Follow format detailed in Chapter 8 of the QIO Manual

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					Note: Updates whenever an element changes throughout the 7 th SOW
2	Clinical Quality Improvement Activities (C.3.)	SDPS Contractor PO, CO	Ongoing	PARTner	See PARTner specs
Task 1a—Nursing Homes					
3	Develop and implement a plan to partner with relevant nursing home (NH) stakeholders.(C.3.D.1.b.(ii))	PO, CO	08/30/02	PARTner	
4	Develop and implement a plan for selecting from 3-5 of the 10 NH quality measures as the subset of measures for which the QIO will be required to demonstrate statewide improvement. (C.3.D.1.b.(vi))	PO, CO, QIOSC	12/15/2002	PARTner	
5	Provide a list of nursing homes to serve as “identified participants” (C.3.D.1.b.(vii))	PO, CO, QIOSC	02/03/03	PARTner	
6	For purposes of evaluation,	PO	11/28/03 for all	PRS	Needed for

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	provide contact name for identified participants (C.3.D.1.b.(ix))		groups		evaluation Satisfaction Survey
Task 1b—Home Health					
7	Complete OBQI training program (C.3.D.2.b.(iii))	PO, CO, QIOSC	Group 1- 11/1/02 Group 2- 02/1/03 Group 3- 05/1/03	PARTner	No change in time frame from original Schedule F document
8	List of identified participants (described in C.3.D.2.b)	PO, CO, QIOSC	Monthly	PARTner	Timeframe has been changed. 6 month lock-in date for identified participant is no longer valid. Contract mod has been done to remove 6-month language from core contract.
9	For purposes of evaluation, submit names of points of contact for identified participants (C.3.D.2.b.(ix))	PO	Group 1 - 11/28/03 Group 2 - 02/27/04 Group 3 - 05/31/04	PRS	
1c—Hospitals					
10	For purpose of evaluation, submit hospital contact name for all hospitals (C.3.D.3.b.(iii))	PO	Group 1 - 11/28/03 Group 2 - 02/27/04 Group 3 - 05/31/04	PRS	

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1d—Physician Office					
11	Provide list of “identified participants” including physicians identifiers (UPINS) (C.3.D.4.b.(iii))	PO	NLT 9 months after contract effective date for Group 1 QIOs. NLT 6 months after contract effective date for rounds 2 and 3 Group 1 - 05/01/03 Group 2 - 05/01/03 Group 3 - 08/01/03	PARTner	Data for determining identified participants will not be available to Group 1 QIOs
12	For purposes of evaluation, provide a list of contact names for physician offices. (C.3.D.4.b.(vi))	PO	Group 1 - 11/28/03 Group 2 - 02/27/04 Group 3 - 05/31/04	PRS	
1e—Underserved and rural beneficiaries					
13	Submit either (1) a copy of the approved project plan under the 6 th SOW or, (2) start a new project selecting one quality of care measure from subtask 1c or 1d in one underserved population defined in Glossary attached at J-1) (C.3.D.5.b.(i or ii))	PO	(1) within 10 days of contract effective date; or (2) within 90 days of contract effective date for non-competitive renewals and 120 days for competitive procurements.	PARTner	

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14	Submit new project plan (C.3.D.5.b.(iii))	PO	Date negotiated with CMS PO	PARTner	
14a	Submit Final Report summarizing results of Task 1e activities	PO	Group 1 - 12/01/04 Group 2 - 3/01/05 Group 3 - 6/1/05	PARTner	
1f—Medicare + Choice					
15	Submit a plan describing the methods it will use to invite all M+COs in the state to join quality improvement projects on Tasks 1a through 1e (C.3.D.6.b.(i))	PO	Within 60 days of contract effective date Group 1 - 10/01/02 Group 2 - 01/01/03 Group 3 - 04/02/03	PARTner	
16	For purposes of evaluation, provide a list of contact names for M+COs (C.3.D.6.b.(iv))	PO	Group 1 - 11/28/03 Group 2 - 02/27/04 Group 3 - 05/31/04	PRS	
2a—Promoting the use of Performance Data					
17	Develop and submit Task 2a Work plan (C.3.E.1.b.(i)a)	RO Communications Specialist (CS)	NLT 8/15/02	Electronically to RO CS	Currently applicable to Nursing Home QI only. QIO will be notified as deemed necessary if additional work plans are required.
18	Respond to information	As requested	As requested	As requested	

