Network of Quality Improvement and Innovation Contractors (NQIIC)

Statement of Work

IDIQ

1.0   NQIIC Overview

Background and Overview

The Centers for Medicare & Medicaid Services (CMS) is making great strides in improving care for Medicare beneficiaries. However, much more work must be done to improve the quality and efficiency of the U.S. healthcare system. Thus, CMS will have an Indefinite Delivery/Indefinite Quantity (IDIQ) contract to support quality improvement efforts across settings and programs to maximum impact to healthcare and value to taxpayers, entitled the Network of Quality Improvement and Innovation Contractors (NQIIC). The IDIQ contract allows for the full spectrum of quality improvement work that is in operation under the current various networks. This work currently includes the QIN-QIO work, the ESRD Network work, the hospital focused large scale improvement work, clinician-focused technical assistance work, and other quality improvement work.

The quality improvement efforts considered for the NQIIC IDIQ include statutorily required QIN-QIO work (Sections 1152-1154 of the Social Security Act), statutorily required End-Stage Renal Disease (ESRD) Network work (under Sec. 1881 (c). [42 U.S.C. 1395rr]), hospital focused large scale improvement work, clinician-focused technical assistance work, and other quality improvement work. The NQIIC IDIQ allows CMS great flexibility in awarding task orders for a variety of quality improvement services.

Task order requirements will be crafted with the expectation to achieve bold aims through innovation, broad reach, and data-driven methodologies suitable for spread that demonstrate value to Medicare beneficiaries, providers, and the CMS Quality Program qualitatively and/or financially. Individual task orders may include evaluation criteria based on specific statutory requirements for existing quality improvement programs (QIN-QIO and ESRD Networks), as well as other requirements specific to the scope and scale of the desired quality improvement work. CMS is interested in ensuring that desired outcomes within a task order allow for efficient but flexible use of contract dollars. CMS continues to encourage transparency and collaboration across programs and amongst contractors to maximize efficiency, results, and impact.

Purpose

The purpose of the Network of Quality Improvement and Innovation Contractor (NQIIC) is to procure expert healthcare quality improvement services to support quality improvement efforts across settings and programs for maximum impact to healthcare and value to taxpayers in a manner that aligns with CMS efforts towards achievement of the CMS goals and agency Priorities along with other strategies, goals, recommendations, and priorities.

NQIICs are defined as a set of quality improvement contractors that have the capability to achieve large scale improvement results using effective and innovative quality

improvement strategies that are data driven, transparent, and empower patients, families and clinicians to make decisions about their healthcare.

NQIICS will serve as quality improvement experts, facilitators, and change agents for healthcare transformation by achieving bold aims through innovation, broad reach, expert analysis, engagement of clinicians and Beneficiaries at the local level, and data-driven methodologies suitable for spread that demonstrate value to Medicare beneficiaries, providers, and CMS qualitatively and/or financially.

Expectations- goals and operations:

CMS seeks to align the goals of the NQIIC in general, and successful performance of this contract with current CMS agency goals and priorities. These goals may evolve over the period of performance of this contract.

Align with and Generate Results on CMS Goals: NQIICs are uniquely positioned to reach a broad spectrum of healthcare providers, beneficiaries, and local communities, allowing them to serve as change agents to improve healthcare quality. NQIICs will work on a broad variety of Aims- focused activities with measurable healthcare quality outcomes. The NQIICs will work to meet CMS current and future goals including:

1. Empowering patients and doctors to make decisions about their health care
2. Supporting innovative approaches to improve quality, accessibility, and affordability
3. Improving the CMS customer experience

The unique NQIIC model allows for flexibility and responsiveness for additional task orders. As CMS goals and priorities change, NQIICs must acclimate to the changes in healthcare.

    i.   **Flexibility & Agility in Operations and Teaming with CMS and Others**: CMS developed the NQIIC model to enable flexible contracting that allows contractors to rapidly respond to evolving needs and for CMS to utilize various contracting methods to reach mutual healthcare quality improvement goals. This inclusive approach enables CMS, contractors, healthcare associations, hospitals and other stakeholders to build relationships and team to maintain responsiveness. NQIIC contractors shall develop agile teams able to recognize emerging needs, team with CMS and other stakeholders to respond to emerging needs, and rapidly evolve to meet new priorities.

    ii.   **Cross-cutting Focus**:
Through all NQIIC task areas, contractors are to maintain a focus on:
    1. Vulnerable Populations & Disparities- these may be CMS-defined, or locally-defined.

