

## QECF Data Source Attestation Workbook

### Instructions

The purpose of this workbook is to provide entities with a template for submitting all information regarding other-payer sources of claims data and the total number of covered lives in a QE's geographic area.

Note: Entities must complete the Data Source Attestation in the QECF online application to satisfy the Element 1.4 requirements of the Phase 1 minimum requirements review. This workbook serves as an internal resource for use by entities as needed. Completion of the workbook is optional and the QECF Team does not review it.

There are three sets of instructions:

- 1) Instructions for Completing the Data Supplier Profile worksheet
- 2) Instructions for Completing the Covered Lives- Regional worksheet
- 3) Instructions for Completing the Covered Lives- Regional worksheet

## 1) Instructions for Completing the "Data Supplier Profile" Worksheet

1. Provide Entity information.

2. Complete the Provider Reporting Profile.

2a. Provide the number of data suppliers, geographic area, and level of analysis applicable to the entity's performance reports.

3. Complete a Data Supplier Profile table for each claims data supplier relevant to the QE application.

3a. Complete the general contact information related to each relevant claims data supplier.

3b. Select if individual providers are identified in the data received from the claims data supplier.

3c. Provide the volume of other-payer claims data, including covered lives.

3d. Provide the geographic coverage area of data (i.e., state, county) received from the claims data supplier to be included in QE performance reports.

3e. Select if pharmacy claims data will also be provided by the claims data supplier. If yes, describe the volume of the data and select whether it will be incorporated into the claims-based QE measures.

3f. Select if the other-payer claims data received from the data supplier is pre-adjudicated and whether measures related to costs will be produced using data from this supplier.

Note: If you intend to use other-payer claims data from more than 150 data suppliers, inform your QECF Program Manager. A modified DSA may be available to you to collect data supplier details on an aggregated level.

4. Complete the Signature section.

## 2) Instructions for Completing the "Covered Lives- Regional" Worksheet

1. Select the states and/or counties for which your organization is reporting (or plans to report).

1a. Hold CTRL to select multiple states or counties.

1b. To select a whole state, select the state and then \*TOTAL - State, which is the first option in the county box.

1c. For a searchable list of states and counties, refer to the sheet titled Covered Lives- Regional List.

2. Enter the number of unique covered lives represented in your other-payer claims data for the geographic area you intend to cover in your public report.

2a. If you are only reporting in one state or one county, enter the total number of other-payer covered lives included in the data sources obtained (not including QE Medicare data) in cell A5.

2b. If you are reporting in multiple states or counties, inform your Program Manager so they can customize the table format. Once the updated DSA is received, enter the number of unique covered lives for each state/county in column D, leaving blank cell A5.

3. Explain in the "Additional Comments" (Column I) if your organization plans to report on a region smaller than a county.

Note that the sources of data from this worksheet include the following:

[Medicare Enrollment Dashboard Data File](#)

Yearly Enrollment Counts, 2018 Original Medicare. Updated 11/25/2019. "Medicare FFS Covered Lives."

[Census Data](#)

Table S2701 - Health Insurance Coverage in the United States, 2021 ACS 5-year estimates, Number Insured. Accessed 3/14/2023. "Total CL in Geographic Region."

### **3) Instructions for Completing the "Covered Lives- National" Worksheet**

1. Only complete the Covered Lives- National worksheet if your organization is planning to report at the national level.
2. Enter the total number of covered lives your organization possesses in the United States.
3. Enter the number of covered lives your organization possesses by state.
4. Note that only column C should be completed. All other cells auto-populate based on the information provided.

