State of Maryland
Department of Health and Mental Hygiene

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Jack C. Keane

Health Services Cost Review Commission
4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hscrc.maryland.gov

Donna Kinzer
Executive Director

Stephen Ports, Director
Center for Engagement
and Alignment

Sule Gerovich, PhD, Director
Center for Population
Based Methodologies

Vacant, Director
Center for Clinical and
Financial Information

Gerard J. Schmith, Director
Center for Revenue and
Regulation Compliance

To: Hospital CEOs and CFOs

From: Donna Kinzer
Executive Director, Health Services Cost Review Commission (HSCRC)

Re: Access to Medicare Data to Support Maryland's All-Payer Model

Date: July 25, 2016

Maryland hospital leaders and other providers have expressed considerable interest in accessing Medicare data to support planning and implementation activities for the new All-Payer Model. The Commission shares this goal and staff have been working with the Centers for Medicare and Medicaid Services (CMS) to create a mechanism to access needed data. The purpose of this memo is to update you on where we stand with regards to accessing Medicare data.

In Maryland's Agreement with CMS, the importance of accessing Medicare data was highlighted as critical to Maryland's success. Two general types of Medicare data needs were articulated: first, sufficiently detailed data to support performance monitoring, policy, and planning; and second, patient-level identifiable data to support implementation of care coordination initiatives. These two data needs require different processes for access and different rationales for use.

I. Data Supporting Monitoring, Policy, and Planning

In the Maryland All-Payer Model Agreement, CMS agreed to provide HSCRC access to the first type of data: data to support monitoring, policy, and planning. In 2015, HSCRC received access to non-identifiable Medicare data through the federal Chronic Condition Warehouse (CCW). After working through numerous administrative barriers and problems with the data, HSCRC released the first set of Total Cost of Care reports through the Chesapeake Regional Information System for our Patients (CRISP) Hospital Reporting Portal in February 2016. All hospitals have access to these County-level Total Cost of Care reports through the CRISP Portal. These reports now include data through Calendar Year 2015.

Recently, HSCRC has been able to secure access to the CCW for the Maryland Hospital Association (MHA), CRISP and consulting partners. CRISP is coordinating with MHA and working with experienced Medicare data vendors to produce Total Cost of Care reporting at the hospital service area level. However, working through the CCW still has significant administrative challenges, including a requirement that any data extracted must have a cell size of at least 10.

While HSCRC has tried to leverage this data source to the fullest extent possible, we believe that it is not sufficient to support the level of planning and analysis Maryland policymakers and providers require.

Therefore, HSCRC staff have advocated for hospitals to have direct access to Medicare claims data to support their unique needs. HSCRC has worked closely with CMMI staff to establish a process for Maryland hospitals and other providers to access non-identifiable claims-level Medicare data through Limited Data Sets. This file will be unique for Maryland because it will be more timely than is typically available through the LDS and it will include 100% of the physician data, rather than a 5% sample typically available. The key attributes of the data, the process for accessing data, and reporting and analytics are described below.

a. Key Attributes of Medicare Limited Data Sets

The raw Medicare claims provided through this process will be similar to the data accessible to HSCRC through the CCW. However, because the data will be directly hosted, it will be more accessible to Maryland providers. The data will be non-identifiable claims level data, which is ideal for robust monitoring, policy and planning efforts. Provider IDs will be available in these data sets, however, patient identifiers, such as names and addresses, will be removed. There will be common patient IDs to link all the data sets. Other key attributes include:

- All Medicare Part A and B claims;
- 100% of the claims for all Maryland beneficiaries;
- Demographic and coverage information for all Maryland beneficiaries
- Substance abuse data, accounting for about 5% of total spending, which will be suppressed consistent with federal requirements; and
- Data will be provided for Calendar Year 2012 through 2015 (note: CRISP is working on longer term, more efficient process for future updates to the data, as discussed below).

b. Data Request Process

The Center for Medicare and Medicaid Innovation (CMMI) has concluded that because Maryland hospitals are already operating under the All-Payer Model, they may access data for their planning efforts. All hospitals must sign a Data Use Agreement (DUA) with CMS for access to the Medicare Limited Data Sets.

CMS proposed a standard DUA for Maryland hospitals. CMS will be expediting the approval process for these DUAs and has asked that the DUA sign off process be managed centrally by CRISP in partnership with MHA. The DUA will govern how the data must be managed and shared to ensure privacy and security. The proposed DUA and additional instructions on completing the forms are attached.

All hospitals are expected to execute a DUA with CMS. This will allow hospitals to utilize CRISP reports without cell size suppression and/or to receive the Limited Data Sets directly from CMS. Hospitals may either rely on CRISP for hosting and analytics or receive the raw data directly from CMS to run their own analytics. Hospitals that choose to rely only on CRISP reports must complete the DUA as Users of the data; CRISP will complete the other sections and Attachment A. Hospitals that choose to receive the full data set directly must complete the *full* DUA and Attachment A. In either of these pathways, all hospitals that execute a DUA with CMS will be able to access detailed reports from CRISP.

Hospital Action Item:
Complete the DUA and Attachment A per the attached instructions. Completed DUAs should be sent to Laura Mandel at Laura.Mandel@crisphealth.org. CRISP will be collecting the DUAs and facilitating the process to expedite their approval with CMS.

As an authorized user of the data and Custodian or Second Custodian on each DUA, CRISP can access the same data available to hospitals and the HSCRC. CRISP will provide the same detailed reports that HSCRC will be using to monitor total cost of care and other monitoring, policy and planning reports to all hospitals with an approved DUA.

While CMS typically charges a fee for each Limited Data Set file delivered, the HSCRC coordinated with CMMI to allow for these fees to be waived for all Maryland requestors.

Lastly, HSCRC and CRISP will be working with MHA, MedChi, Lifespan and Health Facilities Association of Maryland to facilitate their access to the same data to support their analytic efforts and support of the field.

c. Data Management Plan

HSCRC has encouraged CRISP to engage with experienced Medicare vendors and prepare to provide aggregate reports for planning and monitoring purposes using the Limited Data Sets. Similar to other reports prepared by CRISP, both hospitals and HSCRC will be able to use these reports in order to avoid duplicating costs and to assure a common understanding of the data.

HSCRC is also working with CMS to determine a more efficient process to access Medicare data in the future. HSCRC and CRISP anticipate leveraging the recently finalized Qualified Entity process or a similar process to receive certain Medicare data for monitoring, policy and planning purposes. This process would allow HSCRC and CRISP to receive and share certain data with providers. Further details on this process are forthcoming.

II. Identifiable Data to Support Care Coordination Initiatives

CMMI has also established a process for providing identifiable data to support implementation of Care Redesign initiatives. This data will be provided under the Care Redesign Amendment currently being processed by CMMI. The Care Redesign Amendment will allow hospitals to access patient identifiable data, share resources, and participate in financial alignment initiatives with other providers, if they choose to do so.

As directed by the Care Coordination Workgroup, CRISP has prepared for the role of supporting the implementation of care coordination activities with Medicare claims data. CRISP released an RFP to secure a vendor to quickly standup a robust analysis of Medicare data when it is made available.

Hospitals will be able to access identifiable data for care coordination directly or through CRISP. Background on the Care Redesign Amendment was presented during a July 13 HSCRC webinar and a recording is available at http://www.hscrc.maryland.gov/documents/md-maphs/care-redesign/HSCRC-Webinar-Care-Redesign-Amendment-2016-07-13.mp4. More specific information on access to identifiable data will be available as the Care Redesign Amendment and supporting documents are finalized.