

Exhibit 300 (BY2008)

PART ONE	
OVERVIEW	
1. Date of Submission:	2007-02-05
2. Agency:	009
3. Bureau:	38
4. Investment Name:	CMS Q-net (formerly SDPS)
5. UPI:	009-38-01-06-01-1030-00
6. What kind of investment will this be in FY2008?	
Operations and Maintenance	
7. What was the first budget year this investment was submitted to OMB?	
FY2001 or earlier	
8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap.	
<p>SDPS is a legacy system that is presently operational. SDPS consists of many data and reporting requirements and was designed and developed in response to the ongoing information requirements of the Quality Improvement Organizations (QIOs) and other affiliated partners, such as the Clinical Data Abstraction Centers (CDACs) to fulfill their contractual requirements with CMS. SDPS supports the efficient collection, analysis, dissemination, and management of data to guide policy, intervention and evaluation. QIOs contract with CMS to improve the quality of care for beneficiaries by ensuring that beneficiary care meets professionally recognized standards of health care. This system, which became operational in May 1997, interfaces with CMS Central Office, The QIES systems, The ESRD system, 53 QIOs and a CDAC. SDPS is an information system solution that provides a common platform for users to share applications and databases to promote efficiency and increase production. The overall goal is to provide an information technology infrastructure to support QIO operations, promote information sharing, and to support management information. SDPS is the Quality Improvement Organizations (QIO) Information Technology and data support infrastructure. As we have moved development to the Web, and as the mission of the QIO program has changed and legislative requirements have developed, SDPS has expanded greatly to meet the needs of the external communities as well. The SDPS system has also been chosen to support the Agency's Pay for Performance program. The SDPS system will support the initial phase of P4P - The Physician Voluntary Reporting phase in FY06. Information resides primarily at QNet Complex 2 located at the Iowa Foundation for Medical Care (IFMC) Data Center located in West Des Moines, Iowa on dedicated QNet servers and networks. In addition, the claims warehouse and enrollment database resides at Complex 1, CMS Data Center in Baltimore, Maryland on CMS OIS (Office of Information Systems) servers and networks. SDPS is in the Steady State phase of the Capital Planning and Investment Control process. The ITIRB reviewed and recommended this investment in May 2006.</p>	
9. Did the Agency's Executive/Investment Committee approve this request?	
yes	
9.a. If "yes," what was the date of this approval?	
2006-05-10	
10. Did the Project Manager review this Exhibit?	
yes	
12. Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project.	
yes	
12.a. Will this investment include electronic assets (including computers)?	
yes	
12.b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only)	
no	
13. Does this investment support one of the PMA initiatives?	
yes	
If yes, select the initiatives that apply:	

Expanded E-Government

13.a. Briefly describe how this asset directly supports the identified initiative(s)?

SDPS directly supports the Expanded E-Government PMA Initiative, since SDPS supports QualityNet Exchange and web e-government activities. QualityNet exchange allows the public exchange over the internet of program required data. This helps lower budget cost for data collection and allows a greater outreach to provider and beneficiary communities.

14. Does this investment support a program assessed using OMB's Program Assessment Rating Tool (PART)?

no

14.a. If yes, does this investment address a weakness found during the PART review?

no

15. Is this investment for information technology (See section 53 for definition)?

yes

16. What is the level of the IT Project (per CIO Council's PM Guidance)?

Level 3

17. What project management qualifications does the Project Manager have? (per CIO Council's PM Guidance)

(1) Project manager has been validated as qualified for this investment

18. Is this investment identified as high risk on the Q4 - FY 2006 agency high risk report (per OMB's high risk memo)?

no

19. Is this a financial management system?

no

19.a.1. If yes, which compliance area:

Not Applicable

19.a.2. If no, what does it address?

SPDS addresses the professional issue of the standards and the quality of health care for beneficiaries.

19.b. If yes, please identify the system name(s) and system acronym(s) as reported in the most recent financial systems inventory update required by Circular A11 section 52.

Not Applicable.