**QECF Data Supplier Profile**  
**Lead Entity Applying for the Qualified Entity Certification Program**

Legal Name of Applying Entity:

Trade Name/DBA:

Name of Data Recipient (if different from Applying Entity):

**For QE Public Reports**

1. Number of other-payer claims data suppliers Relevant to the public report:

2. Description of the geographic areas the entity's report(s) will cover:

3. Level of analysis for QE public reports (regional or provider-identified):

**Complete the following sections for the five largest other-payer claims data suppliers relevant to the entity's QE application and public report. If the entity has less than five suppliers, leave the remaining sections blank. If the entity has more than five suppliers, complete Tab #3 to provide a summary on the remaining suppliers.**

**Section 1: For Each Other-Payer Claims Data Supplier**

Legal name of claims data supplier:

Trade name/DBA:

Effective dates of agreement:

Website URL:

**Data Detail**

1. Are individual providers identified in the claims data received from this supplier?

2. Volume of other-payer data: what is the number of unique covered lives received from this data supplier?

3. Geographic coverage area of data received from supplier to be included in QE performance reports:

3a. List state(s) in which your data and reporting cover the entire state:

3b. List state(s) in which your data and reporting cover only part of the state:

3c. For partial covered states, list:

Counties covered:

OR

MSAs covered:

OR

Other regional boundary:

4. Do you also receive pharmacy claims data from this supplier?

4a. If yes, describe volume

4b. If yes, do you intend to incorporate this into your claims-based QE measures?

5. Are all of the claims received from this supplier pre-adjudicated?

5a. Does your organization plan to produce measures related to cost using data from this supplier? Note: If all claims from this supplier are pre-adjudicated, the applicant is unable to calculate cost measures.

6. Do you receive Medicare Advantage data from this supplier?

6a. If yes, is the Medicare Advantage data included in the replies to questions 1 and 2 for this supplier?

## Section 2: For Each Other-Payer Claims Data Supplier

Legal name of claims data supplier:

Trade name/DBA:

Effective dates of agreement:

Website URL:

### Data Detail

1. Are individual providers identified in the claims data received from this supplier?

2. Volume of other-payer data: what is the number of unique covered lives received from this data supplier?

3. Geographic coverage area of data received from supplier to be included in QE performance reports:

3a. List state(s) in which your data and reporting cover the entire state:

3b. List state(s) in which your data and reporting cover only part of the state:

3c. For partial covered states, list:

Counties covered:

OR

MSAs covered:

OR

Other regional boundary:

4. Do you also receive pharmacy claims data from this supplier?

4a. If yes, describe volume:

4b. If yes, do you intend to incorporate this into your claims-based QE measures?

5. Are all of the claims received from this supplier pre-adjudicated?

5a. Does your organization plan to produce measures related to cost using data from this supplier? Note: If all claims from this supplier are pre-adjudicated, the applicant is unable to calculate cost measures.

6. Do you receive Medicare Advantage data from this supplier?

6a. If yes, is the Medicare Advantage data included in the replies to questions 1 and 2 for this supplier?

Section 3: For Each Other-Payer Claims Data Supplier:
Legal name of claims data supplier:
Trade name/DBA:
Effective dates of agreement:
Website URL:
<b>Data Detail</b>
1. Are individual providers identified in the claims data received from this supplier?
2. Volume of other-payer data: what is the number of unique covered lives received from this data supplier?
3. Geographic coverage area of data received from supplier to be included in QE performance reports:
3a. List state(s) in which your data and reporting cover the entire state:
3b. List state(s) in which your data and reporting cover only part of the state:
3c. For partial covered states, list: Counties covered: OR MSAs covered: OR Other regional boundary:
4. Do you also receive pharmacy claims data from this supplier?
4a. If yes, describe volume:
4b. If yes, do you intend to incorporate this into your claims-based QE measures?
5. Are all of the claims received from this supplier pre-adjudicated?
5a. Does your organization plan to produce measures related to cost using data from this supplier? Note: If all claims from this supplier are pre-adjudicated, the applicant is unable to calculate cost measures.
6. Do you receive Medicare Advantage data from this supplier?
6a. If yes, is the Medicare Advantage data included in the replies to questions 1 and 2 for this supplier?

