

## Measure Information Workbook

### Instructions for QEs Preparing Evidence for the Phase 3 Minimum Requirements Review

The purpose of this workbook is to provide QEs with a comprehensive and concise workbook for submitting all required measure-specific evidence for QECP Standards 4 and 5. Use this workbook to describe the performance measures that your organization plans to include in its QE provider performance reports. Please submit measures for review only if they pass all reliability and validity tests and were:

- (a) calculated using Medicare data obtained through QECP Certification; or
- (b) calculated using your entities' public QE performance reports.

This instructions page is divided into three sections:

- ▶ General Instructions for Completing and Uploading the Workbook
- ▶ Standard Measure Worksheet Codebook
- ▶ Alternative Measure Worksheet Codebook

### General Instructions for Completing and Uploading the Workbook

1. Save a copy of this workbook locally to your computer or network drive and work off of your local copy.
2. If your organization plans to include **more than 30 measures in its QE performance reports** (inclusive of standard and alternative measures), you must complete the following 2-step process. Otherwise, skip this step and proceed to Step 3 below.
  - ▶ Step 2.1: Several weeks prior to your submission of Phase 3 evidence, complete the worksheet in the "GT30 List of All Measures" tab and submit to your QECP Program Manager.
  - ▶ Step 2.2: The QECP team will select a sample of measures for which the QE will be responsible for submitting all evidence outlined in the Standard and Alternative Measure Worksheets. For those measures not included in the sample, no evidence or supporting documentation will be required to be reported in the standard and alternative measure worksheets, or uploaded to the application portal; however the QE will be required to attest that these non-sampled measures meet the requirements for all elements under QECP Standards 4 and 5.
3. Enter data into the worksheets following the standard and alternative measure codebooks described below. Note that some columns restrict your data entry to selections from a drop-down menu.
  - ▶ **For the columns that require detailed narratives (cells shaded in gray in the worksheets), you must indicate the file name, page number(s), and section(s) of the supporting document that include the required information.**
  - ▶ **Blank values are not permitted. In the few instances where a column is not applicable to a particular measure, enter "N/A" and describe why this column is not applicable to the measure.**
4. Save the workbook as "QECP\_Measure\_Information\_Workbook\_QEName.xlsx," and upload it to your organization's secure QECP application portal.
  - ▶ This workbook should only be uploaded to your entity's QECP application portal once. Since the evidence contained in this workbook applies to all elements (4A - 4H) under Standard 4, and possibly both elements (5A - 5B) under Standard 5, use the "Select Document" drop-down menu to associate this workbook with each relevant element.
  - ▶ In the "Self Assessment" comment box for Element 5A and 5B, briefly describe the suite of provider performance measures submitted for review, including the total number of Standard (5A) and/or Alternative (5B) measures.
5. Upload all supporting documentation referenced in this workbook. **Please note that the supporting documents uploaded to the application portal must map back to the file names referenced in this workbook.**

### Standard Measure Worksheet Codebook

**There are twenty-nine (29) columns to complete in the tab titled "Standard Measure Worksheet." Complete this worksheet, entering only one measure in each row, based on the following instructions.**

<b>NQF Number (or QE CBEC Measure ID) (5A)</b>	Enter the NQF assigned number of the calculated measure. If the measure is an approved by a Consensus Based Entity (CBE) certified under the Qualified Entity Medicare Data Sharing Program, enter the measure's QE CBEC ID. If the measure is not an NQF-endorsed measure or a QE CBEC endorsed measure, but is still considered "standard" under the QE program, please leave this field blank.
	<i><b>NOTE:</b> For a measure to be considered as Standard under the Qualified Entity Certification Program, the measure MUST meet at least one of the following criteria: 1) NQF-endorsed, 2) currently being used in a CMS program that includes quality measurement or 3) authored by an approved Consensus Based Entity (CBE). The entity must follow the measure specifications as written, including all numerator and denominator inclusions and exclusions, measured time periods and specified data sources. The QECP reviews the organization's specifications against the source specification and determines whether the measure meets the requirements.</i>
<b>Measure Name (5A)</b>	Enter the name of the standard measure. If the measure does not have an NQF-endorsed title you may use the name of the measure steward and the title they have assigned.
<b>Measure Steward (5A)</b>	Use the drop-down menu to select the measure steward: CMS, AHRQ, AQA, NCQA, TJC, AMA PCPI, Specialty Medical Boards, or Other.
<b>If Other, Name of Measure Steward (5A)</b>	If the measure steward does not appear in the drop-down menu, type the name here.
<b>Measure Description (5A)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of each measure.
<b>Type of Provider Measured (5A)</b>	Use the drop-down box to select the type of provider or supplier measured: Physician, Other Health Care Practitioners, Hospitals, Critical Access Hospitals, Skilled Nursing Facilities, Comprehensive Outpatient Rehabilitation Facilities, Home Health Agencies, Hospice Programs, or Other.
<b>Measure Selection Rationale (5A)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the measure selection rationale for each measure.

