Centers for Medicare & Medicaid Services

CMS Alliance to Modernize Healthcare
Federally Funded Research and Development Center

Ordering Guide

Version 7.0

June 2024

Record of Changes

Version	Date	Author / Owner	Description of Change
0.9	October 24, 2018	D. Lester / CMS J. Kuebel III / CMS	Initial draft for second period of performance.
1.0	February 5, 2019	D. Lester / CMS J. Kuebel III / CMS	Approved initial version for second period of performance. Changes based on new FFRDC contract (effective 8/30/18) and revision to FFRDC short name.
2.0	June 12, 2019	D. Lester / CMS J. Kuebel III / CMS	Updated Figures 1 and 2 (ordering process diagrams). Modified section 2.1.3.1 to specify mandatory pre-review of work request packages. Revised section 2.4 to include CMS mailbox for Health FFRDC communications.
3.0	February 26, 2021	D. Lester / CMS J. Kuebel III / CMS	Revisions to make the Ordering Guide more user friendly. Added Frequently Asked Questions; more information about the Three-Part Test; details about how to prepare for ordering; and information about ordering timelines. Revised and streamlined the step-by-step descriptions of the ordering process. Expanded and clarified information about task order modifications and Modification Memos. Added three new appendices: Appendix A: Background Information About FFRDCs; Appendix C: Health FFRDC Project Library; and Appendix D: Resources.
4.0	November 9, 2021	D. Lester / CMS V. Morgan / CMS	Updated ordering process to include Executive Steering Committee review and e-votes for all Contract Use Request Forms with estimated value above $1 million. Changed point of contact information for the CMS Program Office. Added changes to end-of-Fiscal Year ordering timelines.
5.0	January 20, 2023	C. Hagepanos / CMS V. Morgan / CMS	Updated ordering process information to include new summary diagram with links to corresponding information in the *Ordering Guide*. Updated Contracting Officer contact information. Added information about requirements for Non-Sponsor Requests (work requests outside of HHS).
6.0	October 2023	C. Hagepanos / CMS T. Dangerfield / CMS	Updated point of contact information for the Contracting Officer's Representative. Added information about new Indefinite Delivery, Indefinite Quantity contract provisions (effective August 31, 2023), including the new Administrative Fee.

Version	Date	Author / Owner	Description of Change
7.0	June 2024	J. Davis / CMS T. Dangerfield / CMS	Updated Contracting Officer contact information. Update Health FFRDC Governance Manager contact information.

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1. Introduction

1.1 The Health FFRDC

The Centers for Medicare & Medicaid Services (CMS) sponsors and administers the CMS Alliance to Modernize Healthcare Federally Funded Research and Development Center (Health FFRDC). The Health FFRDC performs research and analysis on various topics in the health domain and provides an enterprise approach to supporting achievement of the core missions of the Department of Health and Human Services (HHS), its various operating and staff divisions, and federal agencies outside of HHS (non-sponsoring agencies) that have healthcare missions.

The Health FFRDC provides access to unbiased advice and assistance from a trusted, objective, and conflict-free source. Under special provisions in law and regulation, the FFRDC is a full partner with government leaders, with access as needed to pre-decisional, acquisition-sensitive, and other confidential and proprietary information.

Through a competitive procurement, CMS selected The MITRE Corporation (MITRE) as the Health FFRDC Operator. MITRE is a not-for-profit entity chartered to work in the public interest. As the FFRDC Operator and partner, MITRE serves as an objective, independent advisor to sponsors and approved non-sponsors. In this document, MITRE is referred to as the Health FFRDC Operator.

1.2 The Ordering Guide

The *Ordering Guide* helps sponsors and non-sponsors understand what the Health FFRDC is and how to use it. The guide:

- Describes the Health FFRDC "ordering process"—the steps involved in seeking approval for and awarding task orders under the Health FFRDC contract. This step-by-step process is described in Section 6.
- Identifies the responsibilities of Health FFRDC sponsors and non-sponsors
- Provides contact information for questions and for handling requests to use the Health FFRDC

2. Frequently Asked Questions – and How to Find Additional Information in the Ordering Guide

Table 1 provides short answers to questions that are frequently asked about the Health FFRDC and identifies sections of the *Ordering Guide* that provide additional information.

Table 1. Frequently Asked Questions

Number	Question	Answer	Ordering Guide Section (Additional Information)
1	What is an FFRDC?	An FFRDC is a unique organization sponsored by a government agency and subject to a unique set of operating conditions specified by the Federal Acquisition Regulation (FAR 35.017). It is not a commercial contractor. ***An FFRDC meets some special long-term research or development need that can't be met as effectively by existing in-house or commercial contractor resources.***	Appendix A: Background Information about FFRDCs
2	What is the Health FFRDC?	The Health FFRDC performs research and analysis on various topics in the health domain and provides an enterprise approach to supporting achievement of the core missions of HHS, its various operating and staff divisions, and federal agencies outside of HHS (non-sponsoring agencies) that have healthcare missions. CMS sponsors and administers the Health FFRDC.	• 1.1. The Health FFRDC • 3.1. The Three-Part Test
3	Who may use the Health FFRDC?	The Health FFRDC is available to all HHS Staff and Operating Divisions—which are known as sponsors—and to CMS-approved non-sponsors. These entities are also known as "requiring offices" in this document.	• 4.3. Prepare Your (Requiring Office) Team • 4.6. Additional Considerations for Federal Non-Sponsors
4	When or why should I use the Health FFRDC?	The three-part test helps determine whether work is appropriate for the Health FFRDC. ***The planned work must meet all conditions of the three-part test. It must: (1) fit within the purpose and scope of the Health FFRDC; (2) require the special relationship with the FFRDC; and (3) align with your agency's strategic plan or legislative mandates.***	• 3.1. The Three-Part Test • 3.2. Additional Considerations

Number	Question	Answer	Ordering Guide Section (Additional Information)
5	When or why should I use a contracting vehicle other than the Health FFRDC?	You should use another contracting vehicle whenever your planned work does not meet all conditions of the three-part test. Engaging the FFRDC is not appropriate to avoid competition, mature a program or project management office, or procure certain types of staff support (e.g., staff augmentation).[1]	3.2. Additional Considerations
6	What type of contract governs the Health FFRDC?	The Health FFRDC is a single-award, indefinite delivery, indefinite quantity (IDIQ) contract. Task orders are usually non-severable.	N/A
7	What types of work can the Health FFRDC perform?	The ***Health FFRDC can perform work in 7 categories: (1) Strategic and Tactical Planning and Analysis; (2) Conceptual Planning and Prototyping; (3) Acquisition Assistance to include Planning and Contract Reform; (4) Organizational Planning and Relationship Management; (5) Continuous Process Improvement; (6) Strategic Technology Evaluation; and (7) Feasibility Analysis and Design in the Areas of Policy, Business Operations, and Technology.*** In addition, proposed work must meet all conditions of the three-part test.	3.1. The Three-Part Test (including 3.1.1. Part 1: Purpose and Scope)
8	I have an idea for work under the Health FFRDC. How can I learn more about similar work that the Health FFRDC has performed?	The Health FFRDC Project Library is an online tool that includes information for all task orders, dating to the inception of the Health FFRDC in 2012. You can use this tool to look for past and/or current Health FFRDC work that might have relevance for your planned task order. You can access the Project Library at https://publish.mitre.org/health. You will need to request an account the first time you use the Library.	Appendix C: Health FFRDC Project Library
9	How long does it take to place work with the Health FFRDC?	The average elapsed time from ***initial identification of need to final award ranges from 3 – 7 months,*** depending on scope and complexity of the planned work.	5. The Ordering Process: An Overview and Timelines (Tables 3 and 4)

[1] **Developing or establishing** (as distinguished from maturing) a program/project management office may be appropriate FFRDC work. Please consult with CMS's Program Management Office for additional guidance.