#### Section 4: For Each Other-Payer Claims Data Supplier

Legal name of claims data supplier:

Trade name/DBA:

Effective dates of agreement:

Website URL:

##### Data Detail

1. Are individual providers identified in the claims data received from this supplier?

2. Volume of other-payer data: what is the number of unique covered lives received from this data supplier?

3. Geographic coverage area of data received from supplier to be included in QE performance reports:

3a. List state(s) in which your data and reporting cover the entire state:

3b. List state(s) in which your data and reporting cover only part of the state:

3c. For partial covered states, list:

Counties covered:

OR

MSAs covered:

OR

Other regional boundary:

4. Do you also receive pharmacy claims data from this supplier?

4a. If yes, describe volume:

4b. If yes, do you intend to incorporate this into your claims-based QE measures?

5. Are all of the claims received from this supplier pre-adjudicated?

5a. Does your organization plan to produce measures related to cost using data from this supplier? Note: If all claims from this supplier are pre-adjudicated, the applicant is unable to calculate cost measures.

6. Do you receive Medicare Advantage data from this supplier?

6a. If yes, is the Medicare Advantage data included in the replies to questions 1 and 2 for this supplier?



## Section 5: For Each Other-Payer Claims Data Supplier:

Legal name of claims data supplier:

Trade name/DBA:

Effective dates of agreement:

Website URL:

### Data Detail

1. Are individual providers identified in the claims data received from this supplier?

2. Volume of other-payer data: what is the number of unique covered lives received from this data supplier?

3. Geographic coverage area of data received from supplier to be included in QE performance reports:

3a. List state(s) in which your data and reporting cover the entire state:

3b. List state(s) in which your data and reporting cover only part of the state:

3c. For partial covered states, list:

Counties covered:

OR

MSAs covered:

OR

Other regional boundary:

4. Do you also receive pharmacy claims data from this supplier?

4a. If yes, describe volume:

4b. If yes, do you intend to incorporate this into your claims-based QE measures?

5. Are all of the claims received from this supplier pre-adjudicated?

5a. Does your organization plan to produce measures related to cost using data from this supplier? Note: If all claims from this supplier are pre-adjudicated, the applicant is unable to calculate cost measures.

6. Do you receive Medicare Advantage data from this supplier?

6a. If yes, is the Medicare Advantage data included in the replies to questions 1 and 2 for this supplier?

### Question

To the best of my knowledge and belief, all data in this attestation are true and correct. The document has been authorized by the Qualified Entity Certification Program (QECF) Entity in reference to the QECF Entity's data supplier(s).

### Signature Information

Authorized Representative Name and Title (printed):

Signature:

Date:

Phone:

Summary Profile for Additional Data Suppliers

Complete the Data Supplier Profile table with aggregated information *for the remaining data suppliers* relevant to the entity's QE application and program.

Summary Profile for Additional Data Suppliers

Complete the Data Supplier Profile table with aggregated information *for the remaining data suppliers* relevant to the entity's QE application and program.

[illegible]

## Covered Lives Calculator for Regional QEs

This worksheet helps entities report the percentage of covered lives in an entity's anticipated public performance reports based on the entity's geographic reporting area. Step 1 requires the entity to select the states and/or counties for which the entity plans to report. Step 2 requires the entity to enter the total number of other-payer covered lives included in the claims data sources the entity has obtained. Step 3 requires the entities that are planning to report on a region smaller than a county to provide an explanation.

Step 1: Select the states and/or counties for which your organization plans to report.

Hold CTRL to select multiple states or counties.

To select a whole state, select the state and then \*TOTAL - State, which is the first option in the county box. For a full text list, refer to the sheet Covered Lives- Regional List for a searchable list of states and counties.

The image shows two side-by-side dropdown menus. The left menu is titled 'States' and lists US states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, and Hawaii. 'Alabama' is selected. The right menu is titled 'County' and lists counties for Alabama: \*TOTAL - Alabama-Alabama, Autauga-Alabama, Baldwin-Alabama, Barbour-Alabama, Bibb-Alabama, Blount-Alabama, Bullock-Alabama, Butler-Alabama, Calhoun-Alabama, Chambers-Alabama, Cherokee-Alabama, and Chilton-Alabama. '\*TOTAL - Alabama-Alabama' is selected.

