

Transparency of Hospital Inpatient and Outpatient Pricing Data

The National Summit on Health Care Price, Cost and Quality Transparency

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Introduction

- CMS is the largest single payer for health care services in the US
- 2.5 billion claims submitted annually
- Significant additional data sources on the way
  - EHRs
  - Medicare Advantage encounter data
  - Health Insurance Exchange/Medicaid expansion data
- Receive billions of other “non-claim” data points
- Transitioning from a passive payer to active purchaser and expected to drive innovation
- Trusted to protect beneficiary privacy

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

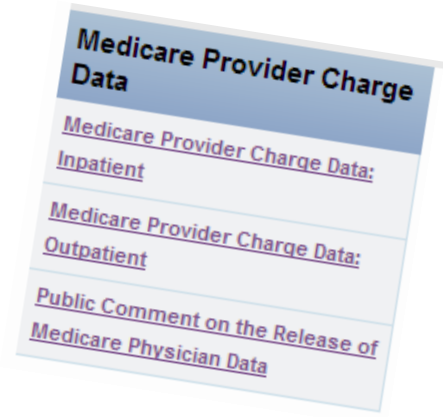
Data Dissemination Activity

- CMS is routinely and safely sharing data to support the transformation of the delivery system
  - Public Use Files – Hospital Charge Data
  - Qualified Entities (QEs) – Medicare Data Sharing for Performance Measurement Program
  - Researchers
  - Accountable Care Organizations (ACOs)
  - Quality Improvement Organizations (QIOs)
  - States
  - CMS demonstrations – 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

CMS Information Products

- 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
- CMS Data Navigator (https://dnav.cms.gov/) makes it easy to find CMS data and information products on our website

- Recently released information products include:
  - Average hospital charges and average Medicare claims payments for the:
    - 100 most common inpatient services
    - 30 selected outpatient services
  - State, HRR, and county level public use files
    - Geographic variation
    - Chronic conditions



Provider Data Walk-Through

Covering more Americans | Making Americans healthier by preventing illness | Coordinating better care & lowering costs

CMS News

- New resources available to help consumers navigate the Health Insurance Marketplace
- 6.6 million seniors save over $7 billion on drugs
- CMS imposes first Affordable Care Act enrollment moratoria to combat fraud

CMS covers 100 million people...

...through Medicare, Medicaid, the Children's Health Insurance Program and soon, through the Health Insurance Marketplace. But coverage isn't our only goal. To achieve a high quality health care system, we also aim for better care at lower costs and improved health.

But, we can't and we don't, do it alone. We need your help to find the way forward to a better health care system for all Americans.

Medicare Exclusion Database (MED)

Debt Collection System (DCS)

Demonstration Payment System (DPS)

Electronic Submission of Medical Documentation (ESMD)

Healthcare Integrated General Ledger Accounting System (HIGLAS)

CMS Integrated Data Repository (IDR)

Medicaid Budget & Expenditure System (MBES)

Medicaid Data Sources - General Information

Medicaid Information Technology Architecture (MITA)

Medicaid Management Information Systems (MMIS)

Medicaid Statistical Information System (MSIS)

Minimum Data Sets 2.0 Public Quality Indicator and Resident Reports

Minimum Data Sets 2.0 Tool and Public Reports

Minimum Data Sets 2.0 Software Specifications

Minimum Data Set 3.0 Public Reports

Privacy

Files for Order

Files for Order - General Information

Cost Reports

Identifiable Data Files

Statistics, Trends & Reports

Active Projects Report

Basic Stand Alone (BSA) Medicare Claims Public Use Files (PUFs)

Chart Series

Chief Financial Officer (CFO) Report

Chronic Conditions

CMS Dashboards

CMS Fast Facts

Data Compendium

EDI Performance Statistics

Health Plans, Reports, Files and Data

Insight Briefs

Medicare Advantage/Part D Contract and Enrollment Data

Medicare Claims Synthetic Public Use Files (SynPUFs)

Medicare Enrollment Reports

Medicare Fee for Service for Parts A & B

Medicare Geographic Variation

Medicare & Medicaid Statistical Supplement

Medicare & Medicaid Trends in Health Care Sectors

Medicare Program Rates & Statistics

Medicare Provider Charge Data

Medicare Provider Charge Data

Medicare Provider Charge Data: Inpatient

Medicare Provider Charge Data: Outpatient

Public Comment on the Release of Medicare Physician Data

Medicare Provider Charge Data

As part of the Obama administration's work to make our health care system more affordable and accountable, data are being released that show significant variation across the country and within communities in what providers charge for common services. These data include information comparing the charges for the 100 most common inpatient services and 30 common outpatient services. Providers determine what they will charge for items and services provided to patients and these charges are the amount the providers bill for an item or service.

Please use the navigation bar to the left to view more information on the inpatient and outpatient analyses and to access the data for download. Data are being made available in Microsoft Excel (.xlsx) format and comma separated values (.csv) format.

Inquiries regarding this data can be sent to MedicareProviderChargeData@cms.hhs.gov.

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Help with File Formats and Plug-Ins

Medicare Provider Charge Data

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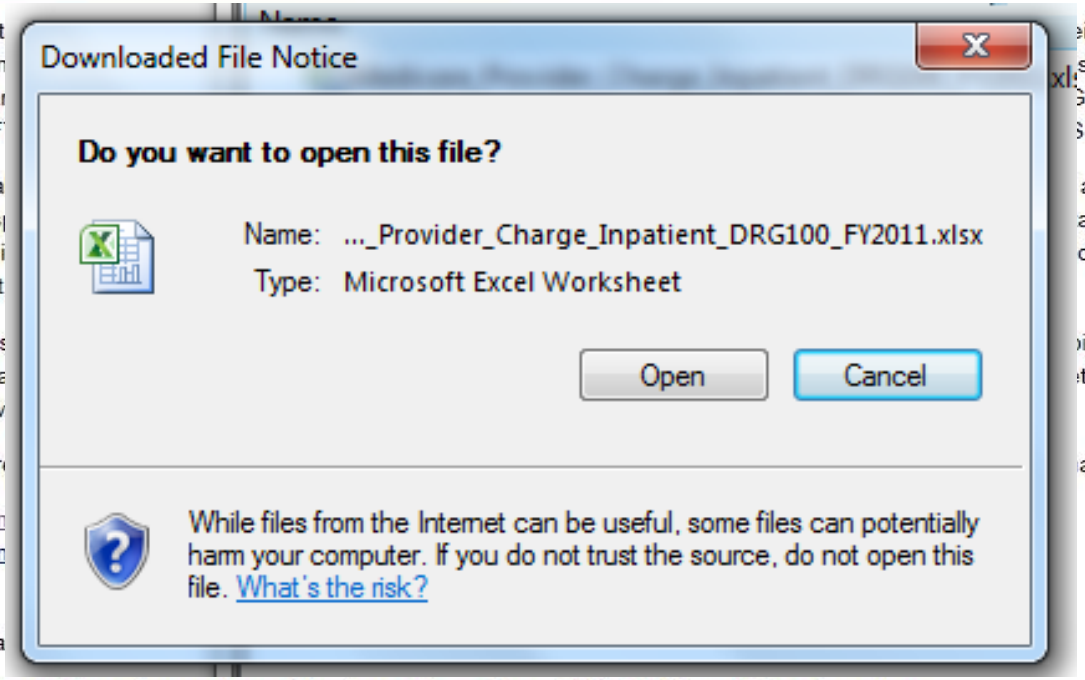


National and State Summaries of Inpatient Charge Data, FY2011, Microsoft Excel version

National and State Summaries of Inpatient Charge Data, FY2011, Comma Separated Values (CSV) version

Inquiries regarding this data can be sent to MedicareProviderChargeData@cms.hhs.gov.

