



CENTER FOR IMPROVING  
VALUE IN HEALTH CARE

## Medicare Fee for Service Data FAQs

### Overview

In 2014, CIVHC began receiving Medicare Fee for Service (FFS) claims data for the first time under the State Agency Request program. In July 2019, CIVHC became one of only a few organizations nationally to also be approved to use Medicare data through their Qualified Entity Certification Program. Access to Medicare FFS data in combination with Medicaid and commercial data collected in the CO APCD enables CIVHC to provide stakeholders comprehensive, actionable data to lower costs and improve quality of care.

Access to Medicare FFS data through the QE or State Agency Program, in combination with Medicaid and commercial data collected in the CO APCD, enables CIVHC to provide stakeholders with comprehensive, actionable data to lower costs and improve quality of care.

### Who Can Receive Non-Public Medicare FFS Data from the CO APCD?

| Qualified Entity Program   |                                    |                     |   |
|--|------------------------------------|---------------------|---|
| Range of Reports: Provider and Facility Quality of Care, Efficiency, Effectiveness                           |                                    |                     |   |
| Authorized Users   | De-Identified Non-Public Analyses* | De-Identified Data* | Patient Identifiable Data and/or Non-Public Analyses* |
| Providers  | X                                  | x                   | x   |
| Medical Societies  | X                                  | x                   |   |
| Hospital Associations  | X                                  | x                   |   |
| Employers  | X                                  |                     |   |
| Health Plans   | X                                  |                     |   |
| State Agencies   | X                                  |                     |   |
| Federal Agencies   | X                                  |                     |   |
| State Agency Request Program   |                                    |                     |   |
| Range of Reports: Cost and Utilization, Payer, Diagnosis and Treatment Characteristics, Patient Demographics |                                    |                     |   |
| Authorized Users   | De-Identified Non-Public Analyses* | De-Identified Data* | Patient Identifiable Data and/or Non-Public Analyses* |
| State-approved research projects   | x                                  | x                   |   |

\*De-identification must be determined based on the standards for HIPAA covered entities. Authorized users of identifiable data and analyses for the Qualified Entity Program include only providers with an established patient relationship. A patient is defined as an individual who has visited the provider or supplier for a face-to-face or telehealth appointment at least once in the past 24 months.

### How Can I Use Medicare Data Under the QE Program?

If you are one of the authorized users listed in the table above, and meet the CO APCD and QE requirements for data release, CIVHC can provide you with Medicare FFS data in combination with Medicaid and commercial data for non-public analyses. As an authorized user, you must enter into a Qualified Entity Data Use Agreement (QE DUA) with CIVHC prior to receipt of any analyses.

For a detailed list of QE Frequently Asked Questions (FAQs) [click here](#).

### **How Can I Use Medicare Data Under the State Agency Request Program?**

Under the State Agency Request Program, non-public analysis are allowed for research projects that help states identify patterns and variations in the delivery of health care. The definition of research is intentionally broad with the exception of requests using Medicare Part D Prescription Drug data which requires a specific study proposal.

### **What Does CIVHC Have to Provide Publicly Under the QE Program?**

Qualified entities (QEs) are required to use the Medicare FFS data, combined with other sources of claims data, to create public provider performance reports at least once annually. At least two measures must be selected and provided based on CMS' list of National Quality Forum endorsed measures or measures approved outside of the NQF measures. CIVHC currently has regional aggregate quality measures for breast cancer screening and Diabetes A1c testing available under the QE program for Medicare FFS, Medicare Advantage, Medicaid and Commercial payers at [www.civhc.org/get-data](http://www.civhc.org/get-data). As a QE, CIVHC cannot publicly report named provider information without first conducting a corrections and repeal period with providers.

### **Where Can I Find the Publicly Released Report(s) Containing Medicare FFS data?**

The [summary](#) of the full quality measures report can be accessed by visiting the [publications page](#) of [www.civhc.org](http://www.civhc.org). The underlying [Excel data](#) file is also available.

### **How Do I Request Data for Medicare and other Payers in the CO APCD?**

CIVHC's Health Data Consultants would be happy to help you determine which program would work best for you based on your organization type, particular data needs and the questions you're seeking to answer. For more information about Medicare data or to begin your request, please contact us at [ColoradoAPCD@civhc.org](mailto:ColoradoAPCD@civhc.org).