



## QCEP Data Source Attestation Workbook

### Instructions

The purpose of this workbook is to provide entities with an easy-to-use template for submitting all information regarding other-payer sources of claims data and the total number of covered lives in a QE's geographic area. Completion of this workbook begins to satisfy the Element 2A requirements of the QCEP Phase 1 minimum requirements review.

This instructions page is divided into three sections:

- ▶ Instructions for Completing the Data Source Attestation worksheet (starts on row 11)
- ▶ Instructions for Completing the Covered Lives Calculator worksheet (starts on row 33)
- ▶ Instructions for Completing the Covered Lives by State worksheet (starts on row 47)

### Instructions for Completing the "Data Source Attestation" Worksheet

1. Provide Entity information (Rows 8-12).
2. Complete the Provider Reporting Profile (Row 17).
  - ▶ Provide the proportion of practicing providers in the geographic area that will be included in the entity's performance reports.
3. Enter the number of Claims Data Suppliers (Cell B20).
  - ▶ Provide the number of claims data suppliers relevant to the QE application.
  - ▶ Please copy and paste Rows 24 through 70 for each additional data supplier your organization possesses.
4. Complete a Data Supplier Profile table for **each** claims data supplier relevant to the QE application (beginning on Row 25).
  - ▶ Complete the general contact information related to each relevant claims data supplier.
  - ▶ Provide the volume of other-payer claims data, including covered lives.
  - ▶ Provide the geographic coverage area of data (i.e., state, county) received from the claims data supplier to be included in QE performance reports.
  - ▶ Select all provider types included in the data received from the claims data supplier.
  - ▶ Select if clinical or pharmacy claims data will also be provided by the claims data supplier. If yes, describe the volume of the data and select whether it will be incorporated into the claims-based QE measures.
  - ▶ Select if individual providers are identified in the data received from the claims data supplier.
  - ▶ Select if the other-payer claims data received from the data supplier is pre-adjudicated and whether measures related to costs will be produced using data from this supplier.
5. Complete the Signature section.

### Instructions for Completing the "Covered Lives Calculator" Worksheet

1. Select the states and/or counties for which your organization is reporting (or plans to report).
  - ▶ Hold CTRL to select multiple states or counties.
  - ▶ To select a whole state, please select the state and then \*TOTAL - State, which should be the first option in the county box.
2. In the blue box, enter the total number of other-payer covered lives included in the data sources obtained (not including QE Medicare data).
3. Explain in the "Additional Comments" (Column I) if your organization plans to report on a region smaller than a county.

Please note that the sources of data from this worksheet include:

[Medicare Enrollment Dashboard Data File](#)

Yearly Enrollment Counts, 2016 Original Medicare. Updated 11/28/2017. "Medicare FFS Covered Lives." (Populates column E under Step 3)

Table S2701 - Health Insurance Coverage Status, 2016 ACS 5-year estimates, Number Insured. Accessed 12/7/2017. "Total CL in Geographic Region."

[American FactFinder](#)

(Populates column C under Step 3)

### Instructions for Completing the "Covered Lives by State" Worksheet

1. Only complete the Covered Lives by State worksheet if your organization is planning to report at the national level.
2. Enter the total number of covered lives your organization possesses in the United States.
3. Enter the number of covered lives your organization possesses by state.
4. Please note that only column C should be completed. All other cells will auto-populate based on the information provided.

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**QECP Data Source Attestation**

**Lead Entity Applying for the Qualified Entity Certification Program (QECP)**

Legal Name of Applying Entity

Trade Name/DBA

Name of Data Recipient  
*(if different from Applying Entity)*

Complete the Provider Reporting Profile table *once*.

**Provider Reporting Profile**

1. For the provider types (specified in Element 1D) in the geographic region (specified in Element 1C) you intend to report, what proportion of these practicing providers will be included in your performance reports?

**Number of Other-Payer Claims Data Suppliers**

Number of Other-Payer Claims Data Suppliers Relevant to the QE application:

Complete a Data Supplier Profile table *for each claims data supplier* relevant to the entity's QE application and program.