Related Links

Inpatient Charge Data on data.cms.gov

Methods

	A	B
1	**Inpatient Prospective Payment System (IPPS) Provider Level Charges and Medicare Payments for the Top 100 Diagnosis-Related Groups (DRG)**	
2	**Methods**	
3	***Data Source:*** CMS Medicare Provider Analysis and Review (MEDPAR) inpatient data which contains discharge information for 100% of Medicare fee-for-service beneficiaries using hospital inpatient services.	
4	***Study Population:*** Medicare Inpatient Prospective Payment System (IPPS) providers within the 50 United States and District of Columbia with a known Hospital Referral Region (HRR) who are billing Medicare fee-for-service beneficiaries for the top 100 DRGs. The top 100 DRGs are determined by the number of discharges.	
5	***Years:*** Fiscal Year 2011	
6	***Geographic Variables:*** The provider's address including street, city, state abbreviation and zip code and the Hospital Referral Region (HRR) based on the providers zip code. HRRs were developed by the Dartmouth Atlas of Health Care to delineate regional health care markets in the United States (http://www.dartmouthatlas.org/).	
7	***Spending Measures:*** We present the provider's average total covered charges and average total payments within DRG. Total payments consist of Medicare payments, beneficiary cost-share payments, and	
8	***Utilization Measures:*** We present the total number of discharges billed by the provider within DRG.	
9	***Limitations of Maryland Data:*** The state of Maryland has a unique waiver that exempts it from Medicare's prospective payment systems for inpatient care. Maryland instead uses an all-payer rate setting commission to determine its payment rates. Medicare claims for hospitals in other states break out additional payments for indirect medical education (IME) costs and disproportionate share hospital (DSH) adjustments.	

Methods | Documentation | Top_100_drg

Documentation

	A	B
1	**Inpatient Prospective Payment System (IPPS) Provider Level Charges and Medicare Payments for the Top 100 Diagnosis-Related Groups (DRG)**	
2	**Documentation**	
3	**Short Name**	**Description**
4	DRG	Code and description identifying the DRG. DRGs are a classification system that groups similar clinical conditions (diagnoses) and the procedures furnished by the hospital during the stay.
5	Provider Id	Provider Identifier billing for inpatient hospital services.
6	Provider Name	Name of the provider.
7	Provider Street Address	Street address in which the provider is physically located.
8	Provider City	City in which the provider is physically located.
9	Provider State	State in which the provider is physically located.
10	Provider Zip Code	Zip code in which the provider is physically located.
11	Provider HRR	HRR in which the provider is physically located.
12	Total Discharges	The number of discharges billed by the provider for inpatient hospital services.
13	Average Covered Charges	The provider's average charge for services covered by Medicare for all discharges in the DRG. These will vary from hospital to hospital because of differences in hospital charge structures.
14	Average Total Payments	The average of Medicare payments to the provider for the DRG including the DRG amount, teaching, disproportionate share, capital, and outlier payments for all cases. Also included in Total Payments are co-payment and deductible amounts that the patient is responsible for and payments by third parties for coordination of benefits.

Methods | Documentation | Top_100_drg

Data

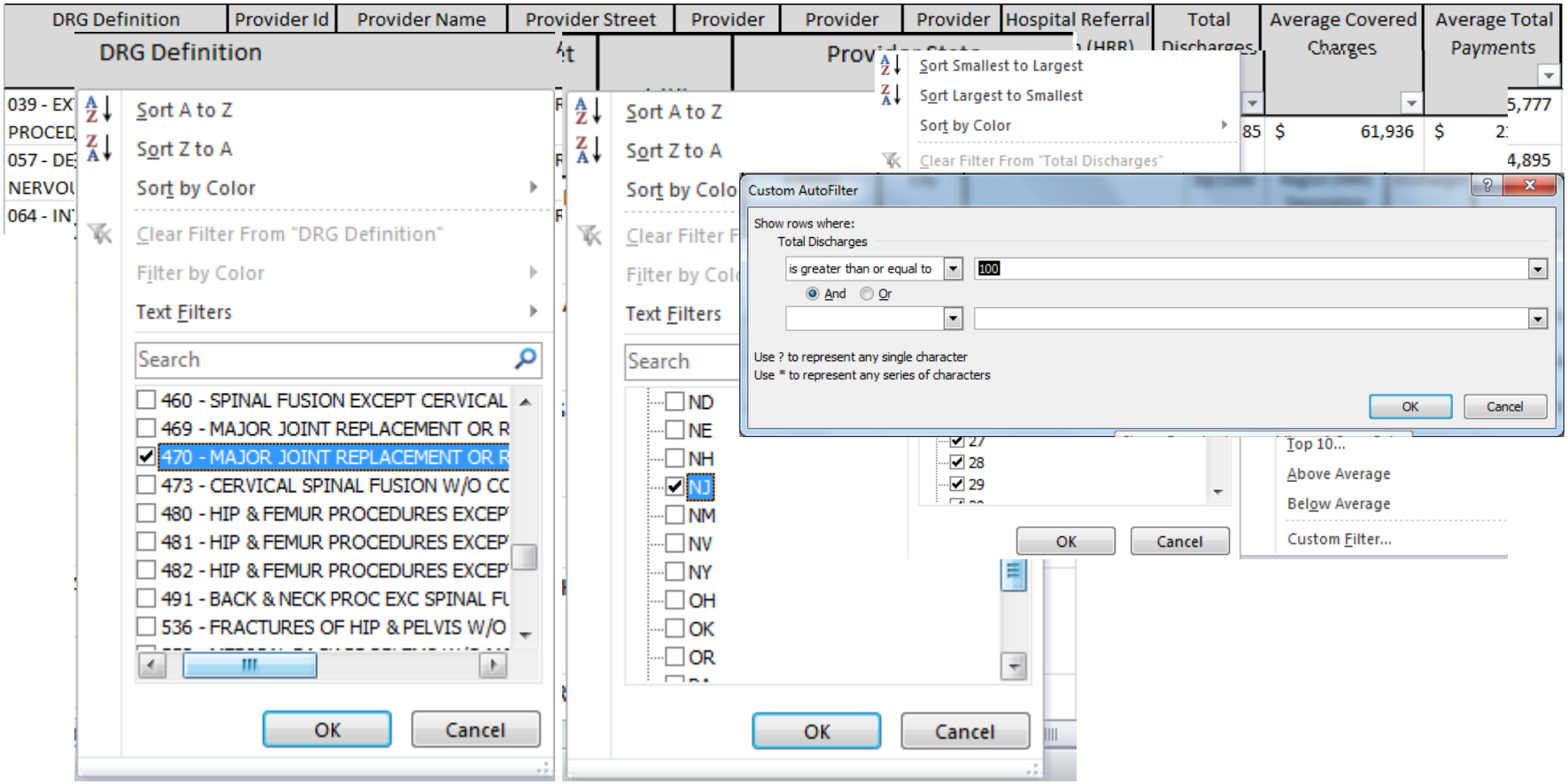
DRG Summary for Medicare Inpatient Prospective Payment Hospitals, FY2011
Top 100 DRGs Based on Total Discharges

