



AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*®

July 18, 2013

The Honorable Charles Grassley  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
United States Senate  
Washington, DC 20510

Dear Senators Grassley and Wyden:

On behalf of the American College of Physicians (ACP), I am writing to express our views regarding S. 1180, the Medicare Data Access for Transparency and Accountability Act. We appreciate your commitment to increase transparency and accountability and reduce fraud within Medicare. We support the intent of S. 1180, but recommend that you modify this legislation to include additional safeguards to further ensure the accuracy and appropriate use of this information.

ACP is the largest medical specialty organization and second-largest physician group in the United States, representing 137,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum, from health to complex illness.

The College has a long history in support of healthcare transparency. Thus, we support the overall intent of this legislation to make Medicare claims data more publically accessible. S. 1180 would mandate that the Secretary of Health and Human Services shall, to the extent consistent with applicable privacy, security, and disclosure laws, make available to the public, all claims and payment data of the Department of HHS related to Medicare, including data on payments made to all providers and suppliers who submit claims within Medicare. The bill only affects payments under traditional fee-for-service Medicare. It would require the Secretary to issue a regulation to ensure that:

- the data is made available to the public through a searchable database that the public can access at no cost;
- such a database – includes the amount paid to each provider of services or supplier under Medicare, the items or services for the total amount of payment, and the location for the provider of services or supplier;
- is organized based on the specialty or the type of provider of services or suppliers involved;
- is searchable based on the type of items or services furnished;
- includes a disclaimer that the aggregate data in the database does not reflect on the quality of the items or services furnished or of the name of the provider of services or supplier;
- each provider of services or supplier in the database is identified by a unique identifier that is available to the public such as the National Provider Identifier;
- the database shall include data for fiscal year 2014, and each fiscal year thereafter.

While this legislation is generally consistent with ACP policy, we provide the following suggestions for improvement:

- The bill provides no process for the physician to ensure that the information to be reported is valid (accurate) prior to public reporting. We recommend that a process of review and appeal be added.
- The bill commendably requires that the publically reported data base include language indicating that it does not reflect on quality. We recommend expanded language to ensure that patients and consumers understand the information and its limitations. For example, the public website should include language indicating that the reported charge information doesn't adjust for differences in the health status/risk, socioeconomic, demographic, and other characteristics of the patient population seen by physicians and other providers that may affect the aggregate data. Also, similar to language planned to be used for the public website for the Physicians Payment Sunshine Act, we recommend that language be added indicating the public reporting of significantly higher payments to a provider for services relative to peers does NOT in itself reflect delivery of unnecessary services or fraud.
- The bill suggests the use of a unique provider identifier to be publically reported within the data base, and specifically mentions the potential use of the National Provider Identifier (NPI). There is some concern within the medical community that the public display of the NPI in this reporting process could increase the likelihood of identity theft. Thus, the College recommends an alternative approach similar to that being used under the Physician Payment Sunshine Act. More specifically, while data is internally aggregated through the use of the NPI, public reporting would identify the provider through a means that does not publicly report the NPI (e.g., through use of name and address of provider.)

We look forward to working with you to increase transparency and accountability within Medicare and ask that you consider modifying this legislation to include our recommendations to improve this process. If you have any questions regarding this letter, please do not hesitate to contact Brian Buckley at 202-261-4543 regarding your inquiry.

Sincerely,

A handwritten signature in black ink that reads "Molly Cooke". The signature is written in a cursive, flowing style.

Molly Cooke, MD, FACP  
President