Please copy and paste Rows 24 through 70 for each additional data supplier your organization possesses.

**Claims Data Supplier Profile:**

Legal Name of Claims Data Supplier

Trade Name/DBA

Effective Dates of Agreement

Contact Name

Contact Title

Contact Email

Street Mailing Address

Suite/Mail Stop

City, State, Zip

Phone

Fax

Website URL

**Data Detail**

1. Volume of Other-Payer Data

Covered Lives:

List state(s) in which your data and reporting cover the entire state:

List state(s) in which your data and reporting cover only part of the state:

For partial covered states, list

Counties covered:

2. Geographic Coverage Area of Data Received from OR

Supplier to be Included in QE Performance Reports		MSAs covered:	
		OR	
		Other regional boundary:	
3. Provider Types in Data Received from Supplier to be Included in QE Performance Reports (check all that apply)		<input type="checkbox"/> Individual Clinician (physicians, nurses, etc.) <input type="checkbox"/> Clinic <input type="checkbox"/> Group/Practice <input type="checkbox"/> Team <input type="checkbox"/> Facility <input type="checkbox"/> Health Plan Defined Group of Physicians <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Other Specify:	
4. The information provided describes the claims data received from this supplier. Please also respond to the following:			
4a. Do you also receive clinical data (e.g., registry data, electronic health records) from this supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe volume:	If yes, do you intend to incorporate this into your claims-based QE measures? <input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Do you also receive pharmacy claims data from this supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe volume:	If yes, do you intend to incorporate this into your claims-based QE measures? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are individual providers identified in the claims data received from this supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Per 42 CFR §401.703 (h), "Claims data from other sources means provider- or supplier-identifiable claims data that an applicant or qualified entity has full data usage right to due to its own operations or disclosures from providers, suppliers, private payers, multi-payer databases, or other sources."  <u>Note:</u> Claims data sources that do not identify individual providers cannot be used to satisfy Element 2A.	
6. Are the claims data received from this supplier pending adjudication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your organization plan to produce measures related to cost using data from this supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<- Please right click and click "Insert copied cells." Paste as many additional data supplier profiles as needed starting here.

<b>Signature</b>
To the best of my knowledge and belief, all data in this attestation are true and correct. The document has been authorized by the Qualified Entity Certification Program (QCEP) Entity in reference to the QCEP Entity's data supplier(s).
Authorized Representative Name (printed):
Authorized Representative Title (printed):

Signature:
Date:
Phone:



# QUALIFIED ENTITY CERTIFICATION PROGRAM FOR MEDICARE DATA

Revised 12/8/2017

This worksheet walks entities through a simple and automated three-step process for reporting the percentage of covered lives in an entity's anticipated public performance reports based on the entity's geographic reporting area. **Step 1** requires the entity to select the states and/or counties for which the entity plans to report. **Step 2** requires the entity to enter the total number of other-payer covered lives included in the claims data sources the entity has obtained. **Step 3** requires the entities that are planning to report on a region smaller than a county to provide an explanation in the "Additional Comments" column.

**Step 1:** Select the states and/or counties for which your organization plans to report.

**Hold CTRL to select multiple states or counties.**

To select a whole state, select the state and then \*TOTAL - State, which should be the first option in the county box.

**States**

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia

**County**

- York-Pennsylvania
- York-South Carolina
- York-Virginia
- Young-Texas
- Yuba-California
- Yukon-Koyukuk-Alaska
- Yuma-Arizona
- Yuma-Colorado
- Zapata-Texas
- Zavala-Texas
- Ziebach-South Dakota

**Step 2:** Enter the total number of other-payer covered lives included in the claims data sources you have obtained in the blue box (not including QE Medicare data):

Total Covered Lives from Other-Payer Sources of Claims Data:

**Step 3:** If your organization plans to report on a region smaller than a county, please explain in the "Additional Comments" (Column J). For example, if your organization plans to report on the western half of Bullock County, Alabama, please select Bullock County in Step 1 (above) and explain in Column J in the corresponding row in Step 3 (below) that your organization will only report on the western half of Bullock County.

