



QUALIFIED ENTITY CERTIFICATION PROGRAM

FOR MEDICARE DATA

APPENDIX C: PAPER-BASED QE APPLICATION FORM

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1144**. The time required to complete this information collection is estimated to average **500 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained.** If you have questions or concerns regarding where to submit your documents, please contact support@gemedicaredata.org.

Instructions

Submit the completed QE application form and supporting documents electronically to: support@gemedicaredata.org. Submit any questions to: support@gemedicaredata.org.

Date Application Submitted	
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Date Application Received by CMS	
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Section 1: General Information

Instructions: Please input the applicant’s information. The listed trade name and type of applicant should be for the lead applicant. Subcontractors or partners for this effort should be listed in the Member Organizations field.

Applicant’s Trade Name/DBA	
Type of Applicant <input type="checkbox"/> Profit Organization <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other <i>(describe)</i>	
Applicant’s Employer ID Number	
Name(s) of Contractor(s) or Member Organization(s) <i>(Contact support@QEMedicareData.org to obtain further instructions to submit required contractor or member organization information)</i>	
Data Recipient’s Name	
Data Requested <input type="checkbox"/> Regional <i>(specify States)</i> <input type="checkbox"/> National	

Section 2: Mailing Address

Instructions: The mailing address should be an address where mail correspondence about the application or program can be delivered.

Street Mailing Address _____

Suite/Mail Stop _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____

Website _____

Section 3: Contact Information

Chief Executive Officer (or other equivalent executive)

Instructions: Please provide the contact information for the CEO, or equivalent executive, who has the authority to oversee the entity's application and QECR responsibilities.

Prefix _____
First Name _____
Middle Initial _____
Last Name _____
Degree _____
E-mail Address _____
Street Mailing Address _____
Suite/Mail Stop _____
City _____ State _____ ZIP Code _____
Phone _____ Fax _____

Point of Contact for Application

Instructions: Please provide the contact information for the individual who will be the primary contact for day-to-day application and program correspondence.

Prefix _____
First Name _____
Middle Initial _____
Last Name _____
Degree _____
E-mail Address _____
Street Mailing Address _____
Suite/Mail Stop _____
City _____ State _____ ZIP Code _____
Phone _____ Fax _____

Section 4: Standards

Instructions: Please indicate whether the entity is capable of supplying information with regard to each element by checking the appropriate box (Yes, No, N/A). Using plain language, please provide explanations in the “explanation of self-assessment” comment box.

Entities are required to submit supporting documentation to support their self-assessment and for the purposes of the minimum requirements review and assessment. Please list the name of the supporting document, its relevance to the element, and the pages within the document that prove such relevance. Additional supporting documentation may be listed in Section 6 of this application form. **Refer to the QCEP Operations Manual for complete program information, including “example documentation” descriptions and “evidence must include” instructions.**

Note: Qualified Clinical Data Registries (QCDRs) must meet the QCEP requirements with the exception of Elements 1E and 2A and, in certain cases, all standards and elements associated with Phase 3 (Element 2B and Standards 4-8). Quasi QEs are not required to submit evidence for Phase 3 if they only intend to publicly report measures that were included in the QCDR self-nomination process and the measures are calculated from a combined data set of CMS claims and clinical data sources. In order to receive this Phase 3 evidence exemption, quasi QEs must submit a list of measures that they intend to publicly report. This list will be reviewed to verify that each measure was included in the quasi QE’s QCDR self-nomination process and that the measure can be calculated using combined data.

STANDARD 1: ENTITY PROFILE

Intent: The entity must provide information about its organization and structure, the types of providers it intends to evaluate, the geographic areas for which it intends to report data, and its ability to meet the financial requirements of the program.

Element 1A: Define entity organization	
Assessment:	Self - assessment:
The entity is a legally recognized “lead” and accountable to CMS for the receipt of QE Medicare data, with clear contractual relationships identified and documented between contractors or member organizations, if applicable, that make it possible for the entity to meet the QECP standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<ol style="list-style-type: none"> 1. <i>QECP Letter of Commitment</i> Form, containing: <ol style="list-style-type: none"> a. Commitment to CMS signed by a member of the lead QE’s executive team b. Completed proposed timeline to public reporting c. Completed contractual relationship attestation (if applicable), which includes attestation of breach of contract liability between parties with potential to collect damages for failure to perform d. Completed CMS Quality Improvement Organization attestation, if applicable 2. Descriptive information about the entity (e.g., mission, services offered, primary business function) 3. Description of unit responsible for performance reporting 4. Description of business model 5. Incorporation and, if applicable, licensure for entity 6. Incorporation and, if applicable, licensure for contractors or member organizations supporting entity’s QECP activities 7. For entities applying to be quasi QEs, documentation demonstrating active QCDR status. 	

