

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-08-32

DATE: August 15, 2008

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: State Survey Agency (SA) Selection of Special Focus Facilities (SFF) for Technical Assistance by Quality Improvement Organizations (QIOs) - New 9th Scope of Work Item– Nursing Homes in Need (NHIN) Task

Memorandum Summary

- **New 9th Scope of Work Task:** The 9th Scope of Work for QIOs directs each QIO to provide technical assistance to a SFF nursing home in each State in each of the three years of the contract.
- **State Suggestions & Communication:** If you have suggestions with regard to which SFFs you believe are most in need and most appropriate for technical assistance, please communicate those ideas to your QIO as soon as possible (preferably by August 22, 2008).

New contracts between the Centers for Medicare & Medicaid Services (CMS) and QIOs became effective on August 1, 2008. The new “9th Scope of Work” covers the three-year period from August 1, 2008 through July 31, 2011.

Under the 9th Scope of Work, CMS seeks to increase the considerable “added value” that can arise when quality assurance (represented by survey & certification) is effectively coordinated with quality improvement (facilitated by the QIOs). There is a number of new initiatives involving nursing homes that seek to achieve such a coordinated outcome. These include:

1. ***Pressure Ulcer and Restraint Reduction:*** Technical assistance by QIOs to help nursing homes reduce the prevalence of pressure ulcers and restraints. CMS posted a list of 4,000 nursing homes on its Web site last December for what is described as the “J-17” initiative.
2. ***Special Focus Facility:*** Each QIO is expected to work with at least one SFF nursing home in each State in each year of the three-year contract. This QIO effort is referred to as the “Nursing Homes in Need (NHIN)” initiative. QIOs will be evaluated on this initiative through satisfaction surveys as well as improvements in the physical restraint and pressure ulcer quality measures.

This memorandum is focused on the second item – the SFF initiative.

In the past, CMS has sought to focus attention on nursing homes with some of the worst performance histories, primarily through the survey and certification process. These efforts have produced important progress. Now, such quality assurance efforts will be augmented by technical assistance available through the QIOs. In the 9th Scope each QIO is expected to work with at least one SFF nursing home in each State in each of the three years of the contract.

CMS' Office of Clinical Standards and Quality (OCSQ) administers the QIO contract program and has issued a set of instructions to the QIOs governing the process of matching QIOs with the SFFs. *Attachment A contains the pertinent excerpt from OCSQ's guidance #08-243-ST (dated August 8, 2008) that outlines the process.*

The NHIN QIO initiative calls for intensive QIO help for one nursing home per State per year. The technical assistance includes a root cause analysis of systemic quality of care problems and can include assistance in formulating an action plan (based on a root cause analysis) or technical assistance implementing such an action plan. The expectation is that QIOs recruit nursing homes for this task using the SFF list and the priorities and process described by the SAs. The SAs are essential to the success of the SFF initiative. SAs are also in a unique position to offer recommendations that might assist QIOs in recruiting nursing homes for this task.

Communication of Recommended Nursing Homes

1. SA reviews the SFF cases in their State in the order of (a) not improved (b) new SFFs and (c) improved, to see if there is a SFF or SFFs that could benefit from QIO assistance. States may also wish to consider in their recommendation how QIOs will be evaluated for this initiative (i.e., ability to demonstrate facility satisfaction and improving Quality Measures for physical restraints and pressure ulcers).
2. SA sends an e-mail or letter forwarding the name or names of recommended SFF nursing homes in priority order to the QIO. (See Attachment B – Model Letter). Please copy the QIO RO Project Officer, the regional Division of Survey and Certification, and Dr. Lisa McAdams, Special Assistant to Dr. Randy Farris, Consortium for Quality Improvement and Survey & Certification Operations. Information concerning project officers and QIOs is part of Attachment C.

Attachment B offers a Model Letter that States may use to communicate recommendations to QIOs. It is important that your recommendations conform to the priority process outlined in the OCSQ memorandum (e.g., focus first on those SFFs that have not improved).

The QIOs must make the selection of nursing homes for this task in the next few weeks. We would appreciate you sending your recommendations for first year QIO selection no later than August 22. Next year there will be a similar opportunity for next year's selections.

All indications are that the SFF initiative is having a positive effect in improving the quality of care in nursing homes. We extend our sincere appreciation for the considerable effort that SAs have devoted to the initiative. We hope that the addition of QIO technical assistance will help make the initiative even more successful.

