CMS Data and Information Products
Data has traditionally been viewed as more of a by product of CMS operations than a core function

At the leading edge of a new wave of uses of CMS data and types of CMS data users with accompanying increases in data volume and data interchange

In June 2012, CMS announced the creation of a new office, the Office of Information Products and Data Analytics (OIPDA), to take the lead in making data use and dissemination a core function of the agency – key functions of OIPDA include:

- Employing advanced analytics to create actionable information products
- Establishing new policies to support external use of CMS data, while maintaining appropriate beneficiary protections
- Expanding internal use of data and analytics to inform policy decisions and evaluate programs
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.

Public use files and interactive dashboards at the state, HRR, and county level on:
- Chronic conditions
- Geographic variation in spending and quality
Since May 2013, CMS has released several datasets that summarize utilization, payments, and charges for procedures and services provided to Medicare fee-for-service beneficiaries:

- Hospital inpatient stays – 190,000 downloads since May 2013
- Hospital outpatient visits – 27,000 downloads since June 2013
- Services delivered by physicians and other suppliers – 44,000 downloads since March 2014

All data releases accompanied by detailed documentation including a methodology paper and FAQs.

Any row based on <11 beneficiaries is suppressed to protect beneficiary privacy.
Provider Utilization and Payment Data Details

- **Hospital Inpatient**
  - Years: FY2011 and FY2012
  - Segmentation variables: National Provider Identifier (NPI) and Diagnostic Related Group (DRG)

- **Hospital Outpatient**
  - Years: CY2011 and CY2012
  - Segmentation variables: NPI and Ambulatory Payment Classification (APC)

- **Physician and other supplier**
  - Years: CY2012
  - Segmentation variables: NPI, Healthcare Common Procedure Coding System (HCPCS) code, and place of service (i.e., facility vs. office indicator)
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
  - Others
    - States for care coordination purposes
    - 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
Monthly Data Feeds for ACOs

● CMS is sending near real-time data to Accountable Care Organizations (ACOs) for patients enrolled in ACO

● Include beneficiaries entire claims history, including all service types, procedures and supplies.

● Opportunity for private sector to help ACOs transform the data to clinical information
Qualified Entity Program

● Section 10332 authorizes the release of Medicare Parts A, B, and D claims data to qualified entities for performance evaluation of providers

● Qualified entities must combine the Medicare claims data with other claims data

● Qualified entities must report measure results publicly after allowing time for providers to review the results and request correction of errors
  ○ Standard measures: NQF measures or those used in a CMS program
  ○ Alternative measures: approved through stakeholder consultation or
The Chronic Condition Warehouse (CCW) is CMS’ research data warehouse designed to support external researchers and internal CMS research and analytic functions.

Unique beneficiary ID allows user to link data across all CCW data – including:

- Medicare beneficiary demographics and enrollment (1999-current)
- Medicare fee-for-service (FFS) claims (1999-current)
- Medicare Part D event data (2006-current)
- Medicaid eligibility and claims (1999-2010)
- Medicare-Medicaid linked files (2006-2009)
- Assessment data (instrument inception-current)

New data access method: Virtual Research Data Center (VRDC)
VRDC Benefits

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