Supporting Documentation:

Supporting documentation must include a completed *QECP Letter of Commitment with a signed letter, proposed timeline, Contractual Relationship Attestation and CMS Quality Improvement Organization (QIO) Attestation* (where applicable).

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 1B: Show ability to cover the costs of performing the required functions of a qualified entity

Assessment:	Self - assessment:
The entity's business model is projected to cover the cost of public reporting, including both the cost of the data and the cost of developing the reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of Self-assessment:

Evidence Must Include:

Executive review and signature on financial documents.
Note: Evidence must come from the entity, not from a contractor or member organization.

Supporting Documentation:

Document 1
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

Document 2
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

Document 3
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

Element 1C: Identify the geographic areas that entity's reports will cover

Assessment:	Self - assessment:
The entity defines the geographic area(s) for which performance reporting will incorporate QE Medicare data.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of Self-assessment:

Evidence Must Include:

1. Data request.
 - a. Description of geographic area(s) by state for which the entity requests QE Medicare data.
 - b. Explicit statement for a 5% national sample, if applicable.
 - *Note: If requested, a justification for the request must be included.*
2. Geographic areas the entity's report(s) will cover.
 - a. *Note: If reporting on an area smaller than a state (e.g., ZIP code, MSA, or county), list the areas by state.*

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 1E: Demonstrate experience combining claims data, measurement and attribution, verification, corrections process, and public reporting

Assessment:	Self - assessment:
The entity generally must demonstrate three or more years of experience in combining claims data, accurately calculating measures, verifying data, using a corrections process, and public reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<p>Documents demonstrating experience, generally three or more years, in the following areas:</p> <ol style="list-style-type: none"> 1. Combining claims data 2. Attribution of patient services and episodes 3. Statistical validity – quality measures 4. Statistical validity – efficiency or resource use measures 5. Risk adjustment 6. Outliers 7. Defining comparison groups 8. Verification process 9. Improve public reporting 10. Corrections process <p><i>Note: Evidence of experience submitted by the lead entity may be the demonstrated experience of the entity, the entity’s staff, the entity’s contractor, or, if the entity is a collaborative, the demonstrated experience of any member organization of the collaborative.</i></p>	
Supporting Documentation:	
<p>Document 1 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p> <p>Document 2 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p>	

STANDARD 2: DATA SOURCES

Intent: The entity must provide evidence of the ability to combine claims data from other sources to calculate performance reports.

Element 2A: Show ability to obtain claims data from at least one other-payer source to combine with QE Medicare data	
Assessment:	Self - assessment:
<p>For the geographic areas identified in Element 1C and for providers identified in Element 1D, entity possesses claims data from at least one other source; however, data from two or more sources is preferable.</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </p>
Explanation of Self-assessment:	
Evidence Must Include:	
<ol style="list-style-type: none"> 1. Completed <i>QECF Data Source Attestation Form</i>, containing: <ol style="list-style-type: none"> a. Provider reporting profile <ol style="list-style-type: none"> i. Total number of covered lives in geographic reporting area ii. Total number of covered lives included in all other-payer claims data sources (by state if reporting nationally) b. Data supplier profile c. Data detail <ol style="list-style-type: none"> i. Volume of data ii. Geographic coverage of data iii. Provider types 2. A description of how the data they do have for use in the QE program will be adequate to address the concerns about small sample size and reliability. 	

Supporting Documentation:

Supporting documentation must include a completed *QECP Data Source Attestation Form*.

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 2B: Accurately combine QE Medicare data with claims data from other-payer sources

Assessment:	Self - assessment:
The QE accurately combines QE Medicare data with claims data from at least one other-payer source.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of Self-assessments:

Evidence Must Include:

1. Description of how provider identifiers were linked across claims data sources. A map may be used in conjunction with the description.
2. Description of the process implemented to test the accuracy of data linkage and correct data linkage errors.
3. Error reports demonstrating the volume of data linkage errors.

Note: A screenshot of a previous performance report is not sufficient evidence for this element.

Supporting Documentation:

Document 1
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

Document 2
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

Document 3
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

STANDARD 3: DATA SECURITY

Intent: The QE must submit documentation that describes its organizational environment. The organizational environment includes all entities that will be working with the QE or hosting QE Medicare data. If partnering with other organizations, the QE must provide data flow diagrams in addition to business and service level agreements. The QE must also provide evidence of an implemented data security program and privacy policies and procedures, including enforcement mechanisms for each component of the organization pertaining to its role.

