[MONTH DD, YYYY]

[CONTACT]
[ENTITY]
[ADDRESS]
[CITY, STATE] [ZIP]

VIA EMAIL: [E-MAIL ADDRESS]

Director
Office of Enterprise Data and Analytics
Centers for Medicare & Medicaid Services
200 Independence Ave., S.W
Mail stop: 337D
Washington, DC 20001

Dear Director:

This letter outlines the understanding between the Centers for Medicaid & Medicare Services (CMS) and [ENTITY] with regard to [ENTITY]'s intent to complete the Quasi Qualified Entity (Quasi QE) Certification Review for the remaining minimum requirements:

- Ensuring data security (QECP Standard 3)
- Combining data sources (QECP Standard 2B)*
- Measure selection (QECP Standard 4)*
- Measurement methodology (QECP Standard 5)*
- Verification process (QECP Standard 6)*
- Reporting (QECP Standard 7)*
- Provider corrections and appeals (QECP Standard 8)*

Once CMS determines that Standard 3 is sufficiently met, we will request and obtain a CMS Data Use Agreement (DUA) and the Medicare Parts A and B claims data or Part D prescription drug event (PDE) data we intend to use for the performance reports.

Further, [ENTITY] agrees to complete the remaining minimum requirements listed in this document and, if CMS deems sufficient, publicly release a QE provider performance report within 12 months of receipt of the QE Medicare data received under the CMS DUA (as proposed in Attachment A).

We acknowledge that CMS has determined that we have sufficiently:

1. Completed and attached evidence in the QECP Portal for Standard 1 (all Elements except for 1E) and that Element 2A is not required for Quasi QEs.
2. Attested to the ability to meet all standards by marking "MET" or "UNMET" in the QECP secure application portal for each Element's self-assessment.
3. Signed and submitted our Letter of Commitment, which includes:

* Note: Quasi QEs are not required to submit evidence for the Phase 3 review if they only intend to publicly report measures that were included in the QCDR self-nomination process and the measures are calculated from a combined data set of CMS claims data and clinical data sources.

- Proposed timeline for completing remaining Standard requirements and public reporting—Attachment A
- Contractual Relationship Attestation—Attachment B *(if applicable)*
- QIO Attestation—Attachment C *(if applicable)*

QE Medicare data will be distributed to [ENTITY] upon successful completion of Standard 3 (Phase 2: Data Security), CMS approval of submitted CMS DUA materials, and payment of appropriate fees for the QE Medicare data. Compliant and Partially Compliant Phase 2 review outcomes do not provide a CMS endorsement nor do they validate the sufficiency of the QE's data security and privacy program for purposes outside of the QECP. QECP Phase 2 review outcomes are based solely on the information QEs provide to CMS at the time of the Phase 2 review. There is no expressed guarantee regarding the future performance of a Quasi QE, especially as new system, personnel, and environmental vulnerabilities and threats are continually evolving.

[ENTITY] may not distribute provider or public reports containing QE Medicare claims data provided under this program until the QECP team has reviewed [ENTITY]'s compliance with all of the program requirements. Upon review, if [ENTITY] does not demonstrate compliance with QECP requirements, CMS reserves the right to retract Quasi QE Certification and require [ENTITY] to destroy or return QE Medicare data.

Included as part of this letter are:

- **Attachment A**: Proposed Timeline for QECP Compliance and Public Reporting;
- **Attachment B**: Contractual Relationship Attestation (if applicable); and
- **Attachment C**: QIO Attestation (if applicable).

If the terms of this understanding are acceptable to [ENTITY], please acknowledge your agreement below and upload an executed copy of this letter to the entity's secure application portal.

