Month DD, YYYY

Point of Contact and Executive
Entity Name
Address
City, State Zip

Director, Office of Enterprise Data & Analytics
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail stop: B2-29-04
Baltimore, Maryland 21244-1850

Dear Director:

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

- Data Security Review (Element 2.1)
- Intentions Regarding Reporting Levels (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)
- QCDR Self-Nominated Measure Use, if applicable (Element 3.1)
- Alternative Measure Use, if applicable (Element 3.2)
- Provider and Public Report Design (Element 3.3)

This letter includes the following:

- Attachment A: QECP Public Reporting Attestation
- Attachment B: Contractual Relationship Attestation (if applicable)
- Attachment C: Cloud Service Provider (CSP) Identification (if applicable)
- Attachment D: Quality Improvement Organization (QIO) Attestation (if applicable)
- Attachment E: QCDR Identification

If CMS deems us to have sufficiently met the remaining minimum requirements listed above, Entity Name will publicly release a Qualified Entity (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 completed the following:

- Attached evidence in the QECP online Application for Elements 1.1, 1.2, and 1.4, including:
  - This Letter of Commitment, signed and uploaded to Element 1.1
  - An attestation of Entity Name'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 Name understands that QE Medicare data will only be distributed to Entity Name upon successful completion of Phase 2: Data Security & Corrections and Appeals, CMS approval of submitted QE Data Use Agreement (DUA) materials, and payment of appropriate fees for the QE Medicare data. Further, Entity Name also understands that a Compliant Phase 2 review outcome does not provide a CMS endorsement, nor does it validate the sufficiency of the quasi-QE's data security and privacy program for purposes outside of the QECP. QECP Phase 2 review outcomes are based solely on the information quasi-QEs provide to CMS at the time of the Phase 2 review. There is no guarantee regarding the future performance of a quasi-QE, especially as new system, personnel, and environmental vulnerabilities and threats continually evolve.

Entity Name may not distribute provider or public reports containing QE Medicare claims data provided under this program until the QECP Team has reviewed Entity Name's compliance with all program requirements. Upon review, if Entity Name does not demonstrate compliance with QECP requirements, CMS reserves the right to retract QE certification and require Entity Name to destroy or return QE Medicare data.

The terms of this understanding are acceptable to Entity Name, and Entity Name acknowledges our agreement below.

Approved by:

Table 1: Entity Approval

Entity Name	Address	Date	Phone Number	Entity Signature
Entity Name	Entity Address Line 1 Entity Address Line 2 Entity Address Line 3 Entity Address Line 4 Entity Address Line 5	MM/DD/YYYY	Phone Number	Entity Signature

Table 2: Authorized Officer Approval

Authorized Officer	Date	Authorized Officer Signature
Authorized Officer Name, Title	MM/DD/YYYY	Authorized Officer Signature

Attachment A: QECP Public Reporting Attestation

Entity Name will publicly report within 1 year of receiving QE Medicare data.

Approved by:

Table 3: Authorized Officer Approval

Authorized Officer	Date	Authorized Officer Signature
Authorized Officer Name, Title	MM/DD/YYYY	Authorized Officer Signature

Attachment B: Contractual Relationship Attestation

Table 4: Lead and Contractor or Member Organizations

Category	Details
Legal Name of Lead Entity	Organization Name
Trade Name/Database Administrator (DBA)	Organization Name
Name(s) of Contractor or Member Organizations, if applicable	Organization Name
Does any organization on your team (lead or other) also hold a QIO contract with CMS?	☐ Yes, list organizations below: • Organization Name or NA • Organization Name or NA • Organization Name or NA • Organization Name or NA ☐ No

Repeat the following two tables for each contractor or member organization relevant to the quasi-Qualified Entity's Application and program.

Table 5: Attestation of Agreement with Contractor or Member Organization

Category	Details
Legal Name of Contractor, Vendor, Partner, Subsidiary or Member Organization	Organization Name
Trade Name/DBA	Organization Name
Mailing Address	Address City, State Zip
Type of Organization	☐ For-Profit Organization ☐ Non-Profit Organization ☐ Other (please describe) Insert Description
Employer Number	Insert Text
Description of contractual relationship (A general description of agreements in place between the lead Entity and other contractor or member organizations, as applicable)	Insert Text
Effective dates on agreement	Month DD, YYYY to Month DD, YYYY
The partner noted above will be responsible for, or involved in meeting, compliance for the following QECP elements:	• Insert Text or NA • Insert Text or NA • Insert Text or NA

Attachment B: Contractual Relationship Attestation

The lead Entity must attest to the following statements regarding each contractor or member organization (as applicable) by responding yes or no to each statement.