Effective Date: This information is effective immediately.

Training: The information contained in this letter should be shared with all survey and certification staff, their managers, and the State/RO training coordinators.

/s/

Thomas E. Hamilton

Attachments:

A: OCSQ Memorandum Excerpt

B: Model Letter

C: Fact Sheet/QIO and Project Officer Contacts

cc: Survey and Certification Regional Office Management

Office of Clinical Standards and Quality

Consortium for Quality Improvement and Survey and Certification Operations

Attachment A: Excerpt from OSCQ Memorandum 08-243-ST Dated 08-08-2008

The material below is an excerpt from Memorandum 08-243-ST, issued by CMS' Office of Clinical Standards and Quality to the Quality Improvement Organizations (QIOs) on August 8, 2008. The excerpt conveys instructions to the QIOs as to the manner in which selections should be made for QIOs to work with one Special Focus Facility (SFF) nursing home in each State. A copy of the full memorandum (covering non-SFF topics) may be accessed at:

http://qionet.sdps.org/sdps_memos/sdps_memos_2008/08243st.htm

4. Instructions Regarding Assignment of 9th SOW Year 1 Nursing Homes for NHIN and Data Source for Evaluation

The nursing home selection for the 9th SOW Patient Safety Nursing Homes in Need (NHIN) component will be based upon the SFF list developed by CMS. This list was updated on July 18, 2008; this is the list from which assignment will be made for Year 1. QIOs may download this list from: <http://www.cms.hhs.gov/CertificationandCompliance/Downloads/SFFList.pdf>. The instructions below pertain to assignment of nursing homes for this component.

- a) Each QIO will be provided a list of SFF in its State from which to choose a nursing home. [If a State has no SFF listed, the QIO is directed to contact the central office Patient Safety team members (Dr. Elizabeth Donohoe, elizabeth.donohoe@cms.hhs.gov or Maaden Eshete, maaden.eshete@cms.hhs.gov.) The team will notify Center for Medicaid and State Operations (CMSO) and CMSO will then make an assignment to the QIO.]
- b) The QIO is directed to choose a nursing home (NH) from Table B (designated an SFF for > 6 mos) for recruitment. QIOs should try to recruit other homes from Table B, if their first selection declines to participate with the QIO and there are other homes available on Table B.
- c) If recruitment cannot be made between a NH from Table B and the QIO, the QIO is directed to choose a NH from Table A (designated an SFF < 6 mos). QIOs should try to recruit other homes from Table A, if their first selection declines to participate with the QIO and there are other homes available on Table A.
- d) If recruitment cannot be made between a NH from Table A and the QIO, the QIO is directed to choose a NH from Table C (designated as "improving"). QIOs should try to recruit other homes from Table C, if their first selection declines to participate with the QIO and there are other homes available on Table C.
- e) If recruitment cannot be made between a NH from Table C and the QIO, the QIO is directed to contact the central office Patient Safety team members, identified in "a" above. The team will notify CMSO which will then make an assignment.

- f) QIOs are encouraged to recruit the facility as quickly as possible in order to begin work related to this component. When recruitment is made, the QIO should consider the facility to be “assigned.” The QIO must report the following recruitment information in PATRIOT using document storage. The following information needs to be included in this Nursing Home in Need Periodic Progress Report: all nursing home recruitment attempts from each list; date of initial contact; date of agreement to participate; and reasons for accepting or declining participation. This report should be submitted no later than September 19, 2008.

- g) The data source for evaluation of this component will be derived from MDS and obtained from QI/QM reports in CASPER (Certification & Survey Provider Enhanced Reports), using a 6-month start and end date time window for measure calculation. The baseline period for the facility chosen for Year 1 will be March 1 - August 31, 2008. CMS will send notification of the baseline values to QIOs when values are finalized. Rates for the two quality measures, High Risk Pressure Ulcers and Physical Restraints will be monitored via the CASPER QI/QM reports and used for the 18 month and 28 month evaluation periods, as appropriate.

Attachment B: Model Letter

Model Letter

Quality Improvement Organization
XXXXXX
XXXXXX, XX XXXXX

Dear _____:

As you are aware, on August 1, 2008 the 9th Scope of Work became effective. One of the initiatives under this contract is the Patient Safety Nursing Homes in Need (NHIN) component which is based on the Special Focus Facility (SFF) list developed by CMS.

