

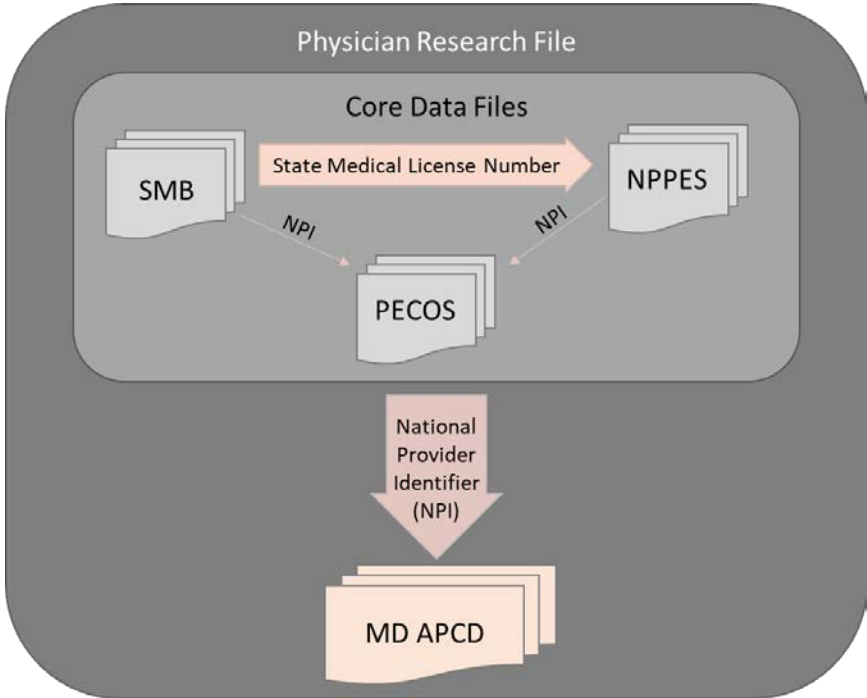
**Purpose of the Document:** This document includes our response to question **b.vi** in '**Attachment C: Additional Data Sources and Linkages**' which asks the following:

*Will the project result in disclosing MCDB data, or any data derived or extracted from such data, in any paper, report, website, a statistical tabulation, seminar, or another setting that is not disseminated to the public? (on pp. 6 of data release application)*

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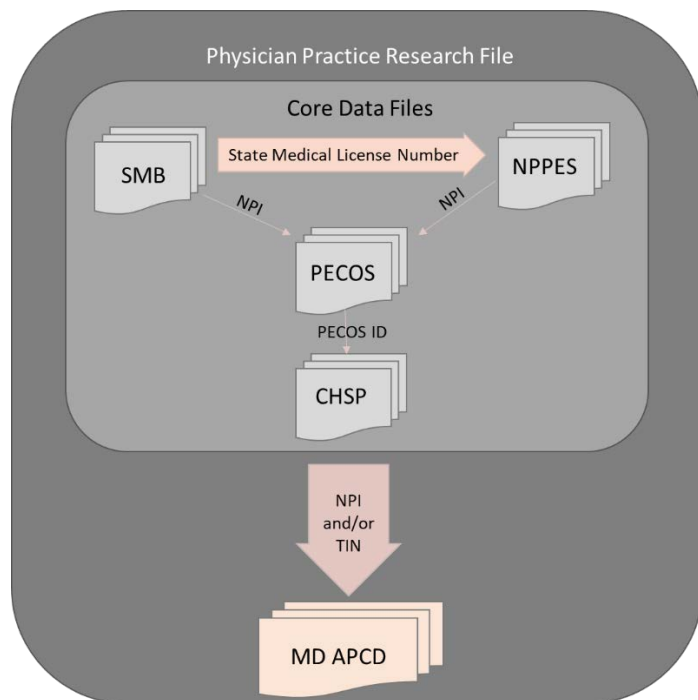
For this project the MD MCDB data elements will be used to enhance other datasets, rather than bringing in data elements from disparate files to enhance the MD MCDB data. The resulting product, the LDS and PUF databases for delivery to AHRQ, will include data elements from public data sources, plus variables created from any transformation and aggregation of data from the MD MCDB. Primarily, we will be linking APCD data to the MD state medical board data, after we add NPI to the state medical board (SMB) data using the National Plan and Provider Enumeration System (NPPES) (Exhibits 1 and 2). In addition, we will link MD MCDB data to federal data, including the Medicare Provider Enrollment, Chain, and Ownership System (PECOS), Medicare Data on Provider Practice and Specialty (MD PPAS), AHRQ's Compendium of Health Systems Program (CHSP), and the Centers for Medicare and Medicaid (CMS) Pioneer Accountable Care Organization (Pioneer ACO) and CMS' Shared Savings Program ACO provider files, and CMS Medicare and Medicaid claims data for gaps within the MD Medicare and/or Medicaid data. We will link the MD MCDB to state medical board data through the National Provider Identifier (NPI). The NPI will be the primary linkage variable for all data sets to the MCDB. However, if we are not able to make a link between the state medical board data and MD MCDB using the NPI, we will attempt to make a link based on provider name, address, and specialty type.

