
**Transforming Clinical Practice Initiative
Funding Opportunity Announcement Frequently Asked Questions**
Questions 148 - 183 were added on **February 03, 2015** and begin on page 28

Specific to the TCPI Cooperative Agreement Funding Opportunity Announcements

1. What are the Governing Laws, Regulations and Policies for Cooperative Agreements?

- Section 1115A of the Social Security Act as added by § 3021 of the Affordable Care Act grants the authority for the Transforming Clinical Practices Initiative and applies to Practice Transformation Networks.
- The HHS Grants Policy Statement, Revised 01/07 applies to HHS discretionary grants and cooperative agreement awards.
- 2 CFR Part 215 (Previously OMB Circular A-110) and 45 CFR Part 74, Appendix E applies to hospitals.
- 48 CFR, Subpart 31.2 applies to for-profit organizations.
- All grantees are also bound by 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Principles and Audit Requirements for Federal Awards.

2. What are the Submission Requirements?

Applicants shall reference Section V, Application and Submission Information for guidance on the contents of the funding opportunity announcement. If an applicant fails to submit all of the required documents or does not address each of the topics, the applicant risks not being awarded a cooperative agreement. Section V. addresses the content of the Abstract Summary, PTN Project Narrative, Budget Narrative and all required forms.

3. Please clarify the submission requirements for the FOA. Is the package limited to 40 pages?

Yes. Except for the 4 mandatory Standard Forms (SF), the submission package is limited to 40 pages: the Project Abstract Summary (limited to 1 page), Project Narrative (to include all components) and the Budget Narratives.

4. For the LOI, I need to submit a SAM #. Is this number the same as the CAGE # that I received when I renewed my SAM account?

Yes. Item #13 of the LOI should be your Contractor and Government Entity (CAGE) Code from when you registered with SAM or upon your annual renewal.

5. Can an organization submit more than one application?

There is no validation within the Grants.gov system that would prevent an applicant submitting more than one application from a single DUNS. Duplicate submissions will be eliminated during the screening process.

6. Can the yearly budget narrative breakdown of costs/category be presented within one budget narrative for the entire project period?

No. The Budget Narrative must include a yearly breakdown of costs for each budget year for the entire project period. Provide detailed cost breakdown for each line item outlined in the SF 424A, by year, including a breakdown of costs for each activity/cost within the line item.

7. Can you provide clarification on what kind of F&A rate can be applied to an application submitted to this PTN funding opportunity?

An indirect cost rate proposal is the documentation prepared by an organization to substantiate its claim for the reimbursement of indirect costs. The proposal is the basis for establishing an indirect cost rate agreement (ICR). If requesting indirect costs, an ICR will be required; as described in [2 CFR Part 200.414 \(e.\) and \(f.\)](#) — Indirect (F&A) costs. Application budget should be developed and consistent with the PTN requirements; overhead and administrative costs must be reasonable, with funding focused on supporting the PTN effort.

8. What is the Scoring Methodology?

Applicants shall reference Section VI Application Review Information to obtain information on how each application will be scored. This section provides details on the selection criteria, selection process and how awards will be announced.

9. Is there a phone number I can call to speak with a representative directly?

Please send all questions via the FAQ process to ensure that all responses are available to the general public.

10. How much Funding is available for the PTNs?

Availability of funds for each FOA is defined in Section III.1 Total Funding. Further, the FOAs provide specific information on funding restrictions in Section V.4.

11. Can IT costs exceed 10% of the total budget submitted?

No, IT costs may not exceed 10% of total direct costs. **It does not matter if they are developed or off-the shelf. It does not matter if they are developed or off-the shelf. Award dollars may be used for specific components, devices, equipment, software, analytical tools, or personnel provided that they are integrated into the service delivery.**

Clinicians

12. Is TCPI limited only to eligible providers like physicians, certified nurse practitioners and physician assistants? For example, are pharmacists, nurses, social workers, community health workers, optometrists, residents and others also able to participate in TCPI?

While TCPI cost savings estimates and overall goals are linked directly to eligible providers, CMS anticipates that pharmacists, nurses and other clinicians will participate in the initiative and will be valuable and essential members of many practice transformation teams.

13. Can a clinical practice participate in more than one funding application under this FOA?

No, a clinical practice may only participate with one PTN awardee. Because not all PTN applicants will receive awards, CMS anticipates that clinicians will go through an additional rapid alignment process to confirm or choose their PTN once the universe of successful PTN awardees is established.

14. When will CMS require participating clinicians under PTNs to participate in Physician Quality Reporting System and Value Based Payment Modifiers?

CMS expects all eligible professionals (those meeting PQRS eligibility criteria) to participate in PQRS as soon as possible. This would be true for the Value Modifier program as allowed by the published value modifier participation requirement. We note however, that not all clinicians participating in TCPI would be eligible to participate in PQRS and the Value Modifier Program. For example, clinicians working FQHCs do not participate in PQRS and the Value Modifier. While not participating in PQRS and the Value Modifier, these FQHC clinicians are welcome to be part of TCPI, and will have to link their work and their reporting to the overall goals of TCPI.

15. Could the 20% of clinicians from practices come from a combination of clinicians whose practices are small in size, located in rural areas, and/or that serve medically underserved populations?

Yes, the request is for 20% of the supported clinicians to be serving small, rural and / or the medically underserved.

16. Are clinicians in FQHCs automatically considered small, rural, or underserved?

Yes.

17. If a practice or clinicians within a practice are receiving transformation support that is funded under a State Innovation Models (SIM) grant, would they be excluded from participation in the Practice Transformation Network?

CMS seeks synergy and alignment between the State Innovation Models and the Transforming Clinical Practice Initiative. Depending on the nature of the SIM initiative, it may be possible for clinicians to participate in both. CMS expects PTNs and SIM grantees to team with one another to develop and document synergistic, non-duplicative approaches to work in this arena. The federal government cannot pay twice for the same service.

18. Can a practice that is actively involved with a QIN-QIO in the 11th SOW also receive services from a PTN?

Yes

19. If a clinician joins an ACO or MSSP, would they be removed from TPCI?

Yes. The clinician would have met a key goal of joining an alternate payment program.

20. What is the idea around the assessments?

The initial assessment results will be used to: 1) determine readiness for transformation and 2) determine the position of the clinician/practice on a continuum of transformation defined by distinct phases that directly map to achievement of the larger goals for the initiative. The

periodic reassessments will be managed by Quality Improvement Organizations (where applicable) and Practice Transformation Networks and used to determine the clinician/practice's progress in moving upward through the phases, and will be based upon achievement of both quantitative and qualitative milestones.

TCPI Implementation Infrastructure

21. Who can participate as a Practice Transformation Network? (Please Note that this list is based on the inquiries to date and will be updated as necessary.) Listed below are organizations that can participate as a PTN:

- Associations
- Clinical Management Organizations
- Clinical Integration Networks
- Commercial Insurers
- Community Mental Health Agencies
- Delivery System Reform Incentive Payment(DSRIP) Program
- For-profit organizations
- Groups of Health Networks collaboratively Independent Hospitals
- Independent Physician's Associations
- Home Health organizations
- Hospice organizations
- HRSA Funded Health Center Controlled Network (HCCN)
- Integrated Health Systems
- Medical Schools
- Medical Research Centers
- Physician Groups (any type)

Additional Details:

- **QIO Prime Contractors (QINs):** QIOs will be offered a task to perform TCPI-related assessments. In order to apply to be a PTN, the QIO would have to refuse this additional task. QIOs will receive additional guidance from their contracting officer.
- **QIO Subcontractors:** May apply provided they are not currently doing tasks that they would be funded for under TCPI. Applicants should provide details explaining the lack of overlap.
- **CPCI transformation contractor: They must detail in their application how the work performed under TCP will not duplicate other efforts.**

22. Can an MSSP, MAPCP, Pioneer ACO or CPCI participate as a PTN?

Through the Transforming Clinical Practice Initiative, CMS desires to perform different but similar work to MSSP, MAPCP, CPCI and ACO. As such, it would not be possible for an organization whose sole function is to administer the MSSP, MAPCP, CPCI and ACO to participate as a PTN since the work performed under each program would not be able to be

differentiated. Other organizations who predated the formation of an MSSP, MAPCP, CPCI or ACO and who administer the MSSP, MAPCP, CPCI or ACO as one part of their organization may apply to be a PTN provided that it has a distinct organizational and operational structure from the MSSP, MAPCP, CPCI or ACO. A strategy that details how an applicant intends to prevent duplication of effort should be included in the project narrative.

23. Are clinicians participating in the Medicare Shared Savings Program, Pioneer ACOs, Comprehensive Primary Care Initiative or Multi-Payer Advanced Primary Care Practice eligible to participate in TCPI?

No, they are not eligible for technical assistance under a PTN in TCPI. However, these clinicians might potentially serve as faculty resources to PTNs.

24. What is the relationship among SAN/PTN - must SAN directly support PTNs or physician population overall?

We expect that SANs will be supporting the clinician population overall, as well as the PTNs that are serving the clinicians.