In the SDPS guidance #08-243-ST dated 8/8/08, you were instructed where to find the SFF list on our Web site along with the order that this list should be considered. Specifically, that Table B (not improved) should be considered first, followed by Table A (newly identified SFFs), and then by Table C (improved). Further if there are no candidates among these tables, you were instructed to contact the Central Office Patient Safety team.

Work among States, CMS, and QIOs in these facilities has the opportunity to optimize quality and improve compliance with Federal nursing home requirements. Because of the work we do with nursing homes on a day-to-day basis, we are in a unique position to provide some insight into what nursing homes could most benefit from your assistance. Therefore, we are recommending that your organization consider (insert name or names of SFF nursing homes in priority order) to work with as part of the NHIN task. (List name or names of SFF nursing homes with address and name of contact).

If you have any questions regarding (name of recommended SFF nursing home), please do not hesitate to contact XXXXXX.

Sincerely,

Name of State Official

cc: DQI Project Officer
CMS Regional Office (DSC)
Dr. Lisa McAdams

Attachment C: Fact Sheet

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850

Office of Clinical Standards & Quality

FACT SHEET: CMS AWARDS CONTRACTS FOR QUALITY IMPROVEMENT ORGANIZATIONS' 9TH STATEMENT OF WORK

Nationwide Network of Contractors to Work with Providers to Improve Quality and Safety of Health Care for Medicare Beneficiaries

Overview:

In August 2008, the Centers for Medicare & Medicaid Services (CMS) awarded contracts for the 9th Statement of Work (SOW) for the 53 contractors participating in Medicare's Quality Improvement Organization (QIO) Program. The 9th SOW focuses on improving the quality and safety of health care services to Medicare beneficiaries. The QIO contracts extend from August 1, 2008, through July 31, 2011, and mark a new direction for the QIO Program.

The 9th SOW builds on the Administration's health care quality improvement initiatives and a growing evidence base about how to improve the quality and efficiency of health care delivery. It also implements several recommendations from the Institute of Medicine, the Government Accountability Office, and members of Congress about how the Program can deliver maximum benefit to patients at the greatest value to the government. The new contracts also provide additional tools for CMS and the QIOs themselves to track, monitor, and report on the impact that QIOs have on the care provided in their states/jurisdictions.

Background:

CMS contracts with one entity in each State, as well as the District of Columbia, Puerto Rico, and the U.S. Virgin Islands to serve as that state/jurisdiction's QIO contractor. QIOs are private, mostly not-for-profit organizations. They are mainly staffed by professionals, such as physicians and other health care professionals, who are trained to review medical care, help beneficiaries with complaints about the quality of care and implement improvements in the quality of care delivered. QIO contracts are 3 years in length, with each 3-year cycle referenced as a successively numbered "SOW." By law, the mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. Based on this statutory charge, and CMS' Program experience, CMS identifies the core functions of the QIO Program as:

- Improving quality of care for beneficiaries;
- Protecting the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting; and
- Protecting beneficiaries by expeditiously addressing individual complaints, such as beneficiary complaints; provider-based notice appeals; violations of the Emergency Medical Treatment and Active Labor Act (EMTALA); and other related responsibilities as articulated in QIO law.

The 9th SOW signals some significant changes in the way that CMS and the QIOs will approach quality improvement work. Some of these changes include:

- Working on projects that span across the entire spectrum of the health community, rather than in “silos” based on specific care settings;
- Focusing quality improvement resources where they are needed most; challenging QIOs to direct their efforts strategically by providing intensive support to those providers most in need of QIO assistance;
- Developing a more robust monitoring/evaluation framework that will allow CMS and the QIOs themselves to track the impact they are having on the quality of care provided to Medicare beneficiaries; and
- Addressing key priorities of health care quality, including the identification and reduction of health care disparities across the continuum of care and across racial/ethnic, geographic, socioeconomic, and demographic lines.