Note: Includes discharges from Hospitals located within the 50 United States and District of Columbia
Hospitals with fewer than 11 discharges within a DRG have been suppressed for that DRG

DRG Definition	Provider Id	Provider Name	Provider Street Address	Provider City	Provider State	Provider Zip Code	Hospital Referral Region (HRR) Description	Total Discharges	Average Covered Charges	Average Total Payments
039 - EXTRACRANIAL PROCEDURES W/O CC/MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	91	$ 32,963	$ 5,777
057 - DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	38	$ 20,313	$ 4,895
064 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	84	$ 38,820	$ 10,260
065 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	169	$ 27,345	$ 6,542
066 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	33	$ 17,606	$ 4,596
069 - TRANSIENT ISCHEMIA	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	37	$ 20,689	$ 4,134
074 - CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	13	$ 18,489	$ 4,876
101 - SEIZURES W/O MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	27	$ 19,620	$ 4,667
176 - PULMONARY EMBOLISM W/O MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	33	$ 23,680	$ 6,020
177 - RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	21	$ 48,240	$ 11,635
178 - RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	22	$ 31,342	$ 7,874
189 - PULMONARY EDEMA & RESPIRATORY FAILURE	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	112	$ 28,808	$ 7,254

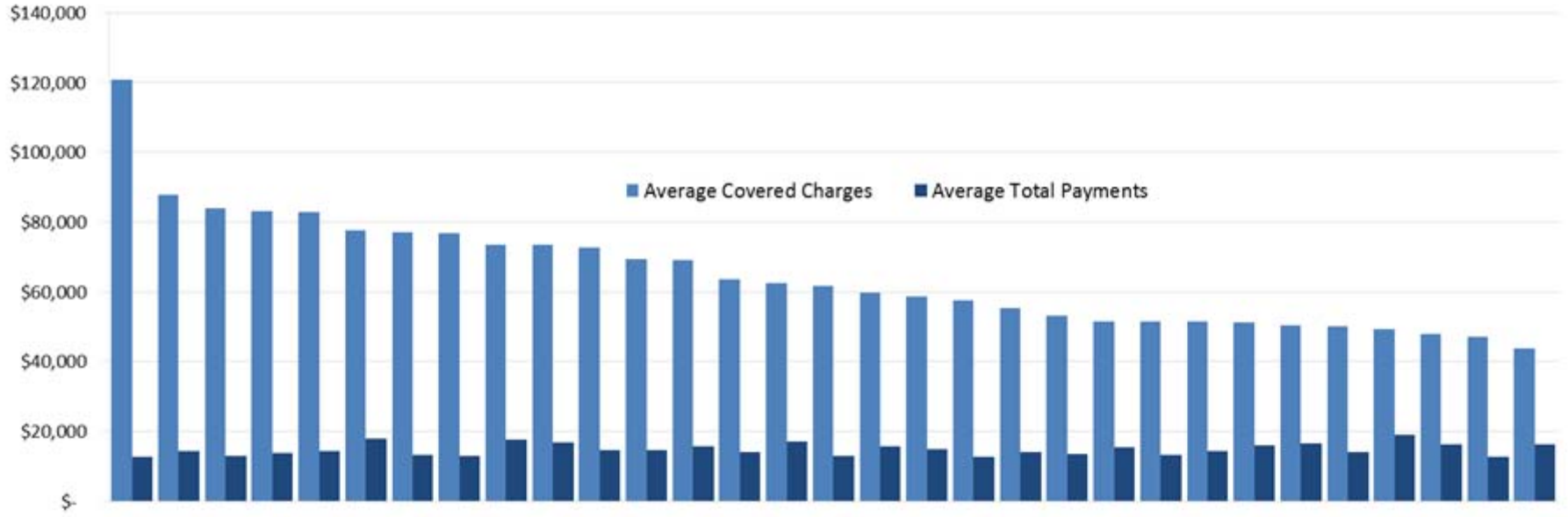
Methods | Documentation | Top_100_drg

Excel Filtering



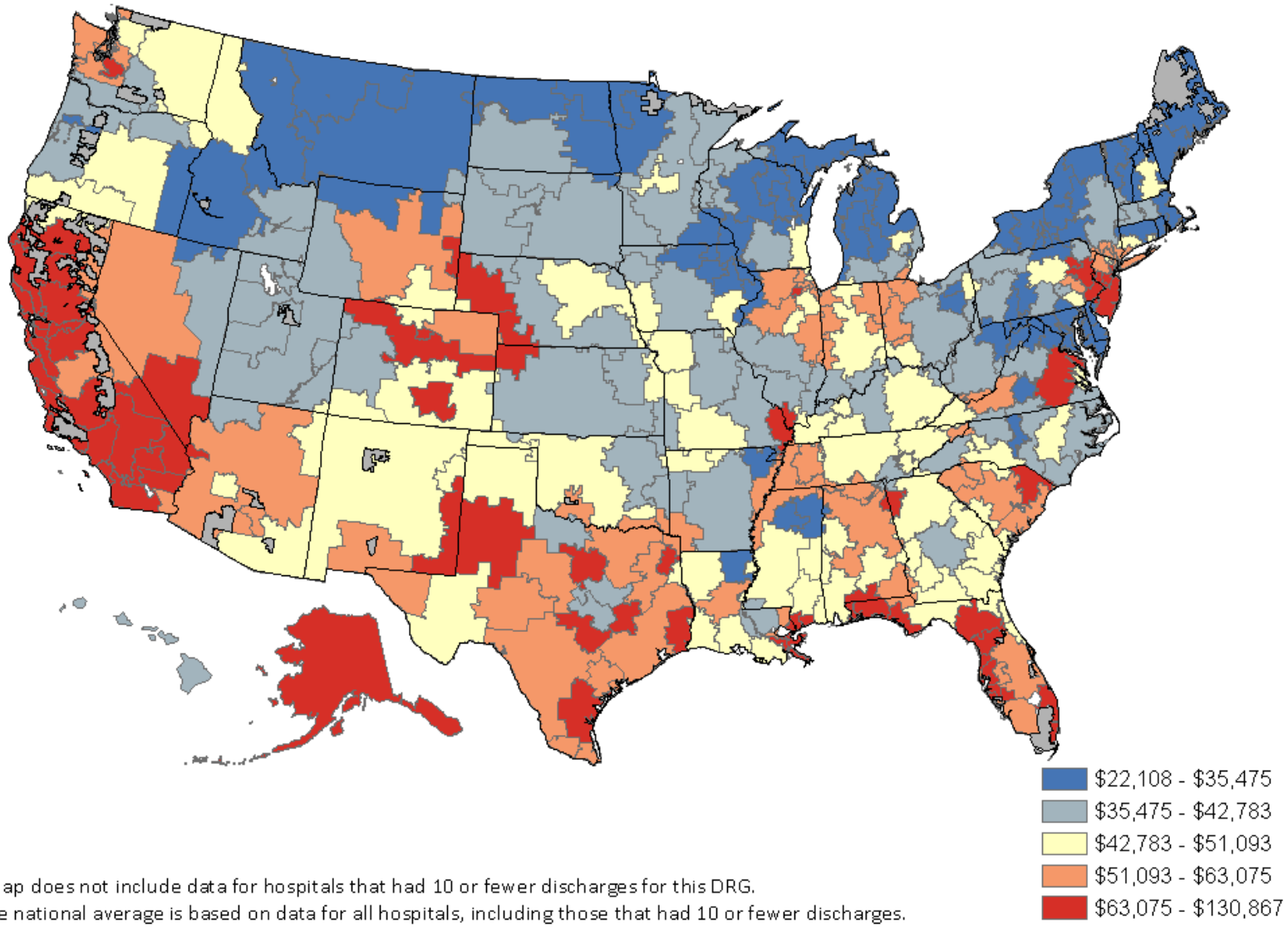
Of the 60 hospitals in New Jersey, 30 had at least 100 discharges in fiscal year 2011.