25. Will the Support and Alignment Networks (SANs) and the Practice Transformation Networks (PTNs) be matched to support one another based on a specific criteria

CMS will not be matching up PTNs and SANs. We expect that PTNs and SANs will support one another as part of a synergistic and collaborative national learning community. We expect that the composition of clinicians will vary by PTN, and that this will determine which SANs and to what extent a particular SAN will be supporting the clinicians and the PTNs during the course of TCPI.

26. How will the Transforming Clinical Practice Initiative utilize measurement for results through quality improvement?

CMS expects applicants to have established systems and measures in place for collecting, assessing, and sharing monthly quality improvement data and results from participating practices. CMS requires ongoing reporting of key metrics, such as population based health improvement measures, quality indicators, cost, and utilization metrics, patient-centered outcomes, and patient satisfaction. **Over time, Practice Transformation Networks and their participating practices will be expected to increasingly converge on the use of a common set of core measures and have an adaptable reporting system that can capture these measures.**

27. Will CMS assist grantees in obtaining Medicare data?

CMS will be providing feedback reports to SANs and PTNs containing claims-based analyses to assist PTNs and SANs with their activities. Entities seeking access to CMS' claims analytic files should first determine whether they have a specific need that can only be met by obtaining access to these data. This specific need should directly support the PTN or SAN in achieving the goals of the initiative, and the goals of the PTN or SAN. Please contact Research Data Assistance Center (ResDAC) www.resdac.org for more information.

28. How extensive does the data sharing capability have to be?

The applicants' proposal must commit to achieving the TCPI goals. Systematic measurement, reporting, and data sharing are essential to quality improvement and to attaining TCPI goals. CMS is not requiring long-standing pre-existing relationships to be in place between a prospective PTN and the practice – it is more that the PTN applicant has to have in place the capability to take in, share back and report clinician practice data (with practices and with CMS) from day 1. PTNs need to have the ability to practically take in data linked to the TCPI goals & suggested measures, and to report and track their progress from the beginning of the initiative. PTNs may choose to perform this work themselves or to subcontract with those who can perform this function from day 1. It is important that the data be readily available to inform small tests of change for the participating clinicians.

29. Will all PTNs be required to use the TCPI Change Package?

Yes, the Change Package will align with the TCPI Goals and detailed milestones. The successful practices will be gathered from clinicians/practices that have been successful in these areas. PTNs will use it with their practices and capture additional content to support its' continued refinement throughout the TCPI 4 year implementation period. Of course, CMS anticipates that PTNs will also have their own specialized tools, change packages, faculty experts and others to complement those provided by CMS.

30. What other CMS contractors under TCPI or other third party entities is an awardee required to work with?

There will be a variety of support contractors aiding in the implementation of this model. They have yet to be determined.

General

31. Where and when will the answers to FAQs from emails and pre-bidders' conferences be posted?

The TCPI FAQs will be posted each Friday at the following address:
<http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>

32. Are payers/health plans eligible to submit as a primary applicant?

Yes

33. Does the following look like a promising approach to our application?

CMS encourages applicants to be innovative and creative in response to the TCPI solicitations. Applicant's approach in response to the FOA will be evaluated following the formal required processes. TCPI is currently engaged in the solicitation phase of the acquisition process, and is prohibited from providing specific comments or guidance relative to strategic approaches. Examples of highly detailed "requests for guidance" that we have received that CMS is prohibited from commenting on appear below:

- a. Would CMMI consider an application that incorporates 2-3 healthcare systems in different geographical locations into a single application as viable?

- b. Is there a percentage of separate independent organizations that must be small (under 9 providers) or can it be a practice site of a larger organization?
- c. I want to ask the same question as CN - What are some examples of candidate systems or processes that fall under the PTN award program?

34. Is there a minimum number of clinicians supported?

CMS intends to fund approximately 35-65 PTN cooperative agreements which support the TCPI aim of transforming at least 150,000 clinicians. CMS has not established a minimum threshold for participation. In order for CMS to be successful in reaching its goals, we estimate that most applications will have to target a minimum of 1,000 to 3,000 clinicians. There may be highly competitive proposals with a smaller number of clinicians and other competitive proposals to support tens of thousands of clinicians. Each applicant needs to put together the most competitive proposal they can commit to perform.

35. The FOA mentions that 5 points will be awarded to applicants that have 20% of their clinicians from small practices, rural areas and practices serving in medically underserved areas. Is there a percentage target for clinicians who practice in FQHC's?

CMS encourages applicants to ensure at least 20% of their participating primary or specialty clinicians are from small practices (9 or fewer clinicians), practices located in rural areas, and/or practices serving the medically underserved in order to receive maximum points in the application review. FQHC's should be included in this count.

36. Does a successful applicant consist of both primary care and specialists?

CMS encourages the participation of varied types of groups. Applicants are not limited to a specific type and can include primary care only, specialists only, or both together.

37. What are the appropriate uses of funding?

CMS encourages applicants to provide detailed financial cost estimates as part of the proposal. The applications will be evaluated based on the FOA requirements. Please reference page 34 V.4, Funding Restrictions for additional information.

Costs must have a strong focus on operational implementation of the PTN or SAN model. The guidelines for determining allowable and unallowable expenditures are outlined in the Federal cost principles; costs that may be charged to PTN and SAN Models are outlined in the cost principles at Title 2 CFR Part 200, Subpart E. Costs must be allowable and consistent with policies and procedures that apply uniformly to both Federally-financed and other activities of the organization; costs must be reasonable and do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time of the decision to incur the costs; costs must be allocable to the TCPI initiative and cost objective; and costs must be recognized as ordinary and necessary for the operation of the organization or the performance of the award.

Federal law prohibits recipients of federal funds from supplanting state, local, or other agency funds with federal funds. Awardee cannot comingle reimbursable costs against more than one funding source; expenses cannot be charged more than once to either federal or non-federal funds, this includes overlapping expenses.

The following is a list of prohibited uses of TCP funds; non-prohibited uses are acceptable for a proposal:

- Matching any other Federal funds.
- Providing services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- Supplanting existing State, local, or private funding of infrastructure or services, such as staff salaries, etc.
- Satisfying State matching requirements by local entities.
- Specific components, devices, equipment, or personnel that are not integrated into the entire service delivery model proposal.
- Indirect costs without an Indirect Cost Rate Agreement (The provisions of OMB Circulars A-87 and A-21 govern reimbursement of indirect costs under this solicitation.)
- Providing individuals with services that are already funded through Medicare, Medicaid, and/or CHIP. These services do not include expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at technical assistance conferences sponsored by CMS or its national technical assistance providers for the benefit of awardees.
- The reimbursement of any pre-award costs.
- Information Technology expenses in excess of 10% of the total amount requested.

38. Can we use some of the dollars to give to practices to hire care coordinators or other staff to handle transformation efforts?

Yes

39. Are applicants allowed to utilize funding for IT purposes?

Funds may be used to build or purchase health information technology or other information technology. However, the total amount of funding for these purposes may not exceed 10% of applicant's proposed total costs excluding indirect and overhead costs. It does not matter if they are developed or off-the shelf. Award dollars may be used for specific components, devices, equipment, software, analytical tools, or personnel provided that they are integrated into the service delivery.

40. To what extent will PTNs use Personally Identifiable Information (PII)?

A critical component of TCPI PTN reporting requirements includes clinician identifiers (such as name/TIN/NPI) which are considered by CMS as PII data elements. This information is required

for monitoring purposes as part of the quarterly data reporting requirements. All information collected will only be used for purposes in support of achieving TCPI AIMS and goals.

41. How is the patient population being considered within this model?

The TCPI AIMS include transforming 150,000 clinicians by improving quality of care and health outcomes for all patients. All patients that are being seen by participating clinicians should be accounted for within the measurements. This will include patients covered by all payers, as well as the uninsured.

CMS plans to provide additional guidance on data reporting requirements within the terms and conditions of the cooperative agreements.

42. Would a large number of truly small/rural practices in different geographical locations, connected perhaps by technology, be considered for a single application?

Yes, provided all conditions are met.

43. Will CMS consider alternate TCPI metrics?

Yes. An applicant may propose additional metrics as applicable and appropriate. It is critically important that any metrics proposed connect in direct and measurable ways to improved patient outcomes, reduction in over-utilization, and/or cost savings, and that the applicant commits to specific outcome and cost reduction achievements. CMS will review the proposed metrics as part of the application.

44. With respect to data collection and analysis - does this have to be done internal to the organization, or in partnership with another organization?

Data collection and analysis occurs at multiple levels of the TCPI model. PTN applicants may use their own data systems, or may partner with other organizations to fulfill the data collection, reporting and analysis functions they require to perform successfully as a PTN. The primary users of the data are the clinicians who will use it to inform quality improvement. The data collected by the clinician must be representative of their patient population. The applicant shall ensure they are adequately detailing the process.

