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General Quality Improvement Organization (QIO) Program

Q1: What is the purpose of the CMS QIO Program?

A1: By law, the mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

Q2: How are QIOs currently structured under the 11th Scope of Work (SoW)?

A2: For the 11th SoW, CMS contracts with a total of 16 organizations supporting all 50 states and additional territories (District of Columbia (DC), Puerto Rico (PR), United States Virgin Islands (USVI), Pacific) to serve as Beneficiary & Family Centered Care (BFCC) and Quality Innovation Network (QIN) Quality Improvement Organization (QIO) contractors. QIOs are private, mostly not-for-profit organizations, which are staffed by professionals, mostly clinicians and other providers, who are trained to review medical care, help beneficiaries with complaints about the quality of care, and implement improvements in the quality of care available throughout the healthcare spectrum. The 11th SoW QIO contract period of performance is five years (2014-2019). QIOs accomplish their work by:

- serving as a change agent and convener for widespread, significant improvements in health quality;
- bringing evidence-based practices from the laboratory or clinic to the person, adapting to local needs;
- engaging care providers at all levels in rapid-cycle projects for collaborative learning and action networks that accelerate and spread healthcare quality improvement;
- managing and freely sharing knowledge and tools for improving health quality, efficiency, and value; and
- protecting Medicare beneficiaries by reviewing complaints about the services they receive from clinicians, other providers and using the findings as opportunities for system improvements.

Q3: What is new for the QIO Program 12th SoW?

A3: QIOs have significantly changed and evolved since the program's inception in the early 1980s. Considering changes in growth and evolution of responsibilities, CMS continually seeks the best ways for QIOs to meet their goals of determining if services provided to

Medicare beneficiaries are reasonable, necessary, and meet professionally-recognized standards of healthcare; promote the effective and economical delivery of care; and improve the quality of care. Program modernization began with the 11th SoW and CMS continues that momentum into the 12th SoW with improved collaboration across quality programs, emphasis on data analytics to drive improvements and outcomes, focus on critical healthcare issues, improved information technology (IT), and expansion of person and family engagement (PFE), all driving to improve the beneficiary experience.

Q4: Will the separation of the roles of BFCC-QIOs as case reviewers and QIN-QIOs as quality improvers be retained in the structure for the 12th SoW?

A4: CMS separated these functions in the 11th SoW to gain greater efficiencies across the program, eliminate any perceived conflicts of interest, and better support the needs of Medicare beneficiaries. The BFCC-QIO primarily focuses on beneficiaries and the QIN-QIO's primary focus is on providers. There are no changes in this approach for the 12th SoW.

Q5: Is there a collaborative relationship between the BFCC-QIOs and QIN-QIOs?

A5: Yes. The BFCC-QIOs identify systemic quality of care issues for their case review activities and initiate a referral to the QIN-QIOs for possible Quality Improvement Initiative (QII). The QIN-QIOs work with providers and practitioners to determine the root cause of the problem and provide technical assistance in the development of measurable interventions to address the issue. This collaborative relationship between BFCC-QIOs and QIN-QIOs help ensure the safety and quality of services provided to Medicare beneficiaries.

Q6: What are the suggestions for strengthening the BFCC program?

A6: Over the past two years, CMS has conducted several listening sessions with internal and external stakeholders, issued Requests for Information (RFIs) and a draft solicitation for BFCC services to collect feedback that informed development of QIO Program requirements and acquisition strategy. Recommendations included CMS should:

- enhance beneficiary care experience through increased use of immediate advocacy, beneficiary healthcare navigation for those with complex healthcare needs, and increase beneficiary knowledge of BFCC-QIOs and right to high-quality healthcare;
- improve BFCC-QIO data analytics through adding the provider perspective to the beneficiary satisfaction survey, publish trends in Complaints and Quality of Care Concerns to identify improvement opportunities, and determine cost savings from programs such as Two Midnight (2MN) and Higher Weighted Diagnosis-Related Group (HWDRG) Reviews;
- enhance the acquisition strategy to include Indefinite Delivery / Indefinite Quantity (IDIQ) contracts, CMS regional structure, statement of work for case review services, performance-based approach for PFE and communications services; improved program information technology; and
- provide more opportunities for Special Innovation Projects.

