

Updated July 2014



CMS Program Comparison Grid

CMS Program	Category	Program Description/Purpose	Public Reporting Allowed	Allowed Data Uses	Fee
Qualified Entity	Transparency	Sharing Medicare data for the creation of public performance reports	Yes	Users are Qes that are qualified to use claims data to evaluate the performance of providers and suppliers on measures of quality, efficiency, effectiveness, and resource use. Qes are permitted to use the requested information in certain ways for the evaluation of the performance of providers and suppliers. Users may reuse original or derivative data without prior written authorization from CMS for the evaluation of the performance of providers and suppliers consistent with the requirements. The User may disseminate original or derived information...with or without direct beneficiary identifiers, to providers of services and suppliers for purposes of sharing measures, measurement methodologies, and measure results prior to making reports available to the public.	yes
Research - Standard	Academic Research	Research (must contribute to generalizable knowledge)	Yes, but only with designated funding and IRB approval	Varies	yes
Research - State	Academic Research	Research (must contribute to generalizable knowledge) - modified request process for state agencies	Yes, but only with designated funding and IRB approval	Varies	yes

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QIO	Ambulatory Quality Improvement	Improving the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries	No	Core functions of the QIO Program are (1) improving the quality of care for beneficiaries, (2) protecting the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting, and (3) protecting beneficiaries by expeditiously addressing individual complaints, such as beneficiary complaints; provider-based notice appeals; violations of EMTALA; and other related responsibilities as articulated in the QIO-related law.	no

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ACO	CMS payment model	Payment model where groups of health care providers come together voluntarily to give coordinated high quality care to the Medicare patients they serve	No	Data as a tool to deliver seamless, coordinated care for patients with Original Medicare to promote better care, better health, and lower growth in expenditures. Information derived from the files specified in Section 5 of the DUA may be shared and used within the legal confines of the ACO and ACO participants to enable the ACO to improve care integration and be a patient-centered organization. Users may reuse original or derivative data without prior written authorization from CMS for clinical treatment, care management and coordination, QI activities, and provider incentive design and implementation, but shall not disseminate original or derived information from the files specified in Section 5 of DUA to anyone who is not an ACO participant or provider/supplier. When using or disclosing PHI obtained under the DUA, users must make "reasonable efforts to limit" the information to the "minimum necessary" to accomplish the intended purpose of the use, disclosure or request. Nothing in the DUA prohibits users from discussing or reporting on specific individuals or incidents in a manner consistent with Section A-2. Nothing in the DUA prohibits the users from obtaining and disseminating any information whatsoever that is obtained independent of the DUA, whether or not the information could also be derived from the files specified in Section 5 of the DUA.	no

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Bundled Payments Model	CMS payment model	Payment model where organizations will enter into payment arrangements that include financial and performance accountability for episodes of care	No	Data as a tool to test four broadly defined models of care, which link payments for multiple services beneficiaries receive during an episode of care. Plans for all models include provider-led care redesign and enhancements, such as reengineered care pathways using evidence-based medicine, standardized operating protocols, improved care transitions, and care coordination.	no
Comprehensive Primary Care Initiative	CMS quality model	Multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care	No	Medicare will work with commercial and state health insurance plans and offer bonus payments to primary care doctors who better coordinate care for their patients. Primary care practices that choose to participate in this initiative will be given resources to better coordinate primary care for their Medicare patients.	no
Health Care Innovation Awards	CMS payment and quality model	Awards to organizations that are implementing the most compelling new ideas to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid and CHIP	No	Awarded organizations will implement projects in communities across the nation that aim to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid, and CHIP.	no

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State Innovation Models	CMS payment and quality model	Providing support to states for the development and testing of state-based models for multi-payer payment and health care delivery system transformation	No	Sometimes use state research DUA; otherwise each state is negotiating with CMS individually because they're all doing different projects.	varies

