

QIO's performance might lead to the erroneous perception by the public that reviews or appeals may be biased either toward the beneficiary (when obtaining beneficiary feedback), or toward providers (when obtaining provider feedback). One commenter encouraged CMS to carefully consider public perception of the evaluation criterion of beneficiary experience with the quality of care complaints and appeal reviews. The other commenter suggested removing customer feedback from the evaluation criteria.

Response: We appreciate the concern with maintaining the integrity of public perception of our oversight of the performance of numerous statutory and regulatory review functions to safeguard beneficiaries. The evaluation criteria and standards include safeguards to monitor the quality of the reviews, such as inter-rater reliability, the QIOs' timeliness in completing the reviews and ongoing monitoring of the BFCC-QIO's internal quality control program. The beneficiary satisfaction survey allows CMS to monitor the QIOs' ability to provide superior customer service while incorporating processes that engage beneficiaries and their representatives in ways that are patient and family centered. With appropriate monitoring and safeguards, we benefit from consideration of beneficiaries' experience with the review and appeals process while maintaining consistently high levels of program integrity.

Comment: One commenter agreed with the importance of instituting rigorous standards for inter-rater reliability and suggested that CMS consider developing evaluation standards that assess the accuracy as well as reliability of reviews.

Response: We agree with the importance of reliable and accurate reviews relating to the execution of the numerous statutory and regulatory review functions to safeguard beneficiaries. The evaluation criteria includes annual (and at the 54th month) assessment of minimum performance criteria for inter-rater reliability. Additionally, we will monitor the quality program in place at each BFCC-QIO to ensure that the work is both reliable and accurate. We agree on the merits of developing more formal evaluation standards and criteria for assessing the validity of work by BFCC-QIO reviewers. We intend to investigate suitable measures for consideration in the future.

Comment: Both commenters noted the potential for external factors and perhaps the outcome of the review or appeal itself to influence the beneficiaries' experience and their

willingness to participate in the survey process. One commenter stated that there should be careful consideration of these factors in the evaluation standards and criteria; the other commenter recommended not using beneficiary participation in the survey as part of the evaluation.

Response: We believe that the BFCC-QIOs must exercise diplomacy, professionalism and compassion in their performance of numerous statutory and regulatory review functions to safeguard beneficiaries. Our monitoring of the internal quality control processes of the BFCC-QIOs and ongoing monitoring activities focuses in part on the professionalism in their interactions with beneficiaries and their representatives. We recognize that external factors may, to some limited extent, have an impact on the beneficiaries' willingness to participate in the survey of their experience with the appeal or review process. However, based on previous experience with these surveys, we are confident that the proficiency of the work by the BFCC-QIO with beneficiaries or their representatives will be the dominant factor that impacts the willingness by beneficiaries or their representatives to participate in the survey.

Comment: Both commenters indicated that although the BFCC-QIO is primarily responsible for its performance on the evaluation standards and criteria, external factors outside the control of the BFCC-QIO may also impact performance on measures such as timeliness (of Beneficiary Complaints and Other Quality of Care Reviews, Discharge/Service Termination Reviews, and EMTALA and Higher-Weighted Diagnosis Related Group Reviews). Both commenters suggested that we consider, if appropriate, factors outside the control of the contractors.

Response: We agree with the commenters that there are certain factors, such as natural calamities, for example, hurricanes or earthquakes, in addition to transitional issues at the beginning and end of the contract cycle that may, despite the best mitigating efforts, have an impact on the BFCC-QIO's ability to conduct work in specific regions. We are confident that these extraordinary circumstances can be addressed using our intervention and evaluation standards and criteria.

Comment: One commenter noted the importance of the BFCC-QIO's Internal Quality Control (IQC) Program but recommended that we consider only whether the BFCC-QIO had a process in place and not the quality and competence of the execution of the IQC.

Response: We agree with the importance of the BFCC-QIO instituting an IQC Program. However, we believe that it is in the Government's and beneficiaries' best interest to conduct ongoing monitoring to ensure that the IQC is kept current and accurately reflects the competent execution of the BFCC-QIO's performance of numerous statutory and regulatory review functions to safeguard beneficiaries. We plan to use ongoing monitoring of the IQC as a critical element to inform discussions with the BFCC-QIO on their improvement efforts.

IV. Provisions of the Final Notice

We have analyzed these comments and determined that it is appropriate to finalize without modification the provisions set forth in the July 28, 2014 notice with comment period entitled, "Evaluation Criteria and Standards for Beneficiary and Family Centered Care Quality Improvement Organization Contracts." (79 FR 43747 through 43749).

V. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

VI. Regulatory Impact Statement

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

Dated: November 19, 2014.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3300-FN]

RIN 0938-ZB15

Medicare Program; Evaluation Criteria and Standards for Quality Improvement Networks Quality Improvement Program Contracts; Base and Task Orders

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final notice.

SUMMARY: This final notice announces the general criteria we will use to evaluate the effectiveness and efficiency of Quality Innovation Network (QIN) Quality Improvement Organizations (QIOs) that entered into contracts with CMS under the 11th Statement of Work (SOW) in July 2014. (The activities for the QIN-QIO SOW began August 1, 2014). In addition, this notice addresses public comments on the August 11, 2014 notice with comment period entitled, "Evaluation Criteria and Standards for Quality Improvement Networks Quality Improvement Program Contracts [Base and Task Order(s)]"

DATES: *Effective Dates:* August 1, 2014 to July 31, 2019.

FOR FURTHER INFORMATION CONTACT: Alfreda Staton, (410) 786-4194.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1153(h)(2) of the Social Security Act (the Act) requires the Secretary of the Department of Health and Human Services (the Secretary) to publish in the **Federal Register** the general criteria and standards that will be used to evaluate the effective and efficient performance of contract obligations by the Quality Improvement Organizations (QIOs), and to provide the opportunity for public comment with respect to these criteria and standards.

II. Provisions of the Notice With Comment Period

On August 11, 2014, we published a notice with comment period in the **Federal Register** (79 FR 46830 through 46835) entitled, "Evaluation Criteria and Standards for Quality Improvement Networks Quality Improvement Program Contracts [Base and Task Order(s)]" to announce the general criteria that we would use to evaluate performance of the Quality Innovation Network (QIN)—QIOs under the QIN-QIO 11th Statement of Work (SOW) contract beginning August 1, 2014. (Solicitation Number: HHSM-500-2014-RFP-QIN-QIO). That notice summarized the tasks of the QIN-QIOs and the criteria to be used for annual performance evaluations during the 5-year term of the contract.

The evaluation of a QIN QIO's performance related to their SOW will be based on evaluation criteria specified for the tasks and subtasks set forth in Section C.5 of the QIN-QIO Base Contract and Attachment J-1(b) of the QIN-QIO Task Order. The general criteria that will be used to evaluate the QIN-QIOs under the QIN-QIO 11th SOW contract beginning August 1, 2014,

include performance of the following Tasks:

- Improving Cardiac Health and Reducing Cardiac Healthcare Disparities.
- Reducing Disparities in Diabetes Care.
- Improving Prevention Coordination through Meaningful Use of Health Information Technology (HIT) and Collaborating with Regional Extension Centers (RECs).
- Reducing Healthcare-Associated Infections in Hospitals.
- Reducing Healthcare-Acquired Conditions in Nursing Homes.
- Improving Coordination of Care, Quality Improvement through Value-Based Payment, Quality Reporting, and the Physician Feedback Reporting Program.
- Quality Improvement Initiatives.

The Table at Attachment J.1(b) of the SOW lists performance measures by the following Tasks:

- B.1. Improving Cardiac Health
- B.2. Everyone with Diabetes Counts
- B.3. (Reserved)
- B.4. Meaningful Use of HIT and Collaborating With RECs
- C.1. Reducing Healthcare-Acquired Infections (HAIs) in Hospitals
- C.2. Reducing Healthcare-Acquired Conditions in Nursing Homes
- C.3. Coordination of Care
- D.1. Quality Improvement through Physician Value-Based Modifiers
- E.1. Technical Assistance—Quality Improvement Initiatives (QIIs)

Evaluation Criteria. Annual (12, 24, 36, 48th month) and 54th month Evaluation Criteria are defined in Attachment J-1(b) of the QIN-QIO SOW.

Additional details provided in the notice are posted at: <http://www.gpo.gov/fdsys/pkg/FR-2014-08-11/pdf/2014-18901.pdf>.

III. Analysis of and Responses to Public Comments on the Notice With Comment Period

A commenter affiliated with a private healthcare quality improvement entity submitted several comments concerning the general criteria we would use to evaluate the effectiveness and efficiency of QIN-QIOs that entered into contracts with CMS under the 11th SOW.

