A Todd Park Data Challenge

Slides

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Spotfire Dashboard

Research Notes

Thank you for joining us at Health Datapalooza!

Impromptu Data Challenge/Jam at 2:15 Today in Council Room!

Datalab Cheat Sheet

Secure health data helping patients, doctors improve care and health
Administration offers consumers an unprecedented look at hospital charges
HPN Announces Team POWERDOT Wins $500,000 As Current Leader
POWERDOT awarded $500,000 and Announcing Heritage Health Prize 2.0

http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge
Updated: Sat, 19 Sep 2015 10:11:35 GMT
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Taking the Todd Park Challenge

At the end of the excellent Datalab session, I asked Todd Park and Damon Davis to please make the list of new web addresses available ASAP so writers and data scientists like me could work with them tonight and Todd Park ask: "how many have attended all 17 of the presentations and give me your emails so I can invite you to a special meeting with me tomorrow for a friendly competition to tell me what you learned, and I would not bet against Brand."

The Challenge: Bring your best idea for an app, tool or use integrating 3 or more of the data sources presented yesterday at the datalab

So here is what I have learned and done:

- Health Data Palooza I-III - my previous activities
- Health Data Palooza IV - Diabetes and App Challenge Entries
- Todd Park Challenge - HHS, HPN, etc. data sets

As a side note, I told HPN their data set was not good enough to support their modeling objectives.

The Kaggle (HPN) press release today said: Noted data scientist Pete Warden has explained that "you can't really anonymize your data" but also pointing out "there's so much good that can be accomplished using open datasets, it
would be a tragedy if we let this slip through our fingers ...” This new competition will be the first time that the impact of
data anonymization on health outcomes will really be understood, and will likely provide strong evidence that a more
nuanced approach to open data legislation could greatly improve health outcomes.

This will also be the first time that there has been an invitation-only Kaggle competition with such a large purse. It will be
very exciting to see how the world’s best data scientists respond to this great challenge.

The Levels of Data Science I apply to new data sets are:

• Find Data and Data Dictionary and Produce Summary Table (Completeness and Value)
• Produce Basic Visualization
• Produce Correlations
• Support Integration with Other Data Sets

The Todd Park Challenge is like that announced in the HHS press release: HHS is also co-sponsoring a national
competition – known as a “code-a-palooza” – to design an innovative app or tool using Medicare data that primary care
providers can use to help manage patient care. The national competition, sponsored by ONC, the Health Data
Consortium, and the cloud software company Socrata, will give $25,000 in prizes to the teams of coders and medical
experts that build the best tools or apps by the end of Datapalooza.

The recent HHS Press Release mentions 5 data sets that I am using (see results below).

The Datalab session listed 15 speakers below, but 17 actually presented:

• Susan Queen, Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation
• Steve Cohen, Director, Center for Financing, Access and Cost Trends, Agency for Healthcare Research & Quality
• Rick Moser, National Institutes of Health
• Victor Lazzaro, Performance & Data Analytics Manager, Office of the National Coordinator for Health IT
• Niall Brennan, Director of the Office of Information Products and Data Analytics, Center for Medicare and Medicaid
  Services
• Miya Cain, Office of the Assistant Secretary, Administration for Children and Families, US Department of Health and
  Human Services
• Edward Salsberg, Director, National Center for Health Workforce Analysis, Health Resources and Services
  Administration
• Robert Post, Environmental Protection Agency (EPA)
• Eugene Hayes, the Substance Abuse and Mental Health Services Administration (SAMHSA)
• Jim Craver, Center for Disease Control and Prevention (CDC)
• David Forrest, Senior Advisor, Health and Human Services Office of the Chief Technology Officer
• Tania Allard, Director of Intergovernmental Affairs & Special Projects, New York State Department of Health
• Steven Edwards, Environmental Protection Agency
• Steve Emrick, National Library of Medicine
• Carol A. Gotway Crawford, Director of Behavioral Surveillance, Centers for Disease Control

I am still compiling the data set URLs from the 17 presentations and starting to use the Health Data All Stars:
Health Data All Stars is a directory of 50 prominent domestic resources for health data at the federal, state and local levels housed on the Health Data Consortium's website. To compile the directory, we spoke with leading health researchers, government officials, entrepreneurs, advocates and others to identify the health data resources that matter most. View our list, help us refine it, and suggest new resources.

So I am Taking the Todd Park Challenge and planing a Health Data Science Conference.

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**Slides**

**Slide 1 Medicare Provider Charge Data**

[Image of Medicare Provider Charge Data]

**Slide 2 National and State**

[Image of National and State Data]
Slide 3 County Reports

Slide 4 County Reports Data & Data Ecosystem
Slide 15 LCD Tables 25-28

Slide 16 LCD Tables 29-32

Spotfire Dashboard

For Internet Explorer Users and Those Wanting Full Screen Display Use: Web Player Get Spotfire for iPad App

Media, iframe, embed and object tags are not supported inside of a PDF.
Spotfire Dashboard

For Internet Explorer Users and Those Wanting Full Screen Display Use: Web Player Get Spotfire for iPad App

Media, iframe, embed and object tags are not supported inside of a PDF.

Research Notes

http://www.startuphealth.com/hdp Register

http://maps.ahrq.gov See

http://www.healthdata.gov Download Catalog (?) and Prioritize Data Sets (Use Data Catalog Metadata to see which might be integrated, see if Data Dictionaries and Data can be readily accessed, create Data Ecosystem with Data Dictionaries to see if semantic integration is possible, and then do it).

Bioportal using ontologies to try to do this.

Three approaches: ETL (LTE with Big Data), NLP for RDF (e.g. NLMs Semantic Medline to the new Cray Graph Computer), and IoM/CMS Predictive Analytics (Subject Matter Experts Requirements to Data Base Managers)

Thank you for joining us at Health Datapalooza!

Source: Email: June 5, 2013 and http://us5.campaign-archive1.com/?u=aab1c4718e9ab334b4cfbc9bf&id=61e5c8d792&e=8a351d906b

In the end, we had more than 2,000 people registered for Health Datapalooza IV, the biggest yet, and the event was full of discussions about the future of health data. Thank you so much for joining us, and we hope you left inspired and energized by the incredible opportunities for innovation. And of course, thank you once again to our lead sponsors, athenahealth, Heritage Provider Network, and VitalSpring, as well as our challenge sponsor, Sanofi.