20. What is the percentage breakout for the total FY2008 funding request for the following? (This should total 100%)

Hardware	8
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Software	12
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Services	80
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21. If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?

yes

22. Contact information of individual responsible for privacy related questions.

Name

Maribel Franey

Phone Number

410-786-0757

Title

Director, Privacy Compliance

Email

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23. Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?

yes

SUMMARY OF SPEND

1. Provide the total estimated life-cycle cost for this investment by completing the following table. All amounts represent budget authority in millions, and are rounded to three decimal places. Federal personnel costs should be included only in the row designated Government FTE Cost, and should be excluded from the amounts shown for Planning, Full Acquisition, and Operation/Maintenance. The total estimated annual cost of the investment is the sum of costs for Planning, Full Acquisition, and Operation/Maintenance. For Federal buildings and facilities, life-cycle costs should include long term energy, environmental, decommissioning, and/or restoration costs. The costs associated with the entire life-cycle of the investment should be included in this report.

All amounts represent Budget Authority

(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

	PY-1 & Earlier	PY	CY	BY
	-2005	2006	2007	2008
Planning Budgetary Resources	0.000	0.000	0.000	0.000
Acquisition Budgetary Resources	33.910	0.000	0.000	0.000
Maintenance Budgetary Resources	33.910	27.996	37.036	45.136
Government FTE Cost	0.900	0.923	0.945	0.970
# of FTEs	0	0	8	0

Note: For the cross-agency investments, this table should include all funding (both managing partner and partner agencies).

Government FTE Costs should not be included as part of the TOTAL represented.

2. Will this project require the agency to hire additional FTE's?

yes

2.a. If "yes," how many and in what year?

8 new FTEs to support new requirements and growth of system. Proper federal oversight of this system will require additional FTE resources

3. If the summary of spending has changed from the FY2007 President's budget request, briefly explain those changes.

No, CMS is keeping with the FY 2007 President's Budget amounts in the SDPS E300.

PERFORMANCE

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use Table 1 below for reporting performance goals and measures for all non-IT investments and for existing IT investments that were initiated prior to FY 2005. The table can be extended to include measures for years beyond FY 2006.

Table 1

	Fiscal Year	Strategic Goal(s) Supported	Performance Measure	Actual/baseline (from Previous Year)	Planned Performance Metric (Target)	Performance Metric Results (Actual)
1	2005	P.6. Improve the Quality of Health Care (21st Century Health Care	Have QIO's select and report identified providers to CMS for evaluation purposes	Data located within Partner	Reports run on information submitted into	Quarterly reports indicating progress or lack of towards the

			based on scheduled dates		Partner	measures/outcomes
2	2005	P.6. Improve the Quality of Health Care (21st Century Health Care	Allow QIOs to enter identified participants for the Clinical Performance and Organizational Culture Change Identified Participant Group by January 1, 2006; allow QIOs to identify quality measurement targets set for each nursing home on high risk pressure ulcers, physical restraints, management of depressive symptoms (IPG only), and management of pain in chronic (long stay) residents throughout the 8th Scope of Work	Data located within Partner 7 SOW	100% QIO entry and verification reports	Quarterly reports suggest data is being collected
3	2006	P.6. Improve the Quality of Health Care (21st Century Health Care	In support of Task 1b. Home Health:	Data located within Partner 7 SOW	100% QIO entry and verification reports	10% QIO submitted
4	2006	P.6. Improve the Quality of Health Care (21st Century Health Care	.allow QIOs to enter identified participants for the Clinical Performance IPG with their Plans of Action (POA)-including up to 10 additional home health agencies and their POAs; and to allow QIOs to enter identified participants for the Systems Improvement and Organizational Culture Change IPG by January 13, 2006.	Data located within Partner 7 SOW	100% QIO entry and verification reports	In Q&A release in June 06
5	2006	P.6. Improve the Quality of Health Care (21st Century Health Care	In support of Section F - QIO Schedule of Deliverables, Section F.2.0:	Data located within Partner 7 SOW	100% QIO entry and verification reports	100% QIO submitted
6	2006	P.6. Improve the Quality of Health Care (21st Century Health Care	.allow QIOs to submit a list of assigned disaster recovery individuals with specified responsibilities and actions by September 29,2005 with updates when staff changes occur; allow QIOs to submit a written Contingency Plan that details roles, responsibilities, and process for recovering data and that documents procedures for making and safeguarding backup copies of software, operating data, and user data by September 29,	Data located within Partner 7 SOW	100% QIO entry and verification reports	100% QIO submitted