Table 6: Affirmation Statements

Statement	Response
The contractor or member organization is willing to sign a QECP DUA.	☐ Yes ☐ No
The contractor 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 quasi-Qualified Entity.	☐ Yes ☐ No
The lead and contractor 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.	☐ Yes ☐ No

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.

Approved by:

Table 7: Authorized Representative Approval

Authorized Representative	Date	Phone Number	Authorized Representative Signature
Authorized Representative Name, Title	MM/DD/YYYY	Phone Number	Authorized Representative Signature

Attachment C: CSP Identification

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

Name of Intended CSP

Table 8: CSP Identification

Statement	Response
The lead Entity plans to use a CSP within their system or has a contract that uses a CSP.	☐ Yes ☐ No
The lead Entity understands that any CSP that will be used for CMS data storage must have FedRAMP approval.	☐ Yes ☐ No

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.

Approved by:

Table 9: Authorized Representative Approval

Authorized Representative	Address	Date	Phone Number	Authorized Representative Signature
Authorized Representative Name, Title	Authorized Representative Address Line 1 Authorized Representative Address Line 2 Authorized Representative Address Line 3 Authorized Representative Address Line 4 Authorized Representative Address Line 5	MM/DD/ YYYY	Phone Number/Email Address	Authorized Representative Signature

Attachment D: CMS QIO Attestation

An Entity that holds a QIO contract with CMS is permitted to function as a quasi-QE, or as part of a quasi-QE Team, under the following conditions:

- The Entity may not represent the fact that they are a QIO while conducting the quasi-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 quasi-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.
- The Entity must complete an attestation during Phase 1 of the QECP 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 quasi-QE Team that holds a QIO contract with CMS. If none, you are not required to submit *Attachment D*.

Table 10: QIO Demographics

Category	Details
Name of Entity recognized as a QIO (lead Entity or partner/collaborator as part of the quasi-QE Team)	Organization Name
States for which Entity functions as a QIO	State(s)
QIO Contact within the Entity (Name, Title, Email Address, and Phone Number)	First Name Last Name, Title Email Address Phone Number
QIO Contact within CMS (Name, Title, Email Address, and Phone Number)	First Name Last Name, Title Email Address Phone Number

Attachment D: CMS QIO Attestation

Table 11: QIO Affirmation Statements

Category	Details
We agree to maintain distinct and separate representation between quasi-QE and QIO activities. We will not represent quasi-QE work or resulting products to be a function of our QIO contract with CMS.	☐ Yes ☐ 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 quasi-QE program, including funds or resources for operating the QIO Standard Data Processing Systems (SDPS). Medicare obtained by QEs will not be stored on the SDPS.	☐ Yes ☐ No
If approved as a Certified QE (or a member of a certified quasi-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 Office of Acquisition and Grants Management (OAGM).	☐ Yes ☐ No

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 D-1, and the Entity will comply with all terms and conditions of the affirmation statements mentioned on pages D-1 through D-2.

Approved by:

Table 12: Authorized Representative Approval

Authorized Representative	Address	Date	Phone Number	Authorized Representative Signature
Authorized Representative Name, Title	Authorized Representative Address Line 1 Authorized Representative Address Line 2 Authorized Representative Address Line 3 Authorized Representative Address Line 4 Authorized Representative Address Line 5	MM/DD/YYYY	Phone Number/Email Address	Authorized Representative Signature

Attachment E: QCDR Identification

The lead Entity must provide the following information about its Qualified Clinical Data Registry.

Table 13: QCDR Affirmation Statements

Category	Details
Name of Lead Entity	Organization Name
Name of CMS-approved Qualified Clinical Data Registry	QCDR Name
Does your organization receive beneficiary-identified clinical data through this registry?	☐ Yes, all or some of the clinical data from this registry is beneficiary identified ☐ No, none of the clinical data received from this registry is beneficiary identified

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 all applicable federal requirements.

Table 14: Authorized Representative Approval

Authorized Representative	Address	Date	Phone Number	Authorized Representative Signature
Authorized Representative Name, Title	Authorized Representative Address Line 1	MM/DD/YYYY	Phone Number/Email Address	Authorized Representative Signature