

# Medicare Provider Utilization and Payment Data

## DMEPOS PUF: Frequently Asked Questions

Updated: May 7, 2018

### **Is the allowed amount in the Referring Provider DMEPOS PUF the amount that a Medicare beneficiary actually pays for the service?**

No. This figure includes the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying. For most services, beneficiaries are responsible for a cost sharing amount for services furnished under Medicare Part B. After meeting the deductible, beneficiaries pay 20 percent of the allowed amount for the service. Some beneficiaries have supplemental coverage that covers their share of the cost of each service. The Medicare payment amount, also provided in the Referring Provider DMEPOS PUF, reflects only the amount that Medicare pays and excludes any amounts that the beneficiary and/or third party are responsible for paying.

### **Does anyone actually pay the submitted charges in the Referring Provider DMEPOS PUF?**

In the private market, patients with comprehensive coverage often do not pay full charges because insurance companies negotiate better payment rates for their policy holders. Conversely, individuals with inadequate or no insurance coverage could be billed the full charge for the service or procedure. These individuals might not be able to take advantage of a lower payment rate negotiated by a private insurance company. The Medicare fee-for-service program sets payment rates for covered services.

### **Don't physicians and other healthcare professionals have a privacy interest in the data in the Referring Provider DMEPOS PUF?**

Prior to deciding to release physician and other healthcare professional's payment information, as required by the FOIA and case law interpreting FOIA Exemption 6, CMS weighed the privacy interests of providers and other health care professionals and the public's interest in shedding light on Government activities and operations and has determined that the public's interest outweighs the privacy interests. For more information on this determination, please see CMS's letter to the AMA, available here: [http://downloads.cms.gov/files/Madara\\_Final\\_Signed.pdf](http://downloads.cms.gov/files/Madara_Final_Signed.pdf)

### **What do I do if I think I've identified fraud in the Referring Provider DMEPOS PUF?**

CMS is committed to the prevention and detection of fraud and abuse in the Medicare program and partners with numerous entities in this endeavor, including federal and state law enforcement agencies, the HHS Office of Inspector General, and the U.S. Department of Justice, among others. If you suspect a potential case of Medicare fraud or abuse, please visit <https://www.medicare.gov/forms-help-and-resources/report-fraud-and-abuse/fraud-and-abuse.html> for information on how to report it.

### **How are you protecting beneficiary privacy in the Referring Provider DMEPOS PUF?**

CMS takes beneficiary privacy very seriously, and will not release any personally identifiable information about beneficiaries. To further protect beneficiary identities and safeguard this information, CMS has redacted all data elements from this file where the data element represents fewer than 11 claims.

### **What is the source for the Referring Provider DMEPOS PUF?**

The primary data source for the Referring Provider DMEPOS PUF is CMS administrative claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), a database with 100% of Medicare enrollment and fee-for-service claims data. Claim counts, supplier counts, service counts, supplier charges, Medicare allowed amounts and payments and the supplier rental indicator are summarized from Part B non-institutional claims processed through DMEPOS Medicare Administrative Contractor (MAC) Jurisdictions (NCH Claim Type Codes '81', '82'). For additional information on the CCW, visit [www.ccwdata.org](http://www.ccwdata.org).

Referring Provider demographics are also incorporated in the Referring Provider DMEPOS PUF and include name, credentials, gender, complete address and entity type from the National Plan & Provider Enumeration System (NPPES), which CMS developed to assign unique identifiers, known as National Provider Identifiers (NPIs), to health care providers. The health care provider's demographic information is collected at the time of enrollment and updated periodically. For additional information on NPPES, please visit <https://nppes.cms.hhs.gov/>.

### **How did CMS calculate the values in the Referring Provider DMEPOS PUF?**

The spending and utilization data in the Referring Provider DMEPOS PUF are aggregated to the following: the NPI for the referring provider, the Healthcare Common Procedure Coding System (HCPCS) code from DMEPOS supplier claims, and the supplier rental indicator (value of either 'Y' or 'N') derived from HCPCS code modifiers on DMEPOS supplier claims. There can be multiple records for a given referring NPI based on the number of distinct HCPCS codes that are billed by DMEPOS suppliers. Furthermore, there can be multiple records for the same HCPCS code in cases where both rental and purchase of a product has been referred by the NPI. Data has been aggregated based on the supplier rental indicator because separate fee schedules apply for rental versus purchase of products. HCPCS codes identify the medical products and services furnished by physicians and other healthcare professionals. For additional information on HCPCS codes, visit <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>

### **When I open the Referring Provider DMEPOS PUF in Excel, I get an error, why?**

The Referring Provider DMEPOS PUF contains approximately 2 million lines of data. As a result, this file is too large to be opened in Excel and must be imported into a large data analysis software tool. A SAS® read-in statement is supplied for users of SAS® software.

### **Does the Referring Provider DMEPOS PUF contain information for beneficiaries in Medicare Advantage? What about Medicaid beneficiaries?**

No, the Referring Provider DMEPOS PUF only includes claims submitted under the Medicare fee-for-service program. The file does not include claims from commercial payers or Medicaid.