Number	Question	Answer	Ordering Guide Section (Additional Information)
10	How do I place work with the Health FFRDC?	• Work with your Contracting Officer (CO) and contact the CMS Program Office (PO) to express your interest in using the FFRDC and to ask any questions you might have. • Become familiar with the Ordering Guide. • Allow sufficient time (3 – 7 months) to develop your request, obtain approval, and complete the contracting process.	• 4. Preparing to Request Work (Responsibilities of the Requiring Office) • 5. The Ordering Process: An Overview and Timelines • 6. The Ordering Process: Step-By-Step

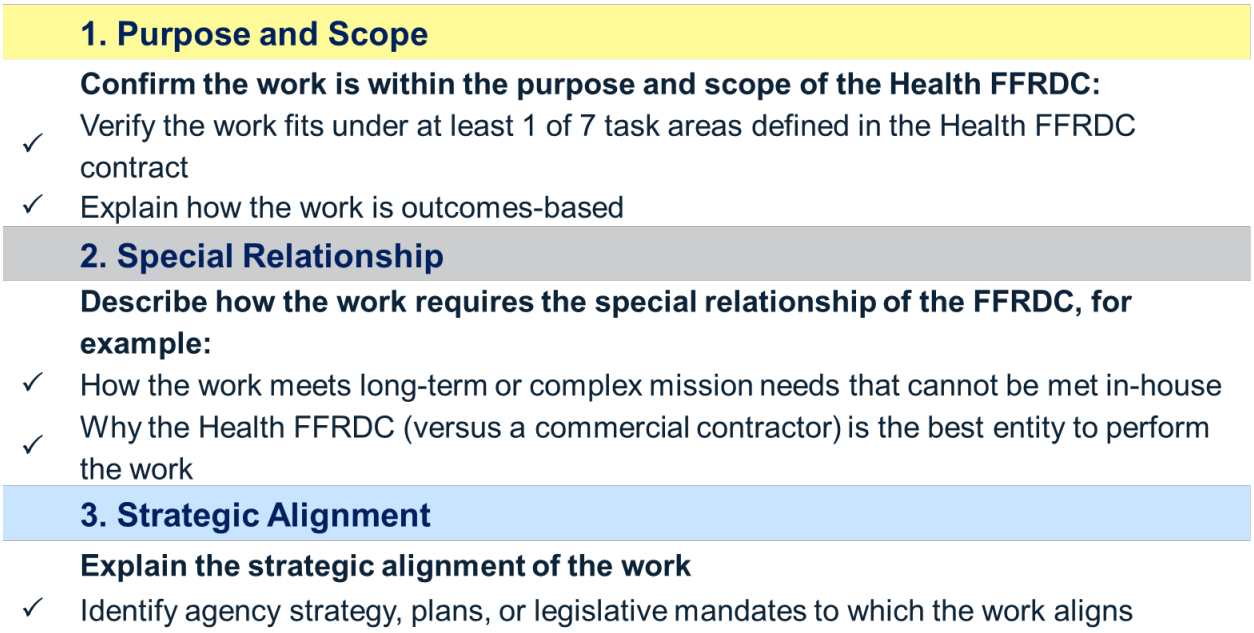
3. Determining Appropriateness of Work for the Health FFRDC

In accordance with the governance and oversight requirements for the Health FFRDC, CMS must review and approve work before requiring offices may issue task orders. CMS uses the three-part test and additional criteria when determining whether to approve work under the Health FFRDC.

3.1 The Three-Part Test

The three-part test helps determine whether work is appropriate for the Health FFRDC; the planned work must meet all conditions of the three-part test (Figure 1). Requiring offices use the **Contract Use Request Form (CURF)** to describe how work meets the three-part test.

Figure 1. The Three-Part Test



3.1.1 Part 1: Purpose and Scope

The Health FFRDC IDIQ contract defines seven potential areas for work (Figure 2). Proposed work must fit within the purpose and scope of one or more of these task areas:

Figure 2. Seven Task Areas for Health FFRDC Work

Appendix B of this *Ordering Guide* includes additional descriptions of tasking in each area.

3.1.2 Part 2: Special Relationship

A unique and special relationship exists between the FFRDC and its sponsors to ensure that specific long-term business and technical needs are met effectively. FFRDC support is appropriate when one or more of the following special relationship qualities are needed:

- **Objectivity and independence –** ability to produce thorough, independent analyses to address complex technical and analytical problems
- **Freedom from conflicts of interest –** independence from commercial, shareholder, political, or other associations
- **Special access to sensitive or proprietary information –** absence of institutional interests that could lead to misuse of information or cause contractor reluctance to provide such information
- **Comprehensive knowledge of agency needs/institutional memory –** mission, culture, expertise, and institutional memory regarding issues of enduring concern for sponsoring or non-sponsoring agencies
- **Quick response capability –** ability to offer short-term assistance to meet **urgent and high-priority strategic and research requirements**, such as matters of national significance (e.g., providing support during a national emergency). The value of the quick response quality is up front—based on the FFRDC's ability to engage quickly and deliver expertise relevant to the urgent situation. **Speed alone is not a determining factor—the work must also be FFRDC-appropriate.**
- **Long-term continuity –** uninterrupted, consistent support based on a continuing relationship. This relationship quality refers to the value a sponsor derives from Health FFRDC engagement **over time** and not to the duration of an individual task order. Health

FFRDC work solves a problem, involves research and development studies and analysis, develops innovative solutions, and/or develops new technologies and prototypes. It is progressive; the work either comes to a natural conclusion (e.g., delivery of a prototype) or is transitioned to government resources or commercial contractors when it becomes steady state (e.g., ongoing operation of a deployed capability).

- **Comprehensive knowledge** of the healthcare policy, business, delivery, quality improvement, and IT landscape, with an emphasis on relationship management across entities and the demonstrated ability to bring the agency together to resolve enterprise challenges

The CURF requires a detailed, specific explanation of why the Health FFRDC is needed to perform the planned work. **For each special relationship quality identified on the CURF (from the list above), the requiring office must describe *why* the work requires the special relationship quality.** Each quality must be addressed separately, including a project-specific explanation of why that quality is important for the work under the task order.

To jump start your response, begin with: "The Health FFRDC's (insert special quality) specifically supports the needs of this work because (insert reason)" and then explain the current situation. ***Provide this type of explanation for every special quality selected. Enough detail is needed to ensure that the special quality needed/selected maps to the substantiated rationale.*** See Figure 3 for additional information.

Figure 3. CURF Detail Needed to Justify FFRDC Special Relationship

Insufficient Detail

Objectivity and independence. Due to the sensitive nature of work related to this work, the agency requires the FFRDC operator to provide the necessary objectivity and independence to accurately develop and implement a data- driven evidence-based approach to prioritize children for manual reviews of case management records. The FFRDC team will provide a non-biased assessment of case files, identifying consistencies and uniqueness in case reviews that will enable the agency to objectively streamline and accelerate identification of children of potential class members.

Special access to sensitive or proprietary information. Absence of institutional interests that could lead to misuse of information due to the highly politically sensitive nature of the work.

Appropriate Level of Detail

Objectivity, independence, and freedom from conflicts of interest. The most important factor requiring the selection of the FFRDC rather than government contracting option, is the Health FFRDC's freedom from conflicts of interest. Specifically, the program is currently facing several high-profile questions on the Hill and in the press about whether commercial entities or individuals associated with them might profit from their participation in policy-making or the provision of services to the program. The independence of entities involved in assisting the agency has been specifically questioned, and the agency has fielded questions on this topic from multiple Congressional hearings. In addition, media sources have questioned the impartiality of contractors used by the program, and members of Congress made another request to HHS OIG to investigate conflicts of interest on the part of commercial entities providing contracted services to the agency. In this climate of intense scrutiny, the independence and interest-free position of the FFRDC is essential to providing the effort the legitimacy and public acceptability required for success in this undertaking.

Special Access to sensitive or proprietary information. The work requires access to sensitive data, for which the Health FFRDC is well suited by virtue of the FAR requirements. Specifically, information that could cause commercial contractors to have organizational conflicts of interest or unfair advantages in acquisitions in support of the programs covered under this task order (Task 2 - Acquisition). This includes access to agency and other operational information, and pre-decisional policy and regulatory information. Likewise, access to federal and other information (see Task 3) that may be highly sensitive and uncover exploitable program weaknesses. Additionally, the project may require access insights from claims, financial and other administrative data (see Task 3), which would not otherwise be shared with a commercial contractor due to its highly sensitive nature and\or use in pre-decisional analyses in support of programmatic policy and operational decisions. Under federal law and contracting regulatory requirements, commercial contractors are generally precluded from substantively participating in pre-decisional stages of policy and regulatory development process.

3.1.3 Part 3: Strategic Alignment

The requiring office must identify and describe the project, intermediate, and end outcomes of the planned work and explain how those outcomes align with the agency's strategy, plans, or legislative mandates.

Sample outcome statements appear below. The CURF template includes additional guidance for developing effective outcome statements.

Project Outcome

Example: Establish strategic and inform new regulations that enable the agency to promulgate and enhance key policies in the absence of other applicable foundational frameworks. This will enable the agency to meet its mission objectives.

Why this is an effective project outcome statement: Identifies what will be different after the project is completed.

