

FAQ about the Medicare FFS Part B Provider Utilization and Payment Data

What's the history behind the data release?

On April 9, 2014, CMS released a physician-identifiable public data file that contains information on utilization and payments made to providers under Medicare FFS Part B. In 1979, the AMA was granted an injunction barring any release of doctor-specific Medicare information and the physician-identifiable data became inaccessible to the public. The injunction ended in 2013, but the data did not become public immediately. Only recently, CMS has released the data to the public citing the broad interest in viewing it.

How was this payment information released?

The public use data file was published on the CMS website in a couple of formats: tab delimited file format that requires statistical software for analysis, Excel spreadsheets split by provider last name, and summary tables with aggregated information by physician name or HCPCS code.

- [CMS website with data file](#)

In addition to the CMS website, the data was published by the *New York Times* and the *Wall Street Journal*. Both newspapers developed easy-to-navigate tools, searchable by name, specialty, and location. With the *Wall Street Journal* tool, you can search the data file to see the types and number of procedures performed and the amounts paid to each provider.

- [Wall Street Journal search tool](#)
- [New York Times search tool](#)

What are some common limitations of the data?

1. Data is not representative of the entire practice population. These numbers are for Medicare FFS Part B beneficiaries *only*. Information for patients who are enrolled in any form of Medicare Advantage plan is not included. In 2012, Medicare Advantage enrolled 27% of all Medicare beneficiaries and neurologists estimated that on average 12.2% of their patients were enrolled in Medicare Advantage (AAN Practice and Payment Trends Survey, 2012).

Also, demonstration programs that are paid outside of the Medicare claims submission process are not included (note: some CMS demonstration programs utilize the Medicare claims process and those are included in the data file).

2. The information in the data file does not tell us anything about the quality of care. The data file only contains cost and utilization information; therefore, it is impossible to determine whether the provided care was necessary or not.

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3. Medicare payments for a given code vary based on modifiers, geography, and other services performed during the day/visit; therefore, it is difficult to compare providers.
4. Data is not risk adjusted and thus does not account for differences in disease severity. Payments could be driven higher because providers were treating sicker patients who required more treatment or because their practice was focused more on Medicare patients; therefore, high payments do not necessarily indicate improper billing or fraud.
5. To ensure patient anonymity, only procedures that providers performed on more than 10 Medicare patients are counted; therefore, summing the data in the file underestimates the true Part B FFS totals.

With these limitations, should we use this data file at all?

Despite known limitations of data sets generated based on claims submission process, billing data are often used for research. The data in the public use file comes from the Physician/Supplier Part B Standard Analytical File (SAF). The public use file includes data for providers that had a valid NPI and submitted Medicare Part B non-institutional claims (excluding DME) during the 2012 calendar year. Provider specialty was derived from the provider specialty code reported on the CMS 1500 claim form. Medicare data files similar to this public use file are available to researchers for a fee (note: the research files contain information about Medicare beneficiaries whereas this file doesn't).

What information was released about neurologists?

Data analysis revealed aggregated information on utilization of services, neurologists' billing patterns, and costs to Medicare for services provided by neurologists to beneficiaries enrolled in Medicare FFS Part B.

- Overall, the public use file has information on 825,000 providers who were paid \$77 billion.
- Number of neurologists in the data file: 12,421
- 3,330 women (26.8%) and 9,091 men (73.2%), similar to the AAN membership population
- Overall, Medicare FFS Part B paid neurologists over \$1.2 billion. However, as mentioned previously this amount is probably underestimated because procedures that providers performed on less than 10 Medicare patients were excluded from the data file. To compare, according to the 2012 Medicare Statistical Supplement, Medicare FFS Part B paid for services provided by neurologists more than \$1.4 billion.

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