45. Are there any penalties to clinicians within a PTN that do not meet their yearly phase goals?

TCPI is a service delivery model whose goal is to help clinicians to transform their practices. CMS will not penalize clinicians within a PTN. The PTN is being held accountable for meeting agreed upon goals and associated milestones that are established in their application. Please reference section III.7, Termination of award. The FOA states continued funding is dependent on satisfactory performance against operational performance measures and a decision that continued funding is in the best interest of the Federal Government. The expectations of the PTN awardee will be defined within the terms and conditions of the Cooperative Agreement, and may include termination or reduction of resources for the awarded Cooperative Agreement.

46. Are the required tables to be included within the narrative itself or as attachments?

The Grants Application Package found at Grants.gov has the Project Narrative Attachment Form, select “Add Mandatory Project Narrative File”. The uploaded Project Narrative File will include all the components and recommended tables. [Chart 1, Section V in the Funding Opportunity Announcement](#) has narrative component description; [Section VI. Application Review](#). Information has table format recommendations. Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch (CPI); tables may be single-spaced.

47. What are the DUNS and SAMS numbers?

Data Universal Numbering System (DUNS) number is a unique nine-digit identification number for each physical location of your operation; instructions are found at Dun&Bradstreet.com. Employer Identification Number (EIN)/Taxpayer Identification Number (TIN) is a nine-digit number issued by the IRS; found at the IRS.gov. Register with the [System for Award Management \(SAM\)](#), a database that combines several federal systems, before registering with Grants.gov.

48. Do state organizations include state agencies?

CMS welcomes applications from a wide variety of organizations. Cooperative agreements may be awarded to public or private, non-profit or for-profit organizations; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and hospitals.

49. Can you start the application and come back to it to complete it at a later date?

Yes. An application package is similar to a file, made up of several forms. Data at the form level will be retained when you close a form. Although your data at the form level will be saved, your application package file WILL NOT be saved unless you actually save the file before closing it down.

50. How will CMS calculate cost measurement and cost savings?

CMS plans to utilize a combination of self-reported cost metrics from awardees as well as calculations based on claims/administrative data to evaluate the cost-savings generated by TCPI participants. For calculations based on claims/administrative data, CMS plans to use the alignment methodology that was finalized for the Value Modifier program in recent rule making. CMS will perform a retrospective beneficiary alignment that utilize at least one year of data for calculation. The plan is to use 2013 data for baseline analysis. PTNs and SANs are encouraged to include the metrics they will use to demonstrate cost-savings in their applications.

51. I don't have a SAM number yet, it is still processing. Will that prevent me from submitting a LOI?

If an organization does not have a DUNS or a SAM number, it may use five zeroes to complete these fields in the LOI form. However, actual DUNS and SAM numbers must be submitted as part of the FOA application.

- 52. Does a non-physician association qualify to apply for the SAN award?**
CMS encourages the participation of a wide range of organizations that are national in scope as Support and Alignment Networks. Examples of organizations encouraged to apply are: Medical Associations, Professional Societies, Foundations, Patient and Consumer Advocacy Organizations, University Consortia and others.
- 53. If a SAN requests a certain amount of funding, will they lose the chance of funding if the selection team determines that a lower amount would be more appropriate?**
CMS will review proposed budgets to ensure it is reasonable and supports the operational implementation of TCPI. CMS may engage in negotiations with the most promising potential awardees as part of the source selection process. Successful applicants will have high quality applications that represent the best value to the Government.
- 54. Can TCPI funds to be used to enhance the delivery of clinical services?**
Yes this will be allowable, if the operational intent of the TCPI model is met. TCPI funds cannot be used to pay again for clinical services that are being paid for by the Government. TCPI funds can be used to enhance or transform the clinical services being provided.
- 55. Must a PTN application define the role of the QIN/QIO in the application?**
No.
- 56. Is it required that a PTN applicant contact their state QIO directly and work out a contract/contract amount for the application? Or is that something CMS will determine?**
No. It is not required that PTN applicants contract with QIOs as a part of their applications. CMS is prohibited from directly advising potential applicants on how to develop partnerships. However, CMS recommends that PTN applicants reach out to the local QIOs as appropriate. CMS does encourage you to consider your medical community which includes the CMS QIN-QIO and other quality improvement organizations and leaders.
- 57. How does one define rural and medically underserved? Where can I go to verify that a region is 'underserved'?**
TCPI is utilizing the Office of Rural Health Policy definition of rural areas as described by the Health Resources and Services Administration at http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html. Please note the following web address to assist you with understanding a bit more about the medically underserved question - <http://muafind.hrsa.gov/index.aspx>. Entities in areas eligible for Rural Health Grants (<http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>) are considered rural for TCPI. See the prior question for a definition of medically underserved.
- 58. Will an organization whose proposed clinician pool does not meet the minimum of 20% in small, rural or medically underserved practices still be considered as a viable candidate for the PTN grant awards or is it disqualified on this criteria alone?**
The criteria for the TCPI Application scoring are detailed for the 100 points in the FOAs. Organizations that do not clearly address the 20% of clinicians serving the small, rural and

medically underserved would not qualify for the full points in this area. Applications will continue to be considered viable for award despite receiving zero points in this area.

59. Will projects funded by Medicaid 1115 waivers be precluded from consideration?

Projects funded by Medicaid 1115 waivers will have to be reviewed individually for eligibility. Medicaid 1115 participant's eligibility will depend heavily on the nature of waiver and clinician involvement. Applicants are encouraged to review the FOA closely to determine the potential for overlap or duplication with the 1115 waiver activity in their state and address in the application as necessary.

60. Can you please detail the expectations and requirements for subcontracting under this opportunity?

CMS is prohibited from directly advising potential applicants on how to develop their proposed partnership or subcontracting strategies. At a minimum, subcontractors would have to ensure there are no conflicts of interest. Additional subsequent questions and answers may be provided on subcontracting questions at a later date.

61. What is the role of the SANs in change package content creation and delivery, dissemination, spread?

The TCPI Change Package will be a living document. An initial version will be available to the clinician/practices at the beginning of the model implementation. The TCPI Infrastructure inclusive of the PTNS and SANs will work in collaboration to provide additional best practices and examples of methods and processes that work to assist in attainment of the Phases of Transformation and associated milestones. Additional TCPI faculty may also be recruited from PTNs, SANs, and the participating clinicians.

62. Who are the national experts - are you selecting or do we select. If you select, how does one become a selectee?

All PTNs are anticipated to have their own faculty resources to support clinicians in the transformation process. Some of these PTN faculty experts may also overlap with the national faculty resource that will assist CMS in the implementation of the initiative. CMS faculty will be identified on the basis of their proven results in practice transformation and their capabilities as peer mentors and coaches. The TCPI national learning consortium contractor will implement an organized program of work to identify and vet potential faculty, based on proven front-line results in transformation work and their interests and capabilities to serve as mentors and coaches.

63. Will RHC/FQHC clinic providers qualify for this program? Can multiple locations of an FQHC participate within this project?

Yes, FQHC clinicians are eligible to be supported through a PTN. Clinicians supported by an FQHC with multiple delivery sites may be counted together to be supported by a single PTN. The important variable is that the support by the PTN be proposed in a design/manner that will support the needs of the participating clinicians.

- 64. If a group is approved for funding, are the funds provided up front, are they provided on an "as needed" basis, or are they given after quality metrics have been achieved to the satisfaction of CMS?**

In general, cooperative agreement funds are drawn down by the awardee on a monthly basis based on resources actually utilized. A portion of the funds will be maintained during each project period of performance and made available as the awardee demonstrates meeting their proposed results and other factors defined in the Terms and Conditions of the award.

- 65. Are you all interchanging the terms "The Goals" and "The Aims" of the projects?**

Yes.

- 66. Will there be a forum for the awardees to share leading practices?**

Yes. Extensive collaboration across PTNs and SANs is expected as part of the program. SANs and PTNs will be expected to participate in the TCPI communication systems that will include a central resource for communication within and across PTNs, SANs, and with clinicians participating in TCPI.

- 67. Is the expectation that all providers listed in the initial application will be committed for the duration of the grant? Are there opportunities to add or remove providers if they are not complying with transformation expectations?**

Generally, CMS expects that participating providers will commit to partnering with their PTNs for the full four years of the initiative. PTNs will be responsible for meeting set clinician transformation targets therefore should put in place a plan to replace clinicians that remove themselves from the program. CMS also understands that some providers will achieve the goals of TCPI sooner than others and will "graduate" early into alternate payment programs. This is a good achievement and will count as a benefit to the PTN in meeting their targets, even though it will also result in those transformed clinicians being removed from the clinician count of the model. A PTN may continue to recruit practices so long as they have the capacity to support at least their proposed minimum – those detailed in the Terms and Conditions of their award. There is no cap to the number of clinicians can support.

- 68. Has a National Support Contractor been identified at this time?**

Support Contractors have not been awarded at this time.