Be sure to visit the Health Data Consortium site for updates on our programs and events. While you're there, visit a great new data resource: the Health Data All Stars. This directory of 50 prominent domestic resources for health data at the federal, state and local levels was created through interviews with leading health researchers, government officials, entrepreneurs, advocates and others to identify the health data resources that matter most. Explore the Health Data All Stars, suggest new resources, and let us know what you think! You can also see the new Health Data Bill of Rights on HDC's website now.

If you are a medical professional, you can find details on continuing medical education (CE/CEUs) on the website, including how to access the post-assessments and evaluations.
Last but not least: **save the date** for next year's Health Datapalooza, June 1st-3rd, 2014!

Thanks again,
The Health Datapalooza IV team

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**Impromptu Data Challenge/Jam at 2:15 Today in Council Room!**

Source: Email, June 4, 2013

From: Claudia.Williams
Date: June 4, 2013, 11:06:36 AM EDT
Subject: Impromptu Data Challenge/Jam at 2:15 Today in Council Room!

Hello folks:

Yesterday at the Datalab Todd proposed that we hold an impromptu data challenge/jam today - highlighting your super cool ideas for using the data presented at the session yesterday.

This event will be at 2:15 pm today in the Council Room at the Omni - on same level as registration.

Please bring your best idea for an app, tool or use integrating 3 or more of the data sources presented yesterday at the datalab (see attached for a refresher). We will make pitches, vote and have some fun!

Please forward this to anyone we might have missed.

For additional reference, here is the dropbox link with presentations:

[https://dl.dropboxusercontent.com/u/...2013_FINAL.ppt](https://dl.dropboxusercontent.com/u/...2013_FINAL.ppt) (PPT)

Thanks, Claudia

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**Datalab Cheat Sheet**

Source: Word

<table>
<thead>
<tr>
<th>#</th>
<th>Time</th>
<th>Name</th>
<th>Org</th>
<th>Presenting</th>
<th>Seed Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1:35</td>
<td>Todd Park (Heard)</td>
<td>White House</td>
<td>US Gov vision for open data - POTUS Exec</td>
<td>None</td>
</tr>
</tbody>
</table>

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http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge

Updated: Sat, 19 Sep 2015 10:11:35 GMT

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<table>
<thead>
<tr>
<th></th>
<th>Time</th>
<th>Name (Heard)</th>
<th>Role</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1:40</td>
<td>Damon Davis (Heard)</td>
<td>HHS, CTO</td>
<td>HHS’s Strategy for open machine readable health data</td>
</tr>
<tr>
<td>3</td>
<td>1:45</td>
<td>David Forrest (Heard)</td>
<td>HHS, CTO</td>
<td>Overview and next steps for HealthData.gov platform</td>
</tr>
<tr>
<td>4</td>
<td>1:55</td>
<td>Niall Brennan (Heard Before)</td>
<td>Center for Medicare &amp; Medicaid Services</td>
<td>Synthetic Public Use File (SynPUF), Diagnosis Related Groups (DRG)</td>
</tr>
<tr>
<td>5</td>
<td>2:05</td>
<td>Susan Queen</td>
<td>Asst Sec for Planning &amp; Evaluation</td>
<td>Health System Measurement Project -</td>
</tr>
</tbody>
</table>

What future data do you envision CMS releasing?

What is one of the coolest mashups you’ve seen with CMS data or what do you wish someone would do with the data?
<table>
<thead>
<tr>
<th></th>
<th>2:15</th>
<th>Steven Cohen (Heard)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the downloaded most frequently from the HSMP?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency for Healthcare Research &amp; Quality</td>
</tr>
<tr>
<td>Time</td>
<td>Speaker</td>
<td>Position/Email</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td>2:25</td>
<td>Steve Emrick (Heard)</td>
<td>National Library of Medicine</td>
</tr>
<tr>
<td>2:35</td>
<td>Miya Cain (Heard)</td>
<td>Administration for Children and Families</td>
</tr>
<tr>
<td>2:45</td>
<td>Rick Moser</td>
<td>National Institutes Of Health <a href="mailto:moserr@mail.nih.gov">moserr@mail.nih.gov</a></td>
</tr>
<tr>
<td></td>
<td>2:55</td>
<td>Tania Allard (Heard)</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>3:05</td>
<td>CUSHION</td>
</tr>
<tr>
<td></td>
<td>3:15</td>
<td>BREAK</td>
</tr>
<tr>
<td></td>
<td>3:25</td>
<td>Carol Gotway Crawford (Heard?)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 11  | 3:35 | **Ed Salsberg** (Heard) | **Health Resources and Services Administration**  
Email address? | **preventable infectious diseases**  
Area Resource File & HRSA data warehouse  
ARF - A database containing more than 6,000 variables for each of the nation’s counties. ARF contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics. In addition, the My Note: 2013 soon with EPA data! |
<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Organization</th>
<th>Contact Information</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Victor Lazaro</td>
<td>Office of the National Coordinator for Health IT</td>
<td><a href="mailto:Victor.Lazzaro@hhs.gov">Victor.Lazzaro@hhs.gov</a></td>
<td>HealthIT dashboard, and new Regional Extension Center PUF</td>
</tr>
<tr>
<td>13</td>
<td>Eugene Hayes</td>
<td>Substance Abuse and Mental Health Services Administration</td>
<td><a href="mailto:eugene.hayes@samhsa.hhs.gov">eugene.hayes@samhsa.hhs.gov</a>, <a href="mailto:Melinda.Campopiano@samhsa.hhs.gov">Melinda.Campopiano@samhsa.hhs.gov</a></td>
<td>remote treatment services locator, SAMHD Data Warehouse, restricted data available</td>
</tr>
<tr>
<td>14</td>
<td>Jim Craver</td>
<td>Center for Disease Control and Prevention</td>
<td></td>
<td>Health Indicators Warehouse, tricks and tips</td>
</tr>
<tr>
<td>15</td>
<td>4:15</td>
<td>Steven Edwards</td>
<td>Environmental Protection Agency (EPA)</td>
<td>Toxicology data, high throughput screening</td>
</tr>
<tr>
<td>----</td>
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<td>----------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:edwards.stephen@epa.gov">edwards.stephen@epa.gov</a></td>
<td></td>
</tr>
</tbody>
</table>

What is being done about the old data listed on the data finder?

Do you anticipate additional data coming out of [http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge](http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge)?

