CMS Data Transparency Activities

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The Early Morning Angst of the MLGF

Introduction

- CMS is the largest single payer for health care services in the US

- 2.5 billion claims submitted annually

- Significant additional data sources on the way
  - EHRs
  - Medicare Advantage encounter data
  - Marketplace/Medicaid expansion data

- Receive billions of other "non-claim" data points

- CMS (and other payer) data seen as critical enabler and driver of health system transformation

- Trusted to protect beneficiary privacy

Rules of the Road

- CMS must balance multiple competing interests and sensitivities regarding data release practices to protect beneficiary privacy

- Legal authorities serve 2 functions:

  1. Authorize or allow CMS to release data to a specific entity for a specific purpose

  2. Place restrictions on the type of data that can be disclosed and to whom (Privacy Act of 1974 & HIPAA)

- All external data users are expected to sign a Data Use Agreement (DUA) which establishes approved uses of the data and informs the user of penalties associated with misuse of the CMS data

- CMS also conducts a data security review before disclosing data (waived for covered entities and other federal agencies)

Did I Mention Privacy!!!!

- As stewards of the data, CMS has a responsibility to carefully protect beneficiaries' sensitive personal and health information

- Must ensure that public use files (PUFs) are complaint with:

  - HIPAA's de-identification rules (since CMS is a covered entity under HIPAA) – Two methods of de-identification are allowed under HIPAA:

    - Safe harbor

    - Expert determination

  - CMS privacy policy – "No cell (e.g. admittances, discharges, patients, services) 10 or less may be displayed. Also, no use of percentages or other mathematical formulas   may be used if they result in the display of a cell 10 or less"

Why Transparency?

Walking the Data Transparency Walk

(not just talking the talk!)

- CMS is making more program data available in multiple formats to spur innovation and let the private sector leverage the data to its greatest potential

- CMS Data Navigator:
  - One-stop shop for finding CMS data on our website
  - Simple point-and-click interface
  - Nearly 300 active data sources
- Hospital Charge Data
- Physician Data
- Geographic Variation Data
- Chronic Condition Data
- Open Payments Data
- And more……..

Available at: http://dnav.cms.gov

Recent High Profile CMS Data Releases

- Three datasets that summarize utilization, payments, and charges for procedures and services provided to Medicare fee-for service beneficiaries

Dataset	Key Variable(s)	Years	# of Providers	# of Records	# of Views
Hospital Inpatient Stays	DRG	FY2011 & FY2012	3,000+ Hospitals	Over 155,000	390,000 (since May 2013)
Hospital Outpatient Visits	APC	CY2011 & CY2012	3,000+ Hospitals	Over 40,000	99,000 (since June 2013)
Services Delivered by Physicians and Other Suppliers	HCPCS, Place of Service	CY2012	880,000+ Individual Providers	Over 9M	400,000 (since March 2014)

"A Miracle of Competence in Government"

You've GOT to Start Somewhere Regardless of What "Conventional Wisdom" Says

Brendan Behan (1923-1964) "Critics are like eunuchs in a harem"

Average Hospital Inpatient Charges for MS-DRG 470 (FY2011)

National average = $50,116

Great Falls, MT
$33,443

Elmira, NY
$25,399

Alameda County, CA
$131,112

Charlotte, NC
$50,682

Gulfport, MS
$77,912

Legend:
- < $36,074
- $36,074 – $43,847
- $43,848 – $52,739
- $52,740 – $64,536
- > $64,537

