



Medicare Fee for Service Data FAQs

What Medicare data does the CO APCD include?

The APCD received its first Medicare Fee for Service (FFS) claims data in 2014. Medicare FFS (Parts A, B & D) claims information for 2009-2013 are now available, within the limits set by the Centers for Medicare & Medicaid Services (CMS). Claims can be used to support research under the terms of the State Agency Data Use Agreement and through CIVHC’s data release process. These claims are also available on the Cost/Utilization Reporting portion of www.comedprice.org. The inclusion of Medicare data added approximately 650,000 lives to the database and is an important step towards realizing the vision of the APCD as the most complete source of claims information available for Colorado.

What do “State Agency” and “Qualified Entity” mean?

There are two ways an organization can be designated to receive and distribute Medicare data, the State Agency research request process and the Qualified Entity certification program. Each method has specific reporting requirements and restrictions – outlined below.

How does CIVHC access and distribute Medicare data?

CIVHC releases Medicare data under the state agency research provision by being delegated the APCD Administrator by the Colorado Department of Health Care Policy and Financing. CIVHC investigated both avenues extensively to determine which to take – this document is a result of that research and our collaborations with the [Research Data Assistance Center](#) (ResDAC) at CMS and the [Network for Regional Healthcare Improvement](#) (NRHI).

Are there restrictions or requirements regarding the Medicare data that CIVHC provides?

If the request meets all necessary requirements, CIVHC can provide Medicare-only data sets or we can combine the Medicare data with other payer types such as Medicaid or commercial. Limited and Identifiable data sets are subject CMS data use requirements.

	State Agency Request	Qualified Entity
Lead Organization	HCPF, delegating to CIVHC as APCD Administrator	CIVHC
CMS Authority	Policy initiative	ACA section 10332
Who Can Apply	[A] single state agency will request Medicare data from CMS to fulfill their research purposes for a broad range of activities and programs...The requesting agency will be able to reuse the data for additional research, and will be able to further disseminate the data to other state agencies or entities conducting research that is directed and/or funded by the state. The requesting state agency will sign a single Data Use Agreement (DUA) for the data, eliminating the need for the state to sign a DUA for each distinct research-related use of the data. Instead, the requesting agency will be required to contractually bind all recipients of CMS’ protected health	To be eligible to participate in the program, an applicant (either itself or through contracts with other entities) must have experience in a variety of tasks related to the calculation and reporting of performance measures, including combining claims data from different payers, designing performance reports, sharing performance reports with the public, working with providers and suppliers regarding requests for error correction, and ensuring the privacy and security of data. Applicants must have access to claims data from other sources to combine with the Medicare data in the evaluation of providers and suppliers, and strong systems to ensure the data are secure and protected. ²

	State Agency Request	Qualified Entity
	information to the terms of the DUA related to use, re-use, and re-disclosure of the data. ¹	
Contact Info³	http://www.resdac.org	http://www.qemedicaredata.org
DUA⁴	Link to DUA	Link to DUA
Application Requirements⁵	Link to Application Requirements	Link to Application Requirements
Fee⁶	Yes	Yes
Timeline/Funding Period⁷	N/A	3 year approval process
Medicare Data⁸	Minimum necessary	Parts A, B, & D+ enrollment
Medicaid Data⁹	Minimum necessary	No
Data Source¹⁰	Chronic Condition Warehouse	Chronic Condition Warehouse
System of Record #	09-70-0573	09-70-0573
Identifiable vs Limited Data Set¹¹	Identifiable	Identifiable
Data Refresh Cycle¹²	Up to quarterly	Up to quarterly
Overall purpose of the CMS data release policy	[I]n accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule definition of the same term, CMS plans to interpret research broadly in order to include numerous state data analytics activities. We believe that research goes beyond traditional academic research to include activities that help a state identify patterns and variations in the delivery of healthcare. ¹³	Qualified entities are permitted to use the data only to generate performance reports for providers and suppliers on measures of quality, efficiency, effectiveness, and resource use. Qualified entities are required to make the reports available to the public after providers and suppliers are given an opportunity to review and correct performance results. Use of Medicare data other than for the generation of performance reports is strictly prohibited by the statute. ¹⁴
Data Sharing Provision	<ul style="list-style-type: none"> State may reuse data for a variety of research projects under a single DUA¹⁵ The User may use or reuse original or derivative data without prior written authorization from CMS for additional research projects if such research projects are: 1) directed and partially funded by the state and 2) would allow for a Privacy Board or an IRB to make the findings listed at 45 CFR 164.512(i)(2)(ii) if the anticipated data recipient were to apply for the data from CMS directly. In doing so, the User may disseminate original or derived information from the file(s) specified in Section 5 of the DUA, with or without direct beneficiary or physician identifiers, to other agencies of the User's State for research projects, including to any entity performing research that is directed and partially funded by the state.¹⁶ 	<ul style="list-style-type: none"> The data may not be used for any other purpose without specific CMS permission. [C]ertified Qualified Entities (QEs) may reuse the Medicare claims data obtained through the QE program for research purposes with approval from CMS through a Research Data Use Agreement. Applicants must describe the purpose of their request (their intentions with the data including objectives, background and methods) and document Institutional Review Board (IRB) approval. The DUA request will be reviewed by the CMS privacy board. Once approved, the entity may re-use the data they obtained under the auspices of the QE program, subject to any minimum necessary criteria and the policies and procedures delineated in the Research DUA.¹⁷ Users may reuse original or derivative data without prior written authorization from CMS for the evaluation of the performance of providers and suppliers consistent with the requirements. The User may