Given that some of the data from the National Center for Health Statistics in the HIW is only available at the national or state level of geography, what is some of the value of the data for developers working with more local communities or more granular developments?

be available through APIs?
<table>
<thead>
<tr>
<th>16</th>
<th>4:35</th>
<th>Robert Post (Heard)</th>
<th>USDA, Center for Nutrition Policy and Promotion Email address?</th>
<th>Q: There are many apps out there that use data similar to this dataset. Any ideas for a unique product?</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>4:45</td>
<td>Mike Byrne (Heard)</td>
<td>Federal Communications Commission (FCC) <a href="mailto:matthew.quinn@fcc.gov">matthew.quinn@fcc.gov</a></td>
<td>Q: Will the government offer an API with this data and include restaurant and other branded products?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rural Health Care Pilot Program - creation of a nationwide</td>
<td>Q: What are the biggest nutrition issues in America today and how do they relate to digital interventions?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Possibilities for the data/developers: Combine it with data illustrating</td>
<td></td>
</tr>
</tbody>
</table>

http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge
Updated: Sat, 19 Sep 2015 10:11:35 GMT
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broadband network dedicated to healthcare networks of healthcare providers involved in other consortia and collaborative activities like health information exchanges, regional extension centers, beacon communities and accountable care organizations.

Providers who need broadband access to participate in telemedicine or some of these consortia could identify possible FCC-funded consortia with whom to connect. ... and academic medical centers and...
others seeking to expand their collaborative healthcare networks could identify providers who have the broadband capacity to join.

<table>
<thead>
<tr>
<th></th>
<th>Damon Davis and Todd Park</th>
<th>HHS and White House OSTP</th>
<th>My Suggestion Led to The Impromptu Data Challenge/ Jam</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Claudia.Williams@hhs.gov
david.forrest@hhs.gov
jcraver@cdc.gov
CCrawford1@cdc.gov
eugene.hayes@samhsa.hhs.gov
Melinda.Campopiano@samhsa.hhs.gov
Victor.Lazzaro@hhs.gov
christopher.powers@cms.hhs.gov
matthew.quinn@fcc.gov
Susan.Queen@hhs.gov
Niall.Brennan@cms.hhs.gov

http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge

Updated: Sat, 19 Sep 2015 10:11:35 GMT
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Secure health data helping patients, doctors improve care and health


FOR IMMEDIATE RELEASE
June 3, 2013

Contact: HHS Press Office
(202) 690-6343

Health and Human Services (HHS) Secretary Kathleen Sebelius today announced the release of new data and new opportunities for researchers and developers at the beginning of Health Datapalooza IV. This is the fourth annual national conference on health data transparency, which brings together government, non-profit, and private sector organizations to look at the potential for open data from HHS and other sources to help improve health and health care.

The Centers for Medicare & Medicaid Services (CMS) (My Note: See LCD Data Sets Below) today released new data – including county-level data on Medicare spending and utilization for the first time, as well as selected data on hospital
outpatient charges. In addition, the HHS Office of the National Coordinator for Health Information Technology (ONC) released additional information on the adoption of specific electronic health record (EHR) systems, as well as the winners of new opportunities for building innovative tools that build off health data.

“A more data driven and transparent health care marketplace can help consumers and their families make important decisions about their care,” said Secretary Sebelius. “The administration is committed to making the health system more transparent and harnessing data to empower consumers.”

Today HHS released data and tools that will help researchers and consumers take advantage of health information:

- Building on the release last month (My Note: See Press Release Below) of the average charges for the 100 most common inpatient procedures, CMS today released selected hospital outpatient data (My Note: See Inpatient and Outpatient Data Below) that includes estimates for average charges for 30 types of hospital outpatient procedures from hospitals across the country, such as clinic visits, echocardiograms, and endoscopies.

- CMS today released new data sets for the first time at the county level: one on Medicare spending and utilization (My Note: See Public Use File Below), and another on Medicare beneficiaries with chronic conditions. (My Note: See County Reports Below) Both data sets will enable researchers, data innovators and the public to better understand Medicare spending and service use, spurring innovation and increasing transparency, while protecting the privacy of beneficiaries. The data will also be available through an interactive state level dashboard (My Note: See Dashboard and Public Use Data Below) based on the spending information, allowing users of any skill level to quickly access and use the data.

- ONC released data today from the Regional Extension Centers (My Note: See Data Below) about the different brands of EHR products used by 146,000 doctors by state, specialty, and each doctor’s stage in meaningful use attestation.

- HHS is also co-sponsoring a national competition – known as a “code-a-palooza” – to design an innovative app or tool using Medicare data that primary care providers can use to help manage patient care. The national competition, sponsored by ONC, the Health Data Consortium, and the cloud software company Socrata, will give $25,000 in prizes to the teams of coders and medical experts that build the best tools or apps by the end of Datapalooza. (My Note: Doing this!)

- The Agency for Healthcare Research and Quality (AHRQ) is demonstrating the latest applications of its two powerful health databases, the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey (MEPS). HCUP is the largest collection of longitudinal hospital care data in the U.S., representing 97 percent of all inpatient hospital discharges. MEPS is the most complete source of U.S. data on the cost and use of health care services and insurance coverage, obtained through large-scale, annual surveys of families, individuals, medical providers and employers. (My Note: Look for These Data)

- ONC in coordination with the Health Resources and Services Administration selected the winners of the Apps4TotsHealth Challenge, which was launched to help parents and caregivers of young children better manage their nutrition and physical activity. The winning developers, researchers, and other innovators make use of Healthdata.gov data to strengthen these tools and make them more user-friendly. More on the winners here. (My Note: I did not see data here)

- ONC also announced today the launch of the Blue Button Co-Design Challenge, designed to spur the creation of new applications that will allow patients to better use their own health data to improve their own care. The challenge will ask the public to vote on ideas from which developers will build tools to address health priorities determined by public voting. My Note: I worked on Blue Button).
Administration offers consumers an unprecedented look at hospital charges


Today, as part of the Obama administration’s work to make our health care system more affordable and accountable, Health and Human Services (HHS) Secretary Kathleen Sebelius announced a three-part initiative that for the first time gives consumers information on what hospitals charge. New data released today show significant variation across the country and within communities in what hospitals charge for common inpatient services. Also today, HHS made approximately $87 million available to states to enhance their rate review programs and further health care pricing transparency. In an example of how these data might be used, the Robert Wood Johnson Foundation (RWJF) is planning a data visualization challenge which will further the dissemination of these data to larger audiences.

