

**1. What is Data Compare?**

Data Compare is a service offered by CMS to help states reduce their screening and revalidation workload. It identifies providers who are dually enrolled in both Medicare and Medicaid and have already undergone Medicare screening. States can rely on this existing Medicare screening for these providers, instead of conducting separate state screening, particularly during revalidation. This allows states to remove the screening of dually enrolled providers from their revalidation workload, helping them meet revalidation deadlines more efficiently. Additionally, it enables states to redirect resources toward more value-added activities, such as strengthening program integrity efforts.

**2. How does Data Compare work?**

The state provides a Medicaid provider enrollment data extract to CMS. CMS then returns information identifying which providers have already undergone Medicare screening. Federal regulation allow states to rely on Medicare's screening in place of conducting their own screening. CMS has issued guidance in the [Medicaid Provider Enrollment Compendium<sup>1</sup> \(MPEC\)](#) that outlines how states can use Medicare enrollment data to rely on Medicare's screening process.

This guidance uses data points from both the Medicaid provider file and the Medicare enrollment file to confirm whether a provider is enrolled in both programs. The Data Compare process applies this guidance systematically to a state's entire enrollment file. It systematically identifies providers that meet the criteria to be considered the "same provider," and thus have already been screened by Medicare.

If a provider is approved by Medicare and has undergone screening, the state can skip conducting its own screening. The state may also document this provider as successfully screened in their system for tracking such actions. Data Compare also ensures the state complies with required database checks as part of the screening process. These checks verifying the provider's information against the National Plan and Provider Enumeration System (NPPES), the Data Exchange (DEX) system, the Office of Inspector General (OIG) exclusion list, and the Death Master File (DMF).

If a state fails to remove a provider who is found in one of these databases, Data Compare can identify the provider, allowing the state to take appropriate corrective action.

While states can rely on Medicare's screening results to satisfy the screening requirements in 42 CFR Part 455, Subpart E, they are still required to complete all other enrollment activities, including collecting disclosures under 42 CFR §§ 455.104, 455.105, and 455.106. Data Compare can help identify providers already screened by Medicare, but states must still collect ownership disclosures as part of the revalidation process, regardless of whether the provider is dually enrolled or not.

**3. What are the limitations of Data Compare?**

As outlined in Table 1 on page 54 of the MPEC, states must match various data elements for both individual and organizational providers across all risk categories in order to rely on Medicare's screening. Data Compare matches the name, NPI, and SSN to provide exact matches for individual

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<sup>1</sup> Medicaid Provider Enrollment Compendium (MPEC) pages 51-58:  
<https://www.medicare.gov/media/123411>

providers in the “limited” risk category. This is particularly useful for states, as the majority of their provider populations fall into this category.

For “moderate” and “high” risk individuals or organizational provider types, the state must match additional criteria, which may include variations in how information is captured by both Medicaid and Medicare—such as practice location addresses and ownership details for 5% or greater owners. Due to these variations, Data Compare cannot make exact matches for these providers. However, it still provides the state with the relevant Medicare enrollment information, enabling the state to identify which providers have already been screened by Medicare. The state can then manually verify practice location and ownership information to ensure it matches what was reported to Medicare.

Table 1: Minimum Required Data Elements to Compare *for a Positive Match*

|                         | Risk Category          | Name <sup>1</sup> | NPI | SSN <sup>2</sup><br>(Last 4 digits) | TIN | Practice Location(s) | All 5% or more owners <sup>2</sup> |
|-------------------------|------------------------|-------------------|-----|-------------------------------------|-----|----------------------|------------------------------------|
| Individual Provider     | “Limited”              | X                 | X   | X                                   |     |                      |                                    |
|                         | “Moderate”             | X                 | X   | X                                   |     | X                    |                                    |
|                         | “High”                 | X                 | X   | X                                   |     | X                    |                                    |
| Organizational Provider | “Limited”              | X                 |     |                                     | X   |                      | X                                  |
|                         | “Moderate”             | X                 |     |                                     | X   | X                    | X                                  |
|                         | “High” <sup>3, 4</sup> | X                 |     |                                     | X   | X                    | X                                  |

#### 4. What information is required from the state for Data Compare?

The state must submit its entire active provider population, including the following required data elements: the provider’s name, National Provider Identifier (NPI), Social Security Number (SSN), Tax Identification Number (TIN), practice address, and, if applicable, information about 5% or greater owners (if the state can provide this data electronically).

#### 5. Where can I locate and submit the intake sheet to begin the Data Compare?

The Data Compare Intake Template can be downloaded from the 'Files' tab in DEX and submitted via the 'Upload File' option under the same tab. To access DEX, log in at <https://portal.cms.gov> using your DEX credentials.

#### 6. How can the Data Compare results be used by the state?

Once complete, CMS returns the full results and a summary dashboard to the state. The dashboard will show the number of providers successfully matched between the two programs and highlight any providers requiring immediate action, if applicable (e.g., an active provider found on the OIG’s exclusion list). The results allow the state to sort providers based on their revalidation or screening status by Medicare, identifying those who may need action, such as termination due to another state’s termination, OIG exclusion, or a match on the DMF.

Once the state has the roster of providers matched with Medicare data, they can remove these providers from their revalidation screening workload by marking them as screened by Medicare in

their tracking system. CMS has observed match rates as high as 80% in some states, meaning that 80% of the provider population would not need revalidation screening by that state.

**7. Is there a cost for submitting the Data Compare?**

No, the Data Compare is a free service provided by CMS to the states.

**8. How long will it take to receive my results?**

The typical turnaround time is 3-4 weeks from the date CMS receives the state's data.

**9. What is the success rate of states that have utilized Data Compare?**

Of the states that have used the Data Compare service, CMS has observed matching rates between Medicare and Medicaid ranging from 40% to 80%.

**10. Can Data Compare be tailored to meet my specific needs?**

Yes, the Data Compare can be customized to meet the specific screening needs of any state. For example, a state may choose to submit only a particular provider type instead of their entire active provider population. Other options include submitting only ownership information for comparison against the DMF, OIG's exclusion list, or DEX's adverse actions report.