- 69. Are SANs expected to identify and recruit practices to transform or just ensure we are serving as many clinicians that are participating as possible?**

SANs are expected to add value to the attainment of the goals of the initiative. The exact ways that SANs will add value and help clinicians to achieve TCPI goals are expected to be outlined in the SAN proposals. SANs should express quantitative ways that they will help clinicians to achieve the goals of the initiative. One way for SANs to increase their value to the initiative would be to assist in recruiting clinicians to join PTNs. A second way for SANs to add value would be to ensure that processes are in place to spread the learning in TCPI to the SANs clinician membership even though they may not be participating in TCPI. A third and a fourth way to add value would be for SANs to increase patient and family engagement in the

improvement work, and to utilize the learning to improve process and requirements for certification and licensure for the clinicians they support. CMS believes there are many potential ways for SANs to add quantitative value to this initiative. SANs are encouraged to explore and commit to many ways of adding value to the initiative beyond the four examples provided.

70. There does not appear to be a place within the application instructions to include bio-sketches, CV's, letters of commitment and support for the applicant's partner organizations and practice representatives either within or beyond the 40 page limit. Should they instead be included in the "other attachments" optional section of the SF 424 application?

Except for the 4 mandatory standard forms (SF), the submission package is limited to 40 pages. The submission package includes the Project Abstract Summary, Project Narrative (includes all required components) and the Budget Narrative.

Project Abstract Summary: An abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, the number of projected participants, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personally identifiable information should be excluded from the abstract. The Project Abstract Summary is limited to one page and may be single-spaced.

Project Narrative: The project narrative is expected to address how the applicant will carry out the key functions of PTN or SAN Model. Chart 1 in the FOA includes a brief description of the type of information that is required to be addressed within each specific section. The application must be limited to the topics covered in Chart 1, presented in the order specified. In addition to the Project Narrative, the uploaded file will include the project narrative components. The Project Narrative must be double-spaced.

Budget Narrative: The budget narrative should be developed and consistent with the Model requirements. Overhead and administrative costs must be reasonable, with funding focused on supporting the Model effort. Please refer to **Appendix- Sample Budget and Narrative Justifications**. The Budget Narrative may be single-spaced. Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch (CPI). If an applicant wants to include questioned documents, they would be included in the Project Narrative and will count towards the 40-page limit. Additional documents, beyond the 4 mandatory standard forms, Project Abstract Summary, Project Narrative and the Budget Narrative, are not allowed.

71. What will happen to applications which exceed the 40-page limit? Would an extra paragraph on page 41 have an adverse effect or would it simply be ignored? What if the Project Abstract Summary exceeded one page?

The 40 page limit for the response is strict and is an exclusionary criteria. Applications exceeding this limit will be excluded from consideration regardless of content. Please ensure

that this page limit for all sections except the standard forms is met. At the same time, the Project Abstract Summary must be limited to one page with the same repercussions.

- 72. Are clinicians who were formerly part of MSSP, MAPCP, Pioneer ACO or CPCI but are no longer participating in that program eligible for participation in TCPI through a PTN? Can clinicians voluntarily withdraw from one of these programs to partner with a PTN for technical support?**

There are no prohibitions on the recruitment of clinicians who are not currently participating in these programs. PTNs are expected to foster clinician transformation and should require a commitment of transformation from clinicians that it agrees to support. The AIMS of the shared service program to support movement toward advance payment programs such as those referenced therefore we do not encourage withdrawal.

- 75. Are clinicians who participate in a shared-savings program eligible to participate in TCPI? What if the shared-savings program is not a federal or state program?**

Clinicians that are participating that are mention in Q.22 and Q.23 are prohibited from participating in the model. Clinicians that are participating in non-federal or state programs is not prohibited from participating in TCPI.

- 76. Are PTN applicants able to count residents as potential clinicians?**

There is no restriction on the types of clinicians that PTNs can recruit. PTNs should focus on eligible professionals as referenced q.12.

- 77. Are clinicians in specialties such as mental/behavioral health and pediatrics eligible for support via a PTN?**

Yes, medical doctors (M.D. or D.O.), nurse practitioners, and physician assistants practicing in clinical settings are eligible for support through a PTN.

- 78. Are dentists eligible for support via a PTN?**

No, dentists are not eligible to participate in TCPI.

- 79. Are organizations in US territories eligible to participate as a PTN or SAN? Are clinicians in US territories eligible for support via a PTN?**

Yes.

- 80. Are all participating practices expected to advance through the phases at the same time?**

No. CMS understands that practices are starting from differing points and have unique issues to confront through the transformation process. PTNs should, however, ensure that all practices are showing improvements on a regular basis.

- 81. Are FQHCs excluded from participating if they have been recognized as a PCMH by an accrediting body (AAAHC, NCQA, Joint Commission)?**

Providers in a PCMH are eligible for technical support.

- 82. Are software and technology vendors eligible to apply as a PTN?**

The organization would have to meet the eligibility and technical criteria stated within the Funding Opportunity Announcement.

- 83. The FOA requires that we place practices into the different phases (page 41). However, baseline assessments by QIOs are done until after the contract begins. Will this assessment supersede the numbers used for the application?**
 PTNS are responsible for determining the baseline assessments and tracking the progress of the clinicians in the initiative. Assessments will be buttressed and augmented by assessments conducted by QIOs. CMS will consider all data sources when making final determinations about the overall progress of practices.
- 84. Are there direct financial incentives for clinicians to participate in this program? What is the payment method used for the practices: 1) is it based on a PMPM for each attributed patient, or 2) is the amount based on patient risk?**
 TCPI is a service delivery model rather than a payment delivery model. TCPI will not be issuing direct payment to practices. However, PTNs may propose innovative approaches to practice transformation subject to the financial constraints outlined in Q. 37.
- 85. Are the webinars recorded and available for participants to review at a later time?**
 Yes, all audio recordings are posted after the fact
 at <http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>
- 86. Are Letters of Support required (or highly recommended) in the proposal and/or can they be included as attachment?**
 Letters of support are not required, and attachments beyond the required standard forms are not accepted.
- 87. What if I have not yet completed a letter of intent?**
 The letter of intent is non-binding. Applications from those who have not submitted a letter of intent are welcomed.
- 88. Are states with smaller total populations, thereby having smaller number of physicians, will that state be considered for funding based on the percentage of physicians reached, vs. total number?**
 CMS awards will be provided to applicants that represents best overall goals of the program. CMS does not intend any geographic restrictions and expects to receive a wide range of applicants from those centered in one metropolitan area to a regional network that spans multiple states.
- 89. For TCPI, the "Secretary may consider issuing waivers of certain fraud and abuse provisions." Will these waivers be issued/known prior to the application deadline?**
 No, they will not. If Waivers are required, this will be known prior to the formulation of the terms and conditions of the award.
- 90. What learning and diffusion activities does CMS anticipate being provided (either by CMS or by another contactor) at the national level for all PTNs? What is the anticipated frequency of the "national TCPI webinars and other offerings" (page 13 of the FOA)?**
 CMS will utilize formal communications and augment with learning and diffusion activities such as Communities of Practice (CoP), Host Pacing Events, Regularly scheduled webinars and

Conference calls. There may be multiple learning and diffusion activities per month that focus on varying clinician types such as primary care, specialists and all participants.

- 91. How should we address the inclusion of clinicians and practices that may or may not be part of the AHRQ Transforming Primary Care Initiative - since those decisions won't be made until Feb '15?**

Applicants should describe their process of ensuring that practices engaged in AHRQ's Accelerating PCOR initiative will not be approached if and when it is understood that an AHRQ region is part of their proposed region.

- 92. How should an application express a requirement in which the FOA does not provide an example? (e.g., evidence of provider commitment, data sharing capabilities, the format for presenting key personnel's CVs, etc...)**

Applicants are encouraged to write a proposal within the defined page limitation and still be capable of fulfilling the remaining submission requirements, reference Q.2, Q.3, Q.72 and Q.73.

- 93. Will CMS release the names of interested parties or entities that have participated in the webinars or have submitted a Letter of Intent?**

No

- 94. The FOA states that CMMI will provide a "financial plan template" at a later date. Are you going to provide a template that applicants should follow? Or is this a template that will be provided to awardees?**

The financial template will be provided to awardees and is not necessary to respond to the Funding Opportunity Announcements.

- 95. In the Evaluation section under activities "Within 90 days of Award Evaluation Metrics", item 2 states to provide a sample of the report to CMS that describes the supported clinicians and their practice's performance. In the Terms and Conditions Section (also VII) during the Pre-Award phase, the same requirement is listed. Please clarify if the sample report is due during the Pre-Award Phase (prior to the period of performance beginning) or within 90 days following cooperative agreement award.**

The report is due within the 90 days following award.

- 96. Are clinical pharmacists to be included in the count of clinicians supported as per II.4.1 on page 7?**

Please reference the requirements for eligible clinicians at

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf

website. Because clinical pharmacists are not part of that list, they should not be included in the count of clinicians supported by the PTN. Clinical pharmacists are often important members of the healthcare team and can play a major role in practice transformation. TCPI welcomes and encourages participation of clinical pharmacists as members of the care team and participants in practice transformation.

