Impact of Medicare FFS Data on Provider Performance in Oregon and Central New Mexico

Justine Wagner & Melinda Warth, IMPAQ International

Under the ACA-mandated CMS Qualified Entity (QE) Medicare Data Sharing Program, for the first time, organizations are permitted to incorporate Medicare FFS data into their existing public provider performance reporting initiatives. The goal of this research is to analyze the impact of Medicare FFS data on provider performance in Oregon and central New Mexico, the first two regions included in public reports released by QEs under the QE program. Specifically, this research seeks to understand whether inclusion of Medicare FFS data supports existing industry understanding that the inclusion of Medicare FFS data significantly decreases providers’ performance measurement results.

Methods

This study analyzes public provider performance reports for two certified QEs prior to and after the inclusion of Medicare FFS data under the QE program. Based on the data available, for the QE reporting in Oregon we examine six quality measures (breast cancer screening, blood sugar screening for diabetics, cholesterol testing for diabetics, eye exams for diabetics, kidney disease monitoring for diabetics, and cholesterol testing for individuals with heart disease)1,2 and for the QE reporting in central New Mexico we examine two quality measures (breast cancer screening)3,4 and blood sugar screening for diabetics).5,6

Findings (Oregon)

For the Oregon QE, after incorporating Medicare FFS data, the mean clinic measure rate for 5 out of 6 quality measures dropped below previous national benchmark levels. Specifically:

- One measure (cholesterol testing for diabetics) dropped further below the national mean
- Two measures (kidney disease monitoring for diabetics and cholesterol testing for individuals with heart disease) dropped to below the national mean

Findings (New Mexico)

For the New Mexico QE, inclusion of Medicare FFS data led to a decrease in both quality measures; the most significant was a decrease from 75% to 59% in the participating medical groups’ mean overall score for breast cancer screening.

Conclusion

The inclusion of Medicare FFS data in QEs’ existing public provider reporting initiatives generally supports industry understanding that inclusion of Medicare FFS data significantly decreases providers’ overall performance results.

Our results suggest that there is a continued need for Medicare FFS-focused quality improvement and performance reporting initiatives aimed at closing the quality of care gap across individuals based on insurance type. The quality of care provided to Medicare FFS beneficiaries compared to other insured individuals has only been tangentially examined in the past.

While it is still too early to determine whether the inclusion of Medicare FFS data in public reports released under the QE program will improve quality of care for the FFS population, the QE program’s transparency affords a new measurement baseline from which consumers, policymakers, and health care providers can collaborate.