**Exhibit 1: Data Source Linkage to MD MCDB for Physician Research File**



- NPI: National Provider Identifier
- SMB: State Medical Board data
- NPPES: National Plan and Provider Enumeration System
- PECOS: Provider Enrollment, Chain, and Ownership System

## Exhibit 2: Data Source Linkage to MD MCDB for Physician Practice Research File



NPI: National Provider Identifier

SMB: State Medical Board data

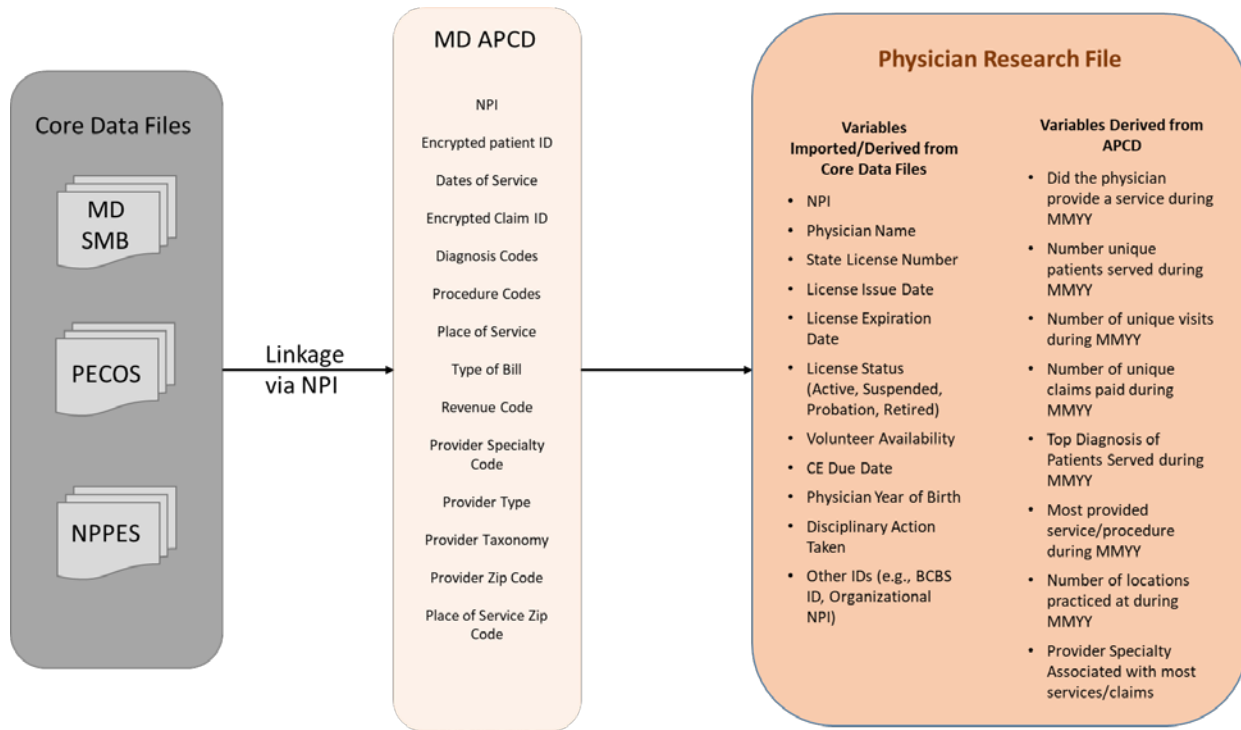
NPPES: National Plan and Provider Enumeration System