Average Covered Charges and Average Payments
DRG 470 in NJ: Hospitals with 100 or more discharges



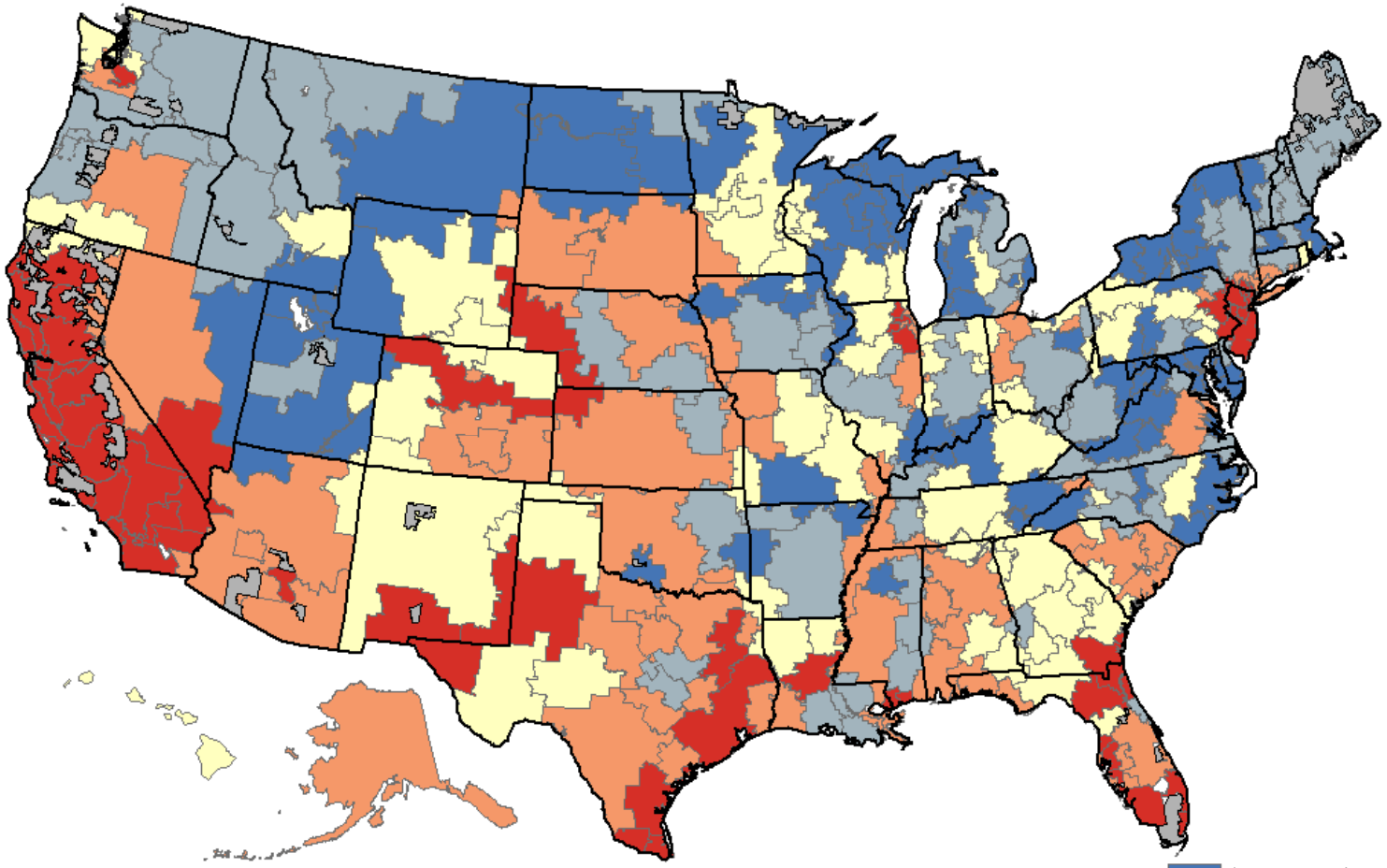
Each pair of bars represents an individual hospital.

Average Hospital Charges in fiscal year 2011 for
DRG 470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
(National average = $50,116)



Note: This map does not include data for hospitals that had 10 or fewer discharges for this DRG.
However, the national average is based on data for all hospitals, including those that had 10 or fewer discharges.

