



QUALIFIED ENTITY CERTIFICATION PROGRAM

FOR MEDICARE DATA

QECP Letter of Commitment

[MONTH DD, YYYY]
[CONTACT]
[ENTITY]
[ADDRESS]
[CITY, STATE] [ZIP]

VIA EMAIL: [E-MAIL ADDRESS]

Director
Offices of Enterprise Management
Centers for Medicare & Medicaid Services
200 Independence Ave., S.W.
Mail stop: 337D
Washington, DC 20001

Dear Director:

This letter outlines the understanding between the Centers for Medicaid & Medicare Services (CMS) and [ENTITY] with regard to [ENTITY]'s intent to complete the remaining Qualified Entity Certification Program (QECP) minimum requirements:

- Data Security Review (Element 2.1)
- Intentions Regarding Non-Public Analyses (Element 2.2)
- Provider Corrections and Appeals, *if applicable* (Element 2.3)
- Secure transmission of beneficiary data, *if applicable* (Element 2.4)
- Standard Measure Use, *if applicable* (Element 3.1)
- Alternative Measure Use, *if applicable* (Element 3.2)
- Provider and Public Report Design (Element 3.3)

Included as part of this letter are:

- **Attachment A:** Public Reporting Attestation;
- **Attachment B:** Contractual Relationship Attestation (if applicable);
- **Attachment C:** CSP Identification (if applicable);
- **Attachment D:** QIO Attestation (if applicable).

If CMS deems us to have sufficiently met the remaining minimum requirements listed above, [ENTITY] will publicly release a QE provider performance report within 12 months of receipt of the QE Medicare data (as proposed in Attachment A).

We acknowledge that, prior to our Phase 1 application submission, we will have sufficiently:

1. Completed and attached evidence in the QECP online application for Elements 1.1-1.4, including:
 - a. This Letter of Commitment, signed and uploaded to Element 1.1; and

- b. An attestation of the [Entity's] ability to meet all applicable requirements for Phases 2 and 3, and the ability to provide evidence during the relevant phase of the application.

[ENTITY] understands that QE Medicare data will only be distributed to [ENTITY] upon successful completion of Phase 2: Data Security & Corrections and Appeals, CMS approval of submitted QE DUA materials, and payment of appropriate fees for the QE Medicare data. Further, [ENTITY] also understands that a Compliant Phase 2 review outcome does not provide a CMS endorsement nor does it validate the sufficiency of the QE's data security and privacy program for purposes outside of the QECP. QECP Phase 2 review outcomes are based solely on the information QEs provide to CMS at the time of the Phase 2 review. There is no guarantee regarding the future performance of a QE, especially as new system, personnel, and environmental vulnerabilities and threats are continually evolving.

[ENTITY] may not distribute provider or public reports containing QE Medicare claims data provided under this program until the QECP team has reviewed [ENTITY]'s compliance with all of the program requirements. Upon review, if [ENTITY] does not demonstrate compliance with QECP requirements, CMS reserves the right to retract QE Certification and require [ENTITY] to destroy or return QE Medicare data. The terms of this understanding are acceptable to [ENTITY], and [ENTITY] acknowledges our agreement below.

SIGNED:

Name of Entity

Address of Entity

Telephone Number

Signature of Authorized Officer

Date

Name and Title of Authorized Officer

Attachment A

[ENTITY]'s QECF Public Reporting Attestation

"[ENTITY] will publicly report within one year of receiving QE Medicare data."

Signature of Authorized Officer

Date

Name and Title of Authorized Officer

Attachment B

CONTRACTUAL RELATIONSHIP ATTESTATION

| Lead and Contractor or Member Organizations | |
|--|--|
| Legal Name of Lead Entity | |
| Trade Name/DBA | |
| Name(s) of Contractor, Vendor, Partner, Subsidiary or Member Organizations <i>(if applicable)</i> | |
| Does any organization on your team (Lead or Other) also hold a QIO contract with CMS? <i>(If yes, complete Attachment D – QIO Attestation)</i> | <input type="checkbox"/> Yes List Organization(s): <input type="checkbox"/> No |

Repeat the following two tables for each Contractor, Vendor, Partner, Subsidiary or Member Organization relevant to the entity’s Qualified Entity application and program.

