

CMS Final Rule Provides Public Access to Medicare Claims Data

Pursuant to a provision in the Affordable Care Act, on December 5, 2011, the Centers for Medicare and Medicaid (CMS) announced a final rule that will enable employers, consumer groups, and other qualified organizations to access an enormous cache of claims data. The database includes information on more than 47 million beneficiaries and nearly every single hospital and provider participating in Medicare.

The information will not be free; rather, qualified organizations wishing to obtain the data must pay \$40,000 in the first year and \$32,000 each subsequent year. The rule also includes measures to protect patient privacy and security, as well as hefty penalties for misuse of data.

Groups can use the data to evaluate provider and supplier performance. CMS says the rule gives consumers and employers “the health care information they need to make more informed choices about their care.”

The American Medical Association has expressed concerns that patients, untrained in quality measurement, will take the information out of context. However, the rule does include some protection for providers, specifically the ability to review confidentially and approve performance reports before they are made public. The entity wishing to disclose the data must share the measures, methodology, and results with providers at least 60 days before releasing this information publicly, giving providers a chance to make corrections if needed. Consumer advocates argue this provision may make it difficult to produce ratings. Providers should take care to exercise their rights and to ensure the accuracy of data prior to its release.