“Currently, consumers don’t know what a hospital is charging them or their insurance company for a given procedure, like a knee replacement, or how much of a price difference there is at different hospitals, even within the same city,” Secretary Sebelius said. “This data and new data centers will help fill that gap.”

The data posted today on CMS’s website include information comparing the charges for services that may be provided during the 100 most common Medicare inpatient stays. Hospitals determine what they will charge for items and services provided to patients and these “charges” are the amount the hospital generally bills for an item or service.

"Transformation of the health care delivery system cannot occur without greater price transparency," said Risa Lavizzo-Mourey, M.D., RWJF president and CEO. "While more work lies ahead, the release of these hospital price data will allow us to shine a light on the often vast variations in hospital charges."

These amounts can vary widely. For example, average inpatient charges for services a hospital may provide in connection with a joint replacement range from a low of $5,300 at a hospital in Ada, Okla., to a high of $223,000 at a hospital in Monterey Park, Calif.

Even within the same geographic area, hospital charges for similar services can vary significantly. For example, average inpatient hospital charges for services that may be provided to treat heart failure range from a low of $21,000 to a high of $46,000 in Denver, Colo., and from a low of $9,000 to a high of $51,000 in Jackson, Miss.

To make these data useful to consumers, HHS is also providing funding to data centers to collect, analyze, and publish health pricing and medical claims reimbursement data. The data centers’ work helps consumers better understand the comparative price of procedures in a given region or for a specific health insurer or service setting. Businesses and consumers alike can use these data to drive decision-making and reward cost-effective provision of care.

The Affordable Care Act also makes available many tools to help ensure consumers, Medicare, and other payers get the best value for their health care dollar. Medicare is beginning to pay providers based on the quality they provide rather than just the quantity of services they furnish by implementing new programs such as value-based purchasing and readmissions reductions. HHS awarded $170 million to states to enhance their rate review programs, and since the passage of the Affordable Care Act, the proportion of insurance company requests for double-digit rate increases fell from 75 percent in 2010 to 14 percent so far in 2013.
To view the new hospital dataset, please go to: http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/index.html. (My Note: See Medicare Provider Charge Data Below)

To access the funding opportunity announcement, visit: http://www.grants.gov, and search for CFDA # 93.511.

For more information on HHS efforts to build a health care system that will ensure quality care, please see the fact sheet “Lower Costs, Better Care: Reforming Our Health Care Delivery System,” at http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4550.

To read a fact sheet about the Medicare data showing variation in hospital charges, please see: http://www.cms.gov/apps/media/fact_sheets.asp.

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**HPN Announces Team POWERDOT Wins $500,000 As Current Leader**


$3million Heritage Health Prize Challenge Continues

Team POWERDOT Accepts $500,000 Award from Mark Wagar, President of Heritage Medical Systems. (PRNewsFoto/Heritage Provider Network, Inc.)

WASHINGTON, June 3, 2013 /PRNewswire/ -- Heritage Provider Network announced today a $500,000 award to the current leading team, POWERDOT. HPN made the announcement at the Health Datapalooza Forum in Washington DC, and also revealed they will continue the $3million Heritage Health Prize competition until one of the leading teams reaches or exceeds the required benchmark.

(Photo: http://photos.prnewswire.com/prnh/20130603/LA23913)

(Logo: http://photos.prnewswire.com/prnh/20120418/LA89605LOGO-a)

"I am very happy to be awarding POWERDOT a $500,000 prize for their leading team effort," said Dr. Richard Merkin, President and CEO of Heritage Provider Network. "We are so encouraged by the results seen in the last two years, we will continue the competition and allow the top eligible leading teams access to an even broader data set to try to accelerate a successful benchmark performance by one of the teams."
The prize challenges entrants to create an algorithm that predicts how many days a patient will spend in the hospital. Created, developed and sponsored by Dr. Merkin, President and CEO of HPN, the goal of the prize is to decrease the number of avoidable hospitalizations, saving the country more than $40 billion in preventable hospitalization costs.

"I would like to thank the entire community of over 1,500 of the world's best and brightest data scientists who worked so diligently with this massive healthcare data set," said Dr. Merkin. "I want to encourage the eligible teams to take advantage of the continuing competition and bring us solutions as soon as possible. They can help us harness big data to provide healthier outcomes and lower the cost of healthcare for American families."

POWERDOT is comprised of data miners, researchers, information analysts and a hedge fund manager in what is truly a global union of the world's best data scientists.

"We hope our methodologies developed during the competition are utilized to identify preventable health risks more accurately while supporting universal improved clinical outcomes, access and cost," said David Vogel, POWERDOT team captain. "Combining the expertise of premier professionals and leveraging expert to expert collaboration created outstanding results. Our team is honored and excited to receive this award," he continued. "The personal commitment Dr. Merkin made to fund this opportunity shows great passion and support for the use of advanced modeling as an additional cure in healthcare delivery."

Team POWERDOT consists of former rivals and cash progress prize winners who fought it out independently, joining forces last October to form this leading powerhouse group. Team members include David Vogel, Chief Scientist of Voloridge Investment Management, Dr. Randy Axelrod, Executive VP, Providence Health & Services, Rie Johnson, a machine learning researcher, Willem Mestrom, Business Intelligence specialist at Independer, from the Netherlands, Edward de Grijs, an engineer and software developer also from the Netherlands, Tong Zhang, a machine learning researcher, and Phil Brierley, Analytics Consultant, Tiberius Data Mining from Australia. Vogel, Axelrod, Brierley and de Grijs accepted the $500,000 check on behalf of the group at the announcement.

"I want to congratulate all the members of POWERDOT, they did an outstanding job of besting more than 39,000 entries from 40 different countries," said Anthony Goldbloom, CEO of Kaggle, the company running the prize. "Now that the prize has been extended and the data will be de-anonymized, the leading teams will have opportunities to go beyond the current winning algorithms and prevent even more hospitalizations."

HPN will hold a media opportunity today at 12pm-1pm EDT at the Datapalooza Forum in the Directors Room for media interested in learning more about this announcement. Call in number for media is Toll Free Number: 888-942-9865 Participant passcode: 4992286. My Note: I attended this and asked questions!