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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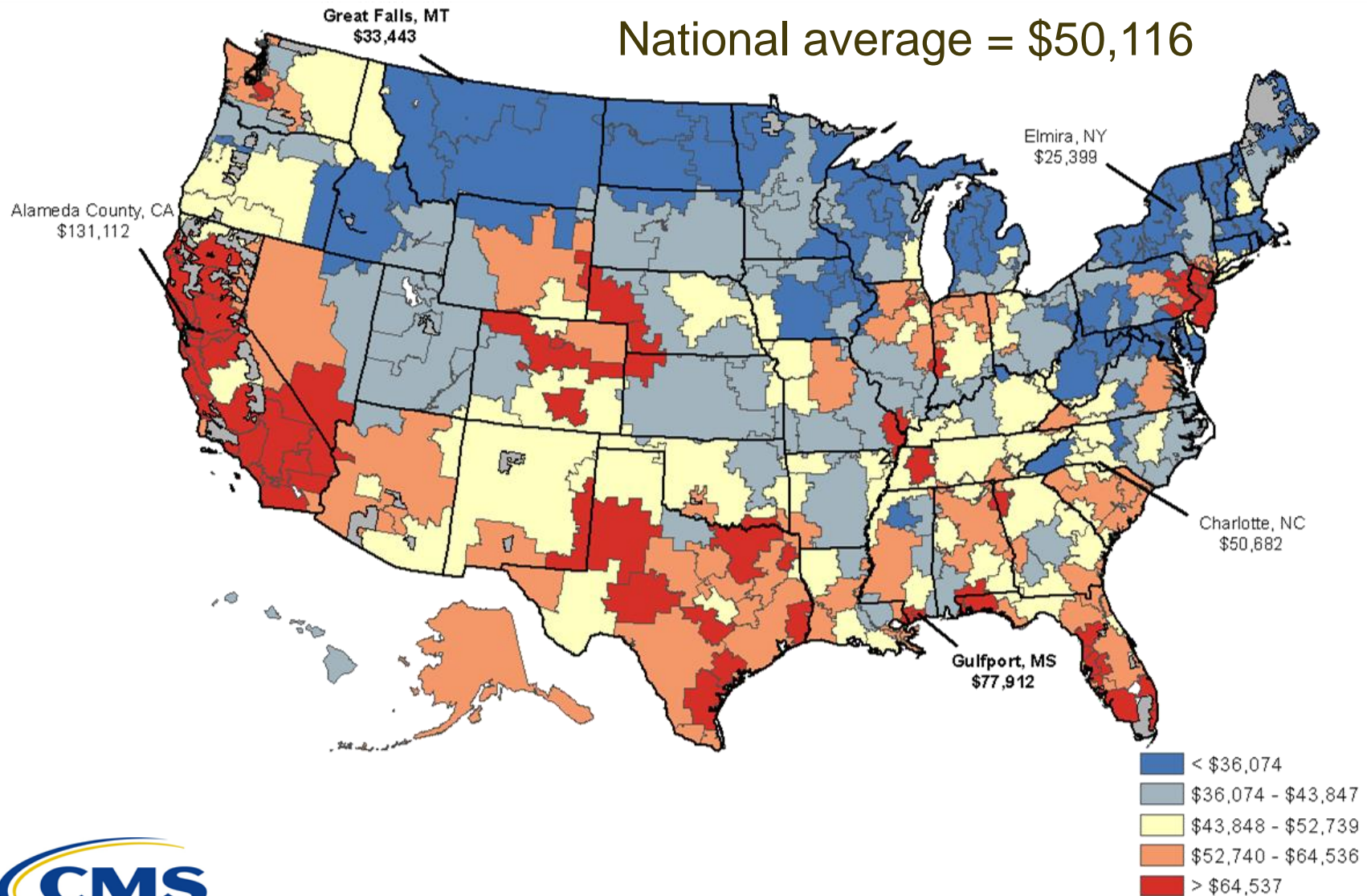
Change in Average Hospital Inpatient Charges for MS-DRG 470 from FY11 to FY12