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CMS Program	Contact Info	CMS Owner (Component)	Timeline/ Funding Period	Medicare Data	Medicaid Data	Other Data	Data Source(s)	System of Record #	Identifiable vs Limited Data Set	Data Refresh cycle
Qualified Entity	www.qemedicaredata.org	Office of Information Products and Data Analytics	3 year approval period	Parts A, B & D + enrollment	no	no	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Up to quarterly
Research - Standard	www.resdac.org	Office of Information Products and Data Analytics	n/a	minimum necessary	minimum necessary	minimum necessary	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Varies
Research - State	www.resdac.org	Office of Information Products and Data Analytics	n/a	minimum necessary	minimum necessary	minimum necessary	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Up to quarterly

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QIO	Refer to CMS contract	Center for Clinical Standards and Quality	11th SOW starts 08/11/14	TBD	no	varies	TBD	TBD	Identifiable	TBD

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ACO	Varies - see CMS agreement	Center for Medicare + Center for Medicare & Medicaid Innovation	n/a	Parts A, B & D + enrollmen t	no	no	Integrated Data Repository	09-70-0571	Identifiable	Monthly

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Bundled Payments Model	Varies - see CMS agreement	Center for Medicare & Medicaid Innovation	3 year initiative, participating organizations announced 1/31/13	varies	varies	varies	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Varies
Comprehensive Primary Care Initiative	Varies - see CMS agreement	Center for Medicare & Medicaid Innovation	4 year initiative, beginning in fall 2012	varies	varies	varies	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Varies
Health Care Innovation Awards	Varies - see CMS agreement	Center for Medicare & Medicaid Innovation	First round 5/8/12; second round 6/15/12	varies	varies	varies	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Varies

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State Innovation Models	Varies - see CMS agreement	Center for Medicare & Medicaid Innovation	First round in 2013; Model Design (1/1/15-12/31/15) and Model Test (1/1/15-12/31/18) - announcement in fall 2014	varies	no	varies	Chronic Condition Data Warehouse	09-70-0573	Identifiable	Varies

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CMS Program	DUA	DUA Attachment (includes allowed data uses)	Applications Requirements
Qualified Entity	http://www.resdac.org/sites/resdac.org/files/QE%20Data%20Use%20Agreement.pdf	n/a	https://www.qemedicaredata.org/SitePages/steps.aspx
Research - Standard	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads//cms-r-0235.pdf	n/a	http://www.resdac.org/cms-data/request/research-identifiable-files
Research - State	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads//cms-r-0235.pdf	http://www.resdac.org/sites/resdac.org/files/State_DUA%20Attachment%20A.pdf	http://www.resdac.org/cms-data/request/state-agency

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CMS Program	DUA	DUA Attachment (includes allowed data uses)	Applications Requirements
QIO	n/a	n/a	n/a

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CMS Program	DUA	DUA Attachment (includes allowed data uses)	Applications Requirements
ACO	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Data-Use-Agreement.pdf	n/a	http://www.foley.com/cms-proposed-rule-describes-aco-requirements-eligibility-governance-application-monitoring-and-termination-04-25-2011/

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CMS Program	DUA	DUA Attachment (includes allowed data uses)	Applications Requirements
Bundled Payments Model	http://innovation.cms.gov/Files/x/Bundled-Payments-for-Care-Improvement-Data-Use-Agreement.pdf	Addendum: http://innovation.cms.gov/Files/x/Bundled-Payments-for-Care-Improvement-DUA-Sig-Addendum.pdf	http://innovation.cms.gov/initiatives/Bundled-Payments/Models2-4OpenPeriod.html
Comprehensive Primary Care Initiative	Unavailable	n/a	http://innovation.cms.gov/Files/x/Comprehensive-Primary-Care-Initiative-Solicitation.pdf
Health Care Innovation Awards	Unavailable	n/a	http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Health-Care-Innovation-Challenge-Application-Info-page.html

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CMS Program	DUA	DUA Attachment (includes allowed data uses)	Applications Requirements
State Innovation Models	Sometimes use state research DUA; otherwise each state is negotiating with CMS individually because they're all doing different projects.	n/a	http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-05-22.html