QIO Program—National Themes, Local Interventions:

The QIO Program’s 9th SOW aims to improve the quality of care and protect Medicare beneficiaries through the following national themes, to be implemented by each of the 53 QIO contractors nationwide throughout the contract period:

- **Beneficiary Protection.** QIOs will carry out statutorily mandated review activities such as reviewing the quality of care provided to beneficiaries, reviewing beneficiary appeals of certain provider notices and implementing projects that make system-wide quality of care improvements based on case review activities.
- **Patient Safety (also known as the “CMS National Patient Safety Initiative”).** QIOs will focus on: 1) reducing rates of health care-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections; 2) reducing rates of pressure ulcers in nursing homes and hospitals; 3) reducing rates of physical restraint use in nursing homes; 4) improving inpatient surgical safety and heart failure treatment in hospitals; 5) improving drug safety; and 6) providing quality improvement technical assistance to Nursing Homes in Need.
- **Prevention.** QIOs will work with physician offices to leverage electronic health record (EHR) systems in ways that will help improve immunization rates for influenza and pneumonia as well as breast cancer and colorectal cancer screenings.

Projects Targeted in Specific States/Jurisdictions:

In addition to these national themes, QIOs in select States will focus on the following tasks:

- **Prevention: Disparities.** QIOs will work in 5 States/jurisdictions to support Diabetes Self-Management Education efforts for diabetic patients across racial/ethnic populations. These States/jurisdictions are the District of Columbia, Georgia, Louisiana, Maryland, and New York.

- **Care Transitions.** QIOs will work in 14 States to coordinate care and promote seamless transitions across settings, including from the hospital to home, skilled nursing care, or home health care. QIOs will also look to reduce unnecessary readmissions to hospitals that may increase risk or harm to patients and cost to Medicare. These States are Alabama, Colorado, Florida, Georgia, Indiana, Louisiana, Michigan, Nebraska, New Jersey, New York, Pennsylvania, Rhode Island, Texas, and Washington.
- **Prevention: Chronic Kidney Disease.** QIOs will work in ten States to slow the progression of chronic kidney disease to kidney failure and to improve clinical care for all kidney patients. These states are Florida, Georgia, Missouri, Montana, Nevada, New York, Rhode Island, Tennessee, Texas, and Utah.

These three tasks were awarded competitively among the universe of QIO 9th SOW bidders. CMS conducted a rigorous sub-national award process to increase competition within the QIO Program, as well as help these newer projects succeed by implementing them on a smaller scale than the national basis upon which historical QIO projects have been launched. CMS awarded these tasks in these states based on a number of factors, including the need for quality improvement work in differing populations/geographic areas and the quality of the proposals received from QIO bidders.

Contract Award Process:

Earlier this year, CMS evaluated all 53 QIOs that were engaged under the Program's 8th SOW to determine the quality and effectiveness of how each of them performed CMS' contract requirements, based on the provisions of QIO law. Based on these requirements, CMS renewed contracts to continue QIO work in 46 of the nation's 53 QIO States/jurisdictions without competition.

For the remaining states/jurisdictions, CMS conducted a full-and-open competition under the auspices of Federal acquisition law. Through this competition, CMS worked to assure that the Program provides the greatest impact to the quality and safety of care for beneficiaries at a price that is the greatest value for the government.

As a result of competitions in these states, CMS has renewed its contracts with the existing QIO contractors in Nevada, Oklahoma, South Carolina, Mississippi, and Idaho, and has awarded QIO contracts to new contractors in two States--the Health Services Advisory Group in California and the West Virginia Medical Institute in North Carolina. More information about the QIO 9th Statement of Work can be found at: www.cms.hhs.gov/QualityImprovementOrgs.