State Agency Request	Qualified Entity	
		disseminate original or derived information...with or without direct beneficiary identifiers, to providers of services and suppliers for purposes of sharing measures, measurement methodologies, and measure results prior to making reports available to the public. ¹⁸
Permitted reporting	<ul style="list-style-type: none"> • Definition of research is broader than typical research requests¹⁹ except for requests using Part D Prescription Drug data, which requires a specific study proposal. • Reporting down to the physician/supplier level is allowed in addition to the facility and institution²⁰ at the hospital and institutional level is OK • Medicare data may be included in releases to researchers that the state approves 	At least two measures selected from: <ul style="list-style-type: none"> • CMS' list of 459 NQF-endorsed measures • Measures approved by a Consensus-Based Qualified Entity (CBQE) • Measures approved by the specific QE's stakeholder groups
Range of reports	<ul style="list-style-type: none"> • Cost and utilization • Payer • Diagnosis and treatment characteristics • Patient demographics 	<ul style="list-style-type: none"> • Quality of care • Efficiency • Effectiveness
Reporting Prerequisites	As required by the state	<ul style="list-style-type: none"> • CMS approval of report format • Provider previews of results • Data sharing process if requested by provider • Corrections and appeals process
Prohibited reporting	Reporting is allowed at the physician and institutional levels as long as there are more than ten individuals in the reports (cell size minimum requirement)	<ul style="list-style-type: none"> • QEs may not report measure results based only on Medicare data... [h]owever, a QE may drill down into a measure and report results based only on Medicare data.²¹ • Measures that deviate from NQF or CBQE or have not received stakeholder approval • Any other data other than the measures pre-approved by CMS <p><i>**Note that publicly reported results can be used for internal analyses or provider tiering.²²</i></p>
Prohibited uses	States may not use this data for treatment, payment or operations, including care coordination.	Any research/analysis other than that required to complete the QECF process requires a separate CMS data use agreement
CMS Research Policies	Allowed to publish findings as long as no cell (admissions, discharges, patients, services) 10 or less may be displayed. This includes the use of percentages. ²³	A QE may only display a result for an aggregate measure as long as there are at least 11 individuals in the denominator. In addition, no percentages or other mathematical formulas may be used if they result in the display of a cell size of 11 or less. ²⁴
Show Medicare as a separate payer in public reports?	Yes	No

State Agency Request		Qualified Entity
Use for Care Coordination?	No	No
Population-based predictive modeling?	Yes	No
Deliverables to CMS	Quarterly Log of reports	Full report and format prior to public release
Recover costs?	Yes, able to charge to offset costs ²⁵	Medicare Access and CHIP Reauthorization Act of 2015 made significant changes to the Medicare Qualified Entity Program. CMS needs to develop a rule regarding these changes. One thing that is being addressed is being able to recover cost.

¹ CMS State Data Request Memo, 6.2012, <http://www.resdac.org/sites/resdac.org/files/State%20Data%20Requests%20Memo%20-%20June%202012.pdf> accessed 10.17.14

² QE FAQ page, 8.11.2014, <https://www.qemedicaredata.org/SitePages/faq.aspx> accessed 10.17.14

³ Network for Regional Healthcare Improvement (NRHI), CMS Program Comparison Grid Draft, 7.31.14, http://www.nrhi.org/uploads/cms-program-comparison-grid_july_2014.pdf, accessed 10.17.14

⁴ NRHI, 7.31.14

⁵ NRHI, 7.31.14

⁶ NRHI, 7.31.14

⁷ NRHI, 7.31.14

⁸ NRHI, 7.31.14

⁹ NRHI, 7.31.14

¹⁰ NRHI, 7.31.14

¹¹ NRHI, 7.31.14

¹² NRHI, 7.31.14

¹³ CMS, 6.2012

¹⁴ QE FAQ page, 8.11.2014

¹⁵ Asper, Faith, "State Research Request Process," presentation materials, August 7, 2013, slide 7, accessed at <http://www.resdac.org/sites/resdac.org/files/State%20Research%20Request%20Process%20%28Slides%29.pdf>

¹⁶ http://www.resdac.org/sites/resdac.org/files/State_DUA%20Attachment%20A.pdf Accessed 7.2015

¹⁷ CMS, 6.2012

¹⁸ NRHI, 7.31.14

¹⁹ Asper, slide 4

²⁰ <http://www.resdac.org/cms-data/request/materials/rif-dua-attachment-b> Accessed 8.2015

²¹ QE FAQ page, 8.11.2014

²² QECP FAQ, item 18 <https://www.qemedicaredata.org/SitePages/faq.aspx#14>,

²³ Asper, slide 12

²⁴ QE FAQ page, 8.11.2014

²⁵ Asper, 9.5.14