QUALIFIED ENTITY CERTIFICATION PROGRAM
FOR MEDICARE DATA

PAPER-BASED QE REAPPLICATION FORM

The time required to complete this information collection is estimated to average **120 hours** per response, including the time to review instructions, search existing data resources, gather the needed data, and complete and review the information collection.

Instructions

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

Date Reapplication Submitted	

Date Reapplication Received by CMS	

Section 1: General Information

Instructions: Please input the information for the QE. The listed QE should be 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 ☐ Profit Organization ☐ Non-Profit Organization ☐ Other *(describe)*	
Applicant's Employer ID Number	
Name(s) of Contractor(s) or Member Organization(s) *(Contact support@QEMedicareData.org to obtain further instructions on submitting the required contractor or member organization information)*	
Data Recipient's Name	
Data Requested ☐ Regional *(specify States)* ☐ National	

Section 2: Mailing Address

Instructions: The mailing address should be an address where mail correspondence about the reapplication 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 reapplication and QECP 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 Reapplication

Instructions: Please provide the contact information for the individual who will be the primary contact for day-to-day reapplication 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 respond to the questions for each element by checking the appropriate box (i.e., Yes, No, Not Applicable, etc.). When required, please provide explanations in the box labeled "QE Explanation," using plain language.

For certain elements, qualified entities are required to submit supporting documentation to support their responses for the purpose of the reapplication 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 demonstrate such relevance. **Please refer to the QECP Program Guide for complete program information, and specifically, Section 5.2: Reapplication QE Program Requirements.**

Element 1.1: Identify changes to the QE's organization

Question 1: Does your organization intend to continue to contract with the following organization(s) to fulfill the QECP requirements?

List of current contractors or member organizations:
(The QE's QECP Program manager pre-fills this list)

- ☐ **Yes**
- ☐ **No (Provide explanation below, and submit an updated QECP Letter of Commitment, including Attachments A–C, which includes an attestation to breach of contract liability between parties, with potential to collect damages for failure to perform.)**

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: _____

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

QE Explanation:

Question 2: If your organization changed data analytics/warehousing vendors or experienced contracting changes related to individuals/organizations/vendors handling QE Medicare data or QE Medicare data security, did your organization submit updated Phase 2 evidence, including a new *QECP Data Security Workbook*?

Note: Public and non-public performance reports that include QE Medicare data must not be disseminated using a new data analytics/warehousing vendor prior to the new vendor (and lead QE) submitting updated QECP Phase 2 evidence and obtaining CMS approval (see Section 4.2).

- ☐ **Yes, we submitted updated Phase 2 evidence, including a new *QECP Data Security Workbook,* and received CMS approval. *(Provide explanation below, including vendor name(s) for which evidence was submitted.)***
- ☐ **No, we are currently in the process of submitting updated Phase 2 evidence, including a new *QECP Data Security Workbook. (Provide explanation below, including vendor name(s) for which evidence will be submitted.)***
- ☐ **No, we have not begun to submit updated Phase 2 evidence, including a new *QECP Data Security Workbook. (Provide explanation below, including vendor name(s) for which evidence will be submitted.)***
- ☐ **Not applicable, we do not anticipate contractor changes, or our contractor changes do not involve data analytics/warehousing vendors.**

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: _____

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

QE Explanation:

Element 1.4: Identify changes to the QE's ability to obtain claims data from at least one other source to combine with the QE Medicare data

Question 3: Is your organization planning to report on the same geographic areas and level of analysis identified in the pre-filled text box below?

List of current geographic areas and levels of analysis:
(The QE's QECP Program Manager pre-fills this list)

- ☐ **Yes**
- ☐ **No, the geographic area has changed.** ***(Submit a new QECP Data Source Attestation.)***
- ☐ **No, the level of analysis has changed.** ***(Enter the new level of analysis in the explanation box.)***
- ☐ **No, the geographic area AND level of analysis have changed.** ***(Submit a new QECP Data Source Attestation AND enter the new level of analysis in the explanation box.)***

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: _____

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

QE Explanation:

Question 4: Does your organization still receive the same sources and amounts of other-payer claims data for the approved geographic areas in the pre-filled text box below?

List of current data suppliers and amount of data provided:
(The QE's QECP Program Manager pre-fills this list)

Note: A QE may not, under any circumstances, use a measure, create a report, or issue a report after the amount of claims data from other sources available to the QE decreases until the QECP team determines either (1) that the remaining claims data are sufficient or (2) that the QE has collected adequate additional data to address any identified deficiencies.

- ☐ **Yes**
- ☐ **No, the amount of other-payer claims data received by our organization has increased. (*Submit a new QECP Data Source Attestation.)***
- ☐ **No, the amount of other-payer claims data received by our organization has decreased. *(Submit a new QECP Data Source Attestation. Provide an explanation below, by data supplier name, of the reason that the data source is no longer available to your organization, or the reason that the amount of data received by the supplier has decreased. Submit documentation demonstrating that the remaining claims data from other sources are sufficient to address methodological concerns regarding sample size and reliability.)***

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: _____

Document 4
Document Name: _____

Document Relevance: _____
Relevant Pages: _____

QE Explanation:

Element 2.1: Identify changes to the QE's data security and privacy policies and procedures

Question 5: Does the annotated physical network diagram submitted by your organization still accurately demonstrate (1) how sites that access the QE Medicare data are connected, and (2) how QE Medicare data flow through your organization from receipt to public reporting (including the confidential provider corrections and appeals process)? This includes Internet, wide area network, local area network, and virtual private network connections.