List of QIO RO Project Officers

Project Officer Assignments by State in the QIO 9th SOW

| State | Project Officer | email address |
|--------------|------------------------|--|
| AK | Maryanne Butcher | Maryanne.Butcher@cms.hhs.gov |
| AL | Carrissa Sanchez | Carrissa.Sanchez@cms.hhs.gov |
| AR | Martha Gannon | Martha.Gannon@cms.hhs.gov |
| AZ | Diana Migchelbrink | Diana.Migchelbrink@cms.hhs.gov |
| CA | Randy Poulsen | Harold.Poulsen@cms.hhs.gov |
| CO | Tina Dickerson | Tina.Dickerson@cms.hhs.gov |
| CT | David Russo | David.Russo@cms.hhs.gov |
| DC | Mary Ford | Mary.Ford@cms.hhs.gov |
| DE | Marie Wagner-Clarke | Marie.Wagner-Clarke@cms.hhs.gov |
| FL | Malini Krishnan | Malini.Krishnan@cms.hhs.gov |
| GA | Pamela Squires | Pamela.Squires@cms.hhs.gov |
| HI | Diana Migchelbrink | Diana.Migchelbrink@cms.hhs.gov |
| IA | Tim Watson | Timothy.Watson@cms.hhs.gov |
| ID | Tina Dickerson | Tina.Dickerson@cms.hhs.gov |
| IL | Tim Watson | Timothy.Watson@cms.hhs.gov |
| IN | Maribeth Fonner | Maribeth.Fonner@cms.hhs.gov |
| KS | Tim Watson | Timothy.Watson@cms.hhs.gov |
| KY | Maribeth Fonner | Maribeth.Fonner@cms.hhs.gov |
| LA | Carrissa Sanchez | Carrissa.Sanchez@cms.hhs.gov |
| MA | Mei Wang | Mei.Wang@cms.hhs.gov |
| MD | Craig Bagley | Craig.Bagley@cms.hhs.gov |
| ME | Mei Wang | Mei.Wang@cms.hhs.gov |
| MI | Marion Broderick | Marion.Broderick@cms.hhs.gov |
| MN | Claudia Bullock | Claudia.Bullock@cms.hhs.gov |
| MO | Martha Gannon | Martha.Gannon@cms.hhs.gov |
| MS | Malini Krishnan | Malini.Krishnan@cms.hhs.gov |
| MT | Diana Migchelbrink | Diana.Migchelbrink@cms.hhs.gov |
| NC | David Russo | David.Russo@cms.hhs.gov |
| ND | Claudia Bullock | Claudia.Bullock@cms.hhs.gov |
| NE | Marion Broderick | Marion.Broderick@cms.hhs.gov |
| NH | Mei Wang | Mei.Wang@cms.hhs.gov |
| NJ | Kathleen Egan | Kathleen.Egan@cms.hhs.gov |
| NM | Randy Poulsen | Harold.Poulsen@cms.hhs.gov |
| NV | Maryanne Butcher | Maryanne.Butcher@cms.hhs.gov |
| NY | Craig Bagley | Craig.Bagley@cms.hhs.gov |
| OH | Marion Broderick | Marion.Broderick@cms.hhs.gov |
| OK | Martha Gannon | Martha.Gannon@cms.hhs.gov |
| OR | Maryanne Butcher | Maryanne.Butcher@cms.hhs.gov |
| PA | Marie Wagner-Clarke | Marie.Wagner-Clarke@cms.hhs.gov |
| PR | Jefferson Rowland | Jefferson.Rowland@cms.hhs.gov |
| RI | Mary Ford | Mary.Ford@cms.hhs.gov |
| SC | Pamela Squires | Pamela.Squires@cms.hhs.gov |
| SD | Claudia Bullock | Claudia.Bullock@cms.hhs.gov |

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|----|---------------------|--|
| TN | Patty Rawlings | Patty.Rawlings@cms.hhs.gov |
| TX | Patty Rawlings | Patty.Rawlings@cms.hhs.gov |
| UT | Maryanne Butcher | Maryanne.Butcher@cms.hhs.gov |
| VA | David Russo | David.Russo@cms.hhs.gov |
| VI | Jefferson Rowland | Jefferson.Rowland@cms.hhs.gov |
| VT | Mei Wang | Mei.Wang@cms.hhs.gov |
| WA | Tina Dickerson | Tina.Dickerson@cms.hhs.gov |
| WI | Maribeth Fonner | Maribeth.Fonner@cms.hhs.gov |
| WV | Marie Wagner-Clarke | Marie.Wagner-Clarke@cms.hhs.gov |
| WY | Diana Migchelbrink | Diana.Migchelbrink@cms.hhs.gov |