Q7: How has stakeholder and community feedback impacted BFCC services in the 12th SoW?

A7: BFCC services for the 12th SoW is grounded in three core functions: Beneficiary Oversight, Beneficiary Protection, and Beneficiary/Stakeholder Engagement. These core functions will be driven by data analytics, innovation, improvements, and collaboration including identification of opportunities to implement data-driven interventions such as:

- state-based innovation and local level flexibility improvement projects;
- national initiatives, some performed by a single entity to address issues at a higher level to allow regional contractors the ability to service more beneficiaries;
- Quality Improvement Initiatives (QIIs); and
- focused reviews to address specific concerns.

Additionally, the following program improvements were made:

- BFCC-QIO acquisition strategy transformed to an IDIQ;
- CMS designated case review system has been enhanced to accommodate a fax solution, content manager for medical records, and all case review documentation;
- government furnished computer equipment is no longer needed, access to the CMS designated case review system is virtual; and
- transition to the 12th SoW requires minimal hard-copies of case review records.

Q8: What are the current number of QIOs under the 11th SoW?

A8: CMS currently engages 16 organizations across the US to serve as QIO contractors. These QIOs are working under contracts with CMS for the 11th SoW as follows:

- two (2) BFCC-QIOs with contracts ending May 7, 2019; and
- fourteen (14) QIN-QIOs with contracts ending July 31, 2019.

CMS anticipates all existing QIOs will continue through their current contract duration.

Q9: What are the benefits of the new BFCC IDIQ contract structure?

A9: CMS leveraged its experience with transforming the QIN-QIO services to an IDIQ contract and determined the following benefits:

- **availability** – provides a pool of pre-qualified contractors and alternative resources;
- **flexibility** – allows CMS more flexibility to achieve national results while continually improving quality of care; options for prescriptive or performance-based requirements, varied contract types, choice of geographic designations, and task order period of performance;
- **competition** –drives performance, innovation, outcomes, and cost;
- **scope** – broad scope, multiple task orders, incorporates new work, promotes increased interest in BFCC-QIO contracts; and
- **efficiency** – efficient process to fulfill requirements; less resources and time for task order competition.

Q10: When will the BFCC 12th SoW activities begin?

A10: The 12th SoW contract awards will begin in March 2019 and case review task orders will begin May 8, 2019.

Beneficiaries

Q11: How will the new BFCC IDIQ contract approach affect beneficiary case reviews?

A11: There will be no lapse in service for Medicare beneficiary case reviews.

Q12: What entity will beneficiaries contact through May 7, 2019 for quality of care issues?

A12: Beneficiaries will contact their current respective state's QIO.

Q13: What entity will beneficiaries contact beginning May 8, 2019?

A13: CMS will publish the list of the new BFCC-QIOs handling case reviews after the task order awards in the first quarter of calendar year 2019.

Q14: How will the CMS regional approach for the 12th SoW affect beneficiaries involved in case reviews?

A14: The 12th SoW will be a seamless transition for beneficiaries. Current 11th SoW QIOs and future 12th SoW QIOs will work together in a collaborative approach under the direction of CMS to ensure that beneficiaries experience no disruption in case review services.

Providers

Q15: How will the new BFCC IDIQ contract structure and CMS regional approach affect providers involved in case reviews?

A15: Providers will be notified when the transition of cases from the current QIO to the new QIO occurs and will be provided contact information for the new QIO. Otherwise, providers should expect no change in their involvement in the overall case review process.

Q16: How will the 12th SoW affect providers involved in quality improvement work?

A16: Providers should expect no changes in their quality improvement work. New QIOs will be regionally based and continue to focus on local quality improvement efforts.

Q17: What entity will providers contact through May 7, 2019 for case review issues and quality improvement deliverables?

A17: Providers will contact the current QIO.

Q18: Who will providers contact beginning May 8, 2019?

A18: CMS will publish the list of the new BFCC-QIOs handling case reviews after the task order awards in the first quarter of calendar year 2019.