97. Will CMS allow an organization to apply as prime on one program and then as a sub-contractor on the same FOA and/or different one?

As per question 62, applications involving subcontracts must ensure that there are no conflicts of interest. Apparent conflicts of interest may result in an application being ineligible for award or cooperative agreement unfunded.

98. Would a healthcare organization that is part of the PACE program be able to qualify for the Practice Transformation Grant?

Yes. Participants in the PACE program may be eligible if they meet all other eligibility criteria.

99. In California almost all Medicaid is delivered through managed care vehicles. Does this limit the ability to participate for networks in California that do not have a large number of Medicare Fee for Service constituents?

CMS welcomes a wide range of applicants with a focus on the transformation of care of all patients.

100. In Section D5, are both the Organization Chart and the table listing staff and their roles required?

Yes, applicants are required to provide both, organization chart and a listing of staff and their roles.

101. Where can the key aims of the program be found?

Key aims of the program is listed on page 12 of the PTN FOA and page 13, Table 1 of SAN FOA.

102. With the extension of the deadlines, does CMS anticipate the award date shifting as well?

Awards will be made as expeditiously as possible after full evaluation of applications.

103. When submitting the budget does it include all 4 years or the first year only? What if the budget includes non-federal funds?

The Budget Narrative must include a yearly breakdown of federal costs for the entire project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF 424A by year, including a breakdown of costs for each activity cost within the line item. The Budget Narrative is designed to capture federal costs; costs that will be funded with non-federal funds can be explained at the end of the Budget Narrative and included in Section A of the SF 424A.

If Non-Federal funds are included in Section A, Budget Summary on the SF 424A, the total in Column 6 (Total), Row K. in Section B will not match the total provided in Section A – Budget Summary, New or Revised Budget, Total Column G, Row 5.

104. Can you please detail the expectations and requirements for subcontracting under this opportunity? Do cooperative agreement recipients need to provide subcontract information?

CMS is prohibited from directly advising potential applicants on how to develop their proposed partnership or subcontracting strategies. At a minimum, subcontractors would have to ensure there are no conflicts of interest. Additional subsequent questions and answers may be provided on subcontracting questions at a later date.

Award recipients must submit required information establishing third-party contracts to perform program activities and a complete itemization of the costs should be included in the budget, see **Appendix C, Application and Submission Information; Required Information for Contract Approval**. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

105. Please provide clarity on whether the NPIs of pharmacists, nurses and other clinicians can be explicitly included in the network.

Per Question 12, clinicians such as are pharmacists, nurses, social workers, community health workers, optometrists, residents and others who are part of team-based care are welcome to participate in TCPI. However, please note that only certain clinicians should be included in the count of clinicians supported by the PTN. Please refer to Question 96 for further guidance on this topic.

106. Is there a total exclusion of practices that are currently participating in CMS/CMMI initiatives?

There is not a total exclusion. As stated in Questions 22 and 23, clinicians/practices that are participating in the MSSP, MAPCP, CPCI and ACO initiatives are not eligible to participate in TCPI. Eligibility of clinicians/practices participating in other CMS/CMMI initiatives (apart from those just listed) will depend upon the scope of those other initiative, and whether more than 20% of the clinician/practices clinical services provided to Medicare, Medicaid and CHIP beneficiaries are covered under the other initiative. PTNs will be responsible for providing this information to CMS, and documenting whether there would be significant overlap in the services the clinician would receive by participating in TCPI and the other initiative. In these circumstances, CMS will determine whether technical assistance through TCPI should cease for the clinician on a case by case basis.

107. How extensive does the data sharing capability have to be for small rural participants?

Small, rural organizations are encouraged to apply. Per question 28 of the FAQ, “CMS is not requiring long-standing pre-existing relationships to be in place between a prospective PTN and the practice – it is more that the PTN applicant has to have in place the capability to take in, share back and report clinician practice data (with practices and with CMS) from day 1. PTNs need to have the ability to practically take in data linked to the TCPI goals & suggested measures, and to report and track their progress from the beginning of the initiative. PTNs may choose to perform this work themselves or to subcontract with those who can perform this function from day 1. It is important that the data be readily available to inform small tests of change for the participating clinicians.”

108. Are small and rural practices that may be unable to participate in PQRS eligible to participate?

Small and rural practices are welcome to participate in TCPI. Please refer to Question 14. CMS expects all eligible professionals (those meeting PQRS eligibility criteria) to participate in PQRS as soon as possible. We recognize that not all clinicians participating in TCPI would be eligible to participate in PQRS (and related programs such as the Value Modifier Program). However, all clinicians participating in TCPI will be expected to commit to quality improvement work,

including measurement that links to the overall goals of TCPI, and to provide measureable results to their PTN.

- 109. Are practices that require "bridge infrastructure funding" eligible to participate?**
As stated in Question 37, costs must have a strong focus on operational implementation of the PTN or SAN model. The guidelines for determining allowable and unallowable expenditures are outlined in the Federal cost principles; costs that may be charged to PTN and SAN Models are outlined in the cost principles at Title 2 CFR Part 200, Subpart E.
- 110. How will this model be different from the Patient Centered Medical Home (PCMH) model?**
The purpose of the TCPI model is to provide technical assistance to clinicians seeking to move through the phases of transformation. As a result, clinicians will be better positioned to achieve advance practice states and to participate in alternate payment arrangements.
- 111. Please clarify how the TCPI model will help achieve "true payment reform"?**
Please refer to Question 110.
- 112. Are there limitations on QIO contracting or subcontracting arrangements with PTNs and SANs?**
Update: Please reference Q.128 – Q.131 below
- 113. Is there a requirement to have a federally approved accounting system?**
Awardee's accounting system (and systems of all sub-awardees) must ensure that Federal funds for a particular award are not commingled with funds from other Federal awards or other sources. Each award must be accounted for separately; funds specifically received for one project may not be used to support another. 2 CFR Part 215.21 through 215.28 prescribe standards for financial management systems, methods for making payments and rules for: satisfying cost sharing and matching requirements, accounting for program income, budget revision approvals, making audits, determining allowability of cost, and establishing fund availability.
- In addition to considering the specific information provided in the application, the GMO determines the adequacy of the applicant's financial and business management systems, including property management and procurement systems, that will support the expenditure of and accountability for grant funds if an award is made. The awardee is expected to have systems, policies, and procedures in place by which they manage grant funds and grant-supported activities. The awardee may use their existing system for this purpose as long as organizational policies are consistently applied regardless of the source of funds and whether the systems meet the standards and requirements.
- 114. Do applicants need to conduct an actuarial analysis to show savings?**
Section II.4.2 Clinician Practice Alignment with TCPI Aims and CMS Programs, describes how to report the accomplishments of results. **Figure 3** illustrates how accomplishments of the projected goals/aims of the project will be measured.
- 115. Are key personnel required to be full time on the project? Or, is it acceptable for an organization combine multiple staff members into a full-time equivalent acceptable?**

Key personnel shall be full-time unless otherwise agreed to by CMS. Alternatives may be proposed by applicants. CMS agreement will be implicit upon awardees Notice of Terms and Conditions.

116. Is "program income" considered any costs above the costs to run the initiative (federal and matching support) OR is program considered any dollars above the federal allocation?

Program income is gross income that is earned by a recipient, subrecipient, or a contractor under a grant, directly generated by a grant-supported activity or earned as a result of the award. The Notice of Award will govern the disposition of program income earned.

117. What are all allowable subcontracting relationships?

As stated in **FAQ.62** "CMS is prohibited from directly advising potential applicants on how to develop their proposed partnership or subcontracting strategies. At a minimum, subcontractors would have to ensure there are no conflicts of interest."

Awardees must follow the general procurement standards found at CFR 2 Part 200.318 and competition guidance at 200.319.

118. Will PTN and SAN awardees provide support to clinicians across the USA, such that providers nation-wide have the opportunity to participate?

The intent of TCPI is to reach 150,000 eligible clinicians that are supported by the best applications that are selected to receive PTN awards. CMS is exploring mechanisms designed to allow interested clinicians across the US to derive benefits from this national quality improvement collaborative.

119. Will participating providers in TCPI still be eligible for CMS' Transitional Care Management payment and Chronic Care Management payment in 2015 and beyond?

Yes, provided the provider continues to comply with all applicable requirements in order to receive payment for these services.

120. Is CMS going to automatically provide timely overall patient cost information (similar to VBM) per organization or provider? Is there any data that CMS intends to disseminate to all PTNs?

As per Q.52, "CMS will perform a retrospective beneficiary alignment that utilizes at least one year of data for calculation. The plan is to use 2013 data for baseline analysis. PTNs and SANs are encouraged to include the metrics they will use to demonstrate cost-savings in their applications. "

121. Where can I find the CMS data collection tool?

The data collection tool has not been developed. The tool will be available to awardees post-award.