2. Rural Health- this includes addressing needs and barriers of those living in geographically rural areas.

3. Patient and Family Engagement- Ensuring patients and their families are involved in quality improvement activities and are empowered to have a voice in their own healthcare.

iii. **Use of Community Coalitions to drive improvement:** NQIIC contractors shall be committed to the use of community coalitions to drive improvement in multiple areas of quality improvement. Community coalitions function as bodies of stakeholders within a community dedicated to defining a healthcare issue within the designated community, producing a root cause analysis to identify areas for improvement, and committing to work as a group to achieve quantitative aims and to implement specific actions tied to the identified root causes that are designed to improve healthcare outcomes within the community. NQIIC contractors may serve as conveners of community coalitions, partners, stakeholders, and/or they may provide support by promoting community coalitions to their recruited partners and stakeholders.

iv. **Tight on "What" Outcomes, Flexible on "How" Methods:**
While CMS requires strong accountability from NQIIC contractors in the form of measurable quality improvement outcomes, NQIIC contractors are healthcare quality experts and will be provided flexibility to determine the best methods to achieve outcomes and metrics in effort to determine if it is reproducible in other communities. CMS will work with contractors to spread best practices and innovative approaches learned through the quality improvement process. The overall mission of NQIIC is using quality improvement, innovation, and data in the intensive pursuit of outcomes to achieve meaningful impact that improves the health and healthcare experiences of beneficiaries.

v. **Focus Improvement at Multiple Levels:**

NQIIC work will focus at multiple levels within the healthcare system dependent on the type of work being conducted:

1. Region: Learning and Action Network (LAN) work will focus on education at a regional level.
2. Community: Community coalition work is driven by the community and focused on improving healthcare outcomes.
3. System: Community coalitions are driven by healthcare systems and specific technical assistance (TA) can provide additional needed education.
4. Provider: Individual TA provides specialized assistance to further quality improvement aims.

2.0   NQIIC Services

Task order(s) will be released under this IDIQ contract with defined service areas on a state, regional, national, or otherwise defined level by CMS or by the proposing contractor and approved by CMS. The work awarded under this NQIIC contract will involve a broad range of healthcare quality improvement services involving data-driven initiatives to optimize health outcomes for persons and families while supporting clinicians, providers, and communities in improving health and healthcare of the population they serve. Most projects will be large-scale in nature (state, regional, or national level) with others on a smaller scale (community-level). Note, any type of plans mentioned shall be performed and provided as a deliverable at the task order level. The IDIQ task orders will include work for the Quality Improvement Organization Program, End-Stage Renal Disease (ESRD) Network Program, large scale long term care improvement efforts, large scale hospital improvement efforts, clinician-focused technical assistance, and other, yet to-be-defined quality improvement activities of a NQIIC. The specific task order topic areas may include, but are not limited to the following:

- Behavioral Health, including a focus on Opioid Use Reduction
- Patient Safety/Harm Reduction
- Care Coordination
- Nursing Homes/Long-Term Care
- Chronic Disease Self-Management
- Clinical Practices Redesign and Transition to Alternative Payment Models (APMs)
- Provider Burden Reduction
- Public health: obesity, cardiac health, reduction in smoking, diabetes, kidney health

CMS seeks quality improvement efforts that are results-focused, data driven, transparent in their approach and results, employ comprehensive analysis, address diverse and special populations, and demonstrate meaningful impact that leads to spread and sustainability. The NQIICs will successfully implement and conduct large scale projects related to health care quality and patient safety in hospitals and other settings, in a cost-effective manner.

Performance under this contract will be conducted under the terms and conditions of this Base IDIQ Contract and pursuant to Task Orders issued by the Contracting Officer during the contract term. The broad-ranged overarching tasks will include, but are not limited to the following:

a. Direct Technical Assistance
NQIICs will engage in direct technical assistance to all participants as required by the task orders for healthcare quality improvement. Technical assistance is the

process by which the NQIICs will work directly with participating providers, practitioners, and other stakeholders. Technical assistance may include, but is not limited to, one-on-one assistance, sharing of established resources, tools, development of performance reports, and use of health information technology. The NQIIC will design, implement, and operate educational campaigns as part of its technical assistance efforts, using workshops, conferences, webinars, and other diverse methods. Beyond the specifically-defined areas for technical assistance in the task orders, NQIICs are expected to maintain a focus on vulnerable populations, rural health, and patient and family engagement activities.