National average = $2,116

Legend:
- $-6,252 to $-1,113
- $-1,113 to $1,479
- $1,479 to $3,384
- $3,384 to $7,058
- $7,058 to $12,913
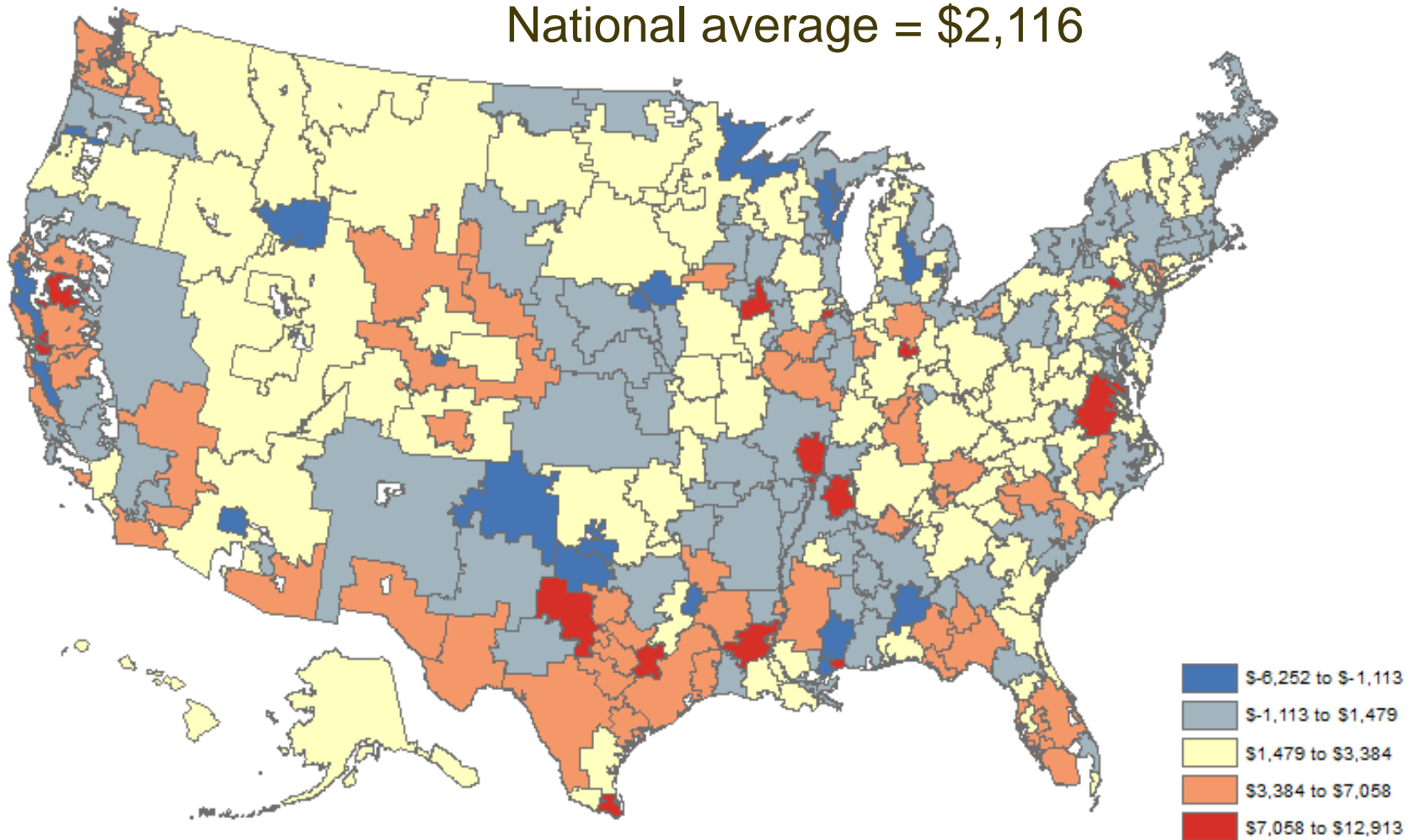
Physician Utilization Data

- Don't just dump raw data on the web!

- Search for a provider by name, address, or National Provider Identifier (NPI)

- Tool returns information about the services the provider furnished to Medicare beneficiaries

Leith A Abdulla, M.D.