Intermediate Outcome

Example: This project contributes directly to the agency's vision and mission [summarize or restate vision and mission]. The project will accomplish this outcome by:

- Better defining the agency's activities and expanding specific services or activities [identify them] that support [identify a population or group served by the agency], resulting in a specific benefit from this work [briefly describe].
- Capturing these standards in federal regulations so that they cannot be revised or withdrawn without notice and comment rulemaking.
- Reducing the risk of disruption in services due to potential litigation challenges.

Why this is an effective intermediate outcome statement:

- Aligns with an agency goal/mission
- Describes how the project will advance the goal/mission

End Outcome

Example: This work aligns with [identify strategic goal and associated strategic objective]. The project will accomplish this outcome by better defining the agency's activities and expanding specific services or activities [identify them]. This will enable [insert summary of ultimate end state that aligns with the cited strategic goal and associated objective].

Why this is an effective end outcome statement:

- Aligns with an HHS-wide goal
- Identifies end beneficiary
- Describes how the project will help to improve the beneficiary's experience

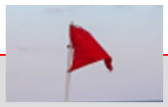
3.2 Additional Considerations

In addition to the three-part test, Figure 4 identifies additional criteria that help determine whether work may or may not be appropriate for the Health FFRDC.

Figure 4. Effective Stewardship Includes Evaluating FFRDC Appropriateness

The Health FFRDC may be appropriate for work that:

- ✓ Solves a problem
- ✓ Involves research and development studies and analysis
- ✓ Develops innovative solutions
- ✓ Develops new technologies & prototypes
- ✓ Is progressive versus steady state and results in a product, such as an analysis, model development, or prototype
- ✓ Is typically non-severable



Activities that may not require the special relationship with the Health FFRDC:

- Seeking a vehicle of convenience
- Avoiding competition
- Production or steady-state repeatable work
- Maturing a program or project management office
- Staff support/augmentation
  - Resident experts
  - Administrative or clerical support
  - Commercial contractor-type work
  - Significant subcontract work with commercial contractor(s) (scenario-driven)

4. Preparing to Request Work: Responsibilities of the Requiring Office

Multiple steps are involved in placing work under the Health FFRDC. Requiring offices are advised to gather information and resources and engage the appropriate stakeholders at the **beginning** of the process. You also have the ability to engage MITRE in the development (workshaping) process to prepare the submission.

Make sure you have an assigned Contracting Officer's Representative (COR) and CO as part of your Requiring Office team to facilitate your internal processes as well as communications with CMS.

4.1 Allow Sufficient Time for Preparing and Obtaining Approval of Your Request

CURF preparation and approval can require from 3 to 7 months. ***The deadline for submitting CURFs for end-of-fiscal-year award is July 1. This is the date by which CURFs must arrive in the CMS mailbox for pre-review in order to assure completion of follow-on acquisition activities and a fiscal year award.***

4.2 Assemble Resources (Ordering Guide and Companion Documents)

This *Ordering Guide* is a definitive resource for preparing to work with the Health FFRDC. The Appendices provide expanded information. The Attachments are templates used in the ordering process.

Appendices

- Appendix A – Health FFRDC Task Area Descriptions
- Appendix B – Background Information About FFRDCs
- Appendix C – Health FFRDC Project Library
- Appendix D – Additional Resources
- Appendix E **(New)** – Administrative Fee (applies to task order awards on or after October 1, 2023)

Attachments/Templates (separate documents)

- Attachment 1 – Contract Use Request Form
- Attachment 2 – Sample Task Order Request for Proposal
- Attachment 3 – Modification Request Memo
- Attachment 4 – Non-Sponsor Request for Approval Letter

The *Ordering Guide,* Appendices, and Attachments can be obtained by contacting the CMS PO (email: HealthFFRDC@cms.hhs.gov).

4.3 Prepare Your (Requiring Office) Team

The requiring office of the ordering agency is responsible for developing the CURF package (including task requirements), establishing performance measures, certifying funds, and issuing the task order.

A CO must be assigned to this effort for CURF pre-review. The requiring office will also assign a COR, who will work with the Task Order CO to coordinate these activities.

Table 2 identifies primary team members who are involved with the Health FFRDC task order request process. Consulting these individuals early can help ensure a more efficient process.

Table 2. Roles in the Health FFRDC Ordering Process

Stakeholder	Role
Task Order CO (located in the requiring office's agency)	• The requiring office's primary point of contact for contracting • Works with requiring offices during initial work shaping (and modifications) • Assists in determining if the work is appropriate for the Health FFRDC • Submits CURF packages to the CMS PO and transmits feedback and approval to the requiring office • Oversees contracting activities (proposal solicitation and evaluation; awards and modifications) • Required to evaluate use of Health FFRDC for Agency use against other potential vendors • Submits package to Health FFRDC PO for pre-review
CMS Health FFRDC Program Office Team (includes IDIQ CO and Contracts Specialist (CS), IDIQ Program Manager, and IDIQ COR)	• Provides guidance about working with the Health FFRDC and the solicitation/evaluation process • Reviews request to determine if the work is appropriate for the Health FFRDC • CMS IDIQ CO reviews CURF packages along with the IDIQ COR for approval • Coordinates CMS Executive Steering Committee (ESC) and ESC Chair review of CURF packages • For agencies outside of CMS, CMS IDIQ CO reviews and approves the use of the Health FFRDC IDIQ contract • Provides approval for pre-review and sends approval letter
Health FFRDC Operator Representatives (MITRE)	• Provides resource information about the Health FFRDC • Assists with clarifying and shaping FFRDC-appropriate work • Provides input to draft CURFs and Statements of Work (SOW) • Provides cost estimates/rough orders of magnitude (ROM)

4.4 Understand the Contracting Environment

4.4.1 IDIQ Task Order Awards

Awards under the Health FFRDC follow the ordering agency's standard processes for placing task orders under an existing single-award, competitively awarded IDIQ contract. The terms and conditions of the Health FFRDC IDIQ contract apply to orders placed under the contract. Requiring offices must specify any terms specific to their agency, e.g., personnel security requirements or Section 508. A copy of the Health FFRDC contract is available from the IDIQ CO or CS.

4.4.2 Market Research

The requiring office (federal staff) must conduct market research before developing and submitting requirements documents for review. As required by FAR Part 10, agencies must conduct market research to arrive at the most suitable approach to acquiring services. The FFRDC is no exception.

The market research should be sufficient to address the requirements of FAR Part 10 as well as determine if the agency's requirement can or cannot be met by in-house or contractor resources.

While the proposed work may fall within the seven core capabilities of the Health FFRDC, it may not be appropriate for the FFRDC if it does not require the special relationship with the FFRDC. Many of the core capabilities include work that may also be accomplished by commercial contractors. For example, consultants are available on the General Services Administration (GSA) Professional Service Schedule that can provide analysis, strategy formulation, advisory and assistance, research, and acquisition management support.

4.4.2.1 Preparing the Market Research Analysis

HHS has stated that its operating divisions must use the HHS market research template to complete this analysis. If needed, please request a copy of the HHS template and instructions from your agency CO. When using this template, simply state, "See HHS Market Research Template" in the corresponding space on the CURF. ***Requiring offices outside of HHS should respond in the relevant space on the CURF template.***

Listed below are questions that must be considered when requesting approval to use the Health FFRDC. Responses to these questions and supporting analysis/explanation should be included:

- Can the work be performed by in-house resources?
- Can the work be performed by commercial resources, including small businesses?
- Are there current contract vehicles available—such as Blanket Purchase Agreements (BPAs) or other IDIQ contracts —that can be used to perform the effort?
- What market research sources were reviewed?
- Why were the other vehicles determined to be inappropriate for this requirement?
- Is there previous or existing FFRDC work available to support or inform your work?
- During what timeframe was the market research conducted?

Market research sources include, but are not limited to:

- In-house contracts (e.g., BPAs, other IDIQ contracts or Government-wide Acquisition Contracts (GWAC))
- GSA Schedules
- Health FFRDC Project Library – refer to Appendix C of this *Ordering Guide* for additional information

Please attach the HHS market research template to your request. The FFRDC PO and CO reserve the right to request detailed backup that supports the market research analysis.

4.4.2.2 Market Research Assistance

The cognizant task order CO can provide additional information about and assist with market research.

4.4.3 Ordering Period and Performance Period

Current Contract: The **ordering period** of the Health FFRDC IDIQ contract is October 1, 2023 – September 24, 2028. The last date on which task orders may be awarded under this IDIQ contract is September 24, 2028.

The current IDIQ contract also includes a provision for task order **performance** to continue through September 24, 2030. For work to continue, the related task order must be awarded on or before September 24, 2028.