   i. **Vulnerable Populations and Disparities Focus**
      a. NQIICs shall assist community members and additional regional participants to identify and effectively target interventions for special and vulnerable populations based on race, gender, socio-economic factors, and individuals with chronic conditions who take multiple medications, are in need of behavioral health, and facing socioeconomic issues as well as dually-enrolled individuals.

   ii. **Rural health**
      a. NQIIC shall include participants residing in rural areas in all patient and family engagement activities as well as focusing efforts on serving the special and challenging healthcare needs of rural communities and providers. According to the Center for Rural Affairs, residents of rural counties face access to health care and transportation issues, low literacy issues, and socioeconomic issues such as poverty and unemployment. Compared to their urban counterparts, residents of rural areas face longer distances to reach healthcare delivery sites, more often have chronic conditions such as diabetes, and have higher mortality rates from heart disease. Rural areas are designated by the 2010 US Census Bureau definition.

   iii. **Person and Family Engagement**
      NQIICs shall work to engage beneficiaries and their families in improving their health by:
      1. Promoting an environment where beneficiaries are the center of the healthcare team.
      2. Actively encouraging beneficiaries, family, and caregiver engagement across the care continuum including areas that are medically underserved, rural and/or otherwise inclusive of vulnerable patient populations.
      3. Utilizing plans, strategies, and practices that consider the social determinants that may contribute to poor health outcomes.
      4. Forging partnerships between beneficiaries and providers in care settings.

5. Promoting tools and measurement strategies that support beneficiaries' health care goals, values, and preferences through patient advocacy, shared decision making, and health literacy.
6. Supporting the creation of person-centered health and wellness goals that are accessible, appropriate, effective, and sufficient and that align with beneficiary, family, and caregiver values and preferences.
7. Improving the quality and experience of care for beneficiaries, caregivers, and families by developing best practices and techniques for widespread integration and scaling.
8. Promoting improved quality and reduced cost by utilizing a collaborative process that supports health care transformation.
9. Supporting beneficiary engagement and beneficiary self-management including ensuring beneficiary and/or caregiver preferences are assessed and incorporated.
10. Promoting the inclusion of patient representatives on provider and practitioner quality improvement activities and/or committees.

b. **Health Information Technology**
NQIICs will facilitate the ongoing sharing of successful interventions related to reducing burden in the use and evolution of Health Information Technology (HIT) across the healthcare continuum. The meaningful use of health information technology in healthcare is an imperative to tracking and improving the quality of care provided to patients, ensuring patient safety, care coordination and for improving on and reporting quality measures. NQIICs will have the health information technology expertise to perform the task orders, which will include assisting project participants with maximizing their health information technology to best serve patients, and supporting and training end-users on various health information systems. Additionally, NQIICs will promote using information systems to support high-quality care across the healthcare continuum and support CMS quality reporting and value-based programs. Where appropriate, NQIICs will be expected to establish or maintain relationships with and support the use of health information exchanges, networks, and databases (e.g., Health Information Exchanges, Nationwide Health Information Network, Prescription Drug Monitoring Programs, etc.) to promote communities' timely sharing of essential patient health information to support patient safety and care coordination.

c. **Recruitment**
NQIICs will promote CMS quality improvement initiatives/projects and recruit participants as defined by task orders that may include, but are not limited to the following: hospitals, nursing homes, physician practices, home health agencies, hospices, dialysis facilities, pharmacists, pharmacies, beneficiaries, and communities. Recruitment is not only essential in driving positive change in the healthcare delivery system, but important in determining the measurable impact of the NQIICs activities in assisting participants to better serve Medicare beneficiaries.

d. **Community Coalitions**

Engaging participants at the community level is essential in achieving meaningful, sustainable quality improvement across multiple provider organizations and healthcare delivery systems. Participation in community coalitions shall include engagement of providers across all care settings. Community coalition building is a "bottom-up" approach for healthcare quality improvement and relies on expertise to work with multiple stakeholders, even those that may be competitors in the marketplace, to focus on quality improvement across the local healthcare delivery system.

NQIICs will promote community coalition participation to all relevant stakeholders to support healthcare improvement at the larger system level, and to assist communities in achieving specific quantitative and qualitative healthcare goals.

e. **Learning and Action Networks (LANs)**
    A LAN is a regionally-focused improvement tool bringing together healthcare professionals, patients and other stakeholders around an educational, evidence-based agenda to achieve rapid, wide-scale healthcare improvement. The LAN model includes collaborative projects, online interactions, and peer-to-peer education that allows participants to learn from each other as well as from the NQIIC. NQIICs will use their role as change agents to support their designated service area LAN quality improvement efforts by engaging beneficiaries and their families, patient advocates/representatives, providers, practitioners, and other state/local/regional stakeholders around common healthcare quality initiatives.

