CMS, in concert with other HHS Staff and Operating Divisions, sponsors a Federally Funded Research and Development Center (FFRDC) focused on healthcare called the CMS Alliance to Modernize Healthcare (Health FFRDC). The FFRDC operator, The MITRE Corporation provides CMS and other HHS agencies access to unbiased advice and assistance in the areas of policy, business, operations, and technology; neutral strategic and tactical studies; analysis and proof-of-concept of policy implications; business architecture; and potential operations models and IT solution options from a trusted, objective, conflict-free source.

**To request approval for support from the Health FFRDC:**

* **Complete and submit the following documents to the Health FFRDC Program Office (PO) at** **HEALTHFFRDC@cms.hhs.gov**:
	+ This Contract Use Request Form (CURF)
	+ An Independent Government Cost Estimate (IGCE)
	+ Statement of Work (SOW) or Statement of Objectives (SOO)
* If you need further information or assistance with completing this form, please refer to the instructions and points of contact provided at the end of this form.
* Your request will be reviewed promptly. The approximate turnaround times for CURF reviews are listed below and may vary, depending on the adequacy of the CURF package, complexity, and dollar value:
	+ Pre-Review (initial review, before obtaining signatures): 5 to 10 business days
	+ Final Review (after signatures): 10-15 business days

**CURF preparation and approval can require from 3 to 7 months. Effective in FY22, the deadline for submitting CURFs for end-of-year award is July 1. This is the date by which CURFs must arrive in the CMS mailbox for pre-review.**

# Section 1 - Administrative Data

General Project Information

| Information | Description | P/S |
| --- | --- | --- |
| **Task / Project Title** |  |  |
| **Task Areas**(Identify **one** primary task area with a “P” and secondary task areas, if relevant, with an “S.”) |  |  |
|  | Strategic/Tactical Planning & Analysis |  |
|  | Conceptual Planning & Proof of Concept |  |
|  | Acquisition Assistance |  |
|  | Continuous Process Improvement |  |
|  | Strategic Technology Evaluation |  |
|  | Feasibility Analysis & Design |  |
|  | Organizational Planning & Relationship Management |  |

\* Please obtain the PRJ number from MITRE if they are assisting with CURF development.

Projected Period of Performance and Estimated Value (Base Period)

| Base Period (# of Months) | Start Date | End Date | Base Dollar Value |
| --- | --- | --- | --- |
|  |  |  |  |

Projected Period of Performance and Estimated Value (Option Periods)

| Option Period Number | Start Date | End Date | Dollar Value |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Estimated Total Task Order Value (Base Period + Options)**

| Total Task Order Value (Base + Options) |
| --- |
|  |

Requestor Contact Information

| Requestor | Name/Title | Agency/Division/Office**(e.g., HHS/CMS/CCSQ; HHS/OASH)** | Email | Phone |
| --- | --- | --- | --- | --- |
| **Business Owner**  |  |  |  |  |
| **Contracting Officer’s Representative (COR)** |  |  |  |  |
| **Component (Office/Center) Director** |  |  |  |  |
| **Contracting Officer (CO)** |  |  |  |  |

# Section 2 – Appropriate Use of the Health FFRDC – Alignment Requirements

Projects awarded to the Health FFRDC must meet a **three-part test**: 1) the requirements fall within contract Scope and Purpose; 2) the work demonstrates a need for the specialized FFRDC relationship; and 3) the effort aligns with the requesting Agency or Organization’s strategic goals and objectives.

