

## CMS Issues Final Rule Allowing Access to Medicare Data

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Health Law

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The Centers for Medicare & Medicaid Services (CMS) recently issued a [final rule](#) giving consumers and employers access to Medicare claims data for provider performance reports. The final rule implements provisions of the Affordable Care Act intended to promote transparency and ensure that consumers have access to relevant information in order to make informed decisions. Eligible qualified entities will have access to Medicare claims data, which must be combined with private sector claims in order to assess provider and supplier performance.

To be eligible to participate, an entity must be a “qualified entity” with experience in tasks related to calculating and reporting performance measures, including ensuring the privacy and security of data, combining claims data from multiple payors, designing and publicizing performance reports, and error correction requests. Under the final rule, a qualified entity need not be a single organization, and entities that can demonstrate the required experience through activities with contracted entities may be eligible.

Before receiving any Medicare data, qualified entities must sign a Data Use Agreement with CMS, which requires submission of documentation of any inappropriate use or disclosure of individually identifiable data to CMS and to inform each individual whose information has been inappropriately accessed.

According to CMS, the final rule includes significant modifications from the proposed rule released in June, including modifications regarding the cost and timeliness of data, flexibility and innovation in measure calculation, and timeframes for provider’s and supplier’s review and appeal of draft reports.

The final rule is effective January 6, 2012. Additional information on the final rule is available via CMS’ [fact sheet](#) and [press release](#).

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