    LANs support different stakeholder perspectives by building diverse communities that include perspectives from those who have not historically had a "voice" in conversations about healthcare delivery transformation. This bottom-up and top-down, state and regional approach of using a LAN to drive change will provide a forum to:
    i.   Identify and highlight best practices: This should include evidence-based interventions, and the use of high-performing peer mentors
    ii. Seek a diverse constituency, including consumers, healthcare payers, organizations, and stakeholders to consciously manage knowledge and create an open and action-focused forum for addressing specific goals, problems and challenges.
    iii. Operate around measurable and clear goals that utilize proven, effective practices, and use data to drive decision-making for gap assessment, tracking and generating improvements and results.
    iv. Use a change methodology to rapidly test small quality improvement changes that are specific to the participating community.
    v.   Set the pace and tone for goal-related activities that are fully transparent and seek to create a disseminated leadership model where there is a free flow exchange of ideas, open sharing of practice and data, and deliberate and transparent commitments for actions and next steps for the benefit of all.

The NQIIC shall adhere to the following minimum requirements for a LAN:

1. The NQIIC shall facilitate LANs and learning sessions for communities virtually and/or face to face (any specific conference and meeting approval requirements will be provided in TO(s)). The learning sessions may be either held as large and/or small-scale events at regular intervals based on the specific quality improvement initiative.
2. The NQIIC shall actively recruit beneficiaries to participate in LANs and shall ensure LANs provide a voice to regional populations experiencing disparities, rural populations, and vulnerable populations.
3. **The NQIIC shall ensure that LAN education, resulting actions, and measurable outcomes are timely, accurate, and relevant to the quality improvement Aims of the SOW and local improvement needs.**
4. **The NQIIC shall have the flexibility to pilot tests of change to address root causes with actions to spread is feasible.**

f. **Continuous Improvement, Measurement, Data, and Reporting**

   i. Problem Statement and Continuous Improvement Strategy
NQIICs shall aggressively pursue meeting CMS Aims by identifying challenges/problems in real- time, applying problem solving techniques - such as Root Cause Analysis - and developing and implementing action plans. NQIICs may use any number of desired change improvement methodologies (e.g., Continuous Quality Improvement, Model for Improvement, Six Sigma, Lean, etc.) to support its own work as well as to assist project participants with rapid cycle testing for continuous quality improvement, action and results.

   ii. Measurement Strategies
NQIICs will be in alignment with the CMS "Meaningful Measures" initiative. Meaningful Measures will involve use of measures that are most vital to providing high-quality care and improving patient outcomes. CMS intends and expects NQIICs to utilize fewer, more meaningful measures. The focus is on the outcomes ("what"), versus the processes ("how"). NQIICs will be "results-oriented" with a focus on generating outcomes to support the stated goals and Aims.

   NQIICs shall:
1. Establish benchmarks and/or interim performance measures that map to desired goals using short, medium, and long-term outcomes.
2. Align local and/or state measures with nationally recognized consensus measures to reduce duplication and burden on healthcare partners
3. Utilize data to develop or implement (when designated in the task order) measures and/or a measurement strategy for generating, supporting,

               monitoring, improving and quantifying results of local quality improvement efforts.

4. Develop specific measurable goals/benchmarks within the target population to address identified health disparities.
5. Develop methods to implement and illustrate progress toward benchmark results, intervention implementation, and community engagement.

iii. Data-driven

The foundation of any effective quality improvement effort is accurate and timely data. Therefore, the NQIIC shall collect, aggregate, analyze, display, and openly share data (i.e., to achieve or work toward transparency) with other CMS contractors. By creating a transparent approach to the work, the NQIIC Contractor will assist the Learning and Action Network (LAN) constituents, as well as other CMS-identified support contractors and parties in using data in other data-related efforts. NQIICs shall be data-driven in all facets of the task orders to ensure the implemented interventions have the greatest possibility of success.