			2005			
7	2007	P6. Improve the Quality of Health Care (21st Century Health Care)	Provide better tracking of medical records for CDAC	CW track was developed outside the SDPS architecture and environment. There was need to integrate with existing SDPS infrastructure.	100% QIO entry and verification reports	Not yet completed to measure
8	2007	P6. Improve the Quality of Health Care (21st Century Health Care)	In support of Task 1.c.1. Hospital, CW Trak will provide the following functionality: Centralized CDAC Tracking System; Seamless integration with QIO Clinical Warehouse; Interface with QualityNet Exchange; Interface with Program Resource System (PRS); and Interface with CART to populate sample selections.	CW track was developed outside the SDPS architecture and environment. There was need to integrate with existing SDPS infrastructure.	Project has been canceled due to funding	Project has been canceled due to funding
9	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	Develop and maintain NHIFT	CMS required a tool to assist Nursing HOMes in improving quality of care for nursing home residents.	Abstraction Tool completed by end of CY05.	Results are lower than expected , not as many nursing homes are submitting data
10	2005	P6. Improve the Quality of Health Care (21st Century Health Care)	CMS requires a tool to collect data In support of Task 1a. Nursing Home, NHIFT will allow at least 10% nursing homes in each state to submit mandatory process of care data quarterly to the QIO Data Warehouse on an ongoing basis.	No current baseline	10% of NH abstraction and submission into warehouse.	Tool has been released but less than 10% usage as of May 06
11	2007	P5. Improve Health Outcomes(Preventing Disease and Illness)	Decrease the prevalence of pressure ulcers in nursing homes	None existing baseline	Measures TBD	TBD
12	2005	P5. Improve Health Outcomes	Provide reports on a quarterly basis	Cliams measures	Produce timely reports for program	Report generation was at 50%
13	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	- Make provide and beneficiary information available to the QIO's to perform their work.	Data in oracle tables, provider tables, bene tables, HMO tables, etc...	Information is current and being used	Some is being used and QIO's are performing work
14	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	In support of all Task areas, PRS will provide QIOs with the following functionality in October 2005: Tracking of appeal information (previously in CATS); Tracking of DOQ-IT registration/authorization	Tool completed and requires expansion and maintenance for the 8th SOW requirements.	100%	Due in Aug 06

			information; Preference setting for monthly merge; OSCAR cross-reference information in monthly merge; Beneficiary alternate contact address modifications; Entries in PRO will be visible in CRIS and vice versa			
15	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	Hospital Survey	Tool completed and requires expansion and maintenance for the 8th SOW requirements.	QIO/QIOSC reliable entry.	TBD
16	2007	M7. Improve Financial Management	Develop and Maintain Medical Record Imaging capability	Mailing and storage costs were extremely high. There was the need to create a tool to eliminate mailing costs, reduce storage costs, and improve timeliness of reviews by allowing medical records to be shared among several components.	Capacity developed / Integration by FY07	drop due to budget
17	2007	M7. Improve Financial Management	In support of file exchange for Task 1, medical record imaging will be available to QIOs to provide the following capabilities: Scanning and secure file exchange of medical records and Integration with QualityNet Exchange (Medical Record requests)	Mailing and storage costs were extremely high. There was the need to create a tool to eliminate mailing costs, reduce storage costs, and improve timeliness of reviews by allowing medical records to be shared among several components.	Capacity developed / Integration by FY07	drop due to budget
19	2005	M7. Improve Financial Management	Provide better reporting on QIO contract vouchers	The current tool is developed according to the Tasks/requirements of the 7th SOW. There is need to update FIVs for the current, 8th SOW reporting.	100% QIO's have the ability to submit electronic vouchers into the new system and are using	USers/QIO's are using new system
20	2006	M7. Improve Financial Management	By October 2005: FIVS8 Launch; Separate BAFOs for 7th and 8th SOW; Ad Hoc Graphs/Charts;; Comparison of Voucher Cost to Budget for Special Studies; and On-Line Help.	The current tool is developed according to the Tasks/requirements of the 7th SOW. There is need to update FIVs for the current, 8th SOW reporting.	100% QIO's have the ability to submit electronic vouchers into the new system and are using	Users/QIO's are using new system
21	2005	P3. Emphasize	Have a web based	QIO community	QIO	QIO community