The QE must show the ability to comply with federal data security and privacy requirements to protect CMS PII data across three broad categories:

- Administrative – The QE can demonstrate compliance across select CMS Acceptable Risk Safeguards (ARS) administrative control families.
- Technical – The QE has documented policies and procedures in place that govern access to QE Medicare data and data user accounts.
- Physical – The QE has documented policies and procedures in place to protect the IT infrastructure.

Evidence of experience for each of the three categories submitted by the QE may include demonstrated experience of the lead entity or the entity's contractor. If the QE is a collaborative, the evidence must demonstrate the experience of any member organization of the collaborative.

If the QE's system and protocols do not meet the standards of the ARS or have not yet been fully implemented for all three categories, the QE may be placed under a security improvement plan (SIP) to correct the issue, with progress tracked through a **plan of action and milestones (POAM)** reporting process.

Opportunity to Leverage Previous Audits: The QECF allows the QE to take advantage of recent data security assessments or audits. Such audits may be accepted as evidence if they meet the following criteria:

- The scope of the audit clearly shows coverage of relevant controls
- The assessment was conducted by an independent third party
- The assessment or audit was conducted within the last 365 days

To submit an assessment or audit as evidence, well in advance of a Phase 2 application submission, the QE should submit the following artifacts:

- The statement of work for the audit or assessment
- The signed audit report page
- The list of artifacts that were submitted and examined during the audit or assessment
- The reviewer's comments and findings for the assessed controls

The QECF team will then determine the most appropriate and efficient approach for the QE to complete the QECF Data Security Workbook. For example, the QE could be waived from (a) the

requirement to enter detailed compliance descriptions within the Data Security Workbook, and/or (b) the requirement to submit detailed policy and procedure documentation to support the 18 primary “dash-1” security controls.

Examples of assessments and audits include:

- Certification audit against ISO 27001
- Assessment and audit against HIPAA standards
- SSAE 16 Overview
- Statement on Standards for Attestation Engagements (SSAE) No. 16, Reporting on Controls at a Service Organization
- FedRAMP Certification: Must be accompanied by documentation for the services contracted (e.g., Infrastructure as a Service [IAAS], Platform as a Service [PAAS], or Software as a Service [SAAS])

QEs with a private FedRAMP certified data center should be able to leverage the FedRAMP certification documentation for most of the Standard 3 data security controls. However, for QEs contracting with a FedRAMP-approved cloud service provider (CSP),¹ (rather than operating a FedRAMP certified data center), only a limited number of administrative, technical, and physical controls can be considered covered by the CSP’s FedRAMP certification. QEs are responsible for submitting policies and protocols for controls not covered under this FedRAMP certification. To align with the CMS Information Systems Security and Privacy Policy,² QEs are only permitted to contract with CSPs that are FedRAMP approved.

Element 3A: Administrative Security	
Assessment:	Self - assessment:
<p>The QE demonstrates its ability to comply with federal data security and privacy requirements, and documents its processes to follow protocols for the following CMS ARS elements (control family abbreviations in parentheses):</p> <ul style="list-style-type: none"> ▪ Audit and Accountability (AU) ▪ Security Assessment and Authorization (CA) ▪ Incident Response (IR) ▪ Planning (PL) ▪ Risk Assessment (RA) ▪ Compliance with applicable state laws regarding privacy and security 	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ The NIST 800-145 definition of a cloud service provider (CSP): <http://nvlpubs.nist.gov/nistpubs/Legacy/SP/nistspecialpublication800-145.pdf>.

² CMS Information Systems Security and Privacy Policy (IS2P2), Version 1.0. [Online] April 26, 2016. <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Info-Security-Library-Items/CMS-Information-Systems-Security-and-Privacy-Policy-IS2P2.html>.

Explanation of Self-assessment:

Evidence Must Include:

1. Current assessments showing compliance with the CMS ARS at the moderate impact level
 - a. If the QE has not undergone any such assessments, it must produce documentation of the systems and protocols that meet this same threshold with respect to the security factors listed above
2. Documentation of all breaches of data security or privacy from *any* component of the QE organization that occurred within the past 10 years (or the lifetime of the component if lifetime is less than 10 years)
 - a. *Non-disclosure of previous breaches may impact the QE's data use approval and delay the Phase 2 review, requiring further security investigation*
 - b. *If undisclosed breaches are discovered after the QE receives QE Medicare data, the QE may be required to stop using the data and the QE's certification may be terminated*
3. Protocols and systems that will be implemented for transferring information to providers as part of the requests for corrections and appeals process (Standard 8)
4. A physical network diagram demonstrating the QE organization boundary and how sites that may access the data are connected, including any Internet, wide area network, local area network (LAN), and virtual private network (VPN) connections
5. Information flow diagram with a narrative that tracks and describes the management of QE Medicare data through the system and validates QE organizational roles and responsibilities (items 6, 7, and 8 below)
6. Concept of operations indicating how the QE intends to secure and limit access to QE Medicare data
7. List of all parties (contractors and subcontractors) to be included in the CMS Data Use Agreement (DUA) and their role in the QE program
8. List of all parties (contractors and subcontractors) not to be included in the CMS DUA and their roles in the QE program
 - a. *In addition to members of the QE, a list of support contractors such as information technology (IT) hosting providers, Internet service providers, and IT support and repair contractors*

