CMS Response to Public Comments Received for CMS-10394

The Centers for Medicare and Medicaid Services (CMS) received two comments (one from a physician and one from industry organization) related to CMS-10394. This is the reconciliation of the comments.

Comment:

CMS received a comment from an industry organization that inconsistent representation of service locations and responsible entities in administrative data persists across processes, creating downstream issues in analytics and program integrity. CMS should introduce targeted pre-enrollment validation to ensure data reliability early—strengthening program integrity before enrollment and payment.

Response:

CMS appreciates the suggestion and concern expressed regarding pre-enrollment validation and the reliability of administrative data used across programs. CMS believes this recommendation falls outside the scope of the QE program. The QE program is specifically designed to facilitate access to Medicare claims data for performance measurement purposes and is not structured to address upstream enrollment validation processes. CMS continues to explore opportunities to improve data validation more broadly and appreciates the perspective that data integrity is strengthened when addressed early in the administrative lifecycle.

Comment:

CMS received a comment from a physician recommending that CMS request additional information from QEs about their methods for coding standardization, citing variability in how procedure and diagnosis codes are applied for measure calculations. The commenter also suggested requesting information on a QE's approach to deriving coding assignments from structured clinical inputs.

Response:

CMS appreciates the comment, but believes this falls outside the current scope of the QE program. Coding standardization methodologies influence how procedure and diagnosis codes are assigned and ultimately submitted on a claim. The QECP provides participants with standardized extracts of Medicare final action claims for the purpose of combining them with other payer claims data to calculate and report provider performance. Because these are finalized claims, QEs cannot modify the codes billed. Additionally, the selection of procedure and diagnosis codes used in performance measure calculations is determined by the measure steward, not the QE, for standard measures.

In addition, requesting information on a QE's approach to deriving coding assignments from structured clinical inputs would fall outside the scope of the QE program. The QECP oversees the use of standardized Medicare claims extracts, which do not include EHR or other digital medical record data.