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	requests from CMS as a result of Workgroup teleconferences (C.3.E.1.b.(i)b)				
19	Respond to information requests to support activity related to assessments of QIO communications capabilities/needs (C.3.E.1.b.(i)c)	As requested	As requested	As requested	
20	Complete and update communications diary and planning tool. (C.3.E.1.b.(i)d)	Enter quarterly diary/tool into document storage section of PARTner	Initially NLT 09/30/02. Ongoing no less than quarterly. Reports are due within 15 days after the end of the quarter (e.g., for 2004: April 15; July 15; October 15; and January 15, 2005).	PARTner	Template provided by the Communications QIOSC working through the Task 2a GTL
21					
22	Provide information to support evaluation activities (C.3.E.1.b.(i) m)	As requested	As requested	As requested	
2b—Transition to Hospital-Generated Data					
23	Conducting survey of	PO, CO	Initially NLT	PRS	Survey data is

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	hospital status with respect to readiness for automated reporting. (C.3.E.2.b.i)		Group 1 - 10/15/02 Group 2 - 01/15/03 Group 3 - 04/15/03		updated quarterly as needed and managed under SDPS for ad hoc reporting on hospital capabilities.
2c-Other Mandated Communications Activities					
24	Submit plan for Consumer Advisory Council (C.3.E.3.b.i)	PO	Within 30 days of contract effective date Group 1 - 09/01/02 Group 2 - 02/01/03 Group 3 - 03/01/03		
25	Medicare Help line Tracking (C.3.E.3.b. (ii))	PO	As requested	Electronically	
26	Complete Annual Reports (C.3.E.3.b. (iii))	PO	Within 30 days after publication (see QIO Manual Instruction)	Internet accessible (on QIO Corporate Website); otherwise electronically	
3—Beneficiary Protection Activities (3a-3c)					
27	Report beneficiary protection review activities (C.3.F.2.a.)	PO, CO	Daily- Effective date of contract	Case Review Information System (CRIS)	Online data entry
28	Develop and implement	Beneficiaries/providers/practitioner	Begin on or about	CRIS/PARTner	- Use CMS

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	mediation plan after participation in training sessions and other related activity. (C.3.F.2.a.)	s, PO, CO	9/2003		guidelines and procedures - Must participate in CMS training and related activities prior to implementation
29	Report on improvement plan activities (C.3.F.2.a.)	PO	Ongoing	CRIS	
30	IQC Plan Activity— Conduct beneficiary satisfaction surveys once the complaint process has been completed (includes analysis). (C.3. F.2.a.)	PO, CO	2 weeks after complaint review is completed and annually for overall satisfaction analysis	CRIS/PARTner	
31	Conduct Process Validity/Reliability for non-physician and physician review decisions.)	PO, CO	As specified in plan and materials/ instructions provided by CMS.	As specified in plan.	Use CMS guidelines and procedures provided by the QIOSC.
3b—Hospital Payment Monitoring Review Program					
32	Develop project proposals to address identified and potentially significant inappropriate utilization and aberrant coding patterns. (C.3.F.2.b.)	PO, GTL for HPMP	As requested by CMS and at the QIOs discretion based upon appropriate target identification	None	Projects are to be developed either at the direction of CMS or as the QIO identifies payment areas