Supporting Documentation:Supporting documentation must include a completed *QECP Data Security Workbook*.**Document 1**

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 3B: Technical Security**Assessment:****Self -
assessment:**

The QE identifies system users and the prequalification process for access to data for the following CMS ARS elements (control family abbreviations in parentheses):

- Access Control (AC)
- Awareness and Training (AT)
- Configuration Management (CM)
- Identification and Authentication (IA)
- Personnel Security (PS)

 Yes
 No
Evidence Must Include:

1. Documentation of the systems and protocols in place with respect to the security factors described above.
2. Identification of an information security contact person who is responsible for the QE program and is familiar with the CMS ARS (PM-2).

Supporting Documentation:Supporting documentation must include a completed *QECP Data Security Workbook*.**Document 1**

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 3C: Physical Security and Privacy

Assessment:	Self - assessment:
<p>The QE identifies processes and systems in place to protect its physical IT infrastructure for the following CMS ARS elements (control family abbreviations in parentheses):</p> <ol style="list-style-type: none"> 1. Contingency Planning (CP) 2. Maintenance (MA) 3. Media Protection (MP) 4. Physical and Environmental Protection (PE) 5. System and Communications Protection (SC) 6. System and Services Acquisition (SA) 7. System and Information Integrity (SI) 8. Program Management (PM) 9. Authority and Purpose (AP) 10. Data Quality and Integrity (DI) 11. Security (SE) 12. Accountability, Audit, and Risk Management (AR) 13. Data Minimization and Retention (DM) 14. Transparency (TR) 15. Individual Participation and Redress (IP) 16. Use Limitation (UL) 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Evidence Must Include:</p>	
<ol style="list-style-type: none"> 1. Documentation of the systems and protocols in place with respect to the security factors listed above 2. Identification of the physical location of the data processing center (the primary location at which the CMS data is housed and processing of the measures will occur) <ol style="list-style-type: none"> a. <i>If the QE intends to receive CMS data on a hard drive, it must note whether such data will be stored at this location.</i> 3. Identification of the physical locations at which the CMS data may be accessed, including any offices or remote users that may have the ability to access identifiable information 4. Identification of the physical locations for any alternate data processing sites, which are locations at which data processing will resume in the event of a disaster 5. Identification of the physical location for any alternate storage sites, including the location for offsite backups and offsite records storage that may house CMS information <ol style="list-style-type: none"> a. <i>If the QE intends to receive CMS data on a hard drive and the data will be stored outside of the primary data processing center, the QE should also note that location.</i> 	

Supporting Documentation:

Supporting documentation must include a completed *QECP Data Security Workbook*.

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

STANDARD 4: MEASURE SELECTION

Intent: The QE must provide documentation for each selected standard or alternative measure used in public reporting to demonstrate its validity, reliability, responsiveness to consumer preferences, and applicability.

Note 1: All individual measures, composite measures, and components of composite measures must be reported under Standard 4. Every composite measure, unless NQF-endorsed as a composite measure, should be included in 4B as an alternative measure. If any of the component measures that make up a composite measure are NQF-endorsed, those component measures should be included in 4A; if the component measures are not NQF-endorsed, they should be included in 4B.

Note 2: Any QE that intends to report more than 30 measures (inclusive of standard and alternative measures) using the QE Medicare data must submit the QCEP Measure Information Workbook’s “GT30 List of All Measures” worksheet to their QCEP PM well in advance of submitting Phase 3 evidence. The QCEP team will select a sample of measures for which the QE will be responsible for submitting all evidence outlined in the “Standard Measures” and “Alternative Measures” worksheets. For those measures not included in the sample, no evidence or supporting documentation will be required to be reported 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 QCEP Standards 4 and 5.

Element 4A: Use standard measures	
Assessment:	Self - assessment:
The QE selects standard measures for incorporating QE Medicare data.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	

Evidence Must Include:

1. Completed 4A items in the *QECP Measure Information Workbook* (for each standard measure to be included in QE performance reports), including:
 - a. NQF-endorsed measure number or CMS measure name or number
 - b. Name of measure
 - c. Type of measure (individual, component of composite,³ composite)
 - d. Name of measure steward/owner
 - e. Measure description
 - f. Type of provider to which the measure was applied
 - g. Rationale for selecting measure
 - h. Relationship of the measure to existing measurement efforts
 - i. Relevance of the measure to the population in the covered geographic area defined under Element 1C

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

³ This is a standard component measure that is included within a composite measure.