Step 2: Enter the total number of other-payer covered lives included in the claims data sources you have obtained in the following cell (not including QE Medicare data):

Step 3: If your organization plans to report on a region smaller than a county, please explain in the "Additional Comments" (Column I). For example, if your organization plans to report on the western half of Bullock County, Alabama, please select Bullock County in Step 1 (above) and explain in Column J in the corresponding row in Step 3 (below) that your organization will only report on the western half of Bullock County.

Updated 08/17/2023

### **Covered Lives Calculator for National QEs**

Note that this worksheet must be completed if the entity plans to report at the national level (all 50 states and D.C.). You may disregard this worksheet if your organization does not plan to report at the national level.

This worksheet walks entities through a simple and automated two-step process for reporting the number of covered lives that an entity possesses by state. Step 1 requires the entity to enter the total number of other-payer covered lives it possesses in the United States in cell C5 (this is the same number reported in cell A5 in the Covered Lives- Regional calculator). Step 2 requires the entity to enter the number of other-payer covered lives it possesses by state in cells C6-C56.

Covered Lives-National List (1 of 2)

Geographic Region	Total CL in Geographic Region *	Covered Lives from Other-Payer Sources of Data	Medicare FFS Covered Lives **	Covered Lives (Other + Medicare FFS)	% Covered Lives Excluding FFS data	% Covered Lives Including FFS data
USA	296,329,423	0	36,356,380	36,356,380	0%	12%
Alabama	4,442,707		528,983			
Alaska	622,998		105,831			
Arizona	6,233,168		767,513			
Arkansas	2,698,745		430,724			
California	36,146,100		3,436,742			
Colorado	5,186,282		518,796			
Connecticut	3,370,642		363,399			
Delaware	909,797		171,134			
DC	650,874		70,224			
Florida	18,369,975		2,359,900			
Georgia	9,067,501		953,980			
Hawaii	1,339,226		145,637			
Idaho	1,607,662		215,741			
Illinois	11,761,037		1,507,029			
Indiana	6,125,382		775,334			
Iowa	2,985,816		465,570			
Kansas	2,619,458		414,903			
Kentucky	4,159,118		536,961			
Louisiana	4,177,953		473,575			

Covered Lives-National List (2 of 2)

Geographic Region	Total CL in Geographic Region*	Covered Lives from Other Payer Sources or Data	Medicare FFS Covered Lives**	Covered Lives (Other + Medicare FFS)	% Covered Lives Excluding FFS data	% Covered Lives Including FFS data
Maine	1,243,077		187,420			
Maryland	5,689,577		898,929			
Massachusetts	6,729,979		973,092			
Michigan	9,430,038		1,024,125			
Minnesota	5,356,476		509,904			
Mississippi	2,551,338		431,483			
Missouri	5,460,824		707,230			
Montana	972,622		188,073			
Nebraska	1,769,471		272,226			
Nevada	2,681,547		316,990			
New Hampshire	1,276,144		234,830			
New Jersey	8,439,671		1,075,739			
New Mexico	1,873,156		252,475			
New York	18,818,637		1,996,240			
North Carolina	9,076,155		1,148,968			
North Dakota	699,604		105,943			
Ohio	10,866,334		1,227,265			
Oklahoma	3,315,089		528,377			
Oregon	3,889,071		459,062			
Pennsylvania	12,053,542		1,493,883			
Rhode Island	1,028,363		111,983			
South Carolina	4,463,144		712,041			
South Dakota	782,108		136,475			
Tennessee	6,076,473		766,844			
Texas	23,415,482		2,347,931			
Utah	2,917,062		242,369			
Vermont	609,808		124,384			
Virginia	7,699,252		1,112,731			
Washington	7,025,766		865,220			
West Virginia	1,659,719		254,195			
Wisconsin	5,484,621		622,437			
Wyoming	500,832		110,505			

\* Table S2701 - Health Insurance Coverage in the United States, 2017 ACS 5-year estimates, Number Insured. Accessed 01/16/2020.

\*\* Yearly Enrollment Counts, 2018 Original Medicare. Updated 11/25/2019.