PECOS: Provider Enrollment, Chain, and Ownership System

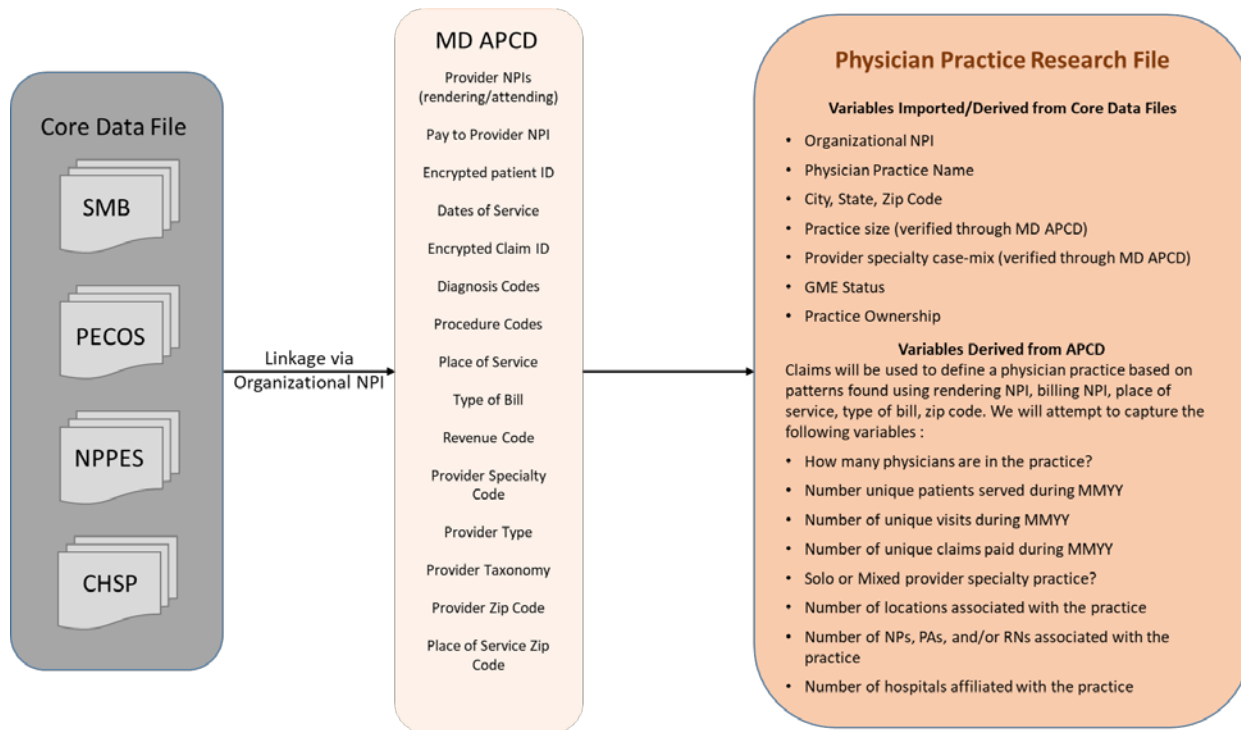
CHSP: Compendium for Health Systems Program