### **Can I link the Referring Provider DMEPOS PUF to other data CMS releases or other public data?**

When linking data from this file to other public datasets, please be aware of the particular Medicare populations included and timeframes used in each file that will be merged. For example, efforts to link the Referring Provider DMEPOS PUF data to the Physician and Other Supplier PUF data would need to account for the fact that some providers (e.g. nurse practitioners/physician assistants) may refer DMEPOS products and services but may not render services as the performing NPI in the Physician and Other Supplier PUF. Also, efforts to link the Referring Provider DMEPOS PUF data to Part D prescription

drug data would need to account for the fact that some beneficiaries who have FFS Part B coverage (and are thus included in the Referring Provider DMEPOS PUF) do not have Part D drug coverage (and thus not represented in Part D data files). At the same time, some beneficiaries that have Part D coverage (and are thus included in the Part D data) do not have FFS Part B coverage (and thus not included in the Referring Provider DMEPOS PUF). Another example would be linking to data constructed from different or non-aligning time periods, such as publically available data on physician referral patterns, which is based on an 18-month period.

### **Why hasn't CMS included information on quality in the Referring Provider DMEPOS PUF?**

CMS has started publishing quality-of-care ratings for Group Practices on Physician Compare at <http://www.medicare.gov/physiciancompare/>. Ratings for individual physicians and other healthcare professionals will be added in the future.

### **Does the Referring Provider DMEPOS PUF include non-physician practitioners, such as nurse practitioners?**

Yes, you can filter on the `referring_provider_type` variable to identify specific provider types such as nurse practitioners.

### **Does the average Medicare payment amount field in the Referring Provider DMEPOS PUF need to be adjusted?**

No, the `avg_supplier_Medicare_pmt_amt` represents the average amount that Medicare paid after deductible and coinsurance amounts have been deducted for the given line item DMEPOS service.

### **Why does the average Medicare payment amount differ across referring NPIs for the same HCPCS code in the Referring Provider DMEPOS PUF?**

The data in the Referring Provider DMEPOS PUF is aggregated to the following: the referring provider NPI from DMEPOS supplier claims, the Healthcare Common Procedure Coding System (HCPCS) code from DMEPOS supplier claims, and the supplier rental indicator (value of either 'Y' or 'N') derived from HCPCS code modifiers on DMEPOS supplier claims. The average Medicare payment amount reflects the average amount that Medicare paid (after deductible and coinsurance amounts have been deducted) to suppliers for the DMEPOS line item service. The average Medicare payment for a given HCPCS code can vary based on a number of factors, including modifiers and geography: Modifiers: Medicare may pay a different amount from the standard payment by HCPCS code when a modifier is included on a claim. While we have accounted for modifiers identifying the rental versus purchase of DMEPOS products by aggregating payments for these separately, other modifiers that may impact payments have not been accounted for in the Referring Provider DMEPOS PUF. Geography: Medicare makes adjustments for most services based on an area's cost of living.

### **Where can I find the standard payment by HCPCS code to compare to the data in the Referring Provider DMEPOS PUF?**

For standard payment and allowed amount by CPT/HCPCS code, please refer to DMEPOS Fee Schedule: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/index.html>.

### **Can I use the data in the Referring Provider DMEPOS PUF to create graphics, applications, or tools?**

Yes, this data is public information.

**In the Referring Provider DMEPOS PUF what is the definition for the line\_srvc\_cnt variable?**

The line\_srvc\_cnt reflects the number of services provided and is based off the units count from the claim lines.

**In the Referring Provider DMEPOS PUF how are averages calculated for the avg\_supplier\_Medicare\_allow\_amt, avg\_supplier\_submitted\_charge, and avg\_supplier\_Medicare\_pmt\_amt variables?**

Service counts may be calculated in different ways. For most DMEPOS services, the line\_srvc\_cnt reflects the actual count of “events”. However, in some cases, the line\_srvc\_cnt reflects something other than the number of individual services. For Part B drugs, the line\_srvc\_cnt reflects the weight or volume of the drug.

**The documentation for the Referring Provider DMEPOS PUF indicates that for the line\_srvc\_cnt the metrics used to count the number provided can vary from service to service; is there a way to get more information on how the metric varies?**

Service counts may be calculated in different ways. For most DMEPOS services, the line\_srvc\_cnt reflects the actual count of “events”. However, in some cases, the line\_srvc\_cnt reflects something other than the number of individual services. For Part B drugs, the line\_srvc\_cnt reflects the weight or volume of the drug.

**My physician has two practice locations. Can I use the Referring Provider DMEPOS PUF to figure out the total amount paid to her for each location?**

No, the Referring Provider DMEPOS PUF does not allow users to distinguish between services delivered at different practice locations.

**What is the population included in the Referring Provider DMEPOS PUF?**

The Referring Provider DMEPOS PUF includes aggregated data for providers referring DMEPOS products and services that are rendered by suppliers. The data is restricted to referring providers with a valid NPI. To protect the privacy of Medicare beneficiaries, any aggregated records which are derived from fewer than 11 claims are excluded.