QUALIFIED ENTITY CERTIFICATION PROGRAM
FOR MEDICARE DATA

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 calculated using Medicare data obtained through QECP certification.**

This instructions page is divided into three sections:
- ► General Instructions for Completing and Uploading the Workbook (starts on row 12)
- ► GT30 List of All Measures Codebook (starts on row 30)
- ► Standard Measure Worksheet Codebook (starts on row 59)
- ► Alternative Measure Worksheet Codebook (starts on row 137)

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 it to your QECP Program Manager (support@qemedicaredata.org).
- ► 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, 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 under Element 4A and/or Element 4B.
- ► 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 (5A - 5J) under Standard 5, and possibly both elements (4A - 4B) under Standard 4, use the "Select Document" drop-down menu to associate this workbook with each relevant element.
- ► In the "Self Assessment" comment box for Element 4A and 4B, briefly describe the suite of provider performance measures submitted for review, including the total number of Standard (4A) and/or Alternative (4B) 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.**

GT30 List of All Measures Codebook

There are thirteen (13) columns to complete in the tab titled "GT30 List of All Measures." Complete this worksheet, entering only one measure in each row, based on the following instructions.

Standard or Alternative QECP Measure [select from menu]

Please indicate whether the measure is considered standard or alternative under the QECP program.

*NOTE: 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.*

Standard Measure Type (if applicable) [select from menu]

If the measure is standard, use the drop-down menu to select the measure type: NQF-Endorsed, CMS Program Measure, or QE CBE-Endorsed: NCQA. Please visit https://www.qemedicaredata.org/SitePages/standard_measures.aspx to determine the standard measure type.

If NQF-Endorsed, NQF Number (4A)

Enter the NQF assigned number of the calculated measure. If the measure is not an NQF-endorsed measure, please enter N/A in this field.

Measure Name

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.

Measure Steward [select from menu]

Use the drop-down menu to select the measure steward: CMS, AHRQ, AQA, NCQA, TJC, AMA PCPI, Specialty Medical Boards, or Other.

If Other, Name of Measure Steward

If you selected "Other" as the Measure Steward, type the Measure Steward's name here.

Measure Description

Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the measure.

Type of Provider Measured [select from menu]

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.

Measure Type [select from menu]

Use the drop-down menu to select the measure type: Individual, Component of a Composite, or Composite.

Measure Category [select from menu]

Use the drop-down menu to select the measure category: Quality, or Efficiency or Resource Use.

Clinical Logic

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.

Construction Logic

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.

Measure Previously Reported (privately or publicly) (Y/N) [select from menu]

Please indicate whether or not this measure has been previously reported in any capacity (i.e., private or public).

Standard Measure Worksheet Codebook

There are thirty-seven (37) 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.

> **NOTE:** *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.*

Standard Measure Type [select from menu] (4A)	Use the drop-down menu to select the standard measure type: NQF-Endorsed, CMS Program Measure, or QE CBE-Endorsed: NCQA. Please visit https://www.qemedicaredata.org/SitePages/standard_measures.aspx to determine the standard measure type.
If NQF-Endorsed, NQF Number (4A)	Enter the NQF-assigned number of the calculated measure. If the measure is not an NQF-endorsed measure, please enter N/A in this field.
Measure Name (4A)	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.
Measure Display Name (7A)	Enter the name of the measure as it will be displayed to the public.
Measure Steward (4A)	Use the drop-down menu to select the measure steward: CMS, AHRQ, AQA, NCQA, TJC, AMA PCPI, Specialty Medical Boards, or Other.
If Other, Name of Measure Steward (4A)	If you selected "Other" as the Measure Steward, type the Measure Steward's name here.
Measure Description (4A)	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the measure.
Type of Provider Measured (4A)	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.
Measure Type [select from menu] (4A)	Use the drop-down menu to select the measure type: Individual, Component of a Composite, or Composite.
Measure Category [select from menu] (5C and 5D)	Use the drop-down menu to select the measure category: Quality, or Efficiency or Resource Use.
Level of Analysis (7A)	Enter all levels of analysis for the measure (e.g., individual clinician, clinic, group/practice, team, facility, health plan, or integrated delivery system).
Number of Providers Measured (7A)	Enter the number of providers to be publicly reported at the specified level of analysis (e.g., 300 clinics).
Measure Selection Rationale (4A)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the measure selection rationale for the measure.