<b>Relationship of Measure to Existing Measurement Efforts (5A)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the relationship of each measure to other measurement efforts.
<b>Relevance of Measure to Population in Covered Geographic Area (5A)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the relevance of the measure to the population in the covered geographic area.
<b>Measure Specification (4A)</b>	Enter either the name of the file, relevant page number(s), and section(s) of the document containing the measure steward's measure specification, or provide a hyperlink or URL to the measure steward's measure specification. A hyperlink/URL is preferred, but a document is also sufficient.
<b>Measure Specification for Implementation (4A)</b>	If different from the measure steward's specification, enter either the name of the file, relevant page number(s), and section(s) of the document containing the measure specification for implementation, or provide a hyperlink or URL to the measure specification for implementation. A hyperlink/URL is preferred, but a document is also sufficient.
<b>Clinical Logic (4A)</b>	Enter the clinical logic for the measure (e.g., denominator eligibility, numerator eligibility, exclusion criteria), or the name of the file, relevant page number(s), and section(s) of the document containing the measure's clinical logic.
<b>Construction Logic (4A)</b>	Enter the construction logic for the measure (e.g., trigger start dates, temporal parameters), or the name of the file, relevant page number(s), and section(s) of the document containing the measure's construction logic.
<b>System Reports/Logs (4A)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing system input/output reports/logs for each measure that displays data sources, exclusion statements, denominator values, and numerator values.
<b>Attribution Methodology (4B)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the methodology used for each measure to assign patients and/or episodes to the provider included in the performance reports.
<b>Measure Type (4C &amp; 4D)</b>	Use the drop-down menu to select the measure type: Quality, Effectiveness, Efficiency, or Resource Use.
<b>Minimum Requirements for Reporting Quality Measures (4C)</b>	Enter the minimum requirements for reporting each quality measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
<b>Results of Statistical Validity Testing (4C)</b>	Enter the results of statistical validity testing for each quality measure to be included in QE performance reports, including the actual sample/denominator size, confidence interval, or reliability score.
<b>Minimum Requirements for Reporting Efficiency, Effectiveness, and Resource Use Measures (4D)</b>	Enter the minimum requirements for reporting each efficiency, effectiveness, and resource use measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
<b>Results of Statistical Validity Testing (4D)</b>	Enter the results of statistical validity testing for each efficiency, effectiveness, and resource use measure, including the actual sample/denominator size <u>and</u> at least one of the following: reliability score, or confidence interval.
<b>Risk Adjustment Rationale (4E)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a detailed rationale for using or not using risk adjustment for each measure. If risk adjustment was not used, the QE must include a detailed justification.
<b>Risk Adjustment Methodology (4E)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the methodology used for risk adjustment for each measure (including case-mix or severity adjustment).
<b>Outlier Method Rationale (4F)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a detailed rationale for using or not using an outlier method for each measure. If an outlier method was not used, the QE must include a detailed justification.
<b>Outlier Methodology (4F)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the outlier methodology used for each measure.

<b>Peer Group Algorithm (4G)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the algorithm used to identify peer groups for each measure.
<b>Peer Group Geographic Parameters (4G)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the geographic parameters that were used to compare providers to their peers for each measure.
<b>Benchmark Identification (4H)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing how the benchmark was identified or estimated (e.g., external data source, current data set) for each measure.
<b>Type of Benchmark (4H)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the type of benchmark (e.g., 90th percentile, national average, regional average) for each measure.
<b>Geographic Parameters for Benchmark (4H)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the geographic parameters that were used to identify benchmarks for each measure.

### Alternative Measure Worksheet Codebook

***There are twenty-eight (28) columns to complete in the tab titled "Alternative Measure Worksheet." Complete this worksheet, entering only one measure in each row, based on the following instructions.***

