

How Unused Medicare Data Can Improve Patient Care

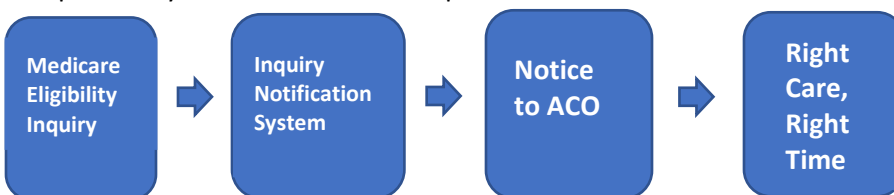
NAACOS'S REQUEST

Modify [the HIPAA Eligibility Transaction System \(HETS\)](#) to allow access to all eligibility inquiries for ACO-assigned beneficiaries and to develop a proactive, real-time notification system for ACOs when beneficiary eligibility is requested.

HOW IT WORKS

Doctor's offices, clinics, hospitals, surgery centers, and other providers ping the HIPAA Eligibility Transaction System (HETS) to check patients' Medicare eligibility at each encounter. If the Centers for Medicare & Medicaid Services (CMS), which operates HETS, allows access to the system's data, then Medicare providers would have real-time knowledge of beneficiaries' visits to medical providers, including hospital admissions, emergency department visits, and specialist encounters.

NAACOS developed, with the assistance of technical experts, an outline for an ACO Inquiry Notification System. The system, operated by a registered third party, would serve as a secure, point-of-service notification system. Leveraging real-time data feeds from HETS, the notification system would alert ACOs when one of their assigned patients may be seeking care or receiving services outside their ACO. This would limit customization and provide a simplified, user-driven approach to extract data from the current HETS system. Alternatively, CMS could allow Medicare ACOs the ability to securely access the system independently and monitor for their patients.



WHY IT'S BETTER

CMS has proposed to require hospitals send electronic notifications of patients' admission, discharge, or transfer to their facility or another community provider. While the proposal is a step in the right direction, it contains several limitations, such as being limited to hospital admissions and forcing hospitals to determine with whom patients have established relationships. It further adds significant regulatory costs, which would be avoided with a policy of allowing ACOs access to HETS data. That data would provide information on all patient visits and place the onus on ACOs to track the whereabouts of their patients.

WHY IT MATTERS

The success of the ACO program is largely dependent on timely transfer of patient information and coordination of care.

Since Medicare patients have the right to seek care from any provider who accepts Medicare, it can be challenging for the ACOs to monitor services received by their assigned patients, particularly at the time of service.

Leveraging data feeds from the HIPAA Eligibility Transaction System (HETS), ACOs can tell when one of their member patients may be seeking or receiving services.

ACOs could intervene, for example, when a patient of theirs visits the emergency department, to offer the care coordination tools they're designed to offer, making sure patients receive the right care, in the right setting, at the right time.