

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	- Completed QECF Letter of Commitment (template provided by QECF Team and in both the QECF 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) <u>Attestation (yes or no) of whether the applicant is a CMS approved qualified clinical data registry (QCDDR) applying for quasi-QE status. As applicable, an attestation on identified status of clinical data and their QCDDR name.</u>	☐
1.2 Financial Resources	- 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 QECF participation and the following: - Line item for purchasing the Medicare data - Line item for producing the public reports	☐
1.3 Experience	- Compiled evidence according to the QECF 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: - 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	☐

Element	Readiness Assessment	Checkbox
1.4 Claims Data	- Completed QECF Data Source Attestation in the online application (a sample version of the DSA is in the QECF Phase 1 Toolkit), including the following: - 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 <u>An explanation of variance in total covered lives between the data supplier tab(s) and the covered lives calculator (if applicable)</u> <u>A question to understand which years of historical data are included in the claims by the supplier to each supplier profile</u> <u>A question to verify if the supplier claims are from more than one setting type</u> <u>A question about the beneficiary identification status in the other payer claims data.</u> - 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	☐