		Preventive Health Measures	system that allows posting of information, direction, and process on an ongoing basis	understanding job roles	community meeting obligations	understandings roles and uses web site for information collection
22	2005	P5. Improve Health Outcomes	Collect and analyze clinical data for quality improvement .Build/enhance data collection tool CART to allow for public reporting of information to beneficiaries	Data in clinical warehouse	Number of providers public reporting data	Percentage posted on web site of number of providers reporting data.
23	2007	P5. Improve Health Outcomes	In support of Task 1.c.1. Hospital, the following enhancements of CART will be released:	Data in clinical warehouse	Modules completed and placed into production within 12 months of final specifications.	Cart 3.0 developed and is use
24	2007	P5. Improve Health Outcomes	support the collection of four additional topics with in the CART application	Data in clinical warehouse	Modules completed and placed into production within 12 months of final specifications.	TBD
25	2005	M1. Implement Results-Oriented Management	Collect information for project officer monitoring of contract	Current no baseline	Planned performance metric - reports run monthly by PO's to verify and validate contracts.	100% complete QIO's submitting information reports being generated monthly
26	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	Support the need for a comprehensive framework with flexibility for various quality measurement initiatives	Tool developed and requires maintenance and updates for 8th SOW.	Modules completed and placed into production within 12 months of final specifications.	TBD
27	2005	P6. Improve the Quality of Health Care (21st Century Health Care)	To record and report results of case review information to CMS Build/enhance online data collection for case review /CRIS	- Online data collected into data tables	Reports will be created and analyzed	Reports are being generated as required to assess compliance and improve the case review process. EG, beneficiary compliant process.
28	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	Have 10% Physician offices report PVRP measures	Current No Baseline	10% or roughly 16000 Physician offices reporting data	TBD in Sep 06

29	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	In support of Task 1.d.1. Physician Practice, DOQ-IT will provide the following in 2005/2006: Accept Physician Practice Transactional Data; Provide Data Submission Reports; Enable the submission of HL7-compliant data; Adopt CHI (Consolidated Health Informatics) standards and mapping vocabularies to quality measures.	There was no tool to adopt CHI Health Informatics and to support Task 1.d.1, Physician Practice.	100% warehouse processing and feedback within 24 hours of submission beginning FY06.	100% warehouse processing and feedback within 24 hours of submission beginning FY06.
30	2005	P6. Improve the Quality of Health Care (21st Century Health Care)	In support of Task 1.d.1. Physician Practice, Vista-Office will be released to individual practices and the EHR industry by July 2005 to enable the following: Submission of HL7-compliant data; HL7 interface specifications for practice management and billing; and Disease management/registry reminders.	There was no tool, and one was required for the submission of HL7 compliant data.	User community accepts the finished product and uses it.	Been released
31	2005	M5. Improving Information Technology	Develop and maintain a single repository for user identification and access	Security Audits show multiple log in and access methods	Study results	Results showed this could be done
32	2006	M5. Improving Information Technology	Develop and maintain a single repository for user identification and access	Study Results	Crown Web users will be using the system 100%	TBD
33	2007	P6. Improve the Quality of Health Care (21st Century Health Care)	Develop and Maintain QNet Exchange	Improvements required for encrypting data for the purpose of sharing information.	No more system problems with Application servers	TBD
35	2007	P6. Improve the Quality of Health Care (21st Century Health Care)	In support of Task 1c: Hospital, the QIO Clinical Warehouse will provide: A separate storage area (CDAC Warehouse) for storing validation and surveillance sample abstractions (including CDAC abstractions and Gold cases; Ability to store data on the 4 new clinical topics that will be abstracted using CART 2.4;	There was a need for a tool for providers abstractions be transferred in a warehouse environment.	100% warehouse processing and feedback within 24 hours of submission.	100% warehouse up to date
36	2007	P6. Improve the Quality of Health Care (21st Century Health Care)	improved communications among QIO program customers, ListServes will provide users with a common mechanism for	OSCO needed a method to share and facilitate communication among partners, to improve processes,	Surveys asking QIO's / meetings	on Going - Case review groups added and being used