Beneficiary & Family Centered Care (BFCC)-QIOs

Q19: What is the function of the BFCC-QIO?

A19: In the 11th SoW, the BFCC-QIO contract was created to improve healthcare services for Medicare beneficiaries through contractor performance of numerous statutory review functions, including quality of care reviews, complaint reviews, discharge and termination of service appeals in various provider settings, medical necessity reviews, and EMTALA reviews. BFCC Services for the 12th SoW is grounded in three (3) core functions; Beneficiary Oversight, Beneficiary Protection, and Beneficiary/Stakeholder Engagement. Case review is still a primary service for BFCC-QIOs under the core function for Beneficiary Protection.

Q20: Who are the BFCC-QIO IDIQ contractors?

A20: CMS announced the BFCC-QIO IDIQ contract awardees on the Federal Business Opportunities website ([FBO BFCC-QIO IDIQ Award Notice](#)).

Q21: When will the BFCC-QIO task orders be awarded?

A21: CMS will award the initial task orders in the first quarter of calendar year 2019.

Q22: What regions will the BFCC-QIO task orders cover?

A22: For case reviews, BFCC services are aligned with the CMS Regional Offices for better streamlining administration. For other services, geographic coverage will be specified in each task order.

Q23: What are the Call Center business hours for BFCC-QIOs?

A23: BFCC-QIO staff will be available seven (7) days a week, covering the following times in each time zone within the BFCC-QIO region:

- Monday-Friday: 9am-5pm
- Weekends & Holidays: 11am-3pm

Q24: How will BFCC-QIOs handle Quality Improvement Initiatives (QIIs)?

A24: BFCC-QIOs will use their case review work to identify issues requiring quality improvement intervention and provide QII referrals to QIN-QIOs. BFCC-QIOs will refer providers/practitioners to appropriate QIN-QIOs for technical assistance.

Q25: What case review systems will BFCC-QIOs utilize?

A25: BFCC-QIOs will use the CMS designated case review system. Currently, the Quality Management and Review System (QMARS) is the case review system of record.

Quality Innovation Network (QIN)-QIOs

Q26: What is the function of the QIN-QIO?

A26: QIN-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives to increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. QIN-QIOs help best practices for better care spread more quickly, while still accommodating local conditions and cultural factors.

Q27: What are the key roles of QIN-QIOs?

A27: The QIN-QIO Program is an important resource in CMS's effort to improve quality and efficiency of care for Medicare beneficiaries. Throughout its history, the Program has been instrumental in advancing national efforts to motivate providers in improving quality, and in measuring and improving outcomes of quality.

QIN-QIOs serve as quality improvement experts, facilitators, and change agents for healthcare transformation across focus areas to improve rural, medically-underserved, health disparities, vulnerable populations and customer experience. They perform as:

- multi-state and local-change agent champions through a results-oriented approach;
- a facilitator of learning and action through Learning and Action Networks (LANs);
- an advisor by providing technical assistance to providers; and
- a highly effective communicator and trusted at the center of healthcare transformation information and assistance.

Q28: When will the QIN-QIO contracts be awarded?

A28: CMS will award the QIN-QIO contracts in July 2019.

Q29: What entities are the QIN-QIO contractors?

A29: CMS will announce the new QIN-QIO contractors after the contract award.

Q30: What regions will the QIN-QIO contracts cover?

A30: For quality improvement work, the country will be separated into distinct QIN-QIO areas driven by the market and determined by the QIN-QIO contract awards. During the competitive process for QIN-QIO work, CMS asked offerors to propose combinations of states so quality improvement work can be accomplished most efficiently and effectively.

BFCC Support Contracts

Q31: What will be the initial BFCC Support Contract for the 12th SoW?

A31: The BFCC National Coordinating & Oversight Review Center (NCORC) will be first.

Q32: What is the purpose of the BFCC NCORC?

A32: To communicate between CMS and QIOs, focus on consistency across reviews, recommend initiatives to improve case review quality, assure QIOs have information and resources needed, and provide technical assistance and support to the BFCC-QIOs.