## Part One – Scope and Purpose

Scope and Purpose

| Element | Description |
| --- | --- |
| **Background**Provide a brief description of the context for this project, including prior efforts, e.g., implementation of law; improvement in quality; reduction in errors.Describe any previous or existing FFRDC task orders or other contracts for efforts of similar scope (provide contract number, contractor, period of performance, brief description of work). |  |
| **Purpose**Provide a brief description of the project’s intended purpose and impact, e.g., desired operational improvement. What will be different once this work is accomplished? How does the project help achieve the core missions of CMS and HHS to enable providers to deliver better healthcare to beneficiaries at a lower cost? |  |
| **Task Requirements**Provide top-level requirements for the tasking and key deliverables.  |  |
| **Transition Plan**Provide a high-level summary of your planned approach to transitioning work from the FFRDC to government or a commercial entity.  |  |

## Part Two – Special Relationship

Select the aspects of the special FFRDC relationship that are needed to perform the work successfully. (Select all that apply.)

Special Relationship – Qualities

| Qualities | Y / N |
| --- | --- |
| Objectivity & Independence |  |
| Freedom from Conflicts of Interest |  |
| Special Access to sensitive or proprietary information |  |
| Comprehensive knowledge of Agency needs/institutional memory |  |
| Quick Response Capability |  |
| Long-Term Continuity |  |
| Comprehensive knowledge of the health care policy, business, delivery, quality improvement, and Health IT |  |

Special Relationship – Additional Insight

| Additional Insight | Description |
| --- | --- |
| **Special Relationship Qualities**Describe ***how*** each of the special qualities chosen above are needed for the FFRDC to accomplish the requirements most effectively. See instructions, Part 2 – Special Relationship, for additional information about how to describe the qualities and their importance for your work.  |  |
| **Market Research**Describe the specific market research conducted. Briefly describe the alternative sources considered for this work and why using the FFRDC is the most effective option to accomplish desired objectives and outcomes. See instructions, Part 2 – Special Relationship, for additional information about how to describe your market research.  |  |

## Part Three – Strategic Alignment

Strategic Alignment – Outcomes

| Project Outcomes | Outcome  | Success Criteria and Evidence |
| --- | --- | --- |
| Describe the outcome(s) that this specific Task Order is expected to achieve by the end of the Period of Performance. What will be incrementally better because of the work? Categories to consider include what the sponsor expects to achieve in terms of:* Reduced Risk
* Qualitative Improvement
* Improved Operational Efficiency
* Quantitative Cost Savings
* New Capabilities for the Sponsor

Describe the success criteria and evidence that will demonstrate that the Health FFRDC delivered the desired outcome. What fact(s) (understandable by someone without deep context about the project) will provide evidence that the project outcome is achieved by the end of the Period of Performance? | Outcome 1: |  |
|  | Outcome 2: |  |
|  | Outcome 3: |  |
|  | Outcome 4: |  |

Strategic Alignment – Intermediate Outcomes

| Intermediate Outcomes | Description |
| --- | --- |
| Briefly describe a medium-term goal defined by Agency leadership (e.g., a sub-goal that contributes toward one of the Agency’s overarching, long-term strategic goals) that this project’s outcomes (above) advance.For example, a project outcome that makes progress toward use of alternative payment models may contribute toward an Intermediate Outcome of advancing delivery system reform, which is one component of achieving a larger End Outcome (below) of improving quality care or strengthening healthcare.In cases where projects advance more than one Intermediate Outcome (e.g., advancing delivery system reform, while also increasing Agency organizational capacity), describe each Intermediate Outcome, while designating which is of primary importance to the Agency. | Intermediate Outcome 1: |
|  | Intermediate Outcome 2: |
|  | Intermediate Outcome 3: |

Strategic Alignment – End Outcomes

| End Outcomes | Description |
| --- | --- |
| Describe the high-level 4- to 5-year strategic Agency or Department-wide goals toward which the project contributes to over the long term.Examples include:* Innovative Approaches to Improve Quality, Accessibility, Affordability, and Sustainability
* Usher in a New Era of State Flexibility and Local Leadership
* Empower Patients and Doctors to Make Decisions About Their Healthcare
* Improve the CMS Customer Experience
* Strengthen and Modernize the Nation’s Health Care System
* Foster Sound, Sustained Advances in the Sciences
* Strengthen the Economic and Social Well-Being of Americans
* Promote Effective and Efficient Management and Stewardship