			distributing memos and other communication activities.	and to share interventions and successes.		
37	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	Manage a Help Desk in support of all Task areas, SDPS Help Desk will continue to provide timely, accurate responses to CMS and QIOs throughout the 8th Scope of Work.	Outdated tracking system for complaints on HW and SW failures. Need to develop and expand.	Through tracking of ticket times and surveys	Asset and CM to be in use Oct 06
38	2007	P6. Improve the Quality of Health Care (21st Century Health Care)	In support of all Task areas, the following data reporting enhancements will be provided: QIONet navigation to the CMS Dashboard will be integrated (with other reporting applications such as PPR) into one centralized reports location on QIONet for the 8th SOW; CMS Dashboard will be redesigned as a dynamic, centralized reporting system for the 8th SOW; CMS Dashboard will provide users with the most current data available to SDPS, in an accurate and timely manner.	A tool was required to post QIO progress in meeting evaluation goals.	Publish quarterly within 30 days of data availability.	TBD
39	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	Provide better information to QIO's /Providers	There is a demand to consolidate reports in multiple locations into one central location using a standard report engine.	Reports solely coming from Cognos	TBD
40	2006	P6. Improve the Quality of Health Care (21st Century Health Care)	increased user satisfaction scores in ease-of-use, relevance and productivity (potentially measured by results of user satisfaction surveys)	There is a demand to build a Q&A application to provide consistent and precise answers for CMS and the QIO community. A tool that also reduces the burden of duplicative questions/workload, and one that provides consistent answers.	Users accept finished product and use it	Released - users using on-going bug fixes

All new IT investments initiated for FY 2005 and beyond must use Table 2 and are required to use the FEA Performance Reference Model (PRM). Please use Table 2 and the PRM to identify the performance information pertaining to this major IT investment. Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for at least four different Measurement Areas (for each fiscal year). The PRM is available at www.egov.gov.

Table 2

	Fiscal Year	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvement to the Baseline	Actual Results
1	2005	Mission and Business Results	Health Care Administration	QIO Quality Targets Established	TBD	Make MODS to QIO contracts	TBD
2	2005	Customer Results	Service Efficiency	Response Accuracy	Helpdesk reports/Surveys	Improve Remedy Helpdesk - Improve System Monitoring	Helpdesk response time has increased according to new reports, users report on surveys that they are getting better support
3	2005	Customer Results	Access	CART Hospital Measures Established	QMHAG	JACHO alignment	TBD
4	2005	Technology	Data Reliability and Quality	Adoption of CHI Standards	TBD	Incorporate CHI standards into code/development	TBD
5	2005	Processes and Activities	Errors	Production Applications require less bug fixes and work as expected by user community	Application baseline reports from IV&V/Q&A testing	TBD	Several applications stopped from going into production due to Q&A/IV&V testing - thus allowing for code fixes and Quality applications to be put into production
6	2006	Mission and Business Results	Health Care Administration	QIO Quality Targets Established	Contracts	Make MODS to QIO contracts	MOD S have been made to contracts
7	2006	Customer Results	Service Efficiency	Response Accuracy	Helpdesk reports/Surveys	Improve Remedy Helpdesk - Improve System Monitoring	Helpdesk response time has increased according to new reports, users report on surveys that they are getting better support