Relationship of Measure to Existing Measurement Efforts (4A)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the relationship of the measure to other measurement efforts.
Relevance of Measure to Population in Covered Geographic Area (4A)	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.
Measure Specification (5A)	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.
Measure Specification for Implementation (5A)	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.
Clinical Logic (5A)	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.
Construction Logic (5A)	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.
System Reports/Logs (5A)	Enter the name of the file, relevant page number(s), and section(s) of the document containing system input/output reports/logs for the measure that displays data sources, exclusion statements, denominator values, and numerator values.
Attribution Methodology (5B)	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the methodology used for the measure to assign patients and/or episodes to the provider included in the performance reports.
Minimum Requirements for Reporting Quality Measures (5C)	Enter the minimum requirements for reporting each quality measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
Results of Statistical Validity Testing for Quality Measures (5C)	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.
Minimum Requirements for Reporting Efficiency or Resource Use Measures (5D)	Enter the minimum requirements for reporting each efficiency or resource use measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
Results of Statistical Validity Testing for Efficiency or Resource Use Measures (5D)	Enter the results of statistical validity testing for each efficiency or resource use measure, including the actual sample/denominator size <u>and</u> at least one of the following: reliability score or confidence interval.

Composite Methodology (5E)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the methodology used for the composite measure.
Minimum Requirements for Reporting Composite Measures (5E)	Enter the minimum requirements for reporting each composite measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
Risk Adjustment Rationale (5F)	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 the measure. If risk adjustment was not used, the QE must include a detailed justification.
Risk Adjustment Methodology (5F)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the methodology used for risk adjustment for the measure (including case-mix or severity adjustment).
Outlier Method Rationale (5G)	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 the measure. If an outlier method was not used, the QE must include a detailed justification.
Outlier Methodology (5G)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the outlier methodology used for the measure.
Peer Group Algorithm (5H)	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 the measure.
Peer Group Geographic Parameters (5H)	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 the measure.
Benchmark Identification (5I)	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 the measure.
Type of Benchmark (5I)	Describe the type of benchmark(s) (e.g., 90th percentile, national average, regional average) for the measure.
Geographic Parameters for Benchmark (5I)	Describe the geographic parameters that were used to identify benchmarks for the measure.
Provider Ratings Methodology (5J)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the provider ratings methodology used for the measure.

Alternative Measure Worksheet Codebook

There are thirty-five (35) 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.

Measure Name (4B)
Enter the name of the alternative measure.

Measure Display Name (7A)
Enter the name of the measure as it will be displayed to the public.

Measure Steward (4B)
Use the drop-down menu to select the measure steward: CMS, AHRQ, AQA, NCQA, TJC, AMA PCPI, Specialty Medical Boards, or Other.

If Other, Name of Measure Steward (4B)
If you selected "Other" as the Measure Steward, type the Measure Steward's name here.

Measure Description (4B)
Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the measure.

Type of Provider Measured (4B)
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.

Measure Type [select from menu] (4A)
Use the drop-down menu to select the measure type: Individual, Component of a Composite, Composite

Measure Category [select from menu] (5C and 5D)
Use the drop-down menu to select the measure category: Quality, or Efficiency or Resource Use.

Level of Analysis (7A)
Enter all levels of analysis for the measure (e.g., individual clinician, clinic, group/practice, team, facility, health plan, or integrated delivery system).

Number of Providers Measured (7A)
Enter the number of providers to be publicly reported at the specified level of analysis (e.g., 300 clinics).

Evidence of Superiority to Standard Measure (4B)
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.

Relationship of Measure to Existing Measurement Efforts (4B)
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.

Relevance of Measure to Population in Covered Geographic Area (4B)
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.

Measure Specification (5A)
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.

Measure Specification for Implementation (5A)	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.
Clinical Logic (5A)	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.
Construction Logic (5A)	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.
System Reports/Logs (5A)	Enter the name of the file, relevant page number(s), and section(s) of the document containing system input/output reports/logs for the measure that displays data sources, exclusion statements, denominator values, and numerator values.
Attribution Methodology (5B)	Enter the name of the file, relevant page number(s), and section(s) of the document containing a description of the methodology used for the measure to assign patients and/or episodes to the provider included in the performance reports.
Minimum Requirements for Reporting Quality Measures (5C)	Enter the minimum requirements for reporting each quality measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
Results of Statistical Validity Testing for Quality Measures (5C)	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.
Minimum Requirements for Reporting Efficiency or Resource Use Measures (5D)	Enter the minimum requirements for reporting each efficiency or resource use measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
Results of Statistical Validity Testing for Efficiency or Resource Use Measures (5D)	Enter the results of statistical validity testing for each efficiency or resource use measure, including the actual sample/denominator size and at least one of the following: reliability score, or confidence interval.
Composite Methodology (5E)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the methodology used for the composite measure.
Minimum Requirements for Reporting Composite Measure (5E)	Enter the minimum requirements for reporting each composite measure that incorporates Medicare data (e.g., sample/denominator size, confidence interval, or reliability score).
Risk Adjustment Rationale (5F)	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 the measure. If risk adjustment was not used, the QE must include a detailed justification.
Risk Adjustment Methodology (5F)	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).