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					suitable for HPMP intervention.
33	IQC Plan Activity Conduct Process Validity/ Reliability for non-physician and physicians review decisions.	PO, CO	As specified in plan and materials/ instructions provided by CMS	As specified in plan.	Use CMS guidelines and procedures provided by the QIOSC.
3c—Other Beneficiary Protection Activities					
34	Plan and conduct Physician acknowledgement monitoring (C.3.F.2.c.)	PO	As specified in plan following section 4580 of QIO Manual instructions	PRS	Follow revised QIO manual instructions as reflected in the PRS format
35	Indirect Cost Rate Proposal (G.3.E.)	Contracting Officer, SDPS PO	NLT 6 months after close of contractor’s fiscal year		
36	Subcontracting Reports SF 294 and SF 295 as specified in Section G.12.	Contract Specialist, SADBUS Representative	SF 294 Semiannually 30 days after close of period. SF 295 annually 30 days after close of period		
37	Submission of monthly invoices as specified in			Electronic submission via	

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	Section G.2.			the Financial Information Voucher System (FIVS) and Hardcopy submission	
38	Report of Contracts and Agreements per H.11.	Project Officer, Contracting Officer	Deemed acceptable unless notified by CO within 45 days of submission	Electronically to CO	
39					
40	Annual Report of Contract Agreements per H.11.	Project Officer, Contracting Officer	Deemed acceptable unless notified by CO within 45 days of submission	Electronically to CO	
41	Severance Plan	Contracting Officer	Within 60 days of effective date of contract		
42	DHHS Form 565, Report of Accountable Property per G.10.	See G.10.	10/31 of each contract year		

- A. Project Officer **As assigned**
- B. SDPS Project Officer: Centers for Medicare & Medicaid Services

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Office of Clinical Standards and Quality
Attn: William Matos
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1950

- C. SDPS Contactor: Iowa Foundation for Medical Care
6000 Westown Parkway, Suite 350E
West Des Moines, IA 50266
Attn: Ronna Pochter

- D. Contracting Officer: Centers for Medicare & Medicaid Services
OICS/AGG/DQC
Attn: Carol Sevel
7500 Security Boulevard, MS C2-21-15
Baltimore, MD 21244-1850

- E. Contract Specialist: **As assigned; same address as D above**

- F. SADBUS Rep.: Centers for Medicare & Medicaid Services
OICS/AGG/DQC
Attn: Joanne Day
7500 Security Boulevard, MS C2-21-15
Baltimore, MD 21244-1850

- G. Government Task Leader: Centers for Medicare & Medicaid Services
OCSQ/QIG/DQIPPE
Attn: Kathy Winchester
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

- H. Government Task Leader (Task 2a): Centers for Medicare & Medicaid Services
OCSQ
Attn: Richard McNaney
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

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- I. Government Task Leader (Task 3b)
 - Centers for Medicare & Medicaid Services
OCSQ/QIG/DQIPPE
Attn: Anita Bhatia
7500 Security Boulevard, MS S3-02-01
Baltimore, MD 21244-1850

- J. RO Communications Specialist
 - Centers for Medicare & Medicaid Services
Boston Regional Office
JFK Federal Building
Attn: Craig Schneider
Room 2350
Boston, MA 02203-0003

 - Centers for Medicare & Medicaid Services
Dallas Regional Office
Attn: Thlisha Washington
1301 Young Street
Dallas, TX 75202-4348

 - Centers for Medicare & Medicaid Services
Kansas City Regional Office
Richard Bolling Federal Building
Attn: Maribeth Fonner
601 E. 12th Street
Kansas City, MO 64106-2808

 - Centers for Medicare & Medicaid Services
Seattle Regional Office
Attn: Louise Roumagoux
2201 Sixth Avenue
Mail Stop RX 40
Seattle, WA 98121-2500

F.3.0 52.252-2 CLAUSES INCORPORATED BY REFERENCE. (FEB 1998)

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

www.arnet.gov/far/fac.html

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