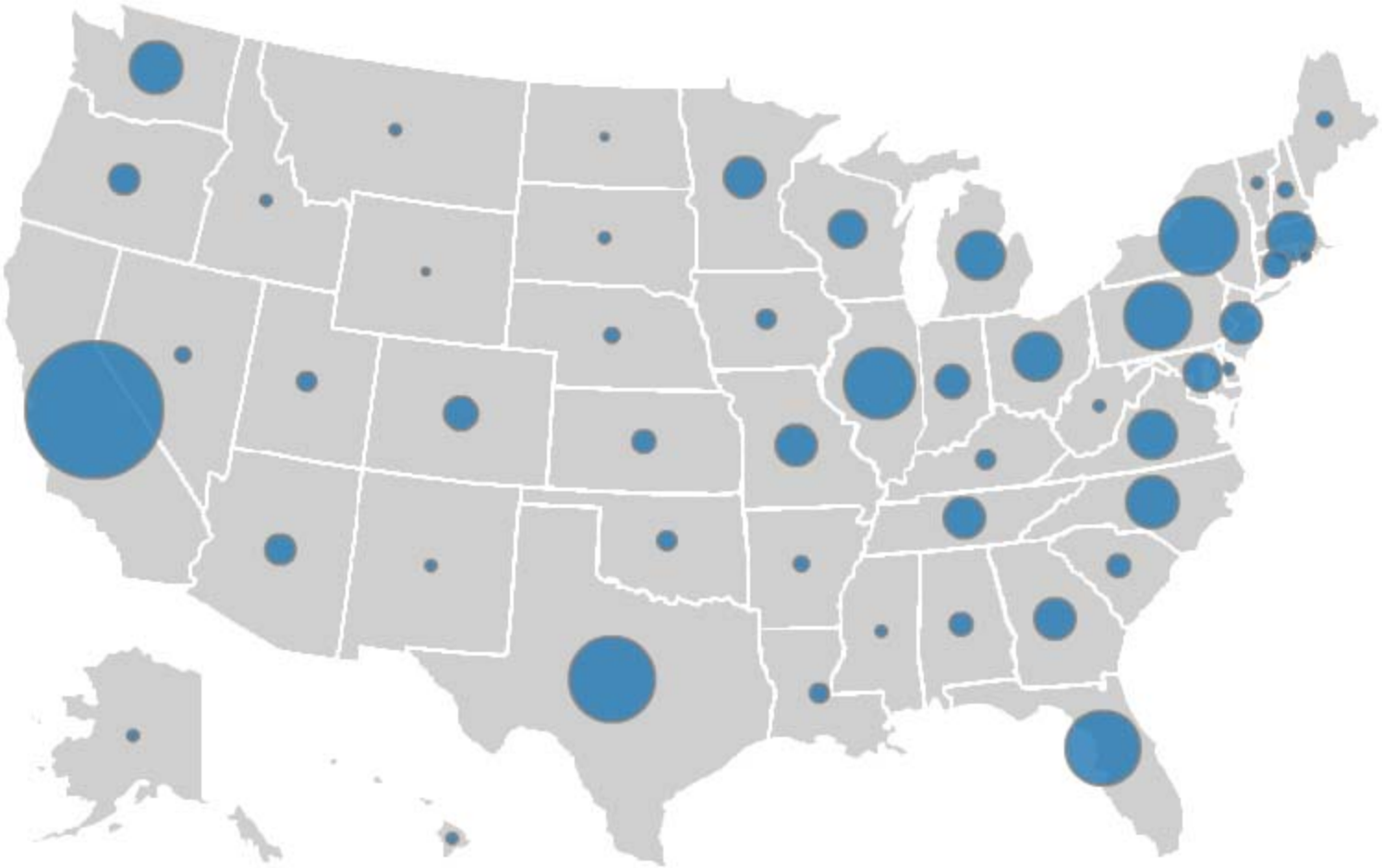
Average Hospital Charges in fiscal year 2011 for DRG 871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC (National average = $49,282)



Note: This map does not include data for hospitals that had 10 or fewer discharges for this DRG.
However, the national average is based on data for all hospitals, including those that had 10 or fewer discharges.

Data Usage Statistics: Downloads by State

as of 5/13/2013, 4 PM



Bubble Size represents the number of downloads. In the US, this figure ranged from 221 in Wyoming to 11,972 in California.

Data Usage Statistics: Sample of countries that have downloaded data

as of 5/13/2013, 4 PM

The charge data has been downloaded by individuals in over 50 countries.

Medicare Provider Charge Data

Medicare Provider Charge Data: Inpatient

Medicare Provider Charge Data: Outpatient

Public Comment on the Release of Medicare Physician Data

Medicare Provider Charge Data: Outpatient

The data provided here include estimated hospital-specific charges for 30 Ambulatory Payment Classification (APC) Groups paid under the Medicare Outpatient Prospective Payment System (OPPS) for Calendar Year (CY) 2011. The Medicare payment amount includes the APC payment amount, the beneficiary Part B coinsurance amount and the beneficiary deductible amount.

For these APCs, the estimated average charges and the average Medicare payments are provided at the individual hospital level. The actual charges at an individual hospital for an individual service within these APC groups may differ. For a more complete discussion of the claims criteria used in setting the Medicare payment rates for hospital outpatient services, see the Medicare CY 2013 Outpatient Prospective Payment System (OPPS) Claims Accounting document available on the CMS website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS-1589-FC-Claims-Accounting-narrative.pdf. This estimated outpatient charge data supplements the inpatient charge data available on the CMS Medicare Provider Charge Data Inpatient website (available via the link in the left navigation bar).

Data are being made available in Microsoft Excel (.xlsx) format and comma separated values (.csv) format.

9/4/13 UPDATE: As a result of using the OPPS ratesetting process to develop the summary of outpatient charge and payment data, we inadvertently excluded claims data for visit APCs 0604 ("Level 1 Hospital Clinic Visits") and 0607 ("Level 4 Hospital Clinic Visits"). The revised outpatient data reflects changes to correct this, with volume increases in the summarized data for APCs 0604 and 0607.

Outpatient Charge Data, CY2011, Microsoft Excel version
Outpatient Charge Data, CY2011, Comma Separated Values (CSV) version

National and State level summaries are also available here:

National and State Summaries of Outpatient Charge Data, CY2011, Microsoft Excel version
National and State Summaries of Outpatient Charge Data, CY2011, Comma Separated Values (CSV) version

Methods

	A
1	**Outpatient Prospective Payment System (OPPS) Provider Level Estimated Submitted Charges and Total Payments for 30 Selected Ambulatory Payment Classification (APC) Groups**
2	**Methods**
3	***Data Source:*** CMS Medicare claims for hospital outpatient services contained in the Medicare National Claims History which contains claim information for Medicare fee-for-service beneficiaries using hospital outpatient services.
4	***Study Population:*** Medicare Outpatient Prospective Payment System (OPPS) providers within 49 of the 50 United States and District of Columbia (excluding Maryland) with a known Hospital Referral Region (HRR) who are billing Medicare fee-for-service beneficiaries for the 30 selected APCs. Outpatient hospital visits are included since these are among the most common services provided in this setting. We also selected services that are generally comparable to services provided outside of hospital outpatient departments in physician offices and independent diagnostic testing facilities, such as echocardiograms and magnetic resonance imaging services.
5	***Years:*** Calendar Year 2011
6	***Geographic Variables:*** The provider's address including street, city, state abbreviation and zip code and the Hospital Referral Region (HRR) based on the providers zip code. HRRs were developed by the Dartmouth Atlas of Health Care to delineate regional health care markets in the United States (http://www.dartmouthatlas.org/).
7	***Spending Measures:*** We present the provider's average total estimated submitted charges and average total payments within APC. Total payments consist of Medicare payments and beneficiary cost-share payments.
8	***Utilization Measures:*** We present the number of outpatient services billed by the provider and used in the analysis for each APC.