Element 4B: Use approved alternative measures	
Assessments:	Self - assessments:
1. The QE proposes alternative measures incorporating QE Medicare data. Composite measures are considered alternative measures, even if they combine standard measures, unless the standard measure itself is a composite.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The QE demonstrates 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, through consultation and agreement with stakeholders in the QE's community or through the notice and comment rulemaking process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: QEs are required to submit evidence for Element 4B only if they select an alternative measure to evaluate providers.</i>	
Explanation of Self-assessment:	
Evidence Must Include:	
1. Completed 4B items in the <i>QECP Measure Information Workbook</i> for each alternative measure to be included in QE performance reports: <ol style="list-style-type: none"> a. Name of measure b. Type of measure (individual, component of composite,⁴ composite) c. Name of measure steward/owner d. Measure description e. Type of provider to which the measure was applied f. 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 g. Relationship of the measure to existing measurement efforts h. Relevance of the measure to population in the covered geographic area defined under Element 1C 	

⁴ This is an alternative component measure that is included within a composite measure.

2. Process to monitor and evaluate if new scientific evidence is released or a related standard measure is endorsed, including planned frequency of research, names and titles of staff responsible for research, and the sources to be referenced when researching whether alternative measures become standard.
3. Documentation of consultation and agreement with stakeholders in the QE's community, with a description of the discussion about the proposed alternative measure, including a summary of all pertinent arguments supporting and opposing the measure or documentation of notice and comment rulemaking process approval.
4. Approval or sign-off of relevant alternative measure meeting minutes from committee or committee chairs.

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

STANDARD 5: METHODOLOGY FOR MEASUREMENT AND ATTRIBUTION OF PATIENT SERVICES AND EPISODES

Intent: The QE must provide evidence of its ability to accurately calculate quality, efficiency, or resource use measures from claims data for measures it intends to calculate with QE Medicare data.

Element 5A: Follow measure specifications	
Assessment:	Self - assessment:
The QE uses measure specifications accurately for selected measures, including numerator and denominator inclusions and exclusions, measured time periods, and specified data sources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
1. Completed 5A items in the <i>QECP Measure Information Workbook</i> . For each measure listed in 4A and 4B, include: <ol style="list-style-type: none"> a. Hyperlink, URL, or copy of the measure specification from measure steward b. Hyperlink, URL, or copy of the measure specification for implementation (if different from measure steward’s specification) c. Clinical logic (e.g., denominator eligibility, numerator eligibility, exclusion criteria) d. Construction logic (e.g., trigger start dates, temporal parameters) e. System input/output reports/logs for each measure displaying data sources, exclusion statements, denominator values, and numerator values 	

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 5B: Use a defined and transparent method for attribution of patient services and episodes	
Assessment:	Self - assessments:
The QE applies an appropriate method to attribute a particular patient's services or episodes to specific providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<p>Completed 5B items within the <i>QECP Measure Information Workbook</i>, including a description of the methodology used to assign patients and/or episodes to the provider included in the performance reports.</p> <p><i>Note: If methods for attribution of patient services or episodes vary across the measures listed in Elements 4A and 4B, this should be noted and described accordingly.</i></p>	
Supporting Documentation:	
Supporting documentation must include a completed <i>QECP Measure Information Workbook</i> .	
Document 1	
Document Name: _____	
Document Relevance: _____	
Relevant Pages: _____	
Document 2	
Document Name: _____	
Document Relevance: _____	
Relevant Pages: _____	
Document 3	
Document Name: _____	
Document Relevance: _____	
Relevant Pages: _____	

Element 5C: Set and follow requirements to establish statistical validity of measure results for quality measures	
Assessment:	Self - assessment:
<p>For reporting quality measures using QE Medicare data, the QE uses only measures with at least 30 observations, or the calculated confidence interval is at least 90%, or the measure reliability is at least 0.70.</p> <p><i>Note: The QE is required to submit evidence for Element 5C only if it selects quality measures to evaluate providers.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Explanation of Self-assessment:	
Evidence Must Include:	
<ol style="list-style-type: none"> 1. Completed 5C items in the <i>QECP Measure Information Workbook</i>. For each measure listed in 4A and 4B, the QE must include: <ol style="list-style-type: none"> a. Description of the minimum requirements for reporting each quality measure that incorporates QE Medicare data, including one of the following: minimum sample size (or denominator size) requirements, minimum calculated confidence interval, or minimum reliability score requirements. b. 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. 	

