

Phase 1 Application Readiness Checklist

This checklist helps entities through the Phase 1 application by providing a brief overview of each application component.

Table 1: Application Readiness Checklist

Element	Readiness Assessment	Checkbox
1.1 Entity	<ul style="list-style-type: none"> • Completed QCEP Letter of Commitment (template provided by QCEP Team and in both the QCEP Phase 1 Toolkit and online application) signed by a senior executive (e.g., CEO, president, vice president, etc.) demonstrating commitment to participate fully as a Qualified Entity (QE) • Incorporation documentation and, if applicable, licensure for lead entity, contractors, vendors, partners and/or subsidiaries, as applicable • As applicable for contractors, vendors, partners, or subsidiaries only: list name, role(s) on QE project, and effective agreement dates • As applicable: attestation of cloud service provider (CSP) the applicant plans to use for Medicare data storage • As applicable: attestation of CMS Quality Improvement Organization (QIO) • Attestation (yes or no) of whether the applicant is a CMS-approved qualified clinical data registry (QCDR) applying for quasi-QE status 	[Checkbox]
1.2 Financial Resources	<ul style="list-style-type: none"> • Description of the entity’s business model and resources to support the cost of the data and report development, including a budget with line item(s) to cover QCEP participation and the following: <ul style="list-style-type: none"> • Line item for purchasing the Medicare data • Line item for producing the public reports 	[Checkbox]
1.3 Experience	<ul style="list-style-type: none"> • Compiled evidence according to the QCEP Program Guide to demonstrate at least 3 years of experience in the following areas, or a rationale as to why the applicant does not plan on engaging in one of the following areas: <ul style="list-style-type: none"> • Combining claims data • Attributing patients to providers • Establishing statistical validity requirements for quality measures • Establishing statistical validity requirements for efficiency/resource use measures • Risk adjustment • Identification of outliers • Defining comparison groups • Measurement & reporting verification process • Public reporting • Corrections process 	[Checkbox]



Element	Readiness Assessment	Checkbox
<p>1.4 Claims Data</p>	<ul style="list-style-type: none"> • Completed QECP Data Source Attestation in the online application (a sample version of the DSA is in the QECP Phase 1 Toolkit), including the following: <ul style="list-style-type: none"> • Name of applying entity, number of claims data suppliers, geographic area the report will cover, level of analysis for public report (regional vs. provider-identified) • General information for data suppliers (legal name, effective dates of agreement, URL, volume of other-payer claims data, and geographic area of coverage) • Whether providers are individually identified • Pharmacy claims data volume and intention to include in measures, as applicable • Whether all claims received are pre-adjudicated • The years of historical data received from that supplier • Whether there are multiple claim setting types • Whether Medicare Advantage Covered Lives are included in supplier volume • Covered Lives: minimum thresholds (at least 10% of Covered Lives in the geographic area excluding Medicare FFS data or at least 25% of Covered Lives including Medicare FFS data) must be met for each state and/or county in which the entity requests Medicare FFS data • An explicit statement for a 5% national sample, if applicable • Completed DSA signature box in the Element 1.4 section of the Phase 1 application • If applicable, an explanation of the variation of the Covered Lives numbers from the supplier(s) tab and the Covered Lives tab 	<p>[Checkbox]</p>