Methods | Documentation | opps_apc_summary

Documentation

	A	B
1	**Outpatient Prospective Payment System (OPPS) Provider Level Estimated Submitted Charges and**	
2	**Documentation**	
3	**Short Name**	**Description**
4	APC	Code and description identifying the APC. APCs are a classification system where individual services (Healthcare Common Procedure Coding System [HCPCS] codes) are assigned based on similar clinical characteristics and similar costs.
5	Provider Id	Provider Identifier billing for outpatient hospital services
6	Provider Name	Name of the provider
7	Provider Street Address	Street address in which the provider is physically located
8	Provider City	City in which the provider is physically located
9	Provider State	State in which the provider is physically located
10	Provider Zip Code	Zip code in which the provider is physically located.
11	Provider HRR	HRR in which the provider is physically located.
12	Outpatient Services[1]	The number of services billed by the provider for outpatient hospital services.
13	Average Estimated Submitted Charges[1]	The provider's average estimated submitted charge for services covered by Medicare for the APC. These will vary from hospital to hospital because of differences in hospital charge structures.
14	Average Total Payments[1]	The average of total payments to the provider for the APC including the Medicare APC amount. Also included in Total Payments are co-payment and deductible amounts that the patient is responsible for.
15		
16	[1]For a more complete discussion of the claims criteria used in setting the Medicare payment rates for	

Methods | Documentation | opps_apc_summary

Ready 145%

Data

	A	B	C	D	E	F	G	H	I	J	K
1	*APC Summary for Medicare Outpatient Prospective Payment System Hospitals, CY2011*										
2	*30 Selected APCs*										
3											
4	*Note: Includes services furnished by hospitals located within 49 of the 50 United States and District of Columbia (excluding Maryland)*										
5	*Hospitals with fewer than 11 services within an APC have been suppressed for that APC*										
6											
7	APC	Provider Id	Provider Name	Provider Street Address	Provider City	Provider State	Provider Zip Code	Hospital Referral Region (HRR) Description	Outpatient Services	Average Estimated Submitted Charges	Average Total Payments
322	0269 - Level II Echocardiogram Without Contrast	020012	FAIRBANKS MEMORIAL HOSPITAL	1650 COWLES STREET	FAIRBANKS	AK	99701	AK - Anchorage	662	$ 611.06	$ 455.73
368	0269 - Level II Echocardiogram Without Contrast	020001	PROVIDENCE ALASKA MEDICAL CENTER	BOX 196604	ANCHORAGE	AK	99519	AK - Anchorage	502	$ 2,894.36	$ 457.48
488	0269 - Level II Echocardiogram Without Contrast	020008	BARTLETT REGIONAL HOSPITAL	3260 HOSPITAL DR	JUNEAU	AK	99801	AK - Anchorage	213	$ 1,822.38	$ 501.35
557	0269 - Level II Echocardiogram Without Contrast	020017	ALASKA REGIONAL HOSPITAL	2801 DEBARR ROAD	ANCHORAGE	AK	99508	AK - Anchorage	82	$ 1,217.55	$ 441.85
584	0269 - Level II Echocardiogram Without Contrast	020006	MAT-SU REGIONAL MEDICAL CENTER	2500 SOUTH WOODWORTH LOOP	PALMER	AK	99645	AK - Anchorage	71	$ 3,222.17	$ 459.28
600	0269 - Level II Echocardiogram Without Contrast	010039	HUNTSVILLE HOSPITAL	101 SIVLEY RD	HUNTSVILLE	AL	35801	AL - Huntsville	6,442	$ 1,524.72	$ 369.72
686	0269 - Level II Echocardiogram Without Contrast	010029	EAST ALABAMA MEDICAL CENTER AND SNF	2000 PEPPERELL PARKWAY	OPELIKA	AL	36801	AL - Birmingham	1,590	$ 842.86	$ 360.92
702	0269 - Level II Echocardiogram Without Contrast	010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE	DOTHAN	AL	36301	AL - Dothan	991	$ 1,878.50	$ 362.14
728	0269 - Level II Echocardiogram Without Contrast	010092	D C H REGIONAL MEDICAL CENTER	809 UNIVERSITY BOULEVARD EAST	TUSCALOOSA	AL	35401	AL - Tuscaloosa	831	$ 1,259.53	$ 373.64
741	0269 - Level II Echocardiogram Without Contrast	010139	BROOKWOOD MEDICAL CENTER	2010 BROOKWOOD MEDICAL CENTER DRIVE	BIRMINGHAM	AL	35209	AL - Birmingham	771	$ 2,074.28	$ 364.94
758	0269 - Level II Echocardiogram Without Contrast	010118	VAUGHAN REG MED CENTER PARKWAY CAMPUS	1015 MEDICAL CENTER PARKWAY	SELMA	AL	36701	AL - Birmingham	616	$ 1,476.98	$ 386.38
809	0269 - Level II Echocardiogram Without Contrast	010055	FLOWERS HOSPITAL	4370 WEST MAIN STREET	DOTHAN	AL	36305	AL - Dothan	613	$ 2,602.92	$ 355.09
	0269 - Level II Echocardiogram	010149	BAPTIST MEDICAL	400 TAYLOR ROAD	MONTGOMERY	AL	36117	AL - Montgomery	594	$ 1,086.37	$ 364.23

Methods | Documentation | opps_apc_summary

Medicare Provider Charge Data

Medicare Provider Charge Data: Inpatient

Medicare Provider Charge Data: Outpatient

Public Comment on the Release of Medicare Physician Data

Public Comment on the Release of Medicare Physician Data

On August 6, 2013, CMS issued a Request for Public Comments on the Potential Release of Medicare Physician Data seeking input from the public on whether to make individual physician payment information publicly available and, if so, the most appropriate manner to release such information. More specifically, CMS sought input regarding: (1) whether physicians have a privacy interest in information concerning payments they receive from Medicare, and if so, how to properly weigh the balance between that privacy interest and public interest in disclosure of Medicare payment information; (2) what specific policies CMS should consider with respect to disclosure of individual physician payment data; and (3) the form that should be taken for any data release. CMS issued the request for comments in light of a recent Florida federal court decision to lift an injunction on the disclosure of individual physician reimbursement information that had been in place since 1979.

The comment period was August 6, 2013 through September 6, 2013. CMS received more than 130 comments representing the views of over 300 organizations and individuals. Copies of the comments that CMS received can be accessed from the Downloads section below. Comments from individuals have been combined into a single document with name, address, and contact information of the individual removed for privacy purposes.

Downloads

Request for Public Comment [PDF, 232KB]

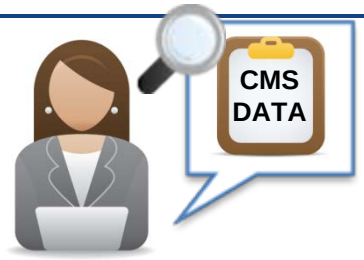
Comments Received [PDF, 17MB]

Provider of Service (POS) File

- Contains an individual record for each Medicare-approved provider and is updated quarterly.
- Include provider number, name, and address and characterize the participating institutional providers.
- The data consists of two large files, one for labs and one for 18 other provider types.
- Previously only available for purchase, now available as a free downloadable file.
- Available at: http://data.cms.gov

Other Data Transparency Initiatives

Data Navigator



CMS DataNavigator

- Simple, Point-and-Click Interface
- Search by Program, Setting, Topic, or Geography
- Valuable to All Users - Novice to Expert

CMS WEBSITES

Medicare.gov

Medicaid.gov
Keeping America Healthy

CMS.gov

Center for Medicare & Medicaid INNOVATION

EXTERNAL WEBSITES

THE COMMONWEALTH FUND

THE DARTMOUTH ATLAS OF HEALTH CARE

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

ASPE.hhs.gov

KAISER FAMILY statehealthfacts.org
Your source for state health data

HEALTH INDICATORS WAREHOUSE

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS DataNavigator

CMS

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Connecting People with Data

Start

About Us

The CMS Data Navigator application is an easy-to-use, menu-driven search tool that makes the data and information resources of the Centers for Medicare and Medicaid Services (CMS) more easily available. Use the Data Navigator to find data and information products for specific CMS programs, such as Medicare and Medicaid, or on specific health care topics or settings-of-care. Navigator displays search results by data type making it easier to locate specific types of information (e.g., data files, publications, statistical reports, etc.). The Data Navigator development team welcomes your feedback. Write to us at DataNavigator@cms.hhs.gov.