If the project’s outcomes advance more than one End Outcome, describe each End Outcome, while designating which is of primary importance to the Agency. | End Outcome 1: |
|  | End Outcome 2: |
|  | End Outcome 3: |

# Section 3 – Supporting Documents

Confirm provision of supporting documents:

* Statement of Work/Objectives Yes No
* Independent Government Cost Estimate Yes No

# Section 4 – Approvals for Requests from CMS Offices/Organizations

| Title | Signature | Date |
| --- | --- | --- |
| Contracting Officer’s Representative (COR) |  |  |
| Component (Office/Center) Director |  |  |
| Contracting Officer (CO) |  |  |
| Health FFRDC PO (IDIQ COR) |  |  |
| Health FFRDC Executive Steering Committee Chair (as applicable) |  |  |

# Section 5 – Approvals for Requests from Broader HHS or other Agencies

| Title | Signature | Date |
| --- | --- | --- |
| Contracting Officer’s Representative (COR) |  |  |
| Component (Office/Center) Director |  |  |
| Contracting Officer (CO) |  |  |
| Head of Contracting Activity (or designee) |  |  |
| Health FFRDC PO (IDIQ COR) |  |  |
| Health FFRDC Executive Steering Committee Chair |  |  |

# Health FFRDC CURF Completion Instructions

If you have any questions when completing this form, contact the Health FFRDC PO at CMS or the Health FFRDC PMO (MITRE). Points of contact are listed below. These contacts can help you identify a Health FFRDC team member who will assist in clarifying and shaping requirements and in providing a rough order of magnitude (ROM) estimate of the work required to achieve your objectives.

For further details concerning appropriate use of the Health FFRDC and the ordering process, please refer to the Health FFRDC Ordering Guide.

**CURF Review:** Because of the unique status and importance of the strategic partnership between CMS and the Health FFRDC, CMS must ensure appropriate use of the FFRDC.

FFRDCs undertake work that cannot be performed as effectively by existing in-house or contractor resources. The Health FFRDC may only perform work that meets the following three-part test: (1) is consistent with its mission, purpose, scope, and capabilities; (2) is consistent with the strategic relationship between the center and its government task sponsors; and (3) has alignment with Agency or Organization strategic goals and objectives.

Requiring offices are responsible for reviewing the nature of the requirements in relation to the Health FFRDC mission, purpose, and scope. Generally, work is appropriate for an FFRDC if it is consistent with the need for objective expert support; free of real or perceived conflicts of interest; on topics integral to the Agency and task sponsor mission(s); and requires comprehensive knowledge of the sponsor’s needs, problems, and issues. Repeatable program or project management office support is not appropriate for the FFRDC. Examples of work that should not be performed by the Health FFRDC include:

* Maturing a program/project management office
* Augmenting staff with project managers/planners who primarily plan, develop, implement and/or maintain project schedules and project management artifacts
* Administrative and clerical project management activities such as scheduling meetings or taking notes

The PO will review all requests to ensure that the requirements meet the test for appropriateness and advise if additional information is required.

**CMS orders up to $1M:** The Health FFRDC PO will make the determination on the appropriateness for using the FFRDC.

**CMS orders >$1M:** The Health FFRDC Executive Steering Committee (ESC) will make the determination on the appropriateness of using the FFRDC.

**Other requiring offices (HHS Operating and Staff Divisions or other Government Agencies):** The responsible Head of Contracting Activity (HCA) or designee will evaluate and approve that the requested work is appropriate. The PO will review and process the request and forward it to the ESC and/or ESC Chair for approval before sending it to the Health FFRDC Contracting Officer (CO). If the CO determines the request is consistent with the mission, purpose, and scope of the Health FFRDC contract and in the best interest of the Federal Government, the CO will provide notice of approval to the respective task order contracting officer.