ACCEPTED:

_____
Name of Entity

_____
Address of Entity

_____
Telephone Number

_____ _____
Signature of Authorized Officer Date

_____
Name and Title of Authorized Officer

Attachment A: [ENTITY]'s
Proposed Timeline for QECP Compliance and Public Reporting

Milestone	Weeks from Phase 1 Certification (example)	Weeks from Phase 1 Certification (to be completed by entity)
Phase 2 Evidence Approved^ ▪ Standard 3	24	
CMS DUA (and Optional Research DUA) Completed	32	
Data Payment Made	34	
QE Medicare Data Received	38-40	
Milestone	**Weeks from Receipt of QE Medicare Data (example)**	**Weeks from Receipt of QE Medicare Data (to be completed by entity)**
Phase 3 Evidence Approved*^ ▪ Standard 2B ▪ Standard 4 ▪ Standard 5 ▪ Standard 6 ▪ Standard 7 ▪ Standard 8	0–38	
Initiation of Provider Corrections and Appeals Process (Required 60 days before public report)	42	
First Public Report Released	52	

*Note: Quasi QEs are not required to submit evidence for the Phase 3 review if they only intend to publicly report measures that were included in the QCDR self-nomination process and the measures are calculated from a combined data set of CMS claims data and clinical data sources.
^Note: The time frame allotted for Phase 2 and Phase 3 evidence approval includes the time the Quasi QE requires to assemble and submit required evidence AND the time the QECP team requires to review the submitted evidence.

Attachment B: [ENTITY]'s
Contractual Relationship Attestation

CONTRACTUAL RELATIONSHIP ATTESTATION

Lead and Contractor or Member Organizations	
Legal Name of Lead Entity	
Trade Name/DBA	
Name(s) of Contractor or Member Organizations *(if applicable)*	
Does any organization on your team (Lead or Other) also hold a QIO contract with CMS? *(If yes, complete Attachment C – QIO Attestation)*	☐ **Yes** List Organization(s): ☐ **No**

Repeat the following two tables for each Contractor or Member Organization relevant to the entity's Quasi Qualified Entity application and program.

Attestation of Agreement with Contractor or Member Organization	
Legal Name of Contractor or Member Organization	
Trade Name/DBA	
Description of Contractual Relationship General description of agreements in place between the lead entity and other contractor or member organizations (as applicable).	
Effective dates (start and end) on agreement	
The partner noted above will be responsible for or involved in meeting compliance for the following QECP Standards:	

Attachment B: [ENTITY]'s
Contractual Relationship Attestation

Affirmation Statements

The lead entity must attest to the following statements with regard to each Contractor or Member Organization (as applicable) by answering each statement.

STATEMENT	YES	NO
Contractor or Member Organization is willing to sign a Qualified Entity Certification Program (QECP) Data Use Agreement (DUA).		
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.		
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.		

Signature

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.

Authorized Representative Name (printed) _____

Authorized Representative Title (printed) _____

Signature_____ Date _____

Phone_____

Attachment C: Quality Improvement Organization (QIO) Attestation

CMS QUALITY IMPROVEMENT ORGANIZATION 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 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 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; and
- 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 QE team that holds a QIO contract with CMS. If none, you are not required to submit Attachment C.

QIO Demographics	
Name of Entity Recognized as a QIO (lead entity or partner/collaborator as part of the QE team)	
State(s) for which Entity Functions as a QIO	
QIO Contact within the Entity (name, title, email address, phone number)	
QIO Contact within CMS (name, title, email address, phone number)	

QIO Affirmation Statements	
We agree to maintain distinct and separate representation between QE and QIO activities. We will not represent 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 QE program, including funds or resources for operating the QIO Standard Data Processing Systems (SDPS). QE-obtained Medicare data will not be stored on the SDPS.	☐ **Yes** ☐ **No**
If approved as a Certified QE (or a member of a Certified 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-OAGM.	☐ **Yes** ☐ **No**

Attachment C: Quality Improvement Organization (QIO) Attestation

Signature

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 C-1; and the entity will comply with all terms and conditions of the affirmation statements mentioned on pages C-1 through C-2.

(Authorized Representative for QIO and Quasi QE Entity)

Name (printed) _____

Title (printed) _____

Email Address (printed) _____

Signature_____ Date _____

Phone_____