Help

FAQs

Glossary

Submit Question

Search Clear

Program

- Center for Consumer Information and Insurance Oversight
- Center for Medicare and Medicaid Innovations
- CHIP
- Demonstrations
- Dual Eligibles
- Medicaid
- Medicaid Managed Care
- Medicaid-Expansion
- Medicare
- Medicare Advantage
- Medicare Qualified Entity Program
- State Health Insurance Exchanges

Setting/Type of Care

Topic

Geography

- All
- County
- Hospital Referral Region
- National
- Regional
- State

Document Type

WELCOME TO THE CMS DATA NAVIGATOR

Structure your search by expanding the appropriate content labels on the left and selecting the key words that best describe the data you need. The more key words you select, the narrower your search results.

For more information about a keyword, hover over the keyword with your mouse to see the pop-up tooltip which will display the glossary definition.

For help structuring your search, or to view the Data Glossary or Frequently Asked Questions, click on Help.

You can also view and download all of our active data sources by clicking Here.

Changing the Performance Measurement Landscape

- 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

Medicare Data Sharing for Performance Measurement

NOW

FUTURE

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Research Data Dissemination

- 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 (1999-2012)
  - Medicare fee-for-service (FFS) claims (1999-2012)
  - Medicare Part D event data (2006-2012)
  - Medicaid eligibility and claims (1999-2009)
  - Medicare-Medicaid linked files (2006-2008)
  - Assessment data (instrument inception-2012)
  - New data access method: Virtual Research Data Center (VRDC)

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Virtual Research Data Center (VRDC)

ACCESS

- Increases data access > VPN and Virtual Desktop
- Utilize personal laptops
- Controlled virtual access can mean greater flexibility in data policy

SECURITY

- Increases data security > no shipping of external media
- Satisfies all privacy and security requirements

COST

- Increases efficiency of data delivery
- Reduces infrastructure costs for data users

DATA & ANALYSIS

- Secure File Transfer System (SFTS) transfers data files efficiently and securely
- Convenient, quicker, and efficient access to CCW data
- Perform analyses and data manipulation
- Technical/Analytic support from CCW staff
- Statistical data output review

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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

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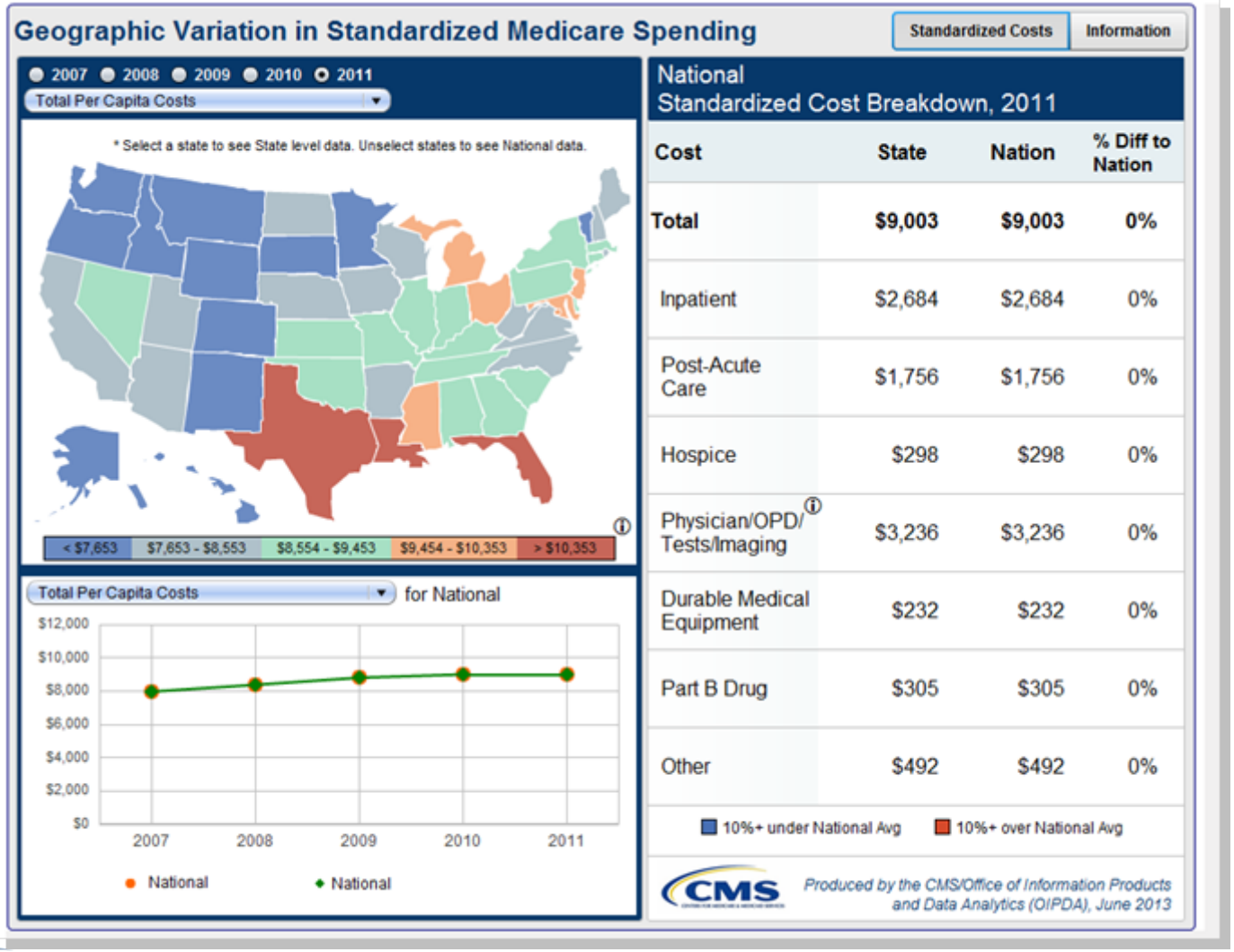
Blue Button

- VA, DoD and CMS effort to give patients access to their own data (FEHB plans beginning to also offer blue button)
- 300,000 CMS beneficiaries have downloaded their data to date
- 2012 enhancements:
  - Moved from 1 year of data to 3 years of data
  - Moved from Parts A and B data to Parts A, B and D data
- Opportunities for private sector

Geographic Variation Dashboard



Medicare Geographic Variation

- Public Use File
- Dashboard
- Site Visits

Public Use File

New Data on Geographic Variation

The Centers for Medicare & Medicaid Services (CMS) has developed data that enables researchers and policymakers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. We have aggregated this data into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level.