A summary of the comments and our responses are as follows:

Comment: The commenter expressed appreciation for the opportunity to submit comments on the general evaluation criteria and standards and noted the importance of the three-part aim in the QIN-QIO SOW of better health, better healthcare, and lower costs through improved quality for

Medicare enrollees. The commenter suggested that CMS continue its efforts to assess the effectiveness of the QIN-QIOs using measures of: improved patient quality and safety, improved population health, reduction of avoidable costs, engagement of patients, families and consumers in care and population health improvement and improved coordination of care and integrative services.

Response: We agree with the commenter that the QIN-QIO contract and the general evaluation criteria and standards focus on strategic initiatives including the three part aim and the projects identified in the QIN-QIO Task Order support our goals of the three broad aims of better healthcare, better health, and lower healthcare costs through improvement for all Medicare beneficiaries. Measures for better healthcare include those for the Aim, Better Healthcare for Communities: Beneficiary-Centered, Reliable, Accessible, and Safe Care and includes measures for Tasks C.1 Reducing Healthcare-Associated Infections in Hospitals, C.2, Reducing Healthcare-Acquired Conditions in Nursing Homes, and C.3, Promote Effective Communication and Coordination of Care. Measures for the better health include those for the Aim, Healthy People, Healthy Communities: Improving the Health Status of Communities and include Tasks B.1, Improving Cardiac Health and Reducing Cardiac Healthcare Disparities, B.2, Reducing Disparities in Diabetes Care: Everyone with Diabetes Counts, and B.4, Improving Prevention Coordination through Meaningful Use of HIT and Collaborating with Regional Extension Centers. Measures for lower healthcare costs include Aim D, Better Care at Lower Cost and Task D.1, Quality Improvement through Value-Based Payment, Quality Reporting, and the Physician Feedback Reporting Program. These efforts will likely have a secondary effect of aiding in the transformation of the healthcare system.

Comment: The commenter stated that CMS should provide QIN-QIOs with timely communication after award of the contract regarding operational and implementation issues that may arise over the 5-year period of performance.

Response: We agree with the need for timely, systematic documentation of questions and answers to each QIN-QIO regarding all aspects of the SOW, including deliverables and the evaluation measures. We established an electronic system for submitting and documenting responses to contract performance concerns and questions;

this system was made available to each of the QIN-QIOs.

IV. Comment Outside the Scope of the Notice

A second commenter submitted a comment suggesting that CMS provide beneficiaries with an option to pay annually rather than only monthly for the Part D benefit. This comment is outside the scope of the notice of evaluation standards and criteria for the QIN-QIO SOW therefore, we are not providing a response to that comment.

V. Provisions of the Final Notice

We have analyzed these comments and determined that it is appropriate to finalize without modification the provisions set forth in the August 11, 2014 notice with comment period entitled, "Evaluation Criteria and Standards for Quality Improvement Networks Quality Improvement Program Contracts [Base and Task Order(s)]." (79 FR 46830 through 46835).

VI. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for

review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

VII. Regulatory Impact Statement

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

Dated: November 19, 2014.

Marilyn Tavener,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Temporary Assistance for Needy Families Two-Parent Study.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF) is proposing an information collection activity as part of the Temporary Assistance for Needy Families Two-Parent Study. Through this information

collection, ACF seeks to gain an in-depth, systematic understanding of the characteristics of two-parent families participating in or eligible to receive TANF, the variety of services two-parent families receive through TANF, how state policies may help or hinder participation in TANF among two-parent families, and how the beliefs of staff and eligible families help or hinder two-parent families' participation in TANF.

The proposed information collection consists of semi-structured interviews with key State and local staff, community-based organization representatives, and adult members of two-parent TANF or likely eligible families on questions of TANF policies, service delivery, and program context, as well as focus groups with adult members of two-parent TANF or likely eligible families.

Respondents: State- and local-level TANF administrators and staff, representatives from community-based organizations, and adults from two-parent families on or likely eligible for TANF.

Annual Burden Estimates

Information collection will be completed within one year.

Instrument	Total/annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Discussion Guide for use with state TANF directors	10	1	1.5	15
Discussion Guide for use with local TANF directors	5	1	1.5	8
Discussion Guide for use with local TANF front-line staff	15	1	1	15
Discussion Guide for use with community-based organizations	5	1	1	5
Discussion Guide for use with client focus groups	112	1	1.5	168
Discussion guide for use with client interviews	25	1	1	25

Estimated Total Annual Burden Hours: 236.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. Email address: OPREinfocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to

comments and suggestions submitted within 60 days of this publication.

Karl Koerper,

Reports Clearance Officer.

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