Quality Improvement Organizations (QIOs) – Contact Information

| State | Organization and Website Link | Telephone Number |
|----------------------|---|------------------|
| Alabama | AQAF www.aqaf.com | 205-970-1600 |
| Alaska | Mountain-Pacific Quality Health Foundation www.mpqhf.org | 907-561-3202 |
| Arizona | Health Services Advisory Group www.hsag.com | 602-264-6382 |
| Arkansas | Arkansas Foundation for Medical Care www.afmc.org | 501-375-5700 |
| California | Health Services Advisory Group www.hsag.com | 602-264-6382 |
| Colorado | Colorado Foundation for Medical Care www.cfmc.org | 303-695-3300 |
| Connecticut | Qualidigm www.qualidigm.org | 860-632-2008 |
| Delaware | Quality Insights of Delaware www.qide.org | 302-478-3600 |
| District of Columbia | Delmarva Foundation for Medical Care www.dcqio.org | 202-293-9650 |
| Florida | FMQAI www.fmqai.com | 800-564-7490 |
| Georgia | Georgia Medical Care Foundation www.gmcf.org | 404-982-0411 |
| Hawaii | Mountain-Pacific Quality Health Foundation www.mpqhf.org | 808-545-2550 |
| Idaho | Qualis Health www.qualishealth.org | 208-343-4617 |
| Illinois | Illinois Foundation for Quality Health Care www.ifqhc.org | 630-571-5540 |
| Indiana | Health Care Excel www.hce.org | 812-234-1499 |
| Iowa | Iowa Foundation for Medical Care www.internetifmc.com | 515-223-2900 |
| Kansas | Kansas Foundation for Medical Care www.kfmc.org | 785-273-2552 |
| Kentucky | Health Care Excel www.hce.org | 502-454-5112 |
| Louisiana | Louisiana Health Care Review www.lhcr.org | 225-926-6353 |
| Maine | Northeast Health Care Quality Foundation www.nhcqf.org | 603-749-1641 |
| Maryland | Delmarva Foundation for Medical Care www.mdqio.org | 410-822-0697 |
| Massachusetts | MassPRO www.masspro.org | 781-890-0011 |
| Michigan | MPRO www.mpro.org | 248-465-7300 |
| Minnesota | Stratis Health www.stratishealth.org | 952-854-3306 |
| Mississippi | Information and Quality Healthcare www.igh.org | 601-957-1575 |
| Missouri | Primaris www.primaris.org | 573-817-8300 |
| Montana | Mountain-Pacific Quality Health Foundation www.mpqhf.org | 406-443-4020 |
| Nebraska | CIMRO of Nebraska www.cimronebraska.org | 402-476-1399 |
| Nevada | HealthInsight www.healthinsight.org | 702-385-9933 |
| New Hampshire | Northeast Health Care Quality Foundation www.nhcqf.org | 603-749-1641 |
| New Jersey | Healthcare Quality Strategies, Inc. www.hqsi.org | 732-238-5570 |
| New Mexico | New Mexico Medical Review Association www.nmmra.org | 505-998-9898 |
| New York | IPRO www.ipro.org | 516-326-7767 |
| North Carolina | WVMI Quality Insights www.qiww.org | 304-346-9864 |
| North Dakota | North Dakota Health Care Review www.ndhcrci.org | 701-852-4231 |

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|----------------|---|--------------|
| Ohio | Ohio KePRO www.ohiokepro.com | 216-447-9604 |
| Oklahoma | Oklahoma Foundation for Medical Quality www.ofmq.com | 405-840-2891 |
| Oregon | Acumentra Health www.acumentra.org | 503-279-0100 |
| Pennsylvania | Quality Insights of Pennsylvania www.qipa.org | 877-346-6180 |
| Puerto Rico | Quality Improvement Professional Research Organization www.qipro.org | 787-641-1240 |
| Rhode Island | Quality Partners of Rhode Island www.riqualitypartners.org | 401-528-3200 |
| South Carolina | The Carolinas Center for Medical Excellence www2.thecarolinascenter.org/ccme/ | 803-251-2215 |
| South Dakota | South Dakota Foundation for Medical Care www.sdfmc.org | 605-336-3505 |
| Tennessee | QSource www.qsource.org | 800-528-2655 |
| Texas | TMF Health Quality Institute www.tmf.org | 512-329-6610 |
| Utah | HealthInsight www.healthinsight.org | 801-892-0155 |
| Vermont | Northeast Health Care Quality Foundation www.nhcqf.org | 603-749-1641 |
| Virgin Islands | Virgin Islands Medical Institute www.vimipro.org | 340-712-2400 |
| Virginia | Virginia Health Quality Center www.vhqc.org | 804-289-5320 |
| Washington | Qualis Health www.qualishealth.org | 206-364-9700 |
| West Virginia | WVMI Quality Insights www.qiww.org | 304-346-9864 |
| Wisconsin | MetaStar www.metastar.com | 608-274-1940 |
| Wyoming | Mountain-Pacific Quality Health Foundation www.mpqhf.org | 307-637-8162 |