<b>Measure Name (5B)</b>	Enter the name of the alternative measure. If the measure does not have an NQF-endorsed title you may use the name of the measure steward and the title they have assigned.
<b>Measure Steward (5B)</b>	Use the drop-down menu to select the measure steward: CMS, AHRQ, AQA, NCQA, TJC, AMA PCPI, Specialty Medical Boards, or Other.
<b>If Other, Name of Measure Steward (5B)</b>	If the measure steward does not appear in the drop-down menu, type the name here.
<b>Measure Description (5B)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of each measure.
<b>Type of Provider Measured (5B)</b>	Use the drop-down box to select the type of provider or supplier measured: Physician, Other Health Care Practitioners, Hospitals, Critical Access Hospitals, Skilled Nursing Facilities, Comprehensive Outpatient Rehabilitation Facilities, Home Health Agencies, Hospice Programs, or Other.
<b>Evidence of Superiority to Standard Measure (5B)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document providing evidence that the measure is more valid, reliable, responsive to consumer preferences, cost effective, or relevant to dimensions of quality and resource use not addressed by a standard measure.
<b>Relationship of Measure to Existing Measurement Efforts (5B)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the relationship of the measure to existing measurement efforts.
<b>Relevance of Measure to Population in Covered Geographic Area (5B)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the relevance of the measure to the population in the covered geographic area.
<b>Measure Specification (4A)</b>	Enter either the name of the file, relevant page number(s), and section(s) of the document containing the measure steward's measure specification, or provide a hyperlink or URL to the measure steward's measure specification. A hyperlink/URL is preferred, but a document is also sufficient.
<b>Measure Specification for Implementation (4A)</b>	If different from the measure steward's specification, enter either the name of the file, relevant page number(s), and section(s) of the document containing the measure specification for implementation, or provide a hyperlink or URL to the measure specification for implementation. A hyperlink/URL is preferred, but a document is also sufficient.
<b>Clinical Logic (4A)</b>	Enter the clinical logic for the measure (e.g., denominator eligibility, numerator eligibility, exclusion criteria), or the name of the file, relevant page number(s), and section(s) of the document containing the measure's clinical logic.
<b>Construction Logic (4A)</b>	Enter the construction logic for the measure (e.g., trigger start dates, temporal parameters), or the name of the file, relevant page number(s), and section(s) of the document containing the measure's construction logic.
<b>System Reports/Logs (4A)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing system input/output reports/logs for each measure that displays data sources, exclusion statements, denominator values, and numerator values.

<b>Attribution Methodology (4B)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the methodology used for each measure to assign patients and/or episodes to the provider included in the performance reports.
<b>Measure Type (4C &amp; 4D)</b>	Use the drop-down menu to select the measure type: Quality, Effectiveness, Efficiency, or Resource Use.
<b>Minimum Requirements for Reporting Quality Measures (4C)</b>	Enter the minimum requirements for reporting each quality measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
<b>Results of Statistical Validity Testing (4C)</b>	Enter the results of statistical validity testing for each quality measure to be included in QE performance reports, including the actual sample/denominator size, confidence interval, or reliability score.
<b>Minimum Requirements for Reporting Efficiency, Effectiveness, and Resource Use Measures (4D)</b>	Enter the minimum requirements for reporting each efficiency, effectiveness, and resource use measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
<b>Results of Statistical Validity Testing (4D)</b>	Enter the results of statistical validity testing for each efficiency, effectiveness, and resource use measure, including the actual sample/denominator size <u>and</u> at least one of the following: reliability score, or confidence interval.
<b>Risk Adjustment Rationale (4E)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a detailed rationale for using or not using risk adjustment for each measure. If risk adjustment was not used, the QE must include a detailed justification.
<b>Risk Adjustment Methodology (4E)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing the methodology used for risk adjustment for each measure (including case-mix or severity adjustment).
<b>Outlier Method Rationale (4F)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document containing a detailed rationale for using or not using an outlier method for each measure. If an outlier method was not used, the QE must include a detailed justification.
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<b>Type of Benchmark (4H)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the type of benchmark (e.g., 90th percentile, national average, regional average) for each measure.
<b>Geographic Parameters for Benchmark (4H)</b>	Enter the name of the file, relevant page number(s), and section(s) of the document describing the geographic parameters that were used to identify benchmarks for each measure.

## List of ALL QECP Measures Template

Note: QEs are only required to complete this worksheet if they intend to include more than 30 measures in their QE performance reports (inclusive of standard and alternative measures). Refer to Step 2 in the "Instructions" tab.

Row #	Standard or Alternative QECP Measure [select from menu]	NQF Number (or QE CBEC Measure ID)	Measure Name	Measure Steward [select from menu]	If Other, Name of Measure Steward	Measure Description	Type of Provider Measured [select from menu]	Measure Type [select from menu]	Clinical Logic	Construction Logic
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Row #	Standard or Alternative QECP Measure [select from menu]	NQF Number (or QE CBEC Measure ID)	Measure Name	Measure Steward [select from menu]	If Other, Name of Measure Steward	Measure Description	Type of Provider Measured [select from menu]	Measure Type [select from menu]	Clinical Logic	Construction Logic
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