HOWARD UNIVERISY HOAPITAL
WASHINGTON, DC

NPI: 1861606782
Provider Type: Internal Medicine

Entity Type: Individual

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Electrocardiogram complete
HCPCS Code: 93000 — Place of Service: Office

90 Number of Services	69 Number of Beneficiaries	$80 Average Submitted Charge	$20.75 Average Medicare Allowed Amount	$16.6 Average Medicare Payment

Electrocardiogram report
HCPCS Code: 93010 — Place of Service: Facility

72 Number of Services	57 Number of Beneficiaries	$32.28 Average Submitted Charge	$8.85 Average Medicare Allowed Amount	$6.98 Average Medicare Payment

Cardiovascular stress test
HCPCS Code: 93016 — Place of Service: Facility

38 Number of Services	38 Number of Beneficiaries	$82 Average Submitted Charge	$23.28 Average Medicare Allowed Amount	$18.62 Average Medicare Payment

Cardiovascular stress test
HCPCS Code: 93018 — Place of Service: Facility

38 Number of Services	38 Number of Beneficiaries	$57 Average Submitted Charge	$15.79 Average Medicare Allowed Amount	$12.63 Average Medicare Payment

Open Payments

- New data product that shows financial relationships between the health care industry, and physicians and teaching hospitals

- Data set (released Sept 30th, 2014) contains 4.4 million payments valued at nearly $3.5 billion attributable to 546,000 individual physicians and almost 1,360 teaching hospitals
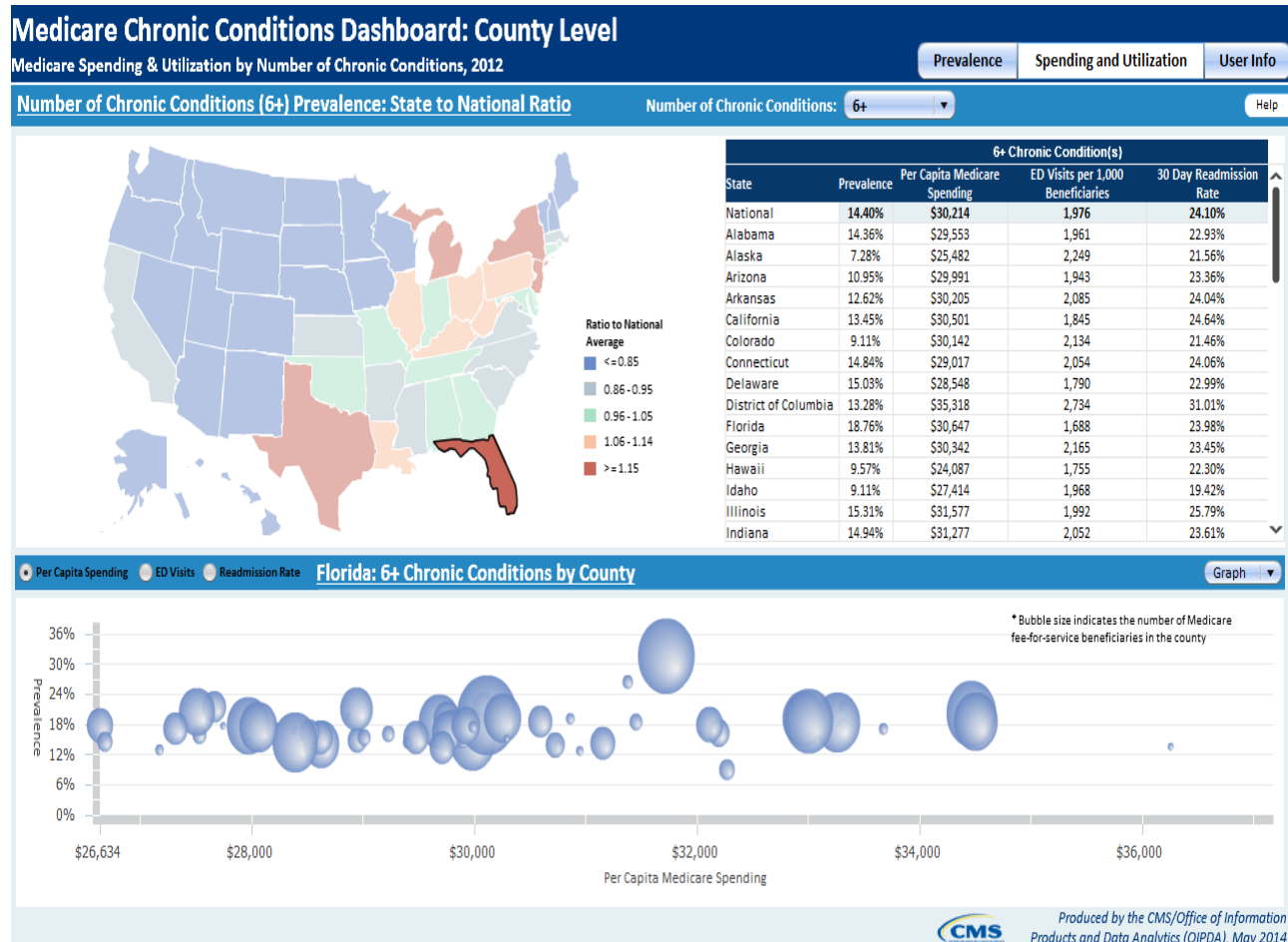
State, County, and HRR Data Products