States	County	Total CL n Geograph c Reg on	Covered L ves for Other Payer Sources of Data	Med care FFS Covered L ves	Covered L ves (Other+ Medicare FFS)	% Covered L ves Exc ud ng FFS data	% Covered L ves Includ ng FFS data	Addit onal Comments
Alabama	*TOTAL - Alabama-Alabama	4,208,373		725,205				
Alaska	*TOTAL - Alaska-Alaska	592,366		87,462				
Arizona	*TOTAL - Arizona-Arizona	5,718,154		727,864				
Arkansas	*TOTAL - Arkansas-Arkansas	2,555,830		477,553				
California	*TOTAL - California-California	33,347,804		3,354,480				
Colorado	*TOTAL - Colorado-Colorado	4,695,668		515,093				
Connecticut	*TOTAL - Connecticut-Connecticut	3,282,924		471,782				
Delaware	*TOTAL - Delaware-Delaware	851,491		169,044				
District of Columbia	*TOTAL - District of Columbia-District	614,844		77,310				
Florida	*TOTAL - Florida-Florida	16,409,867		2,457,552				
Georgia	*TOTAL - Georgia-Georgia	8,341,825		1,045,115				
Hawaii	*TOTAL - Hawaii-Hawaii	1,291,876		137,456				
Idaho	*TOTAL - Idaho-Idaho	1,396,620		199,345				
Illinois	*TOTAL - Illinois-Illinois	11,438,252		1,616,176				
Indiana	*TOTAL - Indiana-Indiana	5,742,314		884,882				
Iowa	*TOTAL - Iowa-Iowa	2,868,244		481,973				
Kansas	*TOTAL - Kansas-Kansas	2,541,808		425,059				
Kentucky	*TOTAL - Kentucky-Kentucky	3,911,579		637,283				
Louisiana	*TOTAL - Louisiana-Louisiana	3,901,152		557,828				
Maine	*TOTAL - Maine-Maine	1,190,880		235,241				
Maryland	*TOTAL - Maryland-Maryland	5,389,007		865,020				
Massachusetts	*TOTAL - Massachusetts-Massachusetts	6,451,367		978,317				
Michigan	*TOTAL - Michigan-Michigan	8,974,782		1,249,002				
Minnesota	*TOTAL - Minnesota-Minnesota	5,064,015		418,200				
Mississippi	*TOTAL - Mississippi-Mississippi	2,496,059		478,920				
Missouri	*TOTAL - Missouri-Missouri	5,272,765		810,311				
Montana	*TOTAL - Montana-Montana	869,709		166,971				
Nebraska	*TOTAL - Nebraska-Nebraska	1,673,395		280,703				
Nevada	*TOTAL - Nevada-Nevada	2,350,721		311,020				
New Hampshire	*TOTAL - New Hampshire-New Hampshire	1,200,297		250,822				
New Jersey	*TOTAL - New Jersey-New Jersey	7,868,933		1,267,546				
New Mexico	*TOTAL - New Mexico-New Mexico	1,753,906		260,998				
New York	*TOTAL - New York-New York	17,785,491		2,129,183				
North Carolina	*TOTAL - North Carolina-North Carolina	8,455,476		1,258,606				
Ohio	*TOTAL - Ohio-Ohio	10,443,792		1,367,971				
Oklahoma	*TOTAL - Oklahoma-Oklahoma	3,200,667		571,301				
Oregon	*TOTAL - Oregon-Oregon	3,532,593		436,383				
Pennsylvania	*TOTAL - Pennsylvania-Pennsylvania	11,579,382		1,545,641				
Rhode Island	*TOTAL - Rhode Island-Rhode Island	955,002		132,565				
South Carolina	*TOTAL - South Carolina-South Carolina	4,108,301		734,558				
South Dakota	*TOTAL - South Dakota-South Dakota	747,562		126,316				
Tennessee	*TOTAL - Tennessee-Tennessee	5,687,677		814,032				
Texas	*TOTAL - Texas-Texas	21,364,057		2,488,770				
Utah	*TOTAL - Utah-Utah	2,572,238		234,687				