8	2006	Customer Results	Access	CART Hospital Measures Established	QMHAG	JACHO alignment	TBD
9	2006	Technology	Data Reliability and Quality	Adoption of CHI Standards	TBD	Incorporate CHI standards into code/development	TBD
10	2006	Processes and Activities	Errors	Production Applications require less bug fixes and work as expected by user community	Application baseline reports from IV&V/Q&A testing	Build out Pre-Production to offer additional level of testing	Several applications stopped from going into production due to Q&A/IV&V testing - thus allowing for code fixes and Quality applications to be put into production
11	2007	Mission and Business Results	Health Care Administration	QIO Quality Targets Established	Contracts	Make MODS to QIO contracts	MOD S have been made to contracts
12	2007	Customer Results	Service Efficiency	Response Accuracy	Helpdesk reports/Surveys	Improve Remedy Helpdesk - Improve System Monitoring	Helpdesk response time has increased according to new reports, users report on surveys that they are getting better support
13	2007	Customer Results	Access	CART Hospital Measures Established	QMHAG	JACHO alignment	TBD
14	2007	Technology	Data Reliability and Quality	Adoption of CHI Standards	TBD	Incorporate CHI standards into code/development	TBD
15	2007	Processes and Activities	Errors	Production Applications require less bug fixes and work as expected by user community	Application baseline reports from IV&V/Q&A testing	Build out Pre-Production to offer additional level of testing	Several applications stopped from going into production due to Q&A/IV&V testing - thus allowing for code fixes and Quality applications to be put

	Development	of capabilities that support the development of software as it relates to the SDPS system.	and Integration	Development				
5	Ad Hoc	Defines the set of capabilities that support the use of dynamic reports on an as needed basis.	Reporting	Ad Hoc	Ad Hoc	009-38-01-06-01-1010-00	Internal	5
6	Standardized / Canned	Defines the set of capabilities that support the use of pre-written reports.	Reporting	Standardized / Canned			No Reuse	5
7	Business Rule Management	SDPS will provide that the business rules that apply to the system will be effectively managed.	Management of Processes	Business Rule Management			No Reuse	5
8	Identification and Authentication	Provides services are provided to ensure that information is kept secure.	Security Management	Identification and Authentication			No Reuse	5
9	Access Control	Provides services to ensure that roles are kept secure through appropriate support services.	Security Management	Access Control			No Reuse	5
10	Data Warehouse	Primary work is created from data stored and collected in warehouses	Data Management	Data Warehouse			No Reuse	10

4. To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component: Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications.

Service Specification: In the Service Specification field, Agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

	SRM Component	Service Area	Service Category	Service Standard	Service Specification (i.e., vendor and product name)
1	Software Development	Component Framework	Business Logic	Platform Dependent	EA POWER BUILDER