- Public Use Files (PUFs) and interactive dashboards with aggregated indicators at the state, HRR and county level on:
  - Chronic conditions
  - Geographic variation in spending and quality

- Based Medicare claims data for beneficiaries enrolled in FFS

Data Dissemination Activity

- CMS is routinely and safely sharing data to support the transformation of the delivery system

  - Accountable Care Organizations (ACOs)

  - Qualified Entities (QEs) – Medicare Data Sharing for Performance Measurement Program

  - Researchers

  - States (both care coordination and research)

  - Quality Improvement Organizations (QIOs)

  - CMS demonstrations – Innovation Center grantees (e.g., Health Care Innovation Awardees)

  - CMS has also allowed beneficiaries full and open access to their Medicare claims data through the Blue Button Initiative

Virtual Access to CMS Data (aka "The Future")

ACCESS
- Researchers use own laptop to securely access data remotely
- Increases efficiency of data sharing and reduces infrastructure costs for data users

SECURITY
- No shipping of data on external media
- Users only see data files with the data they need to conduct their project
- CMS can track and monitor use of the data

PRIVACY
- Users may only remove aggregated output files; no granular identifiable output may be taken out
- CMS encrypts all beneficiary identifiers
- CMS can encrypt physician identifiers

DATA & ANALYSIS
- Users can perform their own analyses and data manipulation in the virtual environment
- Secure File Transfer System allows users to upload their own data and download output files efficiently and securely

State Agency Research Requests

- Streamlined research request process tailored specifically to state's requests

- States may request Medicare data, updated as frequently as quarterly, for all beneficiaries in their state

- If a state agency chooses to "opt-in" to data sharing, the agency may:

  ○ Reuse the data for additional research (beyond the research activities specified in their initial data request)

  ○ Further disseminate the data to other state agencies who are conducting research or to other entities conducting research that is directed and funded by the state

- Requests are still submitted through ResDAC (www.resdac.org)

Transparency is……

- INEVITABLE (its already here)

- WAY HARDER THAN MOST PEOPLE REALIZE

  - Both Internal and External Barriers

  - Cultural Resistance

  - What if the data is wrong?

  - Legal Restrictions

- VERY MUCH A WORK IN PROGRESS

  - How do we measure impact?

  - How do we know what works?

  - Who is the audience?