Points of Contact:

**Centers for Medicare & Medicaid Services**

**Victoria Morgan**

Health FFRDC IDIQ COR

Office of Information Technology (CMS Program Office)

7500 Security Blvd., N2-03-26

Baltimore, MD 21244-1850

HealthFFRDC@cms.hhs.gov

410-786-7232

**Monica Kay**

Health FFRDC IDIQ Program Manager

Office of Information Technology (CMS Program Office)

7500 Security Blvd., N1-19-21

Baltimore, MD 21244-1850

HealthFFRDC@cms.hhs.gov

410-786-1323

 **Deborah Lester**
Health FFRDC Contracting Officer

Office of Acquisition and Grants Management
7500 Security Blvd, B3-30-03
Baltimore, MD 21244
Deborah.Lester@cms.hhs.gov
410-786-5136

**Jennifer Davis**

Health FFRDC Contract Specialist

Office of Acquisition and Grants Management

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Jennifer.Davis@cms.hhs.gov

410-786-2460

**The MITRE Corporation (Health FFRDC Operator)**

 **Jon Kunzman**
Health FFRDC Contracts Manager
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JKunzman@mitre.org
703-983-6272

**Heidi Giles**
Health FFRDC PMO Manager
The MITRE Corporation
7515 Colshire Dr. McLean VA 22102
HGiles@mitre.org
410-402-2706

**Form Instructions**

**Section 1 – Administrative Data**

General Project Information:

* Obtain the pipeline reference (PRJ) number from MITRE.
* Provide the name of the task/project.
* Indicate Task Areas from the contract scope relevant to accomplishing the work (there may be several that apply).
* Identify the projected period of performance and value for the base period. If options are anticipated, identify the number of options and the end date and total value for the task order inclusive of all option periods.
* **Verify that** **the estimated value corresponds to the IGCE submitted with this request.**

Contact Information: Provide Point of Contact (POC) information as follows. Include Agency/Division and Office/Organization, email address, and telephone number for all POCs:

* Business Owner – identify the requesting business owner/primary point of contact for the request.
* COR – CMS CORs are assigned by the requesting office/organization. Please see CMS COR manual for certification requirements.
* Component (Office/Center) Director – identify the requesting task sponsor who has the authority to obligate funds for this work.
* CO – identify the CO responsible for awarding the task order.

**Section 2 – Appropriate Use of the Health FFRDC – Alignment Requirements**

Describe how your project is aligned with the Health FFRDC based on a **three-part test**:

1. the requirements fall within contract Scope and Purpose;
2. the work demonstrates a need for the specialized FFRDC relationship; and
3. the effort aligns with the requesting Agency or Organization’s strategic goals and objectives.

As you complete this form, consider the following guiding questions to help determine whether the required services are appropriate Health FFRDC work:

* Does the support help meet government long-term or complex mission needs in ways that cannot be met as fully or as effectively using in-house resources?
* Does the work support the Government in its public interest missions?
* Does the support require access, beyond that which is common in a normal contractual relationship, to Government or supplier data, including sensitive and proprietary data such as planning, budgetary and other restricted data, or to employees and facilities?
* Does the support require an organization free from real or perceived conflicts of interest to meet your requirements? Would the work otherwise create a conflict of interest that would be difficult to mitigate if it were to be offered to a commercial entity?
* Does the support require unbiased advice and assistance in the areas of policy, business operations, and technology prior to investing federal dollars in the implementation of solutions?
* Does the Government require a trusted agent that is objective and independent to facilitate strategic planning or assist in the establishment of trusted third-party partnerships?
* Does the work require timely integration of disciplines and specialties too broad and complex to acquire through individual commercial contractors?
* Does the support require the innovation and critical thinking resources established and maintained by the Health FFRDC, including relevant research and development capability, laboratory facilities and analytic capability on topics within the healthcare domain?
* Does the work require “neutral” strategic or tactical studies, analysis, or proof-of-concept of policy implications, business architecture, potential operations models, or IT solution options?
* Does the support require the knowledge of the sponsor’s external stakeholder community, institutional memory, and historical perspective on government issues engendered by an FFRDC?