2	Software Development	Component Framework	Business Logic	Platform Independent	J2EE / Java Script
3	Data Exchange	Component Framework	Data Interchange	Data Exchange	XML SPY/ XML / SOAP
4	Standardized / Canned	Component Framework	Data Management	Database Connectivity	ODBC, JDBC, ADO, OLE/DB, DAO
5	Data Integration	Component Framework	Data Management	Reporting and Analysis	SAS OLAP/ ORACLE OLAP / COGNOS/ XML/EJB/ Hibernate
6	Software Development	Component Framework	Presentation / Interface	Dynamic Server-Side Display	JSP 2.0/ SWING/ Eclipse/SWT/
7	Software Development	Component Framework	Presentation / Interface	Static Display	HTML/ Power Builder
8	Identification and Authentication	Component Framework	Security	Supporting Security Services	S/Mine, SSL, SDo, SOAP/ AXIS/ JAKarta
9	Software Development	Service Access and Delivery	Access Channels	Web Browser	Internet Explorer
10	Data Exchange	Service Access and Delivery	Delivery Channels	Internet	Internet Explorer
11	Data Exchange	Service Access and Delivery	Delivery Channels	Intranet	Internet Explorer / E-mail
12	Data Integration	Service Access and Delivery	Service Requirements	Hosting	Apache /BEA
13	Software Development	Service Access and Delivery	Service Requirements	Legislative / Compliance	Section 508, HIPPA, CMS ARS document
14	Data Exchange	Service Access and Delivery	Service Transport	Supporting Network Services	IMAP POP3, SMTP/ HTTP/ SSL/ AES/ DHCP/DNS/ LDAP
15	Meta Data Management	Service Interface and Integration	Interoperability	Data Format / Classification	XML, ORACLE, Power Designer
16	Business Rule Management	Service Interface and Integration	Interoperability	Data Types / Validation	XML , UML, EMF, JAXP, JDOM
17	Data Warehouse	Service Platform and Infrastructure	Database / Storage	Database	ORACLE, MS SQL
18	Data Warehouse	Service Platform and Infrastructure	Database / Storage	Storage	EMC SAN
19	Identification and Authentication	Service Platform and Infrastructure	Delivery Servers	Application Servers	BEA / APPACHE/ ORACLE 9ias
20	Ad Hoc	Component Framework	Data Management	Reporting and Analysis	SAS, ORACLE OLAP, COGNOS
21	Data Integration	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers	Sun/ Fijitsu/ Enterprise warehouses/ DMX units
22	Software Development	Service Platform and Infrastructure	Software Engineering	Integrated Development Environment	BEA/ Eclipse/ SWT/ J2EE/ Struts/
23	Software Development	Service Platform and Infrastructure	Software Engineering	Modeling	UML/ EMF/ XSD
24	Software Development	Service Platform and Infrastructure	Software Engineering	Software Configuration Management	Remedy, PVCS Dimensions
25	Software	Service Platform	Software	Test Management	Mecurey Load Runner, test

	Development	and Infrastructure	Engineering		director, soap scope
26	Software Development	Service Platform and Infrastructure	Support Platforms	Platform Independent	J2EE
27	Access Control	Service Access and Delivery	Service Requirements	Authentication / Single Sign-on	OARS, Sun Identity Manager

5. Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?

no

5.a. If yes, please describe.

Not Applicable.

6. Does this investment provide the public with access to a government automated information system?

yes

6.a. If yes, does customer access require specific software (e.g., a specific web browser version)?

yes

6.a.1. If yes, provide the specific product name(s) and version number(s) of the required software and the date when the public will be able to access this investment by any software (i.e. to ensure equitable and timely access of government information and services).

All public access via the internet is protected via a DMZ & 3-tier web architecture. Those applications exchanging Public Health Information with Patient Identifiable Information are required to use QualityNet Exchange, a HIPAA compliant & secure internet environment that meets FIPS 140-2 3-DES encryption standards. QNetX follow the e-authentication requirements as set forth in the e-GOV Act of 2002. Annually undergo full C&A activities & are subjected to regular audits & risk assessments.

PART THREE

RISK

You should perform a risk assessment during the early planning and initial concept phase of the investment's life-cycle, develop a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's life-cycle.

Answer the following questions to describe how you are managing investment risks.

1. Does the investment have a Risk Management Plan?

yes

1.a. If yes, what is the date of the plan?

2006-05-25

1.b. Has the Risk Management Plan been significantly changed since last year's submission to OMB?

no

1.c. If yes, describe any significant changes:

Not Applicable.

2.b. If no, what is the strategy for managing the risks?

Not Applicable.

COST & SCHEDULE

1. Was operational analysis conducted?

yes

1.a. If yes, provide the date the analysis was completed.

2006-12-10

What were the results of your operational analysis?

Some planned milestones actually started a month or two behind schedule, the actual costs compared to the planned costs decreased. Other planned milestones start/end dates were on schedule when compared to actual milestone start/end dates and costs were also on target. New milestones were added to the investment and were approved by

DHHS.

1.c. If no, please explain why it was not conducted and if there are any plans to conduct operational analysis in the future.

Not Applicable.