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 5D: Set and follow requirements to establish statistical validity of measure results for efficiency and resource use measures

Assessments:	Self - assessments:
1. For selected efficiency and resource use measures using QE Medicare data, the QE only uses measures for which reliability and validity are demonstrated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For selected efficiency and resource use measures using QE Medicare data that use a standardized payment or pricing approach, provide the specified standardized payment methodology actually being used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><i>Note: QEs are required to submit evidence for Element 5D only if they select efficiency or resource use measures to evaluate providers.</i></p>	
Explanation of Self-assessments:	
Evidence Must Include:	
<p>1. Completed 5D items in the <i>QECP Measure Information Workbook</i>. For each measure listed in 4A and 4B, the QE must include:</p> <ul style="list-style-type: none"> a. Description of the minimum requirements for reporting each efficiency and resource use measure that incorporates QE Medicare data, including the minimum calculated confidence interval or reliability score b. Results of statistical validity testing for each efficiency and resource use measure to be included in QE performance reports, including the actual sample/denominator size and at least one of the following: reliability score or confidence interval c. Description of the standardized payment or pricing approach, if appropriate 	

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 5F: Use appropriate methods to employ risk adjustment	
Assessment:	Self - assessment:
<p>The QE provides a rationale for using or not using a risk adjustment method for each selected measure. Furthermore, the QE provides a description of the risk adjustment method for each applicable measure.</p> <p><i>Note: The QE is required to submit evidence for Element 5F only if it selects a measure that specifies a risk adjustment method.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Explanation of Self-assessment:	
Evidence Must Include:	
<p>1. Completed 5F items in the <i>QECP Measure Information Workbook</i>. For each measure listed in 4A and 4B, the QE must include:</p> <ul style="list-style-type: none"> a. The rationale for using or not using risk adjustment <ul style="list-style-type: none"> <i>i. If risk adjustment was not used, the QE must include a detailed justification</i> b. The methodology used for risk adjustment (including case-mix or severity adjustment) wherever risk adjustment was applied 	
Supporting Documentation:	
<p>Document 1 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p>	
<p>Document 2 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p>	
<p>Document 3 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p>	

Element 5G: Use appropriate methods to handle outliers

Assessment:

**Self -
assessment:**

The QE describes its outlier method (i.e., how to identify and account for outliers) for each selected measure as applicable.

- Yes
- No

Explanation of Self-assessment:

Evidence Must Include:

1. Completed 5G items in the *QECP Measure Information Workbook*. For each measure listed in 4A and 4B, the QE must include:
 - a. The rationale for using or not using an outlier method
 - i. *If an outlier method was not used, the QE must include a detailed justification*
 - b. Where an outlier method was used, a detailed description of the outlier method, specifically how outliers were identified (e.g., more than three standard deviations from the mean) and how outliers were accounted for (e.g., truncation or removal of outlier)

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 5H: Use comparison groups when comparing evaluated providers

Assessment:

The QE defines the comparison groups it uses to report results for each selected measure.

Note: The QE is required to submit evidence for Element 5H only if it plans to use comparison groups to evaluate providers.

**Self -
assessment:**

- Yes
- No

Explanation of Self-assessment:

Evidence Must Include:

1. Completed 5H items in the *QECP Measure Information Workbook*. For each measure to be included in QE performance reports, the QE must include:
 - a. A description of the algorithm used to identify comparison groups (e.g., groups are compared by clinic for clinics with three or more practicing physicians)
 - b. The geographic parameters that were used to compare providers to their peers. (e.g., North region includes counties A, B, and C)

Supporting Documentation:

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Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Element 5I: Use benchmarks when evaluating providers	
Assessment:	Self - assessment:
<p>The QE defines the benchmarks it uses to report results for each selected measure.</p> <p><i>Note: The QE is required to submit evidence for Element 5I only if it plans to use benchmarks to evaluate providers.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<p>1. Completed 5I items in the <i>QECP Measure Information Workbook</i>. For each measure to be included in QE performance reports, the QE must include:</p> <ul style="list-style-type: none"> a. How the benchmark was identified or estimated (e.g., benchmark from federal, state, or community report, calculated by averaging all the physician rates included in performance report) b. Type of benchmark used (e.g., national or regional 90th percentile, national or regional average) 	
Supporting Documentation:	
<p>Document 1</p> <p>Document Name: _____</p> <p>Document Relevance: _____</p> <p>Relevant Pages: _____</p>	
<p>Document 2</p> <p>Document Name: _____</p> <p>Document Relevance: _____</p> <p>Relevant Pages: _____</p>	
<p>Document 3</p> <p>Document Name: _____</p> <p>Document Relevance: _____</p> <p>Relevant Pages: _____</p>	