"Heritage has long been a strong partner with health plans and government payers who daily struggle to manage cost and care improvement from a distance. This kind of innovative prize solution can help accelerate patient centric, physician initiatives that can help us all," said Mark Wagar, President of Heritage Medical Systems and former health plan CEO. Wager will be available during the media opportunity.

The Heritage Health Prize is one of a number of competitions Dr. Merkin is sponsoring in HPN's ongoing efforts to spur innovation harnessing big data to reduce costs. HPN will also announce the winner of the "Heritage, UCLA, Open mHealth" mobile apps prize competition at Datapalooza on Tuesday, June 4, 2013, at 11:45am EDT.
“Every day we work to provide high quality, coordinated and cost effective care for our patients. Our prize contests are just one way we are addressing systemic issues in care management and developing new solutions to solve the big challenges in health care,” said Dr. Merkin.

ABOUT HPN:
Heritage Provider Network, Inc. (HPN) is on the cutting edge of the accountable care model of healthcare delivery: coordinated, patient-doctor centric, integrated health care systems that represent the future of health care in the United States. HPN and its affiliates operate in California, New York and Arizona providing high quality, cost effective healthcare to over 700,000 individuals and are dedicated to quality, affordable health care, and putting patients' wellness first. (www.heritageprovidenetwork.com)

SOURCE Heritage Provider Network, Inc.

RELATED LINKS
http://www.heritageprovidenetwork.com

POWERDOT awarded $500,000 and Announcing Heritage Health Prize 2.0

Source: http://blog.kaggle.com/2013/06/03/powerdot-awarded-500000-and-announcing-heritage-health-prize-2-0/

Posted on June 3 2013 by Jeremy Howard

After 2 years, 1659 teams, and over 35,000 entries, Heritage Provider Network will award $500,000 to team POWERDOT for their leading effort in the Heritage Health Prize.

Team POWERDOT joined forces last October after duking it out separately as former rivals and milestone prize winners. Team members include David Vogel, Chief Scientist of Voloridge Investment Management, Dr. Randy Axelrod, Executive VP, Providence Health & Services, Rie Johnson, a machine learning researcher, Willem Mestrom, Business Intelligence specialist at Independer in the Netherlands, and Edward de Grijs, an engineer and software developer also from the Netherlands, Tong Zhang, a machine learning researcher, and Phil Brierley, Analytics Consultant of Tiberius Data Mining from Australia. Vogel, Axelrod, Mestrom and de Grijs accepted the prize winnings today on behalf of the group at Health Datapalooza.
Building on the efforts of HHP, we are very excited to announce that HPN is launching a $3 million private "masters" competition, which Kaggle will also host. The competition will be open to the top eligible finishers from the first Heritage Health Prize.

The challenge will be the same as the first prize — to predict hospitalisation of individuals — with one very substantial difference: there will be little, if any, data anonymization. For privacy reasons, the public competition used data that had been very heavily anonymized. For example, nearly all information about prescriptions was held back, and diagnostic information from lab results was summarised to just some high level information. Furthermore, information like age was categorised into a few bands — the exact age of patients was not provided. In fact, the anonymization process was so complex that the approach was detailed in a peer reviewed academic journal.

Noted data scientist Pete Warden has explained that "you can't really anonymize your data" but also pointing out "there's so much good that can be accomplished using open datasets, it would be a tragedy if we let this slip through our fingers ...". This new competition will be the first time that the impact of data anonymization on health outcomes will really be understood, and will likely provide strong evidence that a more nuanced approach to open data legislation could greatly improve health outcomes.

This will also be the first time that there has been an invitation-only Kaggle competition with such a large purse. It will be very exciting to see how the world's best data scientists respond to this great challenge.

Jeremy Howard is Kaggle's President and Chief Scientist. He wants to do everything he can to empower and promote data scientists and the work they do

Datalab

Source: http://healthdatapalooza.org/agenda/general-track/

Moderator:

Todd Park, Chief Technology Officer, United States
Damon Davis, Health Data Initiative Program Director, Department of Health and Human Services

Speakers:

Susan Queen, Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation
Steve Cohen, Director, Center for Financing, Access and Cost Trends, Agency for Healthcare Research & Quality
Rick Moser, National Institutes of Health
Victor Lazzaro, Performance & Data Analytics Manager, Office of the National Coordinator for Health IT
Niall Brennan, Director of the Office of Information Products and Data Analytics, Center for Medicare and Medicaid Services
Miya Cain, Office of the Assistant Secretary, Administration for Children and Families, US Department of Health and

http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge

Updated: Sat, 19 Sep 2015 10:11:35 GMT
Powered by MindTouch
This perennial favorite breakout session is back! This is the best opportunity to meet some of the federal government data experts who champion action in improving public access to information to catalyze innovation. Come learn how to use assets from the Department of Health & Human Services (HHS), the Department of Agriculture (USDA), the Environmental Protection Agency (EPA) and more. Each agency in the federal government is staffed by experts who are well versed in the information resources available from their division on data.gov (administrative data, survey data, research data, medical/scientific content, etc.) The Datalab will also feature opportunities for one-on-one meet-ups with data experts for “deep dives” into agency’s resources. Participants can join live demonstrations and check out new data resources and tools. The goal of the session is to give innovators and entrepreneurs an overview of new, updated, and emerging datasets that can be used to support new applications and services.

Slides

Meet some of the government data experts who champion action in improving public access to information to catalyze innovation.

My Note: More URLS to extract for data sources.

Todd Park

Todd Park, U. S. Chief Technology Officer

@Todd_Park

Damon Davis

@damonldavis
HHS Health Data Initiative (HDI)

Damon Davis
Director, Health Data Initiative
@damondavis

David Forrest

http://www.healthdata.gov

HEALTHDATA.GOV ROADMAP

HEALTH DATA PALOOZA!

JUNE 3, 2013
Niall Brennan

CMS Data Resources
Niall Brennan, Director
Office of Information Products and Data Analytics
Office of Enterprise Management

Susan Queen

http://healthmeasures.aspe.hhs.gov

Steven Cohen

http://monahrq.ahrq.gov

http://hcup.ahrq.gov/hcupnet

http://www.maps.ahrq.gov
DHHS Health Data Initiative

AHRQ Data Resources
Steven B. Cohen, Ph.D.