122. Will every question submitted appear in the FAQ?

CMS will not publish the answer to each question submitted. A number of questions were specific and detailed requests that can't be provided during the active acquisition period. Other questions were asked several times by different individuals and are answered with one question and response.

123. Can you advise if VA clinics and their clinicians may receive PTN transformation services?

VA clinics and their clinicians are not eligible.

124. For the Table in Section B, for “unnecessary hospitalizations avoided” – does this need to be an absolute number, or can it be a % reduction? Do you have a definition for “unnecessary hospitalization” that should be used?

Applicants’ response should convey a measurable goal. Applicants are expected to demonstrate a reasonable process for reducing the total number of “hospitalizations”, or “readmissions”, depending on the project. Each PTN should select the methodology that works best in their area, (and with their local partners) and explain the rationale for their approach, including measurement strategies.

125. Please clarify the eligibility of organizations who wish to participate in TCPI as PTNs and their associated clinicians who are also participating in other CMMI models.

Below are some scenarios that cover eligibility of TCPI participants:

Scenario	PTN applicant eligibility	Clinician eligibility
Not participating in other models	Yes, eligible	Yes, eligible
Current Participant in: - MSSP, - MAPCP, - Pioneer ACO, or - CPCI	- Not eligible if the organization was created solely to operate one of these models. - Possibly eligible if a completely distinct area of the organization is applying to operate a PTN.	No. Not eligible.
Prior Participant in: - MSSP, - MAPCP, - Pioneer ACO, or - CPCI	Yes, eligible	Yes, eligible
Participant in another CMMI model not listed above	Yes, eligible provided that the applicant demonstrates that there will be no conflict of interest and that the activities funded under each model are distinct and attributable to the model.	Possibly eligible based on the scope of the other initiative and whether more than 20% of the clinician/practice’s clinical services provided to Medicare, Medicaid, and CHIP beneficiaries are covered under the other initiative.

126. Will clinician eligibility be determined at the TIN level or the NPI level?

Individual clinicians' eligibility will be determined based on their participation in other substantially similar programs (See Q. 23) based on their NPI. However, it will also be necessary for the program to use a crosswalk of NPIs to TINs in order to determine whether individual clinicians are part of one or more group that are participating in other models.

127. Please clarify the eligibility of organizations who wish to participate in TCPI as SANs and their associated member clinicians who are also participating in other CMMI models.

The types of organizations expected to apply as SANs typically do not participate in other CMMI models. SANs are also not expected to determine clinician eligibility – they will work with the clinicians that are recruited by the PTNs. The PTNs will enroll supported clinicians and CMS will make a list of supported clinicians available to the SANs to see where their memberships may overlap. SANs performance metrics should be based on their planned support to clinicians in the TCPI model across the PTNs.

QIO ELIGIBILITY

128. Scenario A. QIO-X eligible for 11 SoW TCPI Task Order

A. Does serving as a “subcontractor” to a PTN/SAN in some or all of their jurisdiction preclude QIO-X from the TCPI Task Order?

If the “jurisdiction” refers to that of QIO-X, then yes, this precludes QIO-X from the TCPI Task Order as stated in the diagram.

B. If QIO-X were to serve as a “subcontractor” to a PTN for only a portion of their QIO-QIN jurisdiction (for example one of their 4 states), would they still be eligible to perform the TCPI Task Order work for their remaining states/jurisdiction?

Yes. As stated in the diagram, the QIO can serve as a subcontractor to a PTN or SAN for a geographic area in which they have no 11th SoW TCPI responsibilities.

129. Scenario B. QIO-X PRIME awarded PTN or SAN Cooperative Agreement.

A. Is there a distinction to be made between a QIO-X performing as a “PRIME” awarded PTN/SAN vs. QIO-X serving as a subcontractor to a PTN/SAN? If so, can you clarify the distinction in terms of QIO-X’s ability to perform the TCPI Task Order?

The distinction is that a QIO-X serving as a PRIME PTN/SAN cannot be awarded an 11th SoW TCPI Task Order in any jurisdiction.

B. If a QIO-X were awarded a PTN PRIME, or serve as a subcontractor to a PTN in their region, could they recruit the same practices for both the PTN work and non-TCPI Task Orders (TOs 1-3)?

Yes.

130. Scenario E. QIO-X Subcontractor Awarded 11th SoW TCPI Task Order subcontract work by QIO Prime Contractor

Please clarify "geographic area". Is this the IDIQ or the subcontractor area only?

In scenario A, “geographic area” refers to the PRIME QIO’s service area per their IDIQ contract. In scenarios E and F, “geographic area” refers to the PTN / SAN geographic area.

131. Scenario F. QIO-X subcontractor

If QIO-X were to be awarded a subcontract to a PTN/SAN in only some of their jurisdiction, could the QIO-X subcontractor conduct the TCPI TO in the areas where QIO-X is conflicted?

In this scenario, the subcontractor QIO-X may serve as a subcontractor to a PTN/SAN for a geographic area in which they have no 11th SoW Task Order TCPI responsibilities. If they have 11th SoW Task Order TCPI responsibilities in that geographic area, then they cannot serve as a subcontractor to a PTN/SAN in that geographic area.

132. The FOA states "Potential participation in other payment models that have a specific scope/topic (e.g. bundled payment models, and models that cover specific chronic diseases or settings) will need to be evaluated on a clinician-by-clinician basis to see if a substantial proportion (i.e.: 20% or more) of their total estimated payments for clinical services provided to Medicare, Medicaid and CHIP beneficiaries are covered by the model." Does this apply to BPCI specifically?

The bundled payments model would be applicable to the 20% rule since it is a CMMI model that is not excluded (Reference Q.106).

133. What kind of data sharing capabilities with clinical providers are PTNs applicants expected to demonstrate that they have in their application? Can these capabilities be achieved through partnerships with other organizations?

PTNs are expected to have (through lead applicant or partner organization) the capability to electronically exchange clinical information among all clinicians supported by TCPI. They are also expected to be able to receive electronic data from participating clinicians to calculate proposed and TCPI requested measures. PTNs (or their partners) need to have the capability to import, calculate, and report required data. PTNs can also import data in additional formats to accommodate different data sources and applications across providers they serve and payers with whom they partner. Any collection, aggregation and analysis of clinical and/or claims data received from clinicians must be done in compliance with all applicable state and federal laws. Partnerships with Medicare Qualified Entities, Health Information Exchanges, national, and other regional data aggregators, and many other potential organizations may possess the capacity to achieve this FOA requirement.

134. On Page 59 of the FOA it references the Budget and Narrative Justification. It appears that the FOA is requesting for the budget and its narrative be embedded for each section such that the budget and the narrative appear as one document. Should the budget/narrative be formatted as one continuous document or should the budget be submitted as separate attachments?

The Budget Narrative submission will include narrative justifications and budget tables in the required format that correspond to the line items under the Object Class Categories in Section B of the SF 424A. Please refer to Appendix- Sample Budget and Narrative Justifications.

135. Please clarify instructions in Appendix: Sample Budget and Narrative Justification.

- A. Bullet #1 states that "a fifth budget period may be included for data reporting", however on the SF424A form included in the Application Package, the Column 5 is the total of the Columns 1-4?**

Please ignore that a 5th year "may" be included. This cooperative agreement will cover the 4 budget years of a 4-year project period.

- B. Bullets #2-5 begin by stating "Enter the heading for this column as either Year 1, 2, 3, or 4, but the SF424A does not allow entering of any data in the heading. What is entered into Section A.1 Grant Program Function or Activity, automatically populates into Section B, Column 1?**

Please provide detailed cost breakdown for each line item outlined in the SF 424A by year in Section B, Row 6, Column titled (1) - enter Year 1, Column titled (2) - enter Year 2, Column titled (3)- enter Year 3 and Column titled (4) - enter Year 4.

- C. Bullet #6 states to "enter the total costs for all four years in Column 6" but again the SF424A in the Application Package does not have a Column 6. The last column is Column 5.**

SF 424A, Section B, Column 6 is titled "Total (5)".

The application budget should be developed and be consistent with the TCPI requirements; overhead and administrative costs must be reasonable, with funding focused on supporting the TCPI effort. Please refer to **Appendix: Sample Budget and Narrative Justifications**. Detailed costs and breakdown are provided for each SF 424A line item; data entered into Section A.1 Grant Program Function or Activity, automatically populates into Section B, Column 1.

- 136. If a PTN contracts with a software-as-service vendor to provide data processing services, monthly, is this cost counted under the 10% limit?**

Yes. Data processing services is an IT cost that will be subject to the 10% limitation. Funds shall not be used to build or purchase health information technology or other information technology that exceed more than 10% of total costs of the applicant's proposed budget. CMS expects PTN applicants to have established systems and measures in place for collecting, assessing, and sharing monthly quality improvement data and results from participating practices

- 137. Will the QIO support to PTNs to complete practice assessments be paid for under the cooperative agreement? If so, should this cost be included in the budget narrative submitted with the application? Lastly, is it expected that the QIO will utilize its own resources or other resources outside of the PTN cooperative agreement?**

For all QIN-QIOs that are not PTNs or SANS: activities related to TCPI will be funded through a separate QIN-QIO Task Order.

