CMS’ Medicare Physician Claims Data: What ASCRS Members and Patients Need to Know

On June 1, 2015 the Centers for Medicare and Medicaid Services (CMS) released to the public information on the number and type of Medicare healthcare services individual physicians and certain other healthcare providers delivered in 2013 and the amount Medicare paid them for those services. This is the second annual release of Medicare provider utilization and payment data. The data include information on more than 950,000 healthcare professionals in all 50 states who collectively received $90 billion in 2013 Medicare payments. Unlike 2012 data, the 2013 data includes separate lists for total allowed medical services and total allowed Part B administered drugs.

We expect that media outlets could cover the story and focus attention on ophthalmology in reports. ASCRS has compiled the below list of talking points to help you answer your patients’ questions If you are contacted by the media, please refer all inquiries to ASCRS at 703-591-2220.

What do the data represent?
- The Medicare Physician Claims Data encompasses Medicare healthcare services individual physicians and certain other healthcare providers delivered in 2013 and the amount Medicare paid them for those services.
- The data shows payment and submitted charges and allows for comparison by physician, specialty, location, types of medical services and procedures delivered, including Part B drugs.
- After specialty societies, including ASCRS, emphasized to CMS that the 2012 data did not adequately account for high drug costs, the 2013 data now provides separate totals for medical services and Part B administered drugs.
- CMS acknowledges that the new separated drug versus service analysis illustrates that a large portion of the costs for several specialties, including ophthalmology, is due to the cost of drugs administered.

How do I view the data?
- For 2013, CMS has provided a Medicare Provider Utilization and Payment Data: Physician and Other Supplier Look-up Tool. To search the data go to https://data.cms.gov/utilization-and-payment-explorer.

What are the limitations of this data?
- There may be errors in the data, since physicians have had no opportunity to review the data;
- The data do not indicate the quality of service or outcome, only that it was billed; and
- The data are not risk-adjusted to indicate patient population, such as what percentage of a physician’s patients are Medicare beneficiaries, and do not account for patient mix and demographics; and
- It is important to note that the majority of ophthalmology patients are Medicare-eligible.
- The total numbers for ophthalmology are skewed due to the fact some retinal drugs carry an extremely high cost. Organized ophthalmology continues to work to allow access to the lower-cost alternatives.

Why might there be a focus on ophthalmology services provided?
- Cataract surgery is the number one Medicare-reimbursed surgical procedure and Medicare beneficiaries typically comprise about 65% of an ophthalmologist’s patient base.
- More than 3.3 million cataract surgeries are performed each year in the U.S.

If you have additional questions, please contact Nancey McCann, director of government relations, at nmccann@ascrs.org or 703-591-2220.
What should I tell my patients when they ask about this data?

- Remind patients that this represents only claims data and does not indicate the quality of services performed.
- Explain that due to the frequency of cataract surgery and the relatively high percentage of Medicare patients that ophthalmologists treat, the data appears to inflate the use of certain codes.
- Cataract surgery provides the greatest impact on quality of life per dollar than almost any other surgery; many studies show cataract surgery decreases incidents of hip fractures from falls, car accidents, and even depression among the elderly.
- Remind patients they can run an analysis that separates drug costs from medical procedure costs, which will provide a more accurate analysis of the Medicare data.