Part 1. Scope and Purpose

* **Background.** Briefly describe the technical or policy context for this project. Identify if the request is for further effort related to prior support. Describe any other previous or existing FFRDC task orders or other contracts for efforts of similar scope (provide contract number, contractor, period of performance, brief description of work).
* **Purpose.** Briefly describe the intended purpose for the project, and provide a succinct description of the impact desired, i.e., an indication of what will be different once this work is accomplished.
* **Task Requirements.**
	+ List the top-level requirements and the key deliverables. Requirements should be outcomes-based and aligned to Agency strategic and tactical plans.
	+ The tasks should be detailed in the accompanying Statement of Work (SOW) or Statement of Objectives (SOO).
	+ Health FFRDC support should help the Agency define “what” or “why” programs or acquisitions are needed; and “how” implementation should be defined, as opposed to requesting specific implementation and repeatable program maintenance activities that could be competitively procured.
	+ Please refer to the Health FFRDC Ordering Guide for additional information about tasks that may be appropriate for the Health FFRDC. Note that the FFRDC cannot provide services that are appropriate for commercial contractors (e.g., staff augmentation or repeatable program office support).
* **Transition Plan.** Provide a high-level summary of your planned approach to transitioning work from the FFRDC to government or a commercial entity. This summary should be based on a more detailed description in your SOW or SOO.

Part 2. Special Relationship

* **Qualities**. Complete the table, Special Relationship – Qualities. Select the aspects of the special FFRDC relationship that are needed to perform the work successfully.
* **Additional Insight**.
	+ **Special Relationship Qualities:** Describe the qualities that define the role and special relationship between the task sponsor and the Health FFRDC that are needed to perform the requirements most effectively.
		- **Relevant qualities include:**
			* Objectivity and independence
			* Specialized research capability
			* Institutional knowledge
			* Trusted access to confidential data – describe how the work requires access to information, data, or systems beyond that which is common in a commercial contractual relationship
			* Ability to meet long-term business and technical needs
			* Expert-level understanding of the Agency’s current operating, regulatory and information technology environments
		- **Provide specific examples**. Provide details about the work and why/how the FFRDC’s involvement is needed. Why is this important? What potential consequences are associated with not using the FFRDC?
			* An organization free from real or perceived conflicts of interest is required to provide unbiased strategic guidance, or to develop a plan, roadmap and/or requirements that will facilitate open competition downstream.
			* A trusted agent is needed because the work requires access to information that would not otherwise be shared with commercial contractors (identify the specific information).
	+ **Market Research.** Agencies shall conduct market research appropriate to the circumstances before awarding a task or delivery order under an IDIQ contract for a noncommercial item in excess of the simplified acquisition threshold (see FAR 10.001). The extent of the research will vary depending on factors such as urgency of need, the estimated dollar value of the acquisition, its complexity, and whether recent and relevant research on similar requirements exists. For purposes of this CURF, requiring offices shall include the following to document the market research conducted for this request. Please contact your CO if you need assistance. NOTE: The FFRDC PO and CO reserve the right to request detailed backup that supports this narrative.
		- The methods used to conduct market research (e.g., querying other existing government contract vehicles (internal and external to the agency), requests for information, sources sought announcements, review of trade journals, presolicitation conferences, etc.);
		- The timeframe in which market research was conducted;
		- The analysis of the capabilities of the potential sources that were identified during market research; and
		- Conclusions reached as a result of market research analysis. Is this requirement appropriate for small businesses? If not, why not?  Is this requirement appropriate for other commercial contractor resources? If not, why not? Can this work be accomplished by in-house resources? If not, why not?
	+ **Resource:** The online [Health FFRDC Project Library](https://publish.mitre.org/health/) contains information—including project descriptions and government points of contact—for all Health FFRDC task orders dating to the inception of the FFRDC in 2012. [The Project Library](https://publish.mitre.org/health/) can support your market research by identifying past and/or current Health FFRDC work that might have relevance for your planned task order. It can also help you connect with other government sponsors who have worked with the Health FFRDC. To create a user account and access the Project Library, click “Sign Up” on the [Project Library home page](https://publish.mitre.org/health/).