Steve Emrick


NLM tools for EHR Certification and Meaningful Use

Steven Emrick
Head, Terminology QA & User Services
National Library of Medicine
National Institutes of Health

Miya Cain

Forum IV: Administration for Children and Families (ACF) Health Data Initiative
Miya Cain,
Health Policy Analyst and Special Assistant to the Chief Medical Officer
June 3, 2013

Rick Moser
moserr@mail.nih.gov

National Cancer Institute:
Utilizing Survey Data for Cancer Prevention and Control

Richard P. Moser, PhD
Research Psychologist
Behavioral Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute
moserr@mail.nih.gov

Tania Allard
http://www.health.data.ny.gov
http://open.ny.gov
metrix@health.state.ny.us
Carol Gotway Crawford

The Behavioral Risk Factor Surveillance System

Carol A. Crawford, Ph.D.
Director, Division of Behavioral Surveillance
Centers for Disease Control and Prevention
June 4, 2013

Ed Salsberg

http://arf.hrsa.gov
The HRSA Area Resource File (ARF)

Edward Salsberg
Director, National Center for Health Workforce Analysis
U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions

HEALTH DATAPALOOZA
June 3, 2013
Washington, DC

Victor Lazarro
http://healthit.gov/dashboard

Health Datapalooza Forum IV

Monitoring the Adoption & Meaningful Use of Health Information Technology
Health IT Dashboard
http://healthit.gov/dashboard

Eugene Hayes
http://www.datafile.samhsa.gov
http://findtreatment.samhsa.gov
SAMHSA Health Data Information Overview

Eugene D. Hayes, Ph.D.
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration

Healthdata.gov Data Lab
Washington, DC
June 3, 2013

The Health Indicators Warehouse:
Accessing aggregated population health data

A presentation at the 2013 Health Datapalooza
June 3, 2013 Washington, DC

James M. Craver
National Center for Health Statistics

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Stephen Edwards

edwards.stephen@epa.gov
Robert Post

Health Datapalooza IV
Washington, DC
June 3, 2013

USDA Food and Nutrition Data on Data.gov

Robert C. Post, PhD, MEd., MSC.
Associate Executive Director
Center for Nutrition Policy and Promotion

Mike Byrne

Rural Health Care Pilot Program
Federal Communications Commission
Speakers

**Todd Park**


Todd Park is the United States Chief Technology Officer and in this role serves as an Assistant to the President. Todd joined the Administration in August 2009 as Chief Technology Officer of the U.S. Department of Health and Human Services (HHS). In this role, he served as a change agent and "entrepreneur-in-residence," helping HHS harness the power of data, technology, and innovation to improve the health of the nation.

Prior to joining HHS, Mr. Park co-founded Athenahealth and co-led its development into one of the most innovative health IT companies in the industry. He also co-founded Castlight, a web-based health care shopping service for consumers. Mr. Park has also served in a volunteer capacity as a Senior Fellow at the Center for American Progress, where he focused on health IT and health reform policy, and as senior health care advisor to Ashoka, a leading global incubator of social entrepreneurs, where he helped start Healthpoint Services, a venture to bring affordable telehealth, drugs, diagnostics, and clean water to rural India. Mr. Park graduated magna cum laude and Phi Beta Kappa from Harvard College with an A.B. in economics.

**Damon Davis**

**Susan Queen**

Source: [http://healthdatapalooza.org/speakers/susan-queen/](http://healthdatapalooza.org/speakers/susan-queen/)

Susan Queen is the Director of the Division of Data Policy in the Office of Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation, at the Department of Health and Human Services. She works on statistical and data policy issues in HHS and has extensive experience in research methods and health statistics. Her expertise and experience includes survey design and analytic methods for small and vulnerable populations, and the measurement and standardization of health information for policy and program decision making. She also serves as staff to the National Committee on Vital and Health Statistics. Previously, Susan worked in the Center for Behavioral Health Statistics and Quality at the Substance Abuse and Mental Health Services Administration, working on the drug and alcohol services information system. She also worked as a Supervisory Statistician at the Health Resources and Services Administration (HRSA) where she worked on data policy activities, protection of human subjects, and
comparative effectiveness research. Before working at HRSA, Susan worked as a health statistician at the National Center for Health Statistics in the Division of Vital Statistics and on the National Health and Nutrition Examination Survey (NHANES). Susan holds a Ph.D. from the College of Behavioral and Social Sciences at the University of Maryland with specialty areas in research methods and social psychology.

**Steve Cohen**

Source: [http://healthdatapalooza.org/speakers/steve-cohen/](http://healthdatapalooza.org/speakers/steve-cohen/)

![Steve Cohen](image)

Dr. Cohen directs a staff of approximately 50 highly trained and skilled economists, statisticians, social scientists, clinicians and support staff conducting intramural and supporting extramural research on behalf of the Agency. He also directs activities necessary to conduct and support a wide range of studies related to the cost and financing of health care services. Studies include analyses of health care use and expenditures by individuals and families for personal health care services, the sources of payment for health care, the availability and cost of health insurance, and health status, outcomes and satisfaction. Dr. Cohen also leads the Center’s administration of surveys and development of large primary data sets, including the Medical Expenditure Panel Survey (MEPS), to support health care policy and behavioral research and analyses. Dr. Cohen has authored over 100 journal articles and publications in the areas of biostatistics, survey research methodology, estimation, survey design and health services research. He is co-author of the text, Methodological Issues for Health Care Surveys. He has also served as an Associate Professor in the Department of Health Policy and Management at the Johns Hopkins University and the Department of Health Services Administration at the George Washington University. He received his Ph.D. and M.S. in Biostatistics from the University of North Carolina and his B.A. in Mathematics and History, CUNY. He is also a Fellow of the American Statistical Association and an Elected Member of the International Statistical Association.

**Rick Moser**

**Victor Lazzaro**

**Niall Brennan**

Source: [http://healthdatapalooza.org/about/planning-committee/niall-brennan/](http://healthdatapalooza.org/about/planning-committee/niall-brennan/)
Niall Brennan is the Director of the Office of Information Products and Data Analytics at the Centers for Medicare and Medicaid Services where he oversees agency efforts on data analytics and dissemination, and information products. The goal of the Office is to maximize the utility and availability of CMS data for internal and external users. Specifically, the Office performs a variety of analyses on high profile issues on a quick turnaround basis, for the CMS administrator, senior leaders and other HHS department leaders. Additionally, the Office is also responsible for coordinating the agency’s strategies regarding data storage, analysis and dissemination.