Previous Contract (remaining performance period): Option periods that were included as part of task orders awarded before September 30, 2023, may be exercised after September 30, 2023, provided they end by August 30, 2025.

4.4.4 Pricing Arrangements

The Health FFRDC IDIQ contract provides for all pricing arrangements including Cost Plus Fixed-Fee.

Please contact the IDIQ CO during work shaping if you are considering a Firm Fixed Price award. Firm Fixed Price will only be considered with concurrence from the IDIQ CO. Concurrence is required since FFRDC work efforts are inherently research and development-oriented, and task order SOWs are typically less defined and require significant flexibility.

4.4.5 Conflict of Interest

Because of the FFRDC's special characteristics (e.g., objectivity, independence, access to information beyond the "normal" contractual relationship), evaluating and mitigating for potential conflict of interest (COI) is a critical aspect of each FFRDC task order. This begins during the ordering process.

The Health FFRDC Operator's (MITRE's) organizational foundation protects against COI and provides the framework needed to establish trusted relationships with both government and industry. MITRE:

- Is not for profit.

- Does not produce or manufacture products.
- Does not provide commercial services.
- Does not compete with any non-FFRDC concern in response to a federal agency request **for proposal for other than the operation of an FFRDC.**

However, the same attributes are not necessarily true for subcontractors who might participate in the prospective work. As such, when subcontractors are involved, it is important to plan for avoiding and mitigating COI. Steps include:

- The ***requiring office should talk early with the Health FFRDC Operator*** about potential subcontractor involvement so that potential COI can be identified up front and mitigation or alternate approaches planned.
- Before issuing a Task Order Request for Proposal (TORP), ***the requiring office CO shall identify and evaluate potential Organizational COI*** and shall recommend to the head of the contracting activity a course of action for resolving the conflict (see FAR 9.504). **Note:** CMS COs must complete a COI memo before they send a Health FFRDC TORP to the Health FFRDC Operator.
- Before submitting a proposal, the Health FFRDC Operator obtains COI information from each potential subcontractor using the form titled "Contractor/Offeror Conflict of Interest (October 2020)." The Health FFRDC Operator conducts an analysis of each subcontractor's COI submissions to ensure the subcontractor can perform services conflict-free.
- Upon receiving a proposal from the Health FFRDC Operator, the requiring office must perform due diligence to determine that COI does not exist or communicate concerns back to the Health FFRDC Operator prior to award. The "Contractor/Offeror Conflict of Interest Form" is available to CMS and requiring office representatives upon request.

Monitoring for and mitigating COI is ongoing and continues throughout the life of the project.

4.4.6 Severability vs. Non-Severability

Health FFRDC task orders are generally **non-severable**. This is because most FFRDC work represents a single or sustained undertaking, and the government realizes value when the entire project is complete. Ultimate determination of severability or non-severability rests with the Task Order CO. Please coordinate with your CO to ensure the appropriate determination for your task order.

4.5 Transitioning Health FFRDC Work

Upon completion, work must be transitioned to either federal staff or a successor contractor.

Effective stewardship of the Health FFRDC involves ensuring that work remains appropriate for the FFRDC over time, for example, that the FFRDC is not used for routine or recurring activities. Therefore, CURFs and SOWs must include a summary of your planned approach for transitioning Health FFRDC work. The summary should describe how work (including sub-tasks within a given task order) will be transitioned to either the government or a commercial entity

when the work is no longer appropriate for the FFRDC. After task order award, as the work evolves and an appropriate path to transition becomes clearer, the Health FFRDC operator will further document the transition approach in the Project Work Plan.

In certain cases, transition may not be applicable, because a task order provides stand-alone deliverables (e.g., an environmental scan) that represent a logical end to the work, without the need for transition.

4.6 Additional Considerations for Federal Non-Sponsors

While focused on supporting the mission of CMS and HHS, the Health FFRDC may accept work from non-sponsors including other federal agencies, state and municipal governments, and public charities, when such work is determined by CMS to be in the best interest of the federal government and consistent with the Health FFRDC mission, purpose, and scope. In particular, requests for support that may result in far-reaching improvements and impact on current practices within the healthcare community, including policy issues of national importance, are appropriate for the Health FFRDC. The CMS Health FFRDC PO coordinates requests for non-sponsors to use the contract.

Ordering processes for federal non-sponsor agencies are generally the same as those for requiring offices outside of CMS. See Sections 5.3 (Process and Timeline for Broader HHS and Non-Sponsor Agency Requests) and 6 (The Ordering Process: Step-By-Step).

5. The Ordering Process: An Overview and Timelines

All requiring offices must complete a CURF package to document their work requirements and describe how the work is appropriate for the FFRDC. The CURF package includes the CURF, an Independent Government Cost Estimate (IGCE), and a SOW or Statement of Objectives (SOO).

CMS then reviews the CURF package. If it determines the work is FFRDC appropriate, CMS will grant approval for the requiring office to solicit a proposal from the Health FFRDC Operator and to issue a task order under the Health FFRDC IDIQ contract. Because the Health FFRDC IDIQ is a single-award contract, TORPs are issued only to the FFRDC Operator.

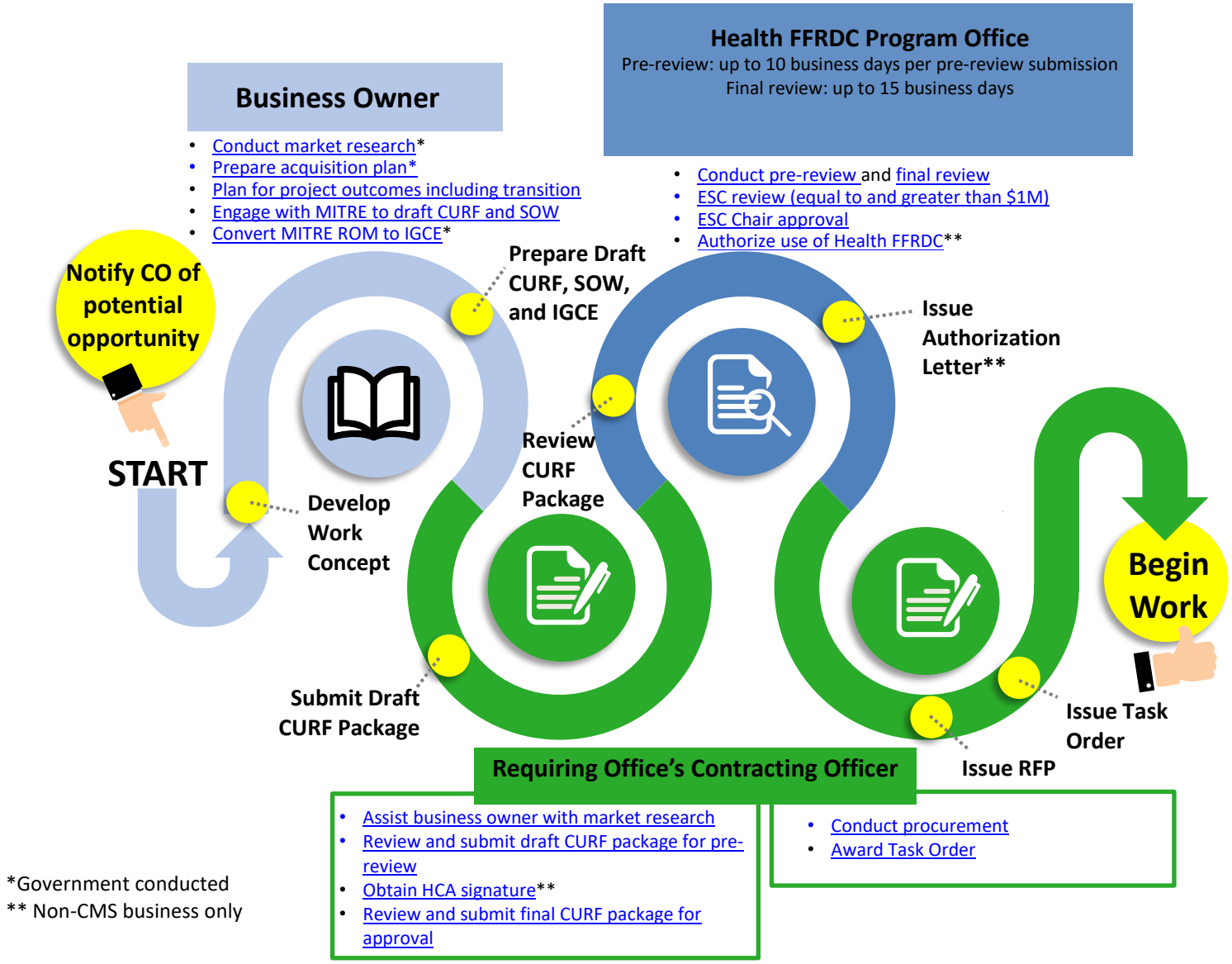
As there are slight variations in the ordering steps in and outside of CMS, this guide includes separate overviews.