Part 3. Strategic Alignment

* **Outcomes.** Indicate the desired outcomes—at the project, intermediate (medium-term), and end/Agency (3-5 year) levels. How do project outcomes align to your Agency’s strategic objectives? Is the FFRDC support required to help meet legislative mandates?

**Section 3 – Attachments**

* Indicate whether the CURF request includes the required attachments.

**Section 4 – Approvals for Requests from CMS Offices/Organizations**

* **Pre-Review:** The COR coordinates the request with the CO who will be responsible for awarding the task order to ensure compliance with contracting and acquisition standards. The CO submits the CURF package (CURF, SOW, and IGCE) to the CMS PO (HEALTHFFRDC@cms.hhs.gov) for review. **Signatures are not required for pre-review.**
* **Final Review:** Signatures are gathered after the Health FFRDC IDIQ COR notifies the requiring office CO that pre-review is complete:
	+ The requiring office COR signs and dates the form to indicate approval of the request and agreement to comply with quality assessment and performance feedback requirements. (See the ordering guide for additional details related to quality assessment requirements.)
	+ The requiring office COR also obtains the signature of the Component (Office/Center) Director.
	+ The requiring office COR then sends the CURF package to the requiring office CO, who signs and dates the CURF to confirm that the request has been reviewed for appropriateness in accordance with the three-part test (mission, purpose, and scope).
	+ The CO routes the CURF to the CMS PO (HEALTHFFRDC@cms.hhs.gov).
	+ After final review is complete, the Health FFRDC IDIQ COR will sign and date the form to indicate that all required steps have been completed, that the request was reviewed for appropriateness in accordance with the three-part test (mission, purpose, and scope), and that the request is within the Health FFRDC contract ceiling.
	+ The Health FFRDC ESC Chair signs and dates the CURF to indicate approval. Orders greater than $1M also require review by the full ESC prior to the ESC Chair’s review and signature. For special interest topics, the Health FFRDC ESC Chair may convene a review with the requiring office to determine appropriateness of the request.

**Section 5 – Approvals for Requests from HHS or other Agencies**

* **Pre-Review:** The requiring office COR coordinates the request with the requiring office CO who will be responsible for awarding the task order to ensure compliance with contracting and acquisition standards. The requiring office CO submits the CURF package (CURF, SOW, and IGCE) to the CMS PO (HEALTHFFRDC@cms.hhs.gov) for review. **Signatures are not required for pre-review.**
* **Final Review:** Signatures are gathered after the Health FFRDC IDIQ COR notifies the CO responsible for awarding the task order that pre-review is complete:
	+ The requiring office COR signs and dates the form to indicate approval of the request and agreement to comply with quality assessment and performance feedback requirements. (See the ordering guide for additional information related to quality assessment requirements.)
	+ The requiring office COR then sends the CURF package to the requiring office CO. The requiring office CO and the cognizant Head of Contracting Activity (HCA) (or designee) signs the form to confirm that all required steps have been completed and that the request has been reviewed for appropriateness in accordance with the three-part test (mission, purpose, and scope).
	+ The requiring office CO routes the CURF to the CMS PO (HEALTHFFRDC@cms.hhs.gov).
	+ The Health FFRDC IDIQ COR signs and dates the form to indicate that the request has been reviewed for appropriateness, and that the request is within the Health FFRDC contract ceiling.
	+ The Health FFRDC ESC Chair signs and dates the CURF to indicate approval. Orders greater than $1M also require review by the full ESC prior to the ESC Chair’s review and signature. For special interest topics, the Health FFRDC ESC Chair may convene a review with the requiring office to determine appropriateness of the request.
	+ The Health FFRDC CO will issue a letter indicating agreement that the request is appropriate for the Health FFRDC and providing approval for Health FFRDC use.