Prior to leading OIPDA, Brennan was Deputy Director and Acting Director of the Policy and Data Analysis Group at CMS. In this capacity he directed the evolution of more advanced agency analytics and led CMS participation in many transparency initiatives, including the Health Data Initiative. Additionally, Niall led the rulemaking and implementation of Sections 6002 and 10332 of the Affordable Care Act.

Prior to joining CMS, Brennan worked at the Brookings Institution where he directed a range of efforts to better measure both the quality and cost of health care. Previously, Brennan was a Senior Analyst at the Medicare Payment Advisory Commission (MedPAC) where he directed studies on measuring physician quality and cost, and the Medicare Advantage program, and a Principal Analyst in the Budget Analysis Division at the Congressional Budget Office, where he worked on estimates related to Medicare reform, the Medicare drug benefit, and the Medicare hospital outpatient prospective payment system. He has also worked at The Urban Institute, and Price WaterhouseCoopers.

He is a graduate of University College Dublin, and earned a master’s degree in Public Policy from Georgetown University.

**Miya Cain**

Source: http://healthdatapalooza.org/speakers/miya-cain/

Miya Cain is a Health Policy Analyst and Special Assistant to the Chief Medical Officer at the Administration for Children and Families (ACF) at the Department of Health and Human Services. Previously at ACF, she worked as Special Assistant to the Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development. After working as a White House Associate in the Office of the Vice President, Ms. Cain was a Supply Chain Analyst for Partners in Health in rural Rwanda, where she helped improve the management and distribution of essential medicines.
and medical supplies, and worked to improve care for premature babies and streamline services at an HIV clinic for youth. Ms. Cain received her Bachelor of Arts in Psychology-Behavioral Neuroscience from Yale University.

Edward Salsberg

Robert Post

Eugene Hayes

Jim Craver

David Forrest

Source: [http://healthdatapalooza.org/speakers/david-forrest/](http://healthdatapalooza.org/speakers/david-forrest/)

David Forrest is a Senior Advisor to the Chief Technology Officer at the Department of Health and Human Services. In the past, David served as the Chief Technology Officer and Acting-CIO for the Consumer Financial Protection Bureau as well as the Vice President of International Development at The Motley Fool.

Tania Allard


Tania Allard, M.A., is the Director of Intergovernmental Affairs and Special Projects at the New York State Department of Health (DOH). Ms. Allard provides direct assistance to the New York State Commissioner of Health and executes and oversees projects of high priority to the Commissioner. She currently is the Project Director spearheading the Maximizing Essential Tools for Research Innovation and eXcellence (METRIX) Project. The METRIX Project is a multi-year, open government initiative to increase DOH transparency and facilitate the strategic release of DOH data assets to support innovation in public health service delivery. Recently, Ms. Allard oversaw DOH’s March 2013 launch of Health.data.ny.gov – the only known open data site in the United States devoted solely to state health data.
Important Notes about LCDs and Database Updates


LCDs (Local Coverage Determinations) databases contain Proposed/Draft LCDs. The LCD Database contains Proposed/Draft LCDs. Proposed/Draft LCDs can be identified by using the DISPLAY_ID field. Please see the data dictionaries included with the download files for more information. If you have any comments regarding the downloads, please use the “Submit Feedback” link at the bottom of this page.

How often are these databases updated?

<table>
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<th>MCD UPDATE STATUS</th>
<th>DATA CAPTURED ON</th>
<th>REFRESHED ON MCD</th>
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<tr>
<td>National Coverage Downloads</td>
<td>5/27/2013</td>
<td>Weekly (~Thursday)</td>
</tr>
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Information about LCDs and LCD Challenges


Section 522 of the Benefits Improvement and Protection Act (BIPA) defines an LCD as a decision by a fiscal intermediary (FI) or carrier whether to cover a particular service on an intermediary-wide or carrier-wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (e.g., a determination as to whether the service or item is reasonable and necessary).

FIs, Carriers, and Medicare Administrative Contractors (MACs) are Medicare contractors that develop and/or adopt LCDs. Medicare contractors develop LCDs when there is no National Coverage Determination (NCD) or when there is a need to further define an NCD. The guidelines for LCD development are provided in Chapter 13 of the Medicare Program Integrity Manual.
A local policy may consist of two separate, though closely related documents: the LCD and an associated article. The LCD only contains reasonable and necessary language. Any non-reasonable and necessary language a Medicare contractor wishes to communicate to providers may be done through the article. At the end of an LCD that has an associated article, there is a link to the related article and vice versa.

**Medicare Provider Charge Data**


As part of the Obama administration’s work to make our health care system more affordable and accountable, data are being released that show significant variation across the country and within communities in what providers charge for common services. These data include information comparing the charges for the 100 most common inpatient services and 30 common outpatient services. Providers determine what they will charge for items and services provided to patients and these charges are the amount the providers bills for an item or service.

Please use the navigation bar to the left to view more information on the inpatient and outpatient analyses and to access the data for download. Data are being made available in Microsoft Excel (.xlsx) format and comma separated values (.csv) format.

Inquiries regarding this data can be sent to MedicareProviderChargeData@cms.hhs.gov.

- Page last Modified: 06/02/2013 8:08 PM

**Medicare Provider Charge Data: Inpatient**


The data provided here include hospital-specific charges for the more than 3,000 U.S. hospitals that receive Medicare Inpatient Prospective Payment System (IPPS) payments for the top 100 most frequently billed discharges, paid under Medicare based on a rate per discharge using the Medicare Severity Diagnosis Related Group (MS-DRG) for Fiscal Year (FY) 2011. These DRGs represent almost 7 million discharges or 60 percent of total Medicare IPPS discharges.

Hospitals determine what they will charge for items and services provided to patients and these charges are the amount the hospital bills for an item or service. The Total Payment amount includes the MS-DRG amount, bill total per diem, beneficiary primary payer claim payment amount, beneficiary Part A coinsurance amount, beneficiary deductible amount, beneficiary blood deductible amount and DRG outlier amount.

For these DRGs, average charges and average Medicare payments are calculated at the individual hospital level. Users will be able to make comparisons between the amount charged by individual hospitals within local markets, and nationwide, for services that might be furnished in connection with a particular inpatient stay.

Data are being made available in Microsoft Excel (.xlsx) format and comma separated values (.csv) format.
Inpatient Charge Data, FY2011, Microsoft Excel version My Note: Downloaded
Inpatient Charge Data, FY2011, Comma Separated Values (CSV) version

National and State level summaries are also available here:

National and State Summaries of Inpatient Charge Data, FY2011, Microsoft Excel version My Note: Downloaded
National and State Summaries of Inpatient Charge Data, FY2011, Comma Separated Values (CSV) version

Inquiries regarding this data can be sent to MedicareProviderChargeData@cms.hhs.gov.

Related Links
- Inpatient Charge Data on data.cms.gov
- Page last Modified: 06/02/2013 8:09 PM

Medicare Provider Charge Data: Outpatient


The data provided here include estimated hospital-specific charges for 30 Ambulatory Payment Classification (APC) Groups paid under the Medicare Outpatient Prospective Payment System (OPPS) for Calendar Year (CY) 2011. The Medicare payment amount includes the APC payment amount, the beneficiary Part B coinsurance amount and the beneficiary deductible amount.

For these APCs, the estimated average charges and the average Medicare payments are provided at the individual hospital level. The actual charges at an individual hospital for an individual service within these APC groups may differ. For a more complete discussion of the claims criteria used in setting the Medicare payment rates for hospital outpatient services, see the Medicare CY 2013 Outpatient Prospective Payment System (OPPS) Claims Accounting document available on the CMS website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS-1589-FC-Claims-Accounting-narrative.pdf. This estimated outpatient charge data supplements the inpatient charge data available on the CMS Medicare Provider Charge Data Inpatient website (available via the link in the left navigation bar).

Data are being made available in Microsoft Excel (.xlsx) format and comma separated values (.csv) format.

Outpatient Charge Data, CY2011, Microsoft Excel version My Note: Downloaded
Outpatient Charge Data, CY2011, Comma Separated Values (CSV) version

National and State level summaries are also available here:
Inquiries regarding this data can be sent to MedicareProviderChargeData@cms.hhs.gov.

Related Links


County Reports


The Centers for Medicare & Medicaid Services (CMS) has developed aggregated data on the prevalence of chronic conditions and multiple chronic conditions as well as utilization and Medicare spending for beneficiaries with multiple chronic conditions for the U.S. counties.

These county reports on chronic conditions are available for the years 2007-2011. Report 1 presents the prevalence of 15 common chronic conditions among Medicare beneficiaries and allows for the comparison of a specific county to national estimates. Report 2 presents the prevalence, utilization and Medicare spending for Medicare beneficiaries with multiple chronic conditions and allows for the comparison of a specific county to national estimates. In addition, there is a brief “Overview” section describing the data source, the sample population and the methodology for calculating these indicators.

Downloads

- Page last Modified: 06/02/2013 8:06 PM

Dashboard


The Office of Information Products and Data Analytics (OIPDA) at CMS has developed an interactive dashboard that presents information on state-level variation in standardized per-capita costs for the Medicare fee-for-service population.

We standardize spending to remove geographic differences in payment rates for individual services as a source of variation. **The standardized costs presented in the dashboard were not re-scaled to be equal to actual costs for the study population.** In 2011 actual per capita costs for the study population equaled $9,539 compared to standardized per capita costs of $9,003. In general, total standardized per capita costs are less than actual per capita costs because we removed extra payments Medicare made to hospitals, such as payments for medical education (both
direct and indirect) and payments to hospitals that serve a disproportionate share of low-income patients. Standardization does not adjust for differences in beneficiaries’ health status.

The dashboard includes total standardized per capita spending, as well as standardized per capita spending by type of service. The interactive format allows users to select the indicator and year they want to display. Users can also compare data for a given state to the national average. All of the information presented in the Dashboard is also available for download from the Geographic Variation Public Use File.

Click to open the Geographic Variation Dashboard.

- Page last Modified: 06/02/2013 8:18 PM

Public Use File


New Data on Geographic Variation

The Centers for Medicare & Medicaid Services (CMS) has developed data that enables researchers and policymakers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. We have aggregated this data into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level.

The Geographic Variation Public Use File has twelve separate files – two files with state and county-level data, four files with only state-level data, and six files with HRR-level data. The files are presented in two different formats. The “Table” files present indicators for all states, counties, or HRRs, and can easily be exported from Excel to another data analysis program for additional analysis, while the corresponding “Report” files allow users to compare a specific state, county, or HRR to national Medicare benchmarks. The state- and HRR-level data is presented for beneficiaries under the age of 65, beneficiaries that are 65 or older, and all beneficiaries regardless of age. However, the county-level data is only available for all beneficiaries. Each file has a brief Methods section outlining the sample population and methodology that we used to calculate these indicators and a Documentation section which explains the individual indicators in more detail. Finally, there is also a Methodological Overview paper and a Technical Supplement on Standardization that provides additional information on the methodology we used to standardize claim payment amounts.

In May 2013, CMS updated the Geographic Variation Public Use File data files that were originally posted in July 2011 and updated in July 2012 and January 2013. The May 2013 update includes county-level data and reflects several minor revisions to the CMS methodology. Those revisions are described in detail in the Methodological Overview paper.

Downloads

My Note: Not Downloaded Yet

- [State Table - Beneficiaries under 65 [ZIP, 643KB]](http://semanticommunity.info/Health_Datapalooza_IV/A_Todd_Park_Data_Challenge)
Regional Extension Centers (RECs)

Source: http://www.healthit.gov/providers-pr...n-centers-recs

The Office of the National Coordinator for Health Information technology (ONC) has funded 62 Regional Extension Centers (RECs) to help more than 100,000 primary care providers adopt and use electronic health records (EHRs).

Eligible providers who adopt and meaningfully use EHRs may receive incentive payments through the Medicare and Medicaid EHR Incentive Programs. Providers do not have to become technology experts to achieve meaningful use of EHRs; RECs will provide them with on-the-ground assistance.

REC services include outreach and education, EHR support (such as working with vendors, or helping providers choose a certified EHR system), and technical assistance in implementing health IT and using it in a meaningful way to improve care.

RECs have received $677 million for the next two years to support their work.

About the RECs

RECs represent a range of organizations that serve local communities throughout the country.
The RECs’ focus is to provide on-the-ground assistance for:

- Individual and small practices
- Medical practices lacking resources to implement and maintain EHRs
- Those who provide primary care services in public and critical access hospitals, community health centers, and other settings that mostly serve those who lack adequate coverage or medical care

### Listing of Regional Extension Centers

**My Note: Made Into Spreadsheet**

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<th>Grant Recipient Name</th>
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