- Section 5.1 is a diagram that shows the ordering process from start to finish. The diagram is linked to additional information in Table 5: The Ordering Process Step-by-Step.
- Section 5.2 is a timeline that applies to orders from CMS requiring offices.
- Section 5.3 is a timeline that applies to orders outside of CMS.

5.1 Start-to-Finish Overview of the Ordering Process

Figure 5 illustrates major steps in the Health FFRDC ordering process, from the perspective of the primary government stakeholders: Business Owners (sponsors), the Health FFRDC PO and Health FFRDC IDIQ CO, and the requesting office's CO.

Figure 5. Overview of How to Place Orders with the Health FFRDC



*Government conducted
** Non-CMS business only

5.2 Process and Timeline for CMS Requiring Offices

Table 3 identifies the primary phases of the ordering process for CMS and corresponding timeframes. The table also identifies the primary office that is responsible during each phase. Depending on the complexity of the request, completing the ordering process (from CURF development through contract award) may require from 3 to 7 months from the beginning of developing requirements to final acquisition activities with MITRE. Please keep this potential timeframe in mind when planning your request.

Table 3. Ordering Process and Average Timeline for CMS Requiring Offices

Prepare Draft CURF Package (Requiring Office)	Perform CURF Pre-Review (CMS PO)	Prepare Final CURF Package, Including Signatures (Requiring Office)	Perform CURF Final Review and Approval (CMS PO, ESC, and ESC Chair)	Prepare and Issue TORP (Requiring Office and OAGM)	Prepare Proposal (MITRE)	Award Task Order (OAGM)
1 – 3 months	**Approximately 10 business days per pre-review submission**	**Approx. 1 – 2 weeks**	**Up to 15 business days**	**1 – 3 weeks**	**10 business days**	**2 – 6 weeks**
Timing varies – Can take several months for early outreach and to draft CURF, SOW, IGCE	*CURF package must be submitted by the CO.* Mandatory for all CURFs. Streamlines review / approval of final signed package. **Notes: (1) Signatures should not be included at this stage. (2) Multiple rounds of review may be required.**	Make corrections to CURF as applicable and obtain signatures.	*The requiring office's CO must submit the CURF to the CMS PO.* If requirement is ≥ $1 million, the ESC votes before sending to the ESC Chair for final signature. If requirement is < $1 million, CURF goes directly to the ESC Chair.	Varies depending on requiring office and CO / CS workload. (**Note:** A completed Acquisition Plan is required.)	Allow at least 10 business days. More time may be needed for complex requirements.	Varies depending on CO / CS workload and number of proposal revisions required.

CURF preparation and approval can require from 3 to 7 months. **The deadline for submitting CURFs for end-of-fiscal-year award is July 1. This is the date by which CURFs must arrive in the CMS mailbox for pre-review from the Requesting Agency's CO.**

Legend:

- Contracting Officer (CO)
- Contracts Specialist (CS)
- Contract Use Request Form (CURF)
- Executive Steering Committee (ESC)
- Indefinite Delivery, Indefinite Quantity (IDIQ)
- Independent Government Cost Estimate (IGCE)
- Office of Acquisition and Grants Management (OAGM)
- CMS Program Office (PO)
- Statement of Work (SOW)
- Task Order Request for Proposal (TORP)

5.3 Process and Timeline for Broader HHS and Non-Sponsor Agency Requests

Table 4 identifies the primary phases and corresponding timeframes of the ordering process for broader HHS and federal non-sponsor requiring offices. The table also identifies the primary entity that is responsible during each phase. Depending on the complexity of the request, completing the ordering process (from CURF development through contract award) may require from 3 to 7 months from the initial requirement development to final acquisition activities with the Health FFRDC Operator. Please keep this potential timeframe in mind when planning your request.

Note: Federal non-sponsoring entities (i.e., any federal entity outside of HHS) must prepare and submit the following documentation as part of their pre-review CURF package:

- Non-Sponsor Request Letter (Attachment 4)
- Copy of their Justification and Approval (J&A) for pursuing a sole source award, per FAR §6.302

Table 4. Ordering Process and Average Timeline for Broader HHS and Federal Non-Sponsor Requiring Offices

Prepare Draft CURF Package (Requiring Office)	Perform CURF Pre-Review (CMS PO)	Prepare Final CURF Package, Including Signatures (Requiring Office)	Perform CURF Final Review and Approval (CMS PO, ESC, ESC Chair, and IDIQ CO)	Prepare and Issue TORP (Requiring Office's Contracting Office)	Prepare Proposal (MITRE)	Award Task Order (Requiring Office's Contracting Office)
1 – 3 months	**Approximately 10 business days per pre-review submission**	**Approx. 1 – 2 weeks**	**Up to 15 business days**	**1 – 3 weeks**	**10 business days**	**2 – 6 weeks**
Timing varies – can take several months for early outreach and to draft CURF, SOW, IGCE	*CURF package must be submitted by the CO.* Mandatory for all CURFs. Streamlines review / approval of final signed package. **Notes: (1) Signatures should not be included at this stage. (2) Multiple rounds of review may be required.**	Make corrections to CURF as applicable and obtain signatures. *The requiring office's Head of Contracting Activity (HCA) or HCA designee must sign the CURF to confirm work is appropriate for the Health FFRDC.*	*The requiring office's CO must submit the CURF to the CMS PO.* If requirement is ≥ $1 million, the ESC votes before sending to the ESC Chair for final signature. If requirement is < $1 million, CURF goes directly to the ESC Chair. The final step is the FFRDC IDIQ CO's (CMS) approval to use the Health FFRDC contract.	Varies depending on requiring office and CO / CS workload. (**Note:** A completed Acquisition Plan is required.)	Allow at least 10 business days. More time may be needed for complex requirements.	Varies depending on CO / CS workload and number of proposal revisions required. CURF preparation and approval can require from 3 to 7 months. **The deadline for submitting CURFs for end-of-fiscal-year award is July 1. This is the date by which CURFs must arrive in the CMS mailbox for pre-review from the Requesting Agency's CO.**

Legend:

- Contracting Officer (CO)
- Contracts Specialist (CS)
- Contract Use Request Form (CURF)
- Executive Steering Committee (ESC)
- Indefinite Delivery, Indefinite Quantity (IDIQ)
- Independent Government Cost Estimate (IGCE)
- CMS Program Office (PO)
- Statement of Work (SOW)
- Task Order Request for Proposal (TORP)

6. The Ordering Process: Step-By-Step

Table 5. The Ordering Process

Step	Responsible	Actions	Additional Details
1: Prepare Draft CURF Package and Submit to CO	**Requiring Office COR** and **CO/CS**	a. **COR:** Begin to develop your Acquisition Plan. Contact your (Requiring Office) CO if assistance is needed. b. **COR:** Contact your (Requiring Office) CO and the CMS PO to notify them of your interest in working with the Health FFRDC and to ask any questions you might have. c. **COR:** Prepare a draft CURF package: (1) CURF; (2) SOW or SOO; and (3) IGCE. d. **COR:** Submit the CURF package (CURF, SOW/SOO, **and** IGCE) to your (requiring office) CO. e. **CO/CS:** Review and submit the package to the CMS PO (HealthFFRDC@cms.hhs.gov) for pre-review.	• Ask the CMS PO to help involve the Health FFRDC Operator if you don't already have a point of contact. • The CURF form includes detailed instructions for completion. • MITRE may provide input to draft CURFs and SOWs. • The Health FFRDC Operator will provide a ROM—a cost estimate—to support your IGCE, if needed. • HHS recommends use of the Acquisition Gateway IGCE tool: https://hallways.cap.gsa.gov/app/#/igce. Federal users must log in to access the template. • Ensure that your CURF, SOW, and IGCE include information (description and cost estimates) for proposed option periods and/or optional tasks. • **Federal non-sponsoring entities (outside of HHS):** As part of the pre-review CURF package, include a: (1) Non-Sponsor Request Letter (Attachment 4); and (2) copy of the Justification and Approval (J&A) to pursue a sole-source award, per FAR §6.302. • **Submit an accurate draft**—polished and complete, with all questions answered and all files clearly labeled. Incomplete submissions will be returned without review. • Signatures should not be included for pre-review. • The CO/CS will prepare an HHS 653 (Small Business Review Form) and submit it to the cognizant small business representative for approval (as applicable).

