



QUALIFIED ENTITY CERTIFICATION PROGRAM

FOR MEDICARE DATA

PAPER-BASED QE REAPPLICATION FORM

PRA Disclosure Statement

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Instructions

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

Date Reapplication Submitted	
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Date Reapplication Received by CMS	
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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 <input type="checkbox"/> Profit Organization <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other <i>(describe)</i>	
Applicant's Employer ID Number	
Name(s) of Contractor(s) or Member Organization(s) <i>(Contact support@QEMedicareData.org to obtain further instructions on submitting the required contractor or member organization information)</i>	
Data Recipient's Name	
Data Requested <input type="checkbox"/> Regional <i>(specify States)</i> <input type="checkbox"/> 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 QECF 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 2015 QECF Operations Manual for complete program information, specifically, Section 3.3 reapplication “evidence” requirements.**

Standard 1: Qualified Entity Profile

Element 1A: Identify changes to the QE's organization

Question 1.1: Does your organization intend to continue to contract with the following organizations to fulfill the QECF requirements?

List of current contractors or member organizations:

(The QE's QECF Program

Manager pre-fills this list)

- ☐ **Yes**
- ☐ **No** *(Provide explanation below, and submit an updated QECF Letter of Commitment, including Attachments A–C. For each additional contractor, submit proof of incorporation, type of organization, licensure information, and proof of breach of contract liability 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 1.2: If your organization changed data analytics/warehousing vendors or experienced contracting changes related to individuals/organization/vendors handling QE Medicare data or QE Medicare data security, did your organization submit updated Phase 2 evidence, including a new *QECF Data Security Workbook*?

Note: 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 QECF Phase 2 evidence and obtaining CMS approval.

- ☐ Yes, we submitted updated Phase 2 evidence, including a new *QECF 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 *QECF 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 *QECF 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.

QE Explanation:

Element 1C: Identify changes in geographic area that the QE's reports will cover
<p>Question 1.3: Does your organization intend to maintain the following geographic area(s) in which public performance reports will incorporate QE Medicare data?</p> <p>List of current geographic areas: <i>(The QE's QECP Program Manager pre-fills this list)</i></p>
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the area has increased. <i>(Describe below the new geographic area(s) in which your organization intends to report using QE Medicare data.)</i></p> <p><input type="checkbox"/> No, the area has decreased. <i>(Describe below the new geographic area(s) in which your organization intends to report using QE Medicare data.)</i></p>
<p>QE Explanation:</p>

Element 1D: Identify changes in the types of providers whose performance the QE intends to assess using QE Medicare data
<p>Question 1.4: Does your organization intend to continue to evaluate provider performance using QE Medicare data and other data sources for the following provider types?</p> <p>List of current provider types: <i>(The QE's QECP Program Manager pre-fills this list)</i></p>
<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Provide below the new list of provider types your organization intends to evaluate using QE Medicare data.)</i> </p>
<p>QE Explanation:</p>

Standard 2: Data Sources

Element 2A: Identify changes to the QE's ability to obtain claims data from at least one other payer source to combine with QE Medicare data

Question 2.1: Does your organization still receive the following sources and amounts of other payer data for the geographic areas identified in Question 1.3 (Element 1C) and the provider types identified in Question 1.4 (Element 1D)?

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 data received by our organization has increased. *(Submit a new QECP Data Source Attestation.)***
- ☐ **No, the amount of other payer 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.)***

QE Explanation:

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: _____

Standard 3: Data Security

Standard 3: Identify changes to the QE's data security and privacy policies and procedures

Question 3.1: 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 QECF Program

Manager uploads this diagram)

- ☐ **Yes**
- ☐ **No** *(Submit an updated annotated physical network/QE data flow diagram. Refer to Questions 1.1 and 1.2 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: _____

Question 3.2: Since Phase 2 approval, or submission of your organization’s most recent QECF Annual Report, has your organization experienced major changes to data security and privacy policies and procedures?

A “change” includes:

- changes to the physical location of CMS data;
- assignment of a new information technology contractor;
- changes to alternative storage and processing sites, or disposal of IT equipment that stored CMS data;
- changes to configuration management;
- assignment of primary security responsibility to a new individual;
- changes in ownership or management structure;
- changes in contractors;
- and changes in state privacy and security laws.

☐ **Yes (*Describe below the changes, including dates when each change occurred.*)**

☐ **No**

QE Explanation:

Standards 4 and 5: Measure Selection and Methodology for Measurement and Attribution

Elements 4A and 5A–5J: Identify changes to standard measures the QE intends to report in its next public reporting cycle

Question 4.1: 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 QECF Program Manager pre-fills this list)

Note: QEs are required to notify the QECF 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 QECF Measure Information Workbook, accompanied by the required supporting documentation for Elements 4A and 5A-5J.)*

QE Explanation:

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: _____

Elements 4B and 5A–5J: Identify changes to alternative measures the QE intends to report in its next public reporting cycle

Question 5.1: 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 QECF Program Manager pre-fills this list)

Note: QEs are required to notify the QECF team of any alternative measures they wish to add to their approved list of measures. QEs are strongly encouraged to notify the QECF 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 QECF Measure Information Workbook, accompanied by the required supporting documentation for Elements 4B and 5A–5J.)*

QE Explanation:

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: _____

Standard 6: Verification Process

Element 6A: Identify changes to the QE's process for systematically evaluating the accuracy of its calculation of performance measures

Question 6.1: Referring to the *QECP Measure Production Quality Assurance (QA) Worksheet* submitted during your organization's Phase 3 application as a baseline, has your organization experienced any changes to its internal verification process, audit process, or software used to evaluate the accuracy of calculating performance measures that include QE Medicare data?

Current QECP Measure Production Quality Assurance (QA) Worksheet:
(The QE's QECP Program Manager uploads this diagram)

- ☐ **Yes** (Provide and explanation of the changes and submit and updated QECP Measure Production QA Worksheet.)
- ☐ **No**

QE Explanation:

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Standard 7: Reporting of Performance Information

Element 7A: Identify changes in the design of reports for providers and the public

Question 7.1: 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 QECF team of changes to the provider or the public report prototype report and submit to the QECF team the new prototype report at least 30 days before its intended confidential release.

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

QE Explanation:

Supporting Documentation:

Document 1

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Document 2

Document Name: _____

Document Relevance: _____

Relevant Pages: _____

Question 7.2: 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:

Standard 8: Requests for Corrections and Appeals

Element 8A and 8B: Identify changes to the corrections process; identify any changes related to the secure transmission of beneficiary data

Question 8.1: 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 3.1. Changes related to contractual relationships with data analytics/warehousing vendors are subject to the requirements of Questions 1.1 and 1.2.)*
- ☐ **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 _____

Phone _____ Fax _____

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: _____