| Attestation of Agreement with Contractor or Member Organization | |
|--|--|
| Legal Name of Contractor, Vendor, Partner, Subsidiary or Member Organization | |
| Trade Name/DBA | |
| Description of Contractual Relationship General description of agreements in place between the lead entity and other contractor or member organizations (as applicable). | |
| Effective dates on agreement | |
| The partner noted above will be responsible for or involved in meeting compliance for the following QCEP Elements: | |

Attachment B

Affirmation Statements

The lead entity must attest to the following statements with regard to each Contractor or Member Organization (as applicable) by answering each statement.

| STATEMENT | YES | NO |
|--|-----|----|
| Contractor, Vendor, Partner, Subsidiary or Member Organization is willing to sign a Qualified Entity Certification Program (QECP) Data Use Agreement (DUA). | | |
| Contractor, Vendor, Partner, Subsidiary or Member Organization understands that it will also be subject to CMS review as part of the QECP and its actions may result in sanctions and/or termination of the Qualified Entity. | | |
| Lead and Contractor, Vendor, Partner, Subsidiary or Member Organization have a legally enforceable agreement in place that includes breach-of-contract liability if one of the members of the group fails to deliver and there would be the potential of collecting damages for that failure to perform. | | |

Signature

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

Authorized Representative Name (printed) _____

Authorized Representative Title (printed) _____

Signature _____ Date _____

Phone _____



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Attachment C

Cloud Service Provider (CSP) Identification

The lead entity must attest to the following statements with regard to the planned use of a CSP, within the lead organization either directly or with a contractually identified data vendor.

Name of Intended CSP: _____

| STATEMENT | YES | NO |
|--|-----|----|
| Lead entity is planning to use a CSP within their system or has a contract with a data vendor that utilizes a CSP. | | |
| Lead Entity understands that any CSP that will be utilized for CMS Data storage must have FedRAMP approval and an authority to operate with CMS. | | |

Signature

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

Authorized Representative Name (printed) _____

Authorized Representative Title (printed) _____

Signature _____ Date _____

Phone _____

Attachment D

CMS QUALITY IMPROVEMENT ORGANIZATION ATTESTATION

An entity that holds a QIO contract with CMS is permitted to function as a QE, or as part of a QE team, under the following conditions:

- The entity may not represent the fact that they are a QIO while conducting QE activities;
- Any resources, both financial and operational, funded by CMS as part of the QIO contract may not be used to sustain the entity's QE program in any way;
- The entity must continue to uphold all terms of their QIO contract, including their confidentiality and conflict of interest contractual obligations. The entity may wish to request a conflict of interest determination by the CMS Office of Acquisitions and Grants Management; and
- The entity must complete an attestation during Phase 1 of the QECR Minimum Requirements Review attesting that they will adhere to the three conditions listed above.

The table and signature section below must be completed by an authorized representative for each entity in your QE team that holds a QIO contract with CMS. If none, you are not required to submit Attachment D.

| QIO Demographics | |
|--|--|
| Name of Entity Recognized as a QIO (lead entity or partner/collaborator as part of the QE team) | |
| State(s) for which Entity Functions as a QIO | |
| QIO Contact within the Entity (name, title, email address, phone number) | |
| QIO Contact within CMS (name, title, email address, phone number) | |

Attachment D

| QIO Affirmation Statements | |
|--|---|
| We agree to maintain distinct and separate representation between QE and QIO activities. We will not represent QE work or resulting products to be a function of our QIO contract with CMS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| We agree to maintain funding for QE activities separate from QIO funded CMS sources. Funds or resources provided by CMS to support the QIO program will not be used or spent for the QE program, including funds or resources for operating the QIO Standard Data Processing Systems (SDPS). QE-obtained Medicare data will not be stored on the SDPS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If approved as a Certified QE (or a member of a Certified QE team), we agree to uphold all terms of our QIO contract, including confidentiality and conflict of interest contractual obligations. We understand that, per our request, a QE/QIO conflict of interest analysis can be performed by CMS-OAGM. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature

To the best of my knowledge and belief, all information in this attestation is true and correct; the document has been authorized by the governing body of the entity mentioned on page C-1; and the entity will comply with all terms and conditions of the affirmation statements mentioned on pages C-1 through C-2.

(Authorized Representative for QIO and QE Entity)

Name (printed) _____

Title (printed) _____

Email Address (printed) _____

Signature _____ Date _____

Phone _____