Step	Responsible	Actions	Additional Details
2: Perform CURF Pre-Review	**CMS PO**	a. Review to verify that the CURF has been filled out correctly, that outcomes and performance measures are well defined, and that work is appropriate for the Health FFRDC. b. Return comments to the Requiring Office CO and request revisions if needed. c. Advise Requiring Office CO when pre-review is complete and when signatures should be gathered on the CURF (to prepare for final review).	• Pre-review can help ensure that necessary changes are made before the CURF routes for approval signatures and can help avoid delays before the contracting phase. • Allow time for multiple rounds of pre-review and anticipate approximately 10 business days per round. • **Respond to all comments and questions from CMS during each round of pre-review, please use tracked changes in the document for ease of review.**
3: Prepare Final CURF Package, Obtain Signatures, and Submit to CO	**Requiring Office COR**	a. Make corrections to the CURF and verify that the CURF is complete and in final format. b. Obtain signatures. c. Submit the CURF package (CURF, SOW/SOO, **and** IGCE) to your (requiring office) CO. d. **The CO will review and submit the package to the CMS PO (HealthFFRDC@cms.hhs.gov) for final review.**	• **When finalizing the CURF,** remove tracked changes and open comments and ensure all relevant fields are completed. Respond to any and all remaining comments and questions from CMS. Verify that cost estimates on the CURF and the IGCE match. **The CMS PO will return CURF packages that are incomplete, contain errors, or if corrections have not been addressed.** • Refer to instructions on the CURF for obtaining signatures. • For Requiring Offices outside of CMS, the HCA or HCA designee must sign the CURF to confirm work is appropriate for the Health FFRDC.

Step	Responsible	Actions	Additional Details
4: Perform CURF Final Review and Approval	**For CMS Orders:** • CMS PO • ESC and/or ESC Chair **For broader HHS and Non-Sponsor Orders:** • CMS PO • ESC and/or ESC Chair • IDIQ CO/CS	a. **All requests:** The CMS PO performs a final review to determine whether the work is appropriate for the Health FFRDC. Next steps (b, c, or d) depend on the requesting office and value of the CURF. b. **Requests equal to or greater than $1 million:** The CMS PO forwards requests to the ESC for review and approval through an electronic voting (e-vote) process. Assuming a favorable e-vote, the ESC Chair performs a final review and approval. c. **Requests less than $1 million:** The CMS PO forwards requests to the ESC Chair for final review and approval. d. **CMS requests:** If approved, the CMS PO provides a final copy of the signed CURF to the requiring office. e. **Broader HHS and non-sponsor requests:** The CMS Health FFRDC CO/CS reviews and responds to the requiring office by returning the signed CURF, authorization to use the Health FFRDC, and instructions for placing an order; **OR** justification for denial.	• The requiring office may be asked to provide additional information to support review and approval.
5: Prepare Request for Contract Package	**Requiring Office COR** and **CO/CS**	a. **COR:** Prepare the Request for Contract (RFC) package. b. **COR:** Submit the RFC package to your CO, through your agency's contract management system (e.g., the Comprehensive Acquisition Management System (CAMS) for CMS submissions).	• The RFC must include the SOW, IGCE, fully executed CURF, and completed Acquisition Plan. • Evaluation criteria are not required, because this is a single-award IDIQ contract. • If the scope of work will include conference travel, the ordering agency or component is required to obtain approval in advance of placing funds on the task order for said conference (as applicable) and must follow their agency's and HHS guidelines for HHS Conference Spending Policy.

Step	Responsible	Actions	Additional Details
6: Develop and Issue Task Order Request for Proposal (TORP)	**Requiring Office CO/CS**	a. Prepare and forward a TORP to the Health FFRDC Operator.	• See Ordering Guide Attachment 2 for a sample TORP format. Additional information may be requested in individual TORPs.
7: Prepare Proposal	**Health FFRDC Operator**	a. Prepare and return a proposal in accordance with the TORP requirements.	• Allow at least 10 business days. • More time may be needed for complex requirements.
8: Review Proposal and Award Task Order	**Requiring Office CO/CS and COR**	a. Review the proposal for reasonableness and completeness and to verify that the proposed approach meets the requirements. b. Determine that the proposed and negotiated pricing is fair and reasonable using the applicable analytical techniques described in FAR 15.4. c. Negotiate with the Health FFRDC Operator and come to an agreement on the task order terms and conditions. **d. Sign the task order award and provide a copy of all award documents to the CMS IDIQ CO, CS, and COR.**	• The requiring office CO may contact the CMS IDIQ CO or CS with any questions regarding the FFRDC Operator's proposal. • Contact information for the CMS IDIQ CO, CS, and COR may be found in Section 9.

7. Modifying Task Orders

Orders may be modified by agreement between the requiring office CO and the Health FFRDC Operator.

All modifications to task orders must be effected using a Standard Form 30, which is prepared and issued by the requiring office CO. **The requiring office must provide a copy of all executed modifications to the CMS IDIQ CO and the CMS PO.**

Some modifications may also require that a supplemental Modification Request Memo be submitted to the CMS IDIQ CO and CMS PO for approval prior to issuing the modification (see 7.1 and 7.2 below). **When you need to modify a task order, consult first with your CO, to confirm whether a Modification Request Memo is needed. Only the requiring office CO has the authority to make this determination.**

7.1 No Changes to Original Scope (No Modification Request Memo Needed)

Modifications where there are no changes to the original scope, funding, or period of performance do not require a modification request memo prior to issuance of the Standard Form 30. Examples include exercising **previously approved actions (via an initial CURF),** such as an option year or priced optional task, incremental funding, and a no-cost extension of the period of performance. In these cases, no additional approvals from the CMS IDIQ CO and CMS PO are needed.

7.2 Changes to Original Scope (Modification Request Memo Is Required)

Certain types of modifications require a Modification Request Memo (Attachment 3) to ensure changes meet the requirements of the FFRDC **three-part test**. At a minimum, a Modification Request Memo is required if one or more of the following conditions exists:

- The modification adds new work or deliverables beyond the original scope of work.
- The modification adds funding beyond 50 percent of the original value of the period of performance.
- The modification applies to task orders under the previous Health FFRDC IDIQ Contract (75FCMC18D0047) that were previously approved to continue beyond September 30, 2023—and for which more time is needed to complete the work—**regardless of whether there are changes to the scope or funding.** All FFRDC work under IDIQ Contract 75FCMC18D0047 must conclude by August 30, 2025.
- Other situations where the **requiring office CO** believes that changes require a reassessment of appropriateness to using the Health FFRDC vehicle.

Modification Request Memos originate in the requiring office. As with CURF packages, the Health FFRDC Operator may assist the requiring office with completing the Modification Memo.

The Modification Request Memo must be submitted by the requiring office CO to the CMS PO (email: HealthFFRDC@cms.hhs.gov). Both the CMS IDIQ COR and the CMS IDIQ CO must approve the modification. Please assume at least 3–5 business days for the review and approval process.

8. After Work is Awarded: Responsibilities of the Requiring Office

After award, the COR will work with the Task Order CO to manage task order terms and conditions, updates to task requirements, payment of invoices, task order close-out, and contractor performance reports.

8.1 Health FFRDC Quality Assessments

The Health FFRDC PO requires that task order CORs complete quarterly quality assessments. These assessments are integral to ensuring that high-quality work is being completed by the Health FFRDC Operator. The assessments also ensure that timely performance feedback is provided to the Health FFRDC Operator so that adjustments can be made if needed in real time. The quality assessment cycle is quarterly and will be requested for all task orders. When a quality assessment is due for submission:

- The requiring office representative (the COR and/or other designee) will receive an assessment document (fillable form) from the Quality@MITRE.org mailbox.
- The requiring office must respond within two weeks to the Quality@MITRE.org mailbox.

Responding to quarterly assessments is a basic requirement for using the Health FFRDC vehicle. CMS will follow up with all non-responding task order representatives. ***Repeated non-responses will lead to denial of future work requests and notification to the agency's HCA.***

8.2 Past Performance

When a past performance evaluation is due for submission to the Contractor Performance Assessment Reporting System (CPARS), the CO for each order will be required to initiate both interim and final evaluations and to review and approve the task order entries before they are finalized in CPARS. The CMS PO may follow up with the task order CO on a periodic basis to confirm that CPARS assessments are being completed.

