

Data Collection for Resources Used in Furnishing Global Services

Prepared by the RAND Corporation

June 27, 2016

Purpose: In Section 523 of MACRA, Congress required the Centers for Medicare & Medicaid Services (CMS) to develop and implement a process to gather and analyze the necessary data on pre- and post-operative visits and other services furnished during global surgical periods other than the surgical procedure itself (“global services”). The data collected through this process would ultimately inform the valuation of global surgical packages. CMS asked RAND to collect and analyze data on (a) the number and level of global services furnished in conjunction with surgical procedures with 10-day and 90-day global periods, and on (b) the activities and inputs involved in furnishing these services.

Background: For many surgical procedures, CMS currently bundles payment for global services within ten or ninety days of the surgical procedure (and in the case of procedures with a 90-day global period, on the day prior to the procedure) with payment for the procedure itself. Because global services often account for a large share of the valuation of surgical global packages, incorrect or incomplete estimates of the number and level of global services associated with a surgical procedure may result in misvalued surgical procedures and over or under-payment – on average – practitioners for specific procedures. This study will collect and analyze data on when and how many global services are furnished and which activities and resources are involved in delivering these services.

We note that conducting this study and the details of the study, if conducted, are dependent on the outcome of the CMS rulemaking process. CMS proposes to conduct this study in the calendar year (CY) 2017 physician fee schedule (PFS) proposed rule. Final action on this study is expected to be taken in the CY 2017 PFS final rule. The actual study will be based on CMS final action.

Study Approach: RAND will collect and analyze data on global services during this two-year project. The data collection and analysis effort has two major components. First, RAND will analyze claims data using a set of no-pay codes that are currently under development to describe the number and level of global services furnished around surgical procedures. Second, RAND will collect primary data – including data from a survey fielded to practitioners – on the activities and resources involved in delivering global services.

Claims data analysis: RAND will analyze the number and level of pre and post-operative visits furnished during global periods using no-pay procedure codes associated with bills for surgical procedures with 10- and 90-day global periods. The claims data analysis will include data from all practitioners required to report the no-pay codes. As an initial step, no-pay codes will be linked to billed surgical procedures using provider ID and date of service. Complex cases – for example when a practitioner furnishes multiple surgical procedures with overlapping global periods to the same patient– will be excluded from the main analysis and studied separately. The final results from the claims data analysis will include the observed number and level of visits associated with individual surgical procedures as well as a summary of the differences in the number and level of visits across practitioner specialty, place of service, and procedure code group. We expect that the data collection effort will allow analysis of the number and level of

visits associated with most individual surgical procedures (by HCPCS code). We will use prediction models to impute the number and level of visits for the lowest volume procedure codes.

Provider survey and other primary data collection: RAND will survey a representative sample of practitioners, stratified by specialty, who billed above a threshold number of procedures with 10 and 90-day global periods in 2016. A target of 5,000 respondents will be asked to report on the activities, time, and resources involved in furnishing about 20 pre and post-operative visits over a fixed period of time, such as a two-week reporting period. We expect that practitioners and their clinical support staff will respond to the survey. The data collected through the survey on the specific activities, time, and resources involved in furnishing global services – and on how these characteristics of global services vary across specialties, clinical settings, and other dimensions – will provide important contextual detail beyond what is available through claims data alone. RAND will separately sample practitioners participating in Accountable Care Organizations (ACOs) to participate in the survey. As part of the survey development process, RAND will interview practitioners that do and do not participate in ACOs. RAND will also conduct direct observation of post-operative care in approximately five pilot sites.

Findings from the two study components will be integrated in a final report on global services to CMS and made publicly available.