Current Annotated Physical Network/QE Data Flow Diagram:
(The QE's QECP Program Manager uploads this diagram)

- ☐ **Yes**
- ☐ **No *(Submit an updated annotated physical network/QE data flow diagram. Refer to Questions 1 and 2 for requirements related to changes in contractual relationships with data analytics/warehousing vendors.)***

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: _____

QE Explanation:

Question 6: Since Phase 2 approval, or submission of your organization's most recent QECP Annual Report, has your organization experienced any significant changes to data security and privacy policies and procedures?

A significant change is defined in **NIST Special Publication (SP) 800-37** as a change that is likely to affect the security state of an information system or its environment of operation. The examples listed below are significant only when they meet the threshold established in the NIST definition above.

Significant changes to an information system include:

- Installation of a new or upgraded operating system, middleware component, or application;
- Modifications to system ports, protocols, or services;
- Installation of a new or upgraded hardware platform;
- Modifications to cryptographic modules or services; or
- Modifications to security controls.

Examples of significant changes to the environment of operation may include, but are not limited to:

- Moving to a new facility;
- Change in vendors, business partners, or service providers;
- Changes in data hosting providers;
- Changes in Internet service providers used to transmit QE Medicare data;
- Changes in staff with primary responsibility for data security;
- Adding new core missions or business functions;
- Data breaches and other violations of the CMS DUA;
- Adding or removing individuals from the CMS DUA;
- Acquiring specific and credible threat information that the organization is being targeted by a threat source; or
- Establishing new/modified laws, directives, policies, or regulations.

If there is any uncertainty about whether a change in a data security program is significant and should therefore be reported, please consult with the QECP team (support@QEMedicaredata.org) to determine the appropriate next steps.

- ☐ **Yes *(Describe below the changes, including dates when each change occurred.)***
- ☐ **No**

QE Explanation:

Element 2.3 & 2.4: Identify changes to the corrections process; identify any changes related to the secure transmission of beneficiary data
Question 7: Referring to the confidential provider corrections and appeals process your organization submitted during its Phase 3 application, does your organization anticipate any changes to this process prior to its next reporting cycle? This includes any changes to your organization's privacy and security protections for the release of beneficiary identifiers and/or claims data to providers.
☐ **Yes** ***(Provide an explanation of the changes below. These changes must be reflected in the physical network/QE data flow diagram provided under Question 5. Changes related to contractual relationships with data analytics/warehousing vendors are subject to the requirements of Questions 1 and 2.)*** ☐ **No**
QE Explanation:

Element 3.1: Identify changes to standard measures the QE intends to report in its next public reporting cycle
Question 8: Does your organization intend to continue reporting the following *standard* measures in its next public reporting cycle? **List of current standard measures:** *(The QE's QECP Program Manager pre-fills this list)* **Note**: QEs are required to notify the QECP team of any new standard measures it wishes to add to its approved list of measures at least 30 days before its intended confidential performance release to providers for the correction and appeal process.
☐ **Yes** ☐ ***No (Provide an explanation of the standard measures that will be added or removed in your organization's next public reporting cycle. For measures that***

will be added, submit a revised* QECP Measure Information Workbook*, accompanied by the required supporting documentation for Element 3.1).

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: _____

QE Explanation:

Elements 3.2: Identify changes to alternative measures the QE intends to report in its next public reporting cycle

Question 9: Does your organization intend to continue reporting the following alternative measures in its next public reporting cycle?

List of current alternative measures:
(The QE's QECP Program Manager pre-fills this list)

Note: QEs are required to notify the QECP team of any alternative measures they wish to add to their approved list of measures. QEs are strongly encouraged to notify the QECP team of any new alternative measures at least 90 days before the intended confidential performance report release to providers.

- ☐ **Yes**
- ☐ ***No (Provide an explanation of the alternative measures that will be added or removed in your organization's next public reporting cycle. For measures that***

will be added, submit a revised QECP Measure Information Workbook, accompanied by the required supporting documentation for Element 3.2).

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: _____

QE Explanation:

Element 3.3: Identify changes in the design of reports for providers and the public

Question 10: Does your organization anticipate changes in the appearance or content of its provider or public report during its next reporting cycle? A "change" is defined as a significant modification in provider ratings approach, the level of analysis for reported measures, comparative reporting by product line, or website address, for example, but excludes changes due to the addition or removal of performance measures.

Note: QEs must notify the QECP team of changes to the provider and/or public prototype report and submit to the QECP team the new prototype report(s) at least 30 days before the intended confidential release to providers.

- ☐ **Yes** ***(Provide an explanation of the changes below, and submit the revised provider and/or public report prototype.)***
- ☐ **No**

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: _____

QE Explanation:

Question 11: Referring to the dissemination plan your organization submitted during its Phase 3 application, does your organization anticipate any changes to its dissemination plan for informing intended audiences of the issuance of its QE performance reports? This includes anticipated changes to the public report release schedule and frequency.

Current Provider and Public Report Dissemination Plan:
(The QE's QECP Program Manager uploads this diagram)

Note: QEs must notify the QECP team of changes in the dissemination plan for sharing reports with the public and submit the new plans at least 30 days before the intended confidential performance report release to providers.

- ☐ **Yes** ***(Provide an explanation of the changes below.)***
- ☐ **No**

QE Explanation:

Section 5: Attestation

Instructions: Prior to a reapplication being submitted as final, the contents of the reapplication 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 reapplication are true and correct, the document has been duly authorized by the governing body of the reapplicant, and the reapplicant 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 _____

Section 6: Additional Supporting Documentation

Instructions: Please describe all additional supporting documentation submitted in conjunction with this reapplication 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: _____
   Element: _____
   Document Name: _____
   Document Relevance: _____
   Relevant Pages: _____

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

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

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