Element 5J: Use valid rating approach(es)	
Assessment:	Self - assessment:
<p>The QE uses valid methods for determining and calculating provider ratings, if measure calculations are aggregated or used to calculate provider ratings (e.g., stars, or good/better/best).</p> <p><i>Note: The QE is required to submit evidence for Element 5J only if it plans to report provider ratings.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<p>Completed 5J items in the <i>QECP Measure Information Workbook</i>. For each measure to be included in QE performance reports, the QE must include a detailed description of the rating approach(es), including rating calculation and statistical methods used.</p> <p><i>Note: A screenshot from the public report that shows this information is not sufficient evidence for this item.</i></p>	
Supporting Documentation:	
<p>Document 1 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p> <p>Document 2 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p> <p>Document 3 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p>	

STANDARD 6: VERIFICATION PROCESS

Intent: The QE must provide evidence of an ongoing process to correct measurement errors and assess measure reliability.

Element 6A: Systematically evaluate accuracy of the measurement process and correct errors	
Assessment:	Self - assessment:
The QE describes quality assurance procedures for its measurement and reporting processes, including the correction of errors and updating of performance reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<ol style="list-style-type: none"> 1. Completed <i>QECP Measure Production Quality Assurance (QA) Worksheet</i>, including: <ol style="list-style-type: none"> a. Department/vendor responsibilities <ol style="list-style-type: none"> i. Name, credentials, and title of staff responsible for verifying the measurement process b. Data files and data accuracy <ol style="list-style-type: none"> i. Internal verification, audit process, or software used to evaluate the accuracy of calculating performance measures from claims data c. QA process <ol style="list-style-type: none"> i. Process for correcting errors in measurement and reporting processes ii. Process for updating reports to providers and consumers 2. QA Reports: <ol style="list-style-type: none"> a. Sample reports generated by the QA process 	

Supporting Documentation:

Supporting documentation must include a completed *QECP Measure Production Quality Assurance (QA) Worksheet*.

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

STANDARD 7: REPORTING OF PERFORMANCE INFORMATION

Intent: The QE must demonstrate expertise in the design and dissemination of performance reports, as well as the capacity and commitment to continuously improve the reporting process.

Element 7A: Design reporting for providers and the public	
Assessments:	Self - assessments:
1. The QE designs public and provider reports using QE Medicare data, that display the following components: <ul style="list-style-type: none"> a. Measure results clearly indicating the level of reporting, rating approaches (e.g., number of stars), peer group comparisons, and benchmarks b. Understandable descriptions of measures and key measure methodologies as appropriate for the provider and public audiences 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The QE plans dissemination of information to providers and the public at least annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: The QE must report measures uniformly across the provider and public reports, including identical level of analysis, rates, ratings, peer group comparisons, and benchmarks.</i>	
Explanation of Self-assessment:	
Evidence Must Include:	
1. Screenshots of the confidential provider performance report and public performance report <ul style="list-style-type: none"> a. If the provider and public performance reports have not been developed, prototypes are acceptable; however, once the reports have been developed, screenshots must be uploaded as evidence. The confidential provider performance report and the public performance report must include the following items (with evidence provided for each item): <ul style="list-style-type: none"> i. Performance results and ratings ii. Results of comparison group and benchmark analysis (if applicable) 	

- iii. Level of reporting (i.e. Individual Clinician, Clinic, Group/Practice, Team, Facility, Health Plan-Defined Group of Physicians, or Integrated Delivery System)
 - iv. Reporting at the appropriate level that is consistent with measure specifications
 - v. List of types of providers in each geographic area to be reported in the QE performance report (e.g., three physicians per site and PCPs only)
 - vi. Indication of whether or not each measure includes QE Medicare data
 - vii. An understandable description of the measures used to evaluate the performance of providers so that consumers, providers, health plans, researchers, and other stakeholders can assess performance reports
 - viii. An understandable description of any provider rating approaches (e.g., stars or good/better/best)
 - ix. Indication of performance measures in dispute including the name of the appealing provider and category of the appeal or request
2. Provider and public report dissemination plans, including:
- a. Information on how to locate reports
 - b. Date of release and frequency of subsequent releases
 - c. Method of distribution
 - d. Target audiences
 - e. Source of contact information for providers reviewing confidential provider performance reports

Supporting Documentation:

Document 1

Document Name: _____
 Document Relevance: _____
 Relevant Pages: _____

Document 2

Document Name: _____
 Document Relevance: _____
 Relevant Pages: _____

Document 3

Document Name: _____
 Document Relevance: _____
 Relevant Pages: _____

Element 7B: Improve reporting	
Assessment:	Self - assessment:
The QE has a process to continuously improve public reporting on health care quality, efficiency, or resource use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
Must include: <ol style="list-style-type: none"> 1. Description of how report designers collect user feedback 2. Definition of “user” 3. Action plans or next steps resulting from user feedback, including whether the plan or step has been implemented 4. Description of the QE’s continuous and ongoing reporting improvement process 	
Supporting Documentation:	
Document 1 Document Name: _____ Document Relevance: _____ Relevant Pages: _____	
Document 2 Document Name: _____ Document Relevance: _____ Relevant Pages: _____	
Document 3 Document Name: _____ Document Relevance: _____ Relevant Pages: _____	

STANDARD 8: REQUESTS FOR CORRECTIONS OR APPEALS

Intent: The QE must provide evidence of implementing and maintaining an acceptable process for providers identified in a report to review the report at least 60 calendar days prior to publication, and for delivering a timely response to provider inquiries regarding requests for data, error correction, and appeals.

Element 8A: Use corrections process	
Assessment:	Self - assessment:
The QE has established a process to allow providers to view reports confidentially at least 60 calendar days prior to publication, request data, and ask for correction of errors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<ol style="list-style-type: none"> 1. Description of how provider performance reports (without beneficiary protected health information) will be transmitted to providers 2. The timeline to be followed to complete the corrections process prior to releasing reports to the public <ol style="list-style-type: none"> i. The data must be shared with the provider at least 60 calendar days prior to publicly reporting results. 3. Description of how providers can request corrections prior to public reporting 	
Supporting Documentation:	
<p>Document 1 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p> <p>Document 2 Document Name: _____ Document Relevance: _____ Relevant Pages: _____</p>	

Element 8B: Use secure transmission of beneficiary data	
Assessment:	Self - assessment:
The QE has established a process that applies privacy and security protections to the release of beneficiary identifiers and/or claims data to providers for the purposes of the requests for corrections/appeals process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Self-assessment:	
Evidence Must Include:	
<ol style="list-style-type: none"> 1. Artifacts that explain the processes and procedures associated with the control families relevant to Element 8B, including a description of the process ensuring that only the minimum necessary beneficiary identifiers and/or claims data will be disclosed in the event of a request by a provider, as well as the method for secure transmission and the entity responsible for secure transmission <ol style="list-style-type: none"> a. When describing the method for secure data transmission, QEs must include information about how organizations will ensure adherence to the following ARS security control families approved during Phase 2 of the QE’s data security review for Elements 3B and 3C: <ol style="list-style-type: none"> i. Element 3B – Security Control Family: Access Control ii. Element 3B – Security Control Family: Identification and Authentication iii. Element 3C – Security Control Family: Media Protection iv. Element 3C – Security Control Family: Program Management v. Element 3C – Security Control Family: Personnel Security vi. Element 3C – Security Control Family: System and Communications Protection vii. Element 3C – Security Control Family: System and Information Integrity viii. Element 3C – Security Control Family: Accountability, Audit, and Risk Management ix. Element 3C – Security Control Family: Data Minimization and Retention x. Element 3C – Security Control Family: Security xi. Element 3C – Security Control Family: Use Limitation 2. Annotated data flow diagram with narratives that explain the following: <ol style="list-style-type: none"> a. How the QE will verify that only the appropriate representatives within a provider group are permitted to access personally identifiable information (PII) in the event of a request for correction 	

- b. How access credentials to PII are communicated to the appropriate representatives within each provider group and authorized representatives may create additional access accounts (and communicate credentials) to additional authorized individuals within their provider group
- c. How only the minimum necessary beneficiary identifiers and claims data will be disclosed to providers who request data
- d. Mechanism used to transmit beneficiaries' PII to providers in the event of a request for correction
- e. Name of organization/contractor responsible for transmitting beneficiaries' PII to providers in the event of a request for correction

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 3

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Section 5: Attestation

Instructions: Prior to an application being submitted as final, the contents of the application must be accompanied with a completed attestation from an individual at the entity authorized to attest to its accuracy and completion.

To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the terms and conditions of the award and applicable Federal requirements awarded.

Authorized Representative's Name (printed) _____

Authorized Representative's Title (printed) _____

Signature _____ Date _____

Phone _____ Fax _____

Section 6: Additional Supporting Documentation

Instructions: Please describe all additional supporting documentation submitted in conjunction with this application that is not listed in Section 4.

1. Standard: _____
Element: _____
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

2. Standard: _____
Element: _____
Document Name: _____
Document Relevance: _____
Relevant Pages: _____

3. Standard: _____
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Document Name: _____
Document Relevance: _____
Relevant Pages: _____

4. Standard: _____
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Document Name: _____
Document Relevance: _____
Relevant Pages: _____

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13. Standard: _____
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Document Name: _____
Document Relevance: _____
Relevant Pages: _____