Outlier Method Rationale (5G)	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 the measure. If an outlier method was not used, the QE must include a detailed justification.
Outlier Methodology (5G)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the outlier methodology used for the measure.
Peer Group Algorithm (5H)	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 the measure.
Peer Group Geographic Parameters (5H)	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 the measure.
Benchmark Identification (5I)	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.
Type of Benchmark (5I)	Describe the type of benchmark(s) (e.g., 90th percentile, national average, regional average) for the measure.
Geographic Parameters for Benchmark (5I)	Describe the geographic parameters that were used to identify benchmarks for the measure.
Provider Ratings Methodology (5J)	Enter the name of the file, relevant page number(s), and section(s) of the document containing the provider ratings methodology used for the measure.

List of **ALL** Measures that Include QE Medicare Data

Revised 8/4/2015

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]	Standard Measure Type (if applicable) [select from menu]	If NQF-Endorsed, NQF Number	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]	Measure Category [select from menu]	Clinical Logic	Construction Logic	Measure Previously Reported (privately or publicly) (Y/N) [select from menu]
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QECP <u>Standard Measure</u> Evidence For Element 4A and Standard 5

Row #	Standard Measure Type [select from menu] (4A)	If NQF-endorsed, NQF Number (4A)	Measure Name (4A)	Measure Display Name [measure name as presented to the public] (7A)	Measure Steward [select from menu] (4A)	If Other, Name of Measure Steward (4A)	Measure Description (4A)
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Type of Provider Measured [select from menu] (4A)	Measure Type [select from menu] (4A)	Measure Category [select from menu] (5C and 5D)	Level of Analysis (7A)	Number of Providers Measured (7A)	Measure Selection Rationale (4A)	Relationship of Measure to Existing Measurement Efforts (4A)

Standard Measures Worksheet

	A Hyperlink/URL is preferred; however, a document reference is also sufficient.					
Relevance of Measure to Population in Covered Geographic Area (4A)	Measure Specification (5A)	Measure Specification for Implementation (5A)	Clinical Logic (5A)	Construction Logic (5A)	System Reports/Logs (5A)	Attribution Methodology (5B)

Standard Measures Worksheet

Minimum Requirements for Reporting Quality Measures (5C)	Results of Statistical Validity Testing for Quality Measures (5C)	Minimum Requirements for Reporting Efficiency or Resource Use Measures (5D)	Results of Statistical Validity Testing for Efficiency or Resource Use Measures (5D)	Composite Methodology (5E)	Minimum Requirements for Reporting Composite Measures (5E)	Risk Adjustment Rationale (5F)	Risk Adjustment Methodology (5F)

Outlier Method Rationale (5G)	Outlier Methodology (5G)	Peer Group Algorithm (5H)	Peer Group Geographic Parameters (5H)	Benchmark Identification (5I)	Type of Benchmark (5I)	Geographic Parameters for Benchmark (5I)	Provider Ratings Methodology (5J)

QECP Alternative Measure Evidence For Element 4B and Standard 5

Row #	Measure Name (4B)	Measure Display Name [measure name as presented to the public] (7A)	Measure Steward [select from menu] (4B)	If Other, Name of Measure Steward (4B)	Measure Description (4B)	Type of Provider Measured [select from menu] (4B)	Measure Type [select from menu] (4A)	Measure Category [select from menu] (5C and 5D)
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Level of Analysis (7A)	Number of Providers Measured (7A)	Evidence of Superiority to Standard Measure (4B)	Relationship of Measure to Existing Measurement Efforts (4B)	Relevance of Measure to Population in Covered Geographic Area (4B)	Measure Specification (5A)	Measure Specification for Implementation (5A)

Clinical Logic (5A)	Construction Logic (5A)	System Reports/Logs (5A)	Attribution Methodology (5B)	Minimum Requirements for Reporting Quality Measures (5C)	Results of Statistical Validity Testing for Quality Measures (5C)	Minimum Requirements for Reporting Efficiency or Resource Use Measures (5D)	Results of Statistical Validity Testing for Efficiency or Resource Use Measures (5D)

Composite Methodology (5E)	Minimum Requirements for Reporting Composite Measures (5E)	Risk Adjustment Rationale (5F)	Risk Adjustment Methodology (5F)	Outlier Method Rationale (5G)	Outlier Methodology (5G)	Peer Group Algorithm (5H)	Peer Group Geographic Parameters (5H)	Benchmark Identification (5I)	Type of Benchmark (5I)

Geographic Parameters for Benchmark (5I)