- 138. Under the project narrative, section D Organizational Capacity and Project Management Plan, it states: the applicant shall provide a project plan and timeline for completing the PTN**

deliverables in the following table format. Is this table referring to the deliverables of certain components of each phase of transformation?

Yes. The FOA is requesting each applicant provide a timeline (timed approach) for completing the deliverable required if awarded a cooperative agreement.

139. Can a SAN application be submitted with a SAM pending approval?

As stated in Q.51, “actual DUNS and SAM numbers must be submitted as part of the FOA application.”

140. Can an organization applying for a SAN also join another organization’s application as an unpaid SAN Collaborator?

This question is seeking confirmation of an organization’s specific approach to meeting the requirements set forth in the FOA. CMS cannot answer questions of this type with any more information than set forth in the FOA. As stated in Q.33, “CMS encourages applicants to be innovative and creative in response to the TCPI solicitations. Applicant’s approach in response to the FOA will be evaluated following the formal required processes.”

141. Please clarify whether the applicant’s response to page 37, Goal Alignment to TCP National Aims, should be written under the Transformation Goals/Alignment with the TCPI National Aims section or under the Practice Transformation Network Recruitment/Enrollment/Value section.

Applicants shall provide Clinician Transformation Goals/Alignment with the TCPI National AIMS with its response to Section E, Clinician Enrollment and Process Strategy.

142. Our organization does not have a negotiated indirect rate. May we put one in as a placeholder and negotiate it if the grant is forthcoming?

Applicants that do not have negotiated indirect rates will have to follow the requirements described in [2 CFR Part 200.414 \(e.\) and \(f.\)](#) — Indirect (F&A) costs. As stated in Q.7, “An indirect cost rate proposal is the documentation prepared by an organization to substantiate its claim for the reimbursement of indirect costs. The proposal is the basis for establishing an indirect cost rate agreement (ICR). If requesting indirect costs, an ICR will be required.”

143. Where can I find our Congressional District number?

Applicants are able to locate Congressional District numbers on the following website: <http://www.house.gov/representatives/find/>

144. I want to submit the application electronically but do not have a username and password for Grants.gov. Where can I obtain a username and password?

An organization’s Authorized Organizational Representative (AOR) is the designated representative of the organization who has the authority to act on the behalf of the organization in matters relating to the award and the administration of grants. The AOR who will sign and officially submit an application on behalf of the organization must register with Grants.gov for a username and password.

An applicant must register in the System for Award Management (SAM) database in order to be able to submit an application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. The SAM registration process is a separate process from submitting an application. AORs must wait one business day after successful registration in SAM before entering their profiles in grants.gov. Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines. Applications that are not submitted by the due date and time as a result of AOR issues will not be reviewed.

- AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp.
- When an AOR registers with Grants.gov to submit an application on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.

The application must be submitted by the AOR in the required electronic-PDF format at Grants.gov no later than the established deadline of 3:00 PM Eastern Standard Time (Baltimore MD) February 5, 2015.

145. I would like clarification on the budget narrative requirements, if possible. Using the table templates provided in the Appendix of the FOA, how do we include budget information for multiple years in the budget narrative, while following the table format requirements?

All applicants must submit a Standard Form 424A and Budget Narrative Form. Follow the instructions provided on page 3 and 4 of the SF 424A and the additional instructions outlined below.

- Locate the Grants Application Package at Grants.gov; select the Budget Narrative Form.
- Provide your anticipated expenditures for one budget year in the detailed cost tables. Each table is a breakdown of costs corresponding to the Object Class Category line items in Section B of the SF 424A.
- Provide narratives that include anticipated detailed costs for each budget year for the anticipated 4-year project period.
- Provide anticipated cost breakdown for years 1 – 4 in Section B, Row 6. Column titled (1) - enter Year 1, Column titled (2) - enter Year 2, Column titled (3) - enter Year 3 and Column titled (4) - enter Year 4. Enter the total anticipated costs for all four years in the last column titled "Total (5)".

The application budget should be developed and consistent with the TCPI requirements; overhead and administrative costs must be reasonable, with funding focused on supporting the TCPI effort. Please refer to **Appendix C. Sample Budget and Narrative Justifications**.

146. I have a question regarding the mandatory form SF LLL. We have nothing to declare regarding this application but the form doesn't show an option for "nothing to report." We do not have anyone lobbying regarding this effort so I'm not sure how to complete sections 10a and 10b?
The SF LLL is a mandatory form, if there are no lobbying activities, leave Items 10a and 10b blank.

147. If a proposed salaried position for the CMS TCPI opportunity exceeds the salary rate cap, may the applying organization provide the remaining salary amount as an in-kind? Or does the salary need to be capped regardless?

In accordance with Executive Order 13686, the salary cap limitation for new awards issued after January 11, 2015 is \$183,300 (Executive Level II). For the purposes of the salary limitation, the terms "direct salary," "salary," and "institutional base salary" have the same meaning and are exclusive of fringe benefits and facilities and administrative (F&A) expenses, also referred to as indirect costs. An individual's institutional base salary is the annual compensation that the applicant organization pays for an individual's appointment, whether that individual's time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an individual may be permitted to earn outside of the duties to the applicant organization.

None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the applicable salary cap. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to grants and contracts. An institution may pay an individual's salary amount in excess of the salary cap with non-federal funds. The salary limitation does NOT apply to payments made to consultants under a grant although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. The salary limitation provision DOES apply to sub-awards/subcontracts for substantive work under a grant or contract.

148. Would you please clarify whether multiple PTN/SAN applications are allowed from a single institution? If only 1 application per institution is allowed, does that mean 1 for the PTN and 1 for the SAN are allowed or only a single application for only 1 of the 2 programs (we understand only 1 award under only 1 of the programs might be made per institution should an application merit an award)?

As per Q. 5, there is no validation within the Grants.gov system that would prevent an applicant submitting more than one application from a single DUNS. However, a single entity cannot be awarded more than one award. Applicants will not be funded to serve as both a PTN and a SAN.

149. Can grant monies be spent on technology tools that the grantee plans to commercialize in the future? The IT tools would be developed and fully-utilized as part of the PTN. After the 4 years, with a few tweaks, it would be a sellable IT solution in the marketplace.

While CMS cannot comment directly on proposal strategy, we remind applicants that as per Q. 11, IT costs cannot exceed more than 10% of total direct costs. Please also refer to Q. 37 for the allowable use of award funds.

150. Does the indirect cost agreement count toward the 40 page limit? Should we include proof of nonprofit status? If so, does this count towards the 40 page limit?

Documentation on indirect cost rate approval to substantiate claim for the reimbursement of indirect costs, is not required at the time of application. If included, the indirect cost agreement would be subject to the 40 page limit.

151. Can a prime applicant for a SAN proposal be a subcontractor on another proposal at the same time?

As stated in Q.104, "CMS is prohibited from directly advising potential applicants on how to develop their proposed partnership or subcontracting strategies. At a minimum, subcontractors would have to ensure there are no conflicts of interest. Additional subsequent questions and answers may be provided on subcontracting questions at a later date. Award recipients must submit required information establishing third-party contracts to perform program activities and a complete itemization of the costs should be included in the budget, see Appendix Application and Submission Information; Required Information for Contract Approval. If there is more than one contractor, each must be budgeted separately and must have an attached itemization."

152. If using HEDIS metrics as clinical measures, can we just say "as noted in HEDIS handbook" under numerator and denominator or should we include the paragraph descriptions of each under the numerator and denominator columns?

Applicants should ensure that all information required to meet the requirements are contained within its proposal. CMS will not seek out and review additional information to support an applicant's proposal.

153. Can the money be used to incentivize or reward physicians for better outcomes/quality improvement?

As stated in Q.33, "CMS encourages applicants to be innovative and creative in response to the TCPI solicitations. Applicant's approach in response to the FOA will be evaluated following the formal required processes. TCPI is currently engaged in the solicitation phase of the acquisition process, and is prohibited from providing specific comments or guidance relative to strategic approaches."

154. Do all the positions need to be under the same Tax ID? Or can I use a .5 of an FTE that sits in another organization?

As stated in Q.33, "CMS encourages applicants to be innovative and creative in response to the TCPI solicitations. Applicant's approach in response to the FOA will be evaluated following the formal required processes. TCPI is currently engaged in the solicitation phase of the acquisition process, and is prohibited from providing specific comments or guidance relative to strategic approaches."

155. Can any of the funds be used for office space and equipment for the dedicated staff?

Applicants are encouraged to review Q.37 which defines the appropriate uses of funding.

156. Can any of the funds be used to hire and pay a Physician Medical Director or pay a Medical Director fee to use one of our existing positions to help?

Applicants are encouraged to review Q.37 which defines the appropriate uses of funding.