The Geographic Variation Public Use File has twelve separate files – two files with state and county-level data, four files with only state-level data, and six files with HRR-level data. The files are presented in two different formats. The "Table" files present indicators for all states, counties, or HRRs, and can easily be exported from Excel to another data analysis program for additional analysis, while the corresponding "Report" files allow users to compare a specific state, county, or HRR to national Medicare benchmarks. The state- and HRR-level data is presented for beneficiaries under the age of 65, beneficiaries that are 65 or older, and all beneficiaries regardless of age. However, the county-level data is only available for all beneficiaries. Each file has a brief Methods section outlining the sample population and methodology that we used to calculate these indicators and a Documentation section which explains the individual indicators in more detail. Finally, there is also a Methodological Overview paper and a Technical Supplement on Standardization that provides additional information on the methodology we used to standardize claim payment amounts.

In May 2013, CMS updated the Geographic Variation Public Use File data files that were originally posted in July 2011 and updated in July 2012 and January 2013. The May 2013 update includes county-level data and reflects several minor revisions to the CMS methodology. Those revisions are described in detail in the Methodological Overview paper.

Downloads

Downloads

State Table - Beneficiaries under 65 [ZIP, 643KB]

State Table - Beneficiaries 65 and older [ZIP, 665KB]

State/County Table - All Beneficiaries [ZIP, 35MB]

State Report - Beneficiaries under 65 [ZIP, 687KB]

State Report - Beneficiaries 65 and older [ZIP, 710KB]

State/County Report - All Beneficiaries [ZIP, 35MB]

HRR Table - Beneficiaries under 65 [ZIP, 3MB]

HRR Table - Beneficiaries 65 and older [ZIP, 3MB]

HRR Table - All Beneficiaries [ZIP, 3MB]

HRR Report - Beneficiaries under 65 [ZIP, 3MB]

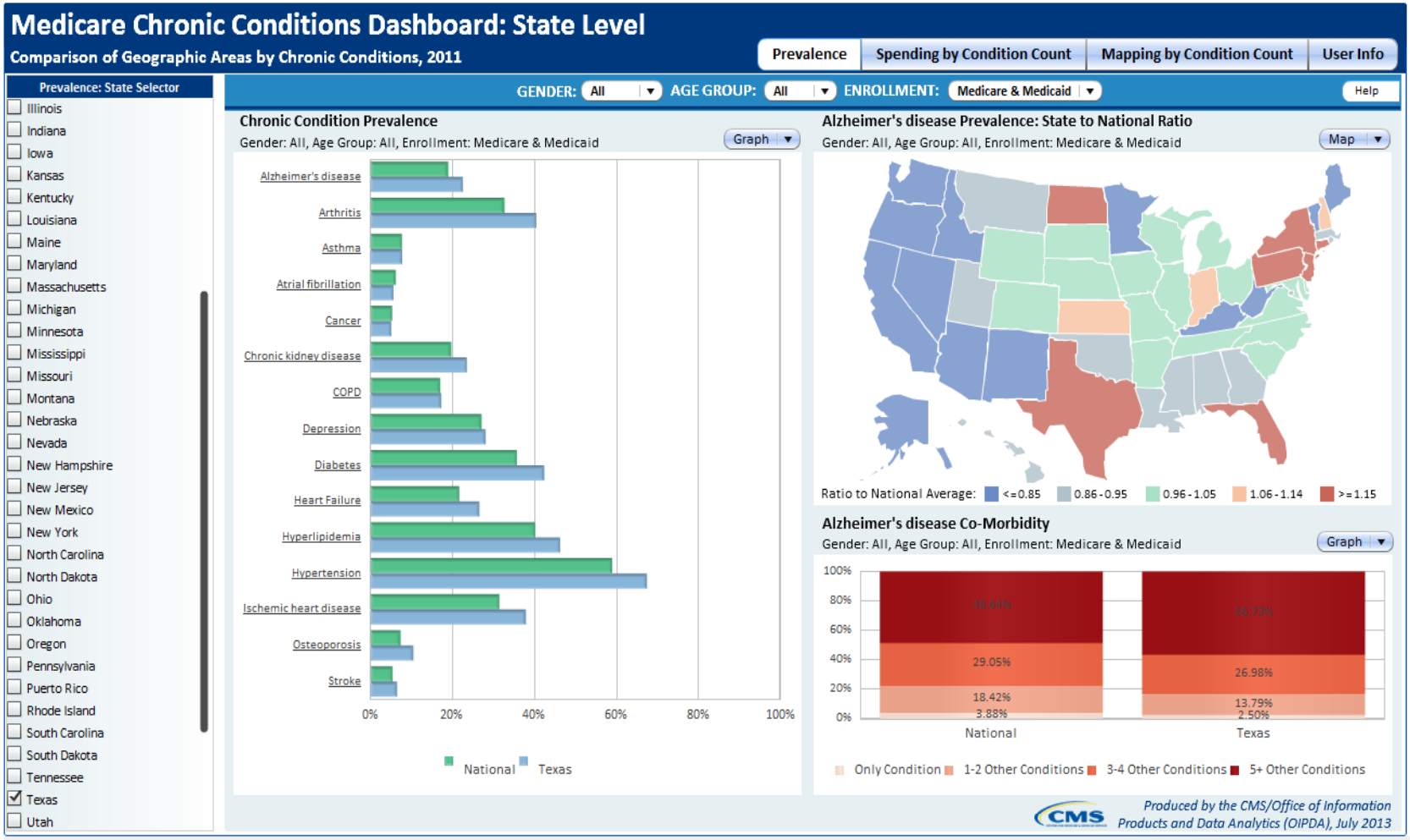
HRR Report - Beneficiaries 65 and older [ZIP, 3MB]

HRR Report - All Beneficiaries [ZIP, 3MB]

Geographic Variation Public Use File: A Methodological Overview [PDF, 484KB]

Geographic Variation Public Use File: Technical Supplement on Standardization [PDF, 1MB]

Chronic Condition Dashboard



Chronic Conditions

Chartbook

Geographic Data

Dashboard

Geographic Data

The Centers for Medicare & Medicaid Services (CMS) has developed data that enables researchers and policymakers to examine geographic variation in the prevalence of chronic conditions and multiple chronic conditions as well as utilization and Medicare spending for beneficiaries with multiple chronic conditions. The data are aggregated to three geographic areas: (1) the 50 U.S. states and Washington, DC, (2) hospital referral regions (HRR), and (3) U.S. counties and are available for the years 2007-2011.

The data are available as excel files with "Reports" that allow users to compare a specific geographic area to national Medicare estimates. Report 1 presents the prevalence of 15 common chronic conditions among Medicare beneficiaries and Report 2 presents the prevalence, utilization and Medicare spending for Medicare beneficiaries with multiple chronic conditions. In addition, the excel files include a brief "Overview" section describing the data source, the sample population and the methodology for calculating these indicators.

State Reports

HRR Reports

County Reports

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Help with File Formats and Plug-Ins

Questions?