iv. Data Collection

It is imperative to have sound, regular, and secure means to collect data related to the projects in order to monitor and define performance. To accomplish this, NQIICs will:

a. Use available data sources to achieve the contract goals, including but may not be limited to: CMS claims data, beneficiary complaint data, CMS survey and certification data, third party payer data, provider data, practitioner data, medical record abstracted data, census tract and disparities data, data directly provided by beneficiaries, registry data, and other NQIIC and/or partner data.
b. Implement processes (i.e., data collection vehicles or methods) to securely collect and store data on the measures specified in task orders.

v. Data Analytics

Strong data analytics must be at the foundation of the NQIICs' organization to identify potential opportunities for improvement, monitor their project's performance, and understand the impact of improvement activities. Data analytic efforts shall include, but are not limited to, the following:

a. Identifying target populations and subpopulations within communities (e.g. dual-eligible beneficiaries, beneficiaries with multiple chronic conditions, stakeholders, and beneficiary and/or their family members and/or patient advocates/representatives) for recruitment in task order quality improvement efforts;
b. Assessing gaps in quality of care delivered and coordination between and among institutional and community care providers and practitioners;

c. Developing specific measure and measurement strategies to track identified health disparities;

d. Using data to track progress and direct impact of quality improvement efforts within the NQIIC service area at the community, state, and/or regional levels in a time-frame that allows for timely assessment of improvement efforts;

e. Using data to improve healthcare and/or sustain quality improvement efforts;

f. Utilizing data in a manner that is easily shared, translatable and creates a compelling case for change; and

g. Monitoring and determining the level of improvement, at the intervention and community level, through time series, and/or through annotated run and control charts that document the interventions and performance over time.

vi. Reporting

NQIICs will support transparency in reporting their project results and quality improvement methods with CMS, other quality improvement contractors, and others as appropriate. Sharing data and the corresponding analyses about outcomes and interventions is vital to identifying and replicating interventions that show promise, as well as to identify when the desired results were not achieved. NQIICs shall be able to determine the level of improvement, at both the intervention and community level, through time series, and/or through annotated run and control charts, that document the interventions and performance over time. Transparency in reporting successful interventions, promising practices, lessons learned and/or other relevant information has led to improvements in health, healthcare and/or lower costs of healthcare for Medicare beneficiaries.

vii. Transparency

NQIICs will support transparency by sharing results and methods utilized with CMS, quality improvement contractors, and other NQIICs, to rapidly identify opportunities to accelerate improvement in health care. Sharing successes and challenges regularly will spread what is working, opportunities for improvement, and help all to learn of approaches that were not successful across the country, in order to maximize the collective use of performance data to accelerate improvement. Contractors will be expected not only to share methods and results with others, but to use key learnings from other contractors to rapidly evolve and improve their own approaches to generating results.

g. Strategic Management Structure

i. Management Plan

NQIICs shall have an established management structure that strongly and seamlessly supports contract operations. A management plan shall be results-oriented and, at a

minimum, includes effective lines of communication, budget and cost controls, quality assurance reviews, project schedule management, resource management to include staffing matrices by task/subtask, progress reviews and performance monitoring, risk management, change management, timely delivery, and clearly defined roles, responsibilities, lines of authority, and resources appropriately aligned to services and deliverables. NQIICs shall ensure that all work efforts are integrated, including the overarching cross-cutting tasks. Task Orders will involve multiple concurrent tasks and may involve multiple levels of subcontracting. As the prime contractor, the NQICCs shall coordinate all subcontracted work to ensure that the efforts of all parties under the contract (management, administrative, and TO staff) are cohesively combined. NQIICs will utilize business and management processes that maximize efficiencies and the impact of the contractor's quality improvement activities.

The management plan shall include a Continuous Internal Quality Improvement Program Plan (CIQIP) which is updated as necessary for additional task orders. The CIQIP purpose is to support and foster an environment of continuous quality improvement within the NQIIC. Such an environment helps to assure success of the NQIICs in their performance of the contract through ongoing assessment of and improvement when necessary in areas that are critical to organizational success, including but, are not limited to:
- Leadership
- Human Resources
- Customer Satisfaction
- Performance Measures
- Process Management
- Task Order Results

The CIQIP shall include the following elements:

1. Identification of meaningful and critical measures necessary to monitor and assess task orders (e.g., financial, internal controls, collaboration activities, intervention effectiveness, evaluation targets, etc.);
2. Goals or thresholds for all measures, including goals or targets at various points within the contract period that allow for correction when performance does not appear to be on track to achieve contract goals or targets;
3. Timeframes at which measures are to be assessed against the goals/targets;
4. Monitor, at least quarterly, or more often as performance indicates, or as otherwise directed, use measures, results, and other information to assess whether goals/targets are likely to be met.
5. Triggers to analyze areas where performance fails to achieve expected targets or thresholds and identify any causes of failure;
6. Identify changes in the process that address the identified causes of failure and what should improve performance;