8.3 Communicating Issues and Challenges

If an agency experiences issues or challenges with the Health FFRDC Operator, it should first reach out to the Operator (MITRE) to discuss the concern and approaches to resolution. If the agency and MITRE are unable to reach a mutually agreeable resolution, please contact the CMS Health FFRDC PO.

9. Health FFRDC Points of Contact

Centers for Medicare & Medicaid Services

Teresa Dangerfield
Health FFRDC IDIQ COR
Office of Information Technology (CMS Program Office)
7500 Security Blvd.
Baltimore, MD 21244-1850
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The MITRE Corporation (Health FFRDC Operator)

Jon Kunzman
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703-403-8677

Appendix A. Background Information About FFRDCs

As defined in FAR 35.017, an FFRDC:

- Is a unique organization sponsored by a government agency and subject to a unique set of operating conditions specified by the Federal Acquisition Regulation (FAR 35.017). It **is not** a commercial contractor.
- Meets some special long-term research or development need that can't be met as effectively by existing in-house or commercial contractor resources.
- User private sector resources to accomplish tasks integral to agency mission and operation.
- Operates in the public interest with objectivity and independence, serving as a strategic partner with its sponsoring government agency.
- Is free from organizational conflicts of interest.
- Has special access (beyond the "normal" contracting relationship) to government and supplier data; sensitive and proprietary data; and employees, installations, equipment, and property. This access provides the ability to perform functions closely associated with inherently governmental functions and to maintain a long-term perspective on how to best achieve the sponsoring agency's needs
- Is organized as an independent entity (an autonomous organization or separate operating unit) with limitations and restrictions on its activities. This structure ensures that the FFRDC provides highly objective information and unbiased services.
- Does not use privileged information or access to compete with the private sector; may not compete other than for award of an FFRDC contract.
- May perform work that is "closely associated with the performance of inherently governmental functions or work that is critical to maintaining control of an agency's mission and operations."[2]

Because of its special access to information, the benefit of an enterprise perspective, and the long-term nature of the relationship between the FFRDC and the government sponsor, an FFRDC can support government sponsors and non-sponsors across a full spectrum of planning and concept development, research and development, and acquisition support.

[2] *Office of Federal Procurement Policy (OFPP) Letter 11-01, Performance of Inherently Governmental and Critical Functions (76 Fed Reg 56227).*

Appendix B. Health FFRDC Task Area Descriptions

The Health FFRDC will provide strategic, technical, health domain, and program management independent evaluation, expert advice, and guidance to support CMS and HHS Programs. The Health FFRDC's seven core competencies are:

1. **Strategic / tactical planning and analysis**
2. **Conceptual planning and prototyping**
3. **Acquisition assistance to include planning and contract reform**
4. **Organizational planning and relationship management**
5. **Strategic technology evaluation**
6. **Continuous process improvement**
7. **Feasibility analysis and design in the areas of policy, business operations, and technology**

The descriptions in the following sub-sections represent the detailed requirements for each of these work areas. These include, but are not limited to:

Task Area 1: Strategic / Tactical Planning and Analysis

1. Assist sponsors with planning and development of future program policy.
2. Collaborate on the development and advancement of new legislative initiatives and improvements.
3. Assist with managing and developing long term strategic plans.
4. Provide analytical support and information to help establish goals and direction.
5. Conduct special studies.
6. Analyze sponsors' planning issues.
7. Recommend and assist with implementing strategic cost-savings initiatives across the organization.
8. Conduct reviews and analysis of operating rules called for under legislation for administrative simplification.
9. Provide integrated implementation plans for major initiatives.
10. Assist with the development and management of integrated strategic plans for major initiatives including:
    a. Support visioning by working with sponsors' groups individually and collectively to establish a shared vision and to further identify tactical initiatives aligned to the shared vision.
    b. Coordinate the groups' vision and tactical plans toward a shared Strategic Plan.
    c. Support development of transitional planning from the "as-is" architecture to the "to-be" vision state. This transitional planning would include identification of dependencies, interrelated issues, and unintended consequences across the groups.
    d. Support data and systems life-cycle planning.
    e. Support development of communication to articulate the sponsor's Strategic Plan both within and outside the sponsor's agency.

f. Support to identify and consider impact of potential technical, security, and cost risks, and to help ensure that sponsor considers risks appropriately in the planning process.
g. Help identify performance measures and an evaluation process to ensure sponsor spends strategic initiative funds wisely and delivers results.

11. Provide program evaluation and data set analysis leading to insight.
12. Develop and provide "playbook" summaries that highlight challenges and lessons learned as well as risks and associated mitigation strategies.

Task Area 2: Conceptual Planning and Prototyping

1. Concept of operations.
2. Alternative analysis.
3. Business analysis.
4. Business requirements.
5. Standard operating procedures.
6. Analytical support.

Task Area 3: Acquisition Assistance to Include Planning and Contract Reform

1. Reviews and recommendations for current contract processes to include contract reform.
2. Technical guidance.
3. Serve on technical evaluation panels (TEPs).
4. Price and cost estimating.
5. Support source selection evaluation including the following:
   a. Analysis of technical, management, and cost/price risks upon receipt of Contractor proposals.
   b. Assist with documentation in support of acquisition planning and RFP development including a Concept of Operations as well as other documentation as may be required.
6. Provide limited acquisition support to include emergency gap acquisition support to include performance analysis, contractor analysis, and requirements analysis. Please ensure that you speak with the Health FFRDC PO before requesting this type of service so the Health FFRDC PO can determine appropriateness.

Task Area 4: Organizational Planning and Relationship Management

1. Functional analysis: i.e., what is currently being performed, what needs to be performed, gap analysis, and possible transition strategies.
2. Entity evaluation, assessment, and audit.
3. Portfolio, program, and project assessment: cost/benefit analysis.
4. Connect with internal and external partners, especially senior management.

Task Area 5: Strategic Technology Evaluation

1. Assessment of new technologies.
2. Advice on medical and technical innovation and health information technology matters.
3. Complete environment scanning to identify and evaluate emerging trends.
4. New product evaluations.
5. Trade studies.

Task Area 6: Continuous Process Improvement

1. Studies, recommendations, and implementation of best practices.
2. Code reviews.

3. Investment Life Cycle (ILC), including CMS-approved Life Cycle methodologies and processes and/or quality reviews.
4. Practices and processes for contractor oversight.
5. Reviews and recommendations regarding document repository structure for availability throughout sponsor's agency.
6. Knowledge management.
7. Design and development of presentations, and conduct briefings across the sponsor's organization. Evaluation and critique of demonstrations given by other entities.
8. Oversight of the development and dissemination of publications, data analyses, graphics, and briefing materials related to health care issues.

7. Task Area 7: Feasibility Analysis and Design in the Areas of Policy, Business Operations, and Technology

1. Objective and rational evaluations to identify the strengths and weaknesses of existing business models or proposed initiatives or projects.
2. Studies to evaluate options in the context of technology, operations, schedule, cost, and benefits.
3. Development of reports of analysis findings and recommendations to support go/no-go decisions.

Appendix C. Health FFRDC Project Library

A Health FFRDC Project Library has been developed as one of the tools, in addition to the tools and techniques described in FAR Part 10, that can assist with market research. The online Health FFRDC Project Library (Figure 6) includes information for all task orders, dating to the inception of the Health FFRDC in 2012, therefore providing more than 8 years of history serving CMS components, HHS Operating and Staff Divisions, and other agencies with healthcare-related missions.

Requiring offices can use this tool to look for past and/or current Health FFRDC work that might have relevance for their planned task order. For each project, the Library includes basic information, including the project name, purpose, operating timeframe, and government and MITRE points of contact.