- 157. Is there any allocation/% to pay for general management and oversight of the program? (go toward our MSO to help provide overall management?)**

Applicants are encouraged to review Q.37 which defines the appropriate uses of funding.

- 158. Do they have a sample budget we can review?**

CMS does not have a sample budget for applicants to review. Guidance for the development of the Budget and Narrative justification is appended to each FOA.

- 159. Can any of the dollars be used for education/CME/training to help our employees provide the services?**

Applicants are encouraged to review Q.37 which defines the appropriate uses of funding.

- 160. Can the clinical advisors/health navigators work with other non-Medicare patients in the various physician practices, or do they have to only be dedicated to helping the Medicare patient population?**

The intention of the TCPI program is to reduce spending under Medicare, Medicaid, or CHIP, while preserving or enhancing the quality of care furnished to beneficiaries under those programs. Therefore, successful applicants will place emphasis on the recruitment of clinicians whose patients include Medicare, Medicaid or CHIP beneficiaries.

- 161. How many clinicians will an applicant need prior to award? Or, is it expected that an applicant will receive an award and work to recruit the number of clinicians stated in our application? The time frame to develop the network is not sufficient if application is due by February.**

CMS has not mandated a minimum number of clinicians to be on board prior to award.

- 162. Is there a minimum patient treated threshold?**

CMS has not developed a minimum patient treated threshold.

- 163. How will our new clinicians (contracted) get compensated for all the work? Is there an increase in their Medicare reimbursement (traditional Medicare) and would insurance companies (MAOs) increase their reimbursement as well (being optional).**

The pathway to transformation can be a successful business strategy for clinical practices in itself. It represents an investment for future gains. TCPI is a service delivery transformation model; there are no adjustments to reimbursements for participation in the model, although it is not unusual after transformation to realize more efficient practice parameters, and overall better outcomes, including business outcomes.

- 164. Will CMS regulate our PTN contract with clinicians?**

No. However, CMS will actively monitor PTN and SAN activities, and hold awardees accountable for meeting the transformation targets proposed in their FOA application.

165. Is it possible for multiple applicants from the same state (Connecticut) to receive a grant award? If so, is there a set allotment that each state can receive in total – thereby reducing each winner’s award from the same state and limiting one winner from receiving a large award?

CMS has not imposed any restrictions on the number of awards per state.

166. If a PTN is willing to financially contribute to PTN operation, which total expenditure figure should we use to calculate cost-per-clinician? Would we take the total implementation cost (CMS funding + PTN’s own funding) or just the CMS funding?

There is no specific requirement. Applicants should ensure that their calculations are documented.

167. Can you tell me if letters of support and a statement on our indirect cost rate will count towards the 40-page limit for CFDA 93.639?

In addition to the 4 mandatory Standard Forms (SF 424, SF 424A, SF 424B and SF LLL) there is an application submission package that is limited to 40 pages. The application submission package includes the Project Abstract Summary, Project Narrative (includes all required components/tables) and the Budget Narrative with budget tables. No attachments, appendices or optional forms are allowed. Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch (CPI).

168. There is a note about recruitment on page 36 that states: PTN Awardees will be required to submit the NPIs and TINs of clinicians and practices recruited for their networks. Is this a requirement for after the award or as part of the application?

The note provided on page 36 of the PTN FOA is for awardees (applicants awarded a cooperative agreement). This is not a requirement as part of the application.

169. Figure 3 on pages 10-11 lists Asthma as an area of improvement for which awardees will be held accountable. Is Asthma being used as an example or is it a required area?

The information provided in Figure 3 represent examples to illustrate the manner in which the TCPI will hold awardees to the aims. Applicants should propose relevant measures.

170. Under the Project Narrative, section C (data strategy), a list of current clinical and operational measures are requested. We currently capture countless measures, which takes up almost 10 pages. Would it be acceptable to attach this list instead of including it in the 40 page limit?

Unfortunately, additional attachments are not acceptable. Applicants should consider their strategy carefully to present the best possible application within the given constraints.

171. Specifically what defines a clinician that can be counted against the proposed number in our application? We understand that others that are not eligible (e.g. clinical pharmacists) are encouraged to participate but would not count against the official number of clinicians “transformed” under the program.

Applicants should reference Q. 96 which defines eligible clinicians.

172. In part B of the narrative, there is a chart that needs to be filled out with a projected percentage of improvement in disease like diabetes, asthma, and heart failure. How do we

relate this chart with the question in part B? Or, If this chart is not part of B with which question do we related?

The chart should detail how the applicant's proposal relates to TCPI's goals.

- 173. In part C of the narrative, there is a chart asking for: Clinical Measures, Number of clinicians reporting measures, Numerator, Denominator and Measure Details. Can you please explain what we need to put under columns Numerator and Denominator.**

Applicants should provide detail regarding what is used to calculate the measure. The denominator is the population in question, numerator is the number of elements in the denominator affected. For more information on quality measures, see the AHRQ information sheet at: <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/perfmeasguide/perfmeaspt2.html>

- 174. In part D of the narrative, you asked for evidence of how we have secured commitments from clinicians to participate in TCPI. For this part we plan to create a Letter of Intent to be signed by the clinicians; however we would like to know if you have an established format that we can provide to the practices? In case you do not have a format for the LOI, can we create the format? After we create the format we can go directly to the practices or do we have to send you the LOI for your approval?**

The FOA instructions for Part D of narrative requests "commitments from clinicians and practices within 45 days of receiving an award." Applicants receiving an award will be provided additional instructions to meet this requirement.

- 175. In part D point 6, you asked for a list of other partners that will be involved. We have in mind an EHR software company to supply software to the practices that still don't have EHR or for those that are willing to change to a friendlier software. Is it possible to have this company as another partner? Or, is it necessary to have more than one EHR software company?**

As stated in Q.33, "CMS encourages applicants to be innovative and creative in response to the TCPI solicitations. Applicant's approach in response to the FOA will be evaluated following the formal required processes. TCPI is currently engaged in the solicitation phase of the acquisition process, and is prohibited from providing specific comments or guidance relative to strategic approaches."

- 176. Sections A, B, and D appear to ask for duplicative information on how clinicians will be recruited, enrolled, and engaged. Can you clarify how the information requested differs for each section?**

Applicants are not required to duplicate information. Eligible applications will be reviewed in their entirety.

- 177. Does the number of providers served refer to the total number of clinicians served at any point in time through the PTN or the number served at a specific point in time?**

The total number throughout the program.

- 178. Are PTNs expected to conduct their own evaluation activities, in addition to the evaluation that CMS leads?**

Yes, PTNs are the primary evaluator as per Q. 83.

179. Where can we find more information on the Knowledge Management Tool referenced in the FOA?

CMS will provide more information to awardees after awards have been made.

180. If a practice is participating in the Medicare Advanced Primary Care Practice Demonstration but Medicare doesn't contribute to the cost of the transformation services, is it possible to provide them with transformation support through this initiative?

No. See Q. 21 and 106.

181. We are planning to apply for the Practice Transformation Network grant and one of the requirements is to identify Key Personnel (description below). Our question is, is it allowed to split the personnel between two or three individuals? Especially for the Quality Improvement Advisor role and Clinical Personnel role? We have a list of well qualified personnel for that role, but it is difficult to employ them full time.

As stated in Q.33, "CMS encourages applicants to be innovative and creative in response to the TCPI solicitations. Applicant's approach in response to the FOA will be evaluated following the formal required processes. TCPI is currently engaged in the solicitation phase of the acquisition process, and is prohibited from providing specific comments or guidance relative to strategic approaches."

182. I want to submit the application electronically but do not have the username and password. Where can I obtain such or what is the physical address I can send the hardcopy application to?

An organization's Authorized Organizational Representative (AOR) is the designated representative of the organization who has the authority to act on the behalf of the organization in matters relating to the award and the administration of grants. The AOR who will sign and officially submit an application on behalf of the organization must register with Grants.gov for a username and password.

An applicant must register in the System for Award Management (SAM) database in order to be able to submit an application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. The SAM registration process is a separate process from submitting an application. AORs must wait one business day after successful registration in SAM before entering their profiles in grants.gov. Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines. Applications that are not submitted by the due date and time as a result of AOR issues will not be reviewed.

- AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp.
- When an AOR registers with Grants.gov to submit an application on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email

address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.

- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.

A TCPI application must be submitted by the AOR in the required electronic-PDF format at Grants.gov no later than the established deadline of 3:00 PM Eastern Standard Time (Baltimore MD) February 5, 2015.

183. When attempting to complete and submit our application package, the system will not accept it or allow submission. Please advise.

For assistance, contact support@grants.gov or 1-800-518-4726. For guidance on the mandatory Standard forms (SF 424, SF 424A, SF 424B and SF LLL), see [form instructions](#).

An application for the TCPI initiative must be submitted electronically through Grants.gov. Any files uploaded must be PDF file format and must contain a valid file format extension in the filename. Any file submitted that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. No attachments, appendices or optional forms are allowed. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation.