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June 28, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: Request for Expanded Access to CMS Program Data to Support Research and Analysis of Health Care Cost and Outcomes

Dear Ms. Verma:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is writing to urge the Centers for Medicare & Medicaid Services (CMS) to expand the data it makes available through the Standard Analytic Files (SAFs) and to share currently available data on a timelier basis.

The SAFs are a critical resource for researchers and providers working to understand current trends in the Medicare program, analyze proposed changes, and formulate new proposals to contain costs and improve outcomes, which will ultimately benefit patients. CMS currently produces a separate SAF for most care settings covered by the Medicare program: inpatient acute care, hospital-based outpatient care, skilled nursing facilities, inpatient rehabilitation facilities, hospice, long-term care hospitals, Part B (“Carrier”) physicians/suppliers, and durable medical equipment (DME). The only SAF data that are not available through this mechanism are the **complete** Part B Carrier and DME claims files. For those SAFs, CMS allows access to only a 5 percent sample of the data, which presents serious barriers to developing a comprehensive understanding of payment and utilization trends, and to accurately modeling the impact of proposed changes.

The AHA applauds your recent announcement that CMS will make Medicare and Medicaid data available to researchers for the first time. **We urge CMS to build on this commitment to greater access to data and make complete (100 percent) versions of the Carrier and DME SAFs available.**



Certain CMS program data are also available through Research Identifiable Files (RIFs). Unlike the SAFs, these files contain personally identifiable protected health information and require stringent limitations on their access and use. Currently, data regarding Medicaid, Children's Health Insurance Program (CHIP), and Medicare Parts C and D utilization and cost are only available through these RIFs. This presents another issue for those attempting to understand trends in these important programs, but for whom RIFs contain much more detailed and sensitive data than are needed. The ability to thoroughly analyze these data is even more important given increased drug spending in Part D, continued enrollment growth in Medicare Advantage, Medicaid and CHIP, and improvements in Medicaid data quality and timeliness as a result of the Transformed Medicaid Statistical Information System (T-MSIS). **We ask that CMS make SAF versions of these data available, in addition to the expanded RIFs in your recent announcement.**

Opening and expanding access to these data will enable researchers, policymakers and providers to greatly enhance analysis in support of cost containment and improved outcomes. Specifically, these data could be used to:

- Examine Medicare total cost of care per member per year and develop data-driven strategies to target areas for improvement;
- Assess care patterns by various patient cohorts and determine best practices;
- Identify areas where preventative care could be improved;
- Conduct data-driven, root cause analyses to pinpoint drivers and solutions for excess readmissions and healthcare-acquired infections;
- Coordinate improved prescribing of drugs with less expensive alternatives;
- Assess efficacy of improvement initiatives and fine-tuning those efforts;
- Develop descriptive and predictive analyses to identify high-risk patients;
- Analyze care patterns before and after emergency department visits to develop strategies to address and reduce avoidable visits; and
- Analyze differences in patients and care patterns between hospital-based and free-standing ambulatory care settings.

Finally, to successfully participate in an alternative payment model (APM), participants need timely access to their data, readily available in a readable format. When providers are held responsible for the total cost of care, or even a portion of it, they must be able to understand their patient population in a detailed way so as to recognize areas where changes in care could improve patient outcomes and reduce system costs. Similarly, to work toward earning performance-based incentives, providers need data to be able to identify areas of improvement for their practices. **To that end, we urge CMS to actively explore and dedicate resources to determining methods that would provide participants with complete, timely – ideally real-**

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time – and understandable data. By doing so, CMS would empower providers to maximize the effectiveness of any care redesign efforts they undertake as part of their participation in an APM.

Thank you for your commitment to spurring innovation by unleashing the power of CMS data. **We encourage CMS to further embrace this commitment by making data from across its programs available in a more consistent and timely manner.** America's hospitals and health systems stand ready to partner with you to foster innovation to ensure a value-based health care system. The AHA looks forward to continuing to work with you to find opportunities to unlock the potential of CMS data. Please contact me if you have questions, or feel free to have a member of your team contact Aaron Wesolowski, vice president for policy research, analytics, and strategy at awesolowski@aha.org or (202) 626-2356.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President
Government Relations & Public Policy

Cc: Adam Boehler, Deputy Administrator and Director of the Center for Medicare and Medicaid Innovation