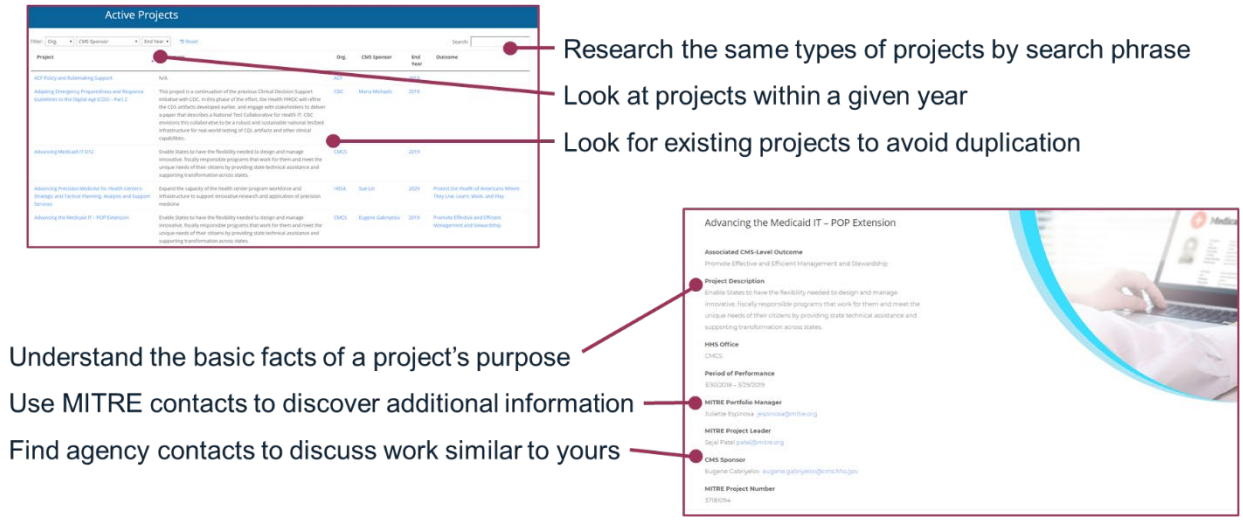
The Project Library also facilitates connections with government and Health FFRDC Operator personnel who have been involved with Health FFRDC work. It provides the ability for sponsors to share information and benefit from the breadth of work across the FFRDC.

Requiring offices can access the Project Library at https://publish.mitre.org/health/

From the main page:

- New users: click “Sign Up.”
- Users who already have a username and password: click “Sign In.”

Figure 6. The Health FFRDC Project Library



Appendix D. Resources

Table 6. Resources

Document	Location	Contents

Health FFRDC Ordering Guide	Available from:
	▪ The CMS Program Office (HealthFFRDC@cms.hhs.gov)
	▪ CMS AGX site (accessible to CMS employees): https://agx.cms.gov/ (search for "Health FFRDC")
	▪ Your Health FFRDC Operator (MITRE) partner
		▪ Summary of ordering process
		▪ Attachments:
		  ▪ CURF Form
		  ▪ Sample Task Order Request for Proposal template
		  ▪ Modification Request Memo template
		  ▪ Non-Sponsor Letter Template (request for Health FFRDC work)

FFRDCs: A Primer	https://www.mitre.org/sites/default/files/publications/ffrdc-primer-april-2015.pdf	A guide to the origin, evolution, governance, and management of FFRDCs
Health FFRDC Project Library	Project Library Site: https://publish.mitre.org/health/ ▪ **To create an account and access the system,** click "Sign Up." ▪ **If you already have a username and password for other MITRE work or websites** (for example, a project SharePoint site that MITRE maintains), click "Sign In."	Information for all task orders, dating to the inception of the Health FFRDC in 2012—more than 8 years of history serving CMS components and HHS Operating and Staff Divisions.

Appendix E. Administrative Fee Fact Sheet

1. The Health Federally Funded Research and Development Center (Health FFRDC) Administrative Fee for Users.

CMS announced the implementation of an administrative user fee per task order, effective with the new 5-year period of performance for the Health FFRDC contract vehicle.[3] This administrative fee will be applied to all new task orders issued under the new contract by HHS operating divisions external to CMS and by other federal non-sponsoring agencies. The ordering period for the new contract began on October 1, 2023.

2. Why is this occurring and why are we being charged?

CMS has been the sponsor of the Health FFRDC for over 10 years, and we are extremely pleased with the growth and maturity of this program and its usage among HHS operating divisions and other users. Over time, this growth has necessitated the need to increase staff and obtain system resources to manage the numerous requests that have come in year after year as budgets also become tighter. As a result of these factors, CMS, as the executive sponsor, is seeking to share the expenses of the costs of the operations, governance and support resources that are used to support all users of the Health FFRDC. CMS believes this reimbursement will continue to keep the Health FFRDC as a viable program and an innovative resource that all of the HHS operating divisions and staff divisions have access to use.

3. What does the administrative reimbursement fee cover?

Our growth has been substantial and is reflected in the amount of Contract Use Request Forms (CURFs) that we have received, as well as governance processes that have been updated as to how we process the CURFs. The administrative fee will cover the program governance and operations, as well as the resources that are needed to support the program. The collection of these fees will help us to maintain the quality of our program, make program improvements, and assure that we have the sufficient resources to review, process and monitor awarded task orders and continue our strategic direction.

4. What does this mean for my organization?

Beginning with task orders awarded on and after October 1, 2023, you will be billed by our operator, MITRE, for operational costs that are incurred by CMS on behalf of your organization. This cost will be billed per task order. This fee will be collected at the beginning of the work and will be among the first invoices that you will receive for the task order, as an upfront fee. You can expect to be billed the fee on or after October 1, 2023 for that task order, per task order submitted from MITRE.

5. What benefit does this give?

This will help CMS to maintain the quality of the program as well as improve efficiencies in governance, management, and communication. CMS believes that this reimbursement will continue to keep the Health FFRDC contract vehicle as a viable, innovative resource

[3] The new 5-year contract to operate the Health FFRDC began on September 25,2023; ordering of new work began on October 1, 2023.

that all HHS operating and staff divisions can use to continue to drive innovation and strategic delivery of its programs.

6. Does CMS have the authority to collect this fee?

We discussed this matter with our Office of General Counsel (OGC). OGC stated which authority could be used, as well as the parameters for its use. We are collecting the administrative fee as a reimbursement for costs we expend and that information was used to determine our fee structure.

7. What market research was completed by CMS to determine the administrative reimbursement fee and was the administrative reimbursement fee modeled after other vehicles used by existing Health FFRDCs?

CMS researched what we should charge and what was used as a best practice. We held discussions with other FFRDCs to see their operations model. Based on those discussions, and our Office of Financial Management (OFM) and OGC, it was determined that we can only charge a fee that recoups our costs or reimbursements. Please note that the fee that we charge is less than the fees and percentages charged by other FFRDCs and other similar models (e.g., IAA's).

8. Will the administrative reimbursement fee only apply to new contracts?

Yes. This fee is for any CURF (follow-on work or new) submitted under the new contract after the new period of performance begins, for task orders effective after October 1, 2023.

9. Will the administrative reimbursement fee apply to task orders awarded under the previous IDIQ contract that have performance dates beyond August 31, 2023?

No. The fee will start on October 1, 2023 and it will not be applicable for task orders approved and awarded before that date. Option years exercised for awards approved in FY23 and prior FYs, will not be assessed the fee. Task orders whose period of performance crosses the new performance period will not be assessed a fee. Only new task orders submitted in FY24 and beyond, will be assessed the fee. This fee will be assessed per task order and it does not apply to task order modifications.

10. Will the administrative reimbursement fee be the same for any task order?

No. This amount will vary according to the task order amount. For task orders that are under $1 million the cost will be $20,000 for external operating divisions and non-sponsors, while task orders equal to or over $1 million the cost will be $35,000.

11. How will the administrative reimbursement fee implementation process occur?

CMS will contact each operating division and any non-sponsors to establish a MOU with the stakeholders to document this fee. The MOU will inform the stakeholders that use of the FFRDC service will incur a fee similar to the use of an Interagency Agreement (IAA).

When the Health FFRDC contract is awarded, CMS will reach out to each operating division to sign the memorandum of understanding (MOU). The task order request for proposal (RFP) will be sent to MITRE. MITRE will then provide a separate invoice as a CLIN for the administrative fee. During that process, the task order is awarded. When the first bill is sent, it will include the administrative reimbursement fee. The fee will be remitted to MITRE and CMS will be reimbursed. Once CMS receives the fees from

MITRE, we will post them in our systems and reconcile the fees to ensure everything has been collected based on the award amount.

12. Will the administrative reimbursement fee be included in MITRE's proposal for documentation purposes or should this fee be a separate line item order?

Yes, it will be included in MITRE's proposal. The fee will appear in the rough order of magnitude (ROM) estimates as MITRE begins to work on the task orders for the next fiscal year. The fee will then roll forward as a cost proposal, and will then appear as a separate invoice upon task order award. The intent is that fee will be part of the award as a separate line item. Task orders whose period of performance crosses the new performance period will not be assessed a fee.

13. Will the administrative reimbursement fee be separate from the fee/profit percentage of 5%?

Yes. They are separate fees; the 5% fee is MITRE's fee. The Health FFRDC will charge a flat fee of $20,000 and $35,000 per task order.

14. I have questions about this administrative fee, who can I contact?

If you have questions about this announcement, costs, or other concerns, do not hesitate to email us at HealthFFRDC@cms.hhs.gov