7. Implement selected changes designed to improve processes and performance; and

8. Determine whether improvements were successful, and make further adjustments to the process as needed.

9. In a brief and concise manner, consistent with CMS efforts to maximize improvement work over deliverables, document important aspects of the CIQIP, including, but not limited to:

    a. Quality improvement components and major activities.

    b. Selected Measures applicable to track work performance.

    c. Targets/goals and timeframes at which the targets/goals are to be achieved.

    d. Results of performance at the specified timeframes.

    e. Description of the analysis conducted when measures fail to achieve targets/goals and results of the analysis.

    f. Improvement actions identified and those selected that address the findings of the analysis.

    g. Critical dates and planning for the implementation of improvement actions.

    h. Communication of the CIQIP and its results across the organization as well as to leadership and the Board of Directors.

ii. Communications

As a component of the management plan, the NQIICs will engage in education, outreach and communication activities to inform Medicare beneficiaries and providers about the purpose of the NQIIC and other quality improvement topics.

The NQIICs shall make the substantially adapted and new materials developed and approved in writing by CMS for distribution available to other NQIICs. This requirement does not compel the NQIIC to share every piece of communication; however, the NQIIC shall select materials for peer sharing that demonstrate a particularly successful effort or that yields a lesson-learned for sharing with the NQIIC community at large.

As part of the communications plan, the NQIICs will have a web presence to house educational and resource materials along with communications related to the NQIIC task order(s). In addition to traditional web presence(s) (like the website), the NQIICs may integrate social media or Web 2.0 functionalities as one of the tactics they deploy in meeting stakeholders' information and communications needs. The web site and social media efforts will be in compliance with applicable regulations, policies, and requirements.

3.0   Collaboration and Coordination

a. Flexibility
CMS recognizes that the healthcare landscape is dynamic so flexibility is essential in maximizing one's positive impact on work efforts/products. NQIICs will support flexibility in operations, including their collaboration and coordination efforts with project participants, other contractors, CMS, and other stakeholders. Thinking and behaving collaboratively creates a foundation for the NQIICs and its stakeholders to build, adjust, and sustain ways of thinking and working that lead to increased resourcefulness and performance.

b. Contractor Teaming
NQIICs will maximize impact in quality improvement efforts by utilizing synergies with other contractors and stakeholders that are focused on similar outcomes and/or collaborating with the same participants/customers. NQIICs may consider a defined, written teaming arrangement with other CMS contractors that would detail responsibilities of each team member in how they will work together to meet agency requirements.

c. Actively Working to Maximize Synergy and Prevent Duplication
It is important for the NQIICs to achieve synergy with other contractors and initiatives, and to avoid duplication of efforts performed by another state or federal contractor. This is why communicating and teaming with other contractors is so important. NQIICs are expected to routinely assess the potential for synergy and duplication on their work; to actively reach out to other contractors where there is potential for synergy or duplication; and to develop smart, tailored, localized solutions to generate synergy and prevent duplication. These efforts should be documented by involved parties and shared back to CMS for affirmation or any needed changes.

4.0   Key Elements of Evaluation

a. Outcomes-driven:
NQIIC contractors will be healthcare quality experts capable of defining and solving healthcare issues in their local areas. CMS will drive these efforts by establishing and committing to bold, data-driven goals. NQIICs will use their expertise to leverage partnerships and drive healthcare quality change to reach these bold goals and strive for maximum healthcare quality improvement and cost savings. CMS places an investment in NQIIC contractors and recognizes that improvements in healthcare outcomes/metrics and/or cost savings are both important ways of generating returns on investments.

b. Flexibility and teaming:
    The NQIIC mode will allow for maximum impact to healthcare quality by leveraging all CMS quality contractors under one umbrella. NQIIC contractors are expected to flexibly team with other quality contractors to meet the bold goals set forth in the task orders. In addition, NQIIC contractors will partner with CMS as the contracting model allows for the addition of new task orders to rapidly and responsively deploy new initiatives to meet emerging healthcare needs. Responsiveness and flexibility in teaming with both CMS and NQIIC partners will be key to meeting evaluation goals within task orders of the NQIIC contract.