QUALIFIED ENTITY CERTIFICATION PROGRAM
FOR MEDICARE DATA

QE Public Reporting Tip Sheet

Certified qualified entities (QEs) are required to publish public performance reports on providers and suppliers at least once annually after receiving QE Medicare data.[1] QEs must follow the requirements of the QE program regulations[2] and the CMS Data Use Agreement (DUA)[3] when producing and publishing public reports. This tip sheet provides helpful information to ensure QE program compliance. All information also applies to qualified clinical data registries (QCDRs), acting as quasi QEs, unless otherwise noted.

Measures for Public Reporting

What types of measures can QEs calculate?

QEs are required to use standard measures or approved alternative measures[4] in public reports to evaluate the performance of providers and suppliers. Standardized measures are well-specified and follow tested methodologies that allow results to be compared credibly across providers and organizations. Alternative measures are non-standard claims-based measures that have been deemed to be more valid, reliable, responsive to consumer preferences, cost-effective, or relevant to dimensions of quality and resource use than existing claims-based standard measures. All measures must include claims data from other payer sources. Quasi QEs must use clinical data to meet the combined data requirement and may report QCDR self-nominated measures to meet the public reporting requirement. For both QEs and quasi QEs it is strictly prohibited to calculate measures that include only the Medicare data.

QEs must combine the QE Medicare data with other payer claims data to calculate standard or alternative performance measures that will be included in the QE's public performance reports.

What is measure testing? Is measure testing permitted under the QE program?

Measure testing is defined as using QE Medicare data to calculate standard or alternative measures without reasonable confidence that the measure will pass statistical validity testing. Measure testing is not permitted under the QE program for public performance reports. The QE Medicare data may be used to validate standard measures that the QE intends to publically report under the QECP. However, every attempt must be made by QEs to use the QE Medicare data only to calculate measures that have previously demonstrated statistical validity. Measure testing is only permitted under the QE program to the extent it is consistent with the requirements for conducting and providing/selling non-public analyses. For more information on non-public analyses see the "Uses of Medicare Data" section of the QECP website at qemedicaredata.org.

What happens if a measure is found to be invalid?

[1] For the purposes of this tip sheet, the term "QE Medicare data" refers to the standardized extracts of Medicare Parts A and B claims data and Part D prescription drug event (PDE) data that a QE is eligible to receive under the CMS DUA.
[2] 42 CFR Part 401, Subpart G
[3] For more information on the CMS DUA go to the ResDAC website: https://www.resdac.org/request-materials/qe-data-use-agreement-dua
[4] For more information on QECP standard and alternative measures, including current lists of standard and alternative measures, visit: https://www.qemedicaredata.org

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If a measure does not pass statistical validity testing, it should not be included in the QE's public performance reports, and it should not be added to the QE's Phase 3 Measure Information Workbook. However, the QE must internally document that the QE Medicare data were used to calculate a measure for public reporting that was ultimately not publicly reported. QEs must report this list of measures, with a brief rationale, as part of their required QE Annual Report.

Publicly Reporting Medicare-Only Information

QEs may *not* calculate and report measure results based only on Medicare data (this also applies to cases where the Medicare FFS data obtained from CMS is combined with Medicare Advantage data). However, a QE may drill down into a calculated measure based on combined data (QE Medicare data with other payer claims data) and report results based only on Medicare data.

Provider Corrections and Appeals

What information must QEs send providers during the corrections and appeals process?

A corrections and appeals process is required for any reporting that identifies providers or suppliers (e.g. clinicians, clinics, facilities). During the corrections and appeals process, QEs must provide the measure name and description, methodology, and measure results to providers. Additionally, at the request of an appealing provider, QEs must also release the Medicare claims and/or beneficiary names to the provider with appropriate privacy and security protections. QEs may only provide the Medicare claims and/or beneficiary names relevant to the particular measure or measure results appealed by the provider.

The claims information provided by the QE to the appealing provider does not have to be fully identifiable. QEs must transmit claims information with the minimally necessary beneficiary identifiers to providers. De-identified information (date of service, gender, age, service, etc.) meets the requirement of providing minimally necessary information to providers upon request.

At least 60 calendar days prior to releasing a public report, QEs are required to share performance results confidentially with the providers that are being evaluated and must allow providers the opportunity to request corrections.

Quasi QEs that use Physician Compare to meet the public reporting requirement are exempt from the corrections and appeals requirement. For more information see the QCDR User Guide on the QECP website: www.qemedicaredata.org.

Use of Public Reports

Subject to any limitations imposed by other applicable laws (for example, copyright laws), QEs' publicly reported results can be used by any party, including the QE, for activities such as internal analyses, pay-for-performance initiatives, or provider tiering.

Non-Public Uses of QE Medicare Data

QEs are permitted to provide or sell QE Medicare data and analyses to certain authorized users subject to the regualtions under 42 CFR 401. For more information see the Uses of QE Medicare Data section of the QECP website: www.qemedicaredata.org.