Vermont	*TOTAL - Vermont-Vermont	587,407		124,745			
Virginia	*TOTAL - Virginia-Virginia	7,232,481		1,118,937			
Washington	*TOTAL - Washington-Washington	6,282,974		863,098			
West Virginia	*TOTAL - West Virginia-West Virginia	1,642,376		306,401			
Wisconsin	*TOTAL - Wisconsin-Wisconsin	5,273,102		660,229			
<b>Totals:</b>		<b>275,717,405</b>	<b>-</b>	<b>37,534,956</b>	<b>37,534,956</b>	<b>0.00%</b>	<b>13.61%</b>



## Covered Lives by State

**Please note that this worksheet must be completed if the entity plans to report at the national level (all 50 states and DC). You may disregard this worksheet if your organization does not plan to report at the national level.**  
 This worksheet walks entities through a simple and automated two-step process for reporting the number of covered lives that an entity possesses by state. **Step 1** requires the entity to enter the total number of other-payer covered lives it possesses in the United States in cell C5 (this is the same number reported in cell I14 in the "Covered Lives Calculator" worksheet). **Step 2** requires the entity to enter the number of other-payer covered lives it possesses by state in cells C6-C56.

Geographic Region	Total CL in Geographic Region <sup>1</sup>	Covered Lives from Other-Payer Sources of Data	Medicare FFS Covered Lives <sup>2</sup>	Covered Lives (Other + Medicare FFS)	% Covered Lives Excluding FFS data	% Covered Lives Including FFS data
<b>USA</b>	<b>276,875,891</b>		<b>37,727,575</b>			
Alabama	4,208,373		725,205			
Alaska	592,366		87,462			
Arizona	5,718,154		727,864			
Arkansas	2,555,830		477,553			
California	33,347,804		3,354,480			
Colorado	4,695,668		515,093			
Connecticut	3,282,924		471,782			
Delaware	851,491		169,044			
DC	614,844		77,310			
Florida	16,409,867		2,457,552			
Georgia	8,341,825		1,045,115			
Hawaii	1,291,876		137,456			
Idaho	1,396,620		199,345			
Illinois	11,438,252		1,616,176			
Indiana	5,742,314		884,882			
Iowa	2,868,244		481,973			
Kansas	2,541,808		425,059			
Kentucky	3,911,579		637,283			
Louisiana	3,901,152		557,828			
Maine	1,190,880		235,241			
Maryland	5,389,007		865,020			
Massachusetts	6,451,367		978,317			
Michigan	8,974,782		1,249,002			
Minnesota	5,064,015		418,200			
Mississippi	2,496,059		478,920			
Missouri	5,272,765		810,311			
Montana	869,709		166,971			
Nebraska	1,673,395		280,703			
Nevada	2,350,721		311,020			
New Hampshire	1,200,297		250,822			
New Jersey	7,868,933		1,267,546			
New Mexico	1,753,906		260,998			
New York	17,785,491		2,129,183			
North Carolina	8,455,476		1,258,606			
North Dakota	658,279		97,913			
Ohio	10,443,792		1,367,971			
Oklahoma	3,200,667		571,301			
Oregon	3,532,593		436,383			
Pennsylvania	11,579,382		1,545,641			
Rhode Island	955,002		132,565			
South Carolina	4,108,301		734,558			
South Dakota	747,562		126,316			
Tennessee	5,687,677		814,032			
Texas	21,364,057		2,488,770			
Utah	2,572,238		234,687			
Vermont	587,407		124,745			
Virginia	7,232,481		1,118,937			
Washington	6,282,974		863,098			
West Virginia	1,642,376		306,401			
Wisconsin	5,273,102		660,229			
Wyoming	500,207		94,706			

<sup>1</sup> Source: American Factfinder - Table S2701 - Health Insurance Coverage Status, 2016 ACS 5-year estimates, Number Insured. Accessed 12/7/2017.

<sup>2</sup> Source: Medicare Enrollment Dashboard Data File - Yearly Enrollment Counts, 2016 Original Medicare. Updated 11/28/2017.