The linkage via NPI will allow us to identify the physicians within MD having an active license that have actively provided services to patients within the past year. Data elements from other data sources will appear in the new linked file, including provider degree, disciplinary action, and other provider identifiers and demographics (Exhibit 3). The linked dataset will also include physician and physician practice characteristic variables created from the MCDB such as average number of patients seen in a month, specialty most associated with billing, primary billing location, and identifying relationships between physician practice patterns for the creation of unique physician practice sites (Exhibit 4). Both Exhibits 3 and 4 will be akin to a limited data set, as the data will be more granular in nature. The physician and physician practice research files will be delivered to AHRQ as the final product for the current funded project and only be used by AHRQ internally.

**Exhibit 3: Proposed Usage of MD MCDB for the Creation of the Physician Research File**

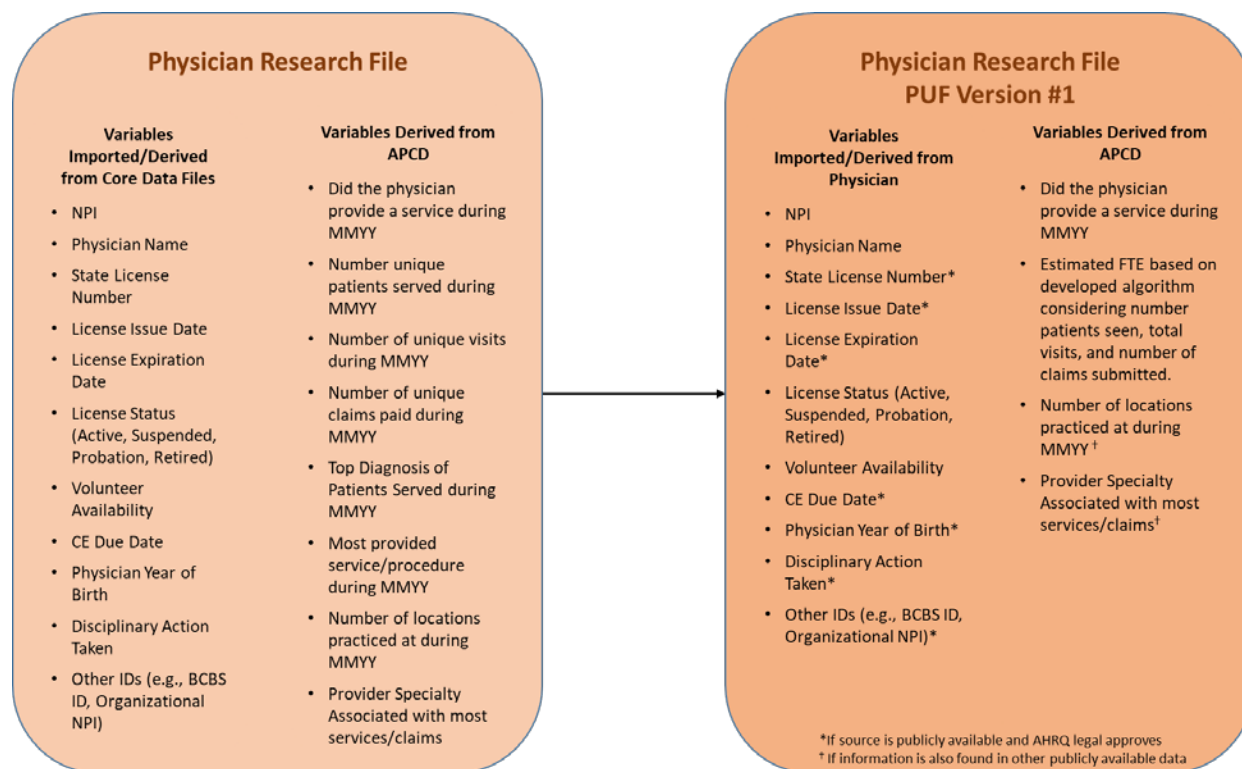


**Exhibit 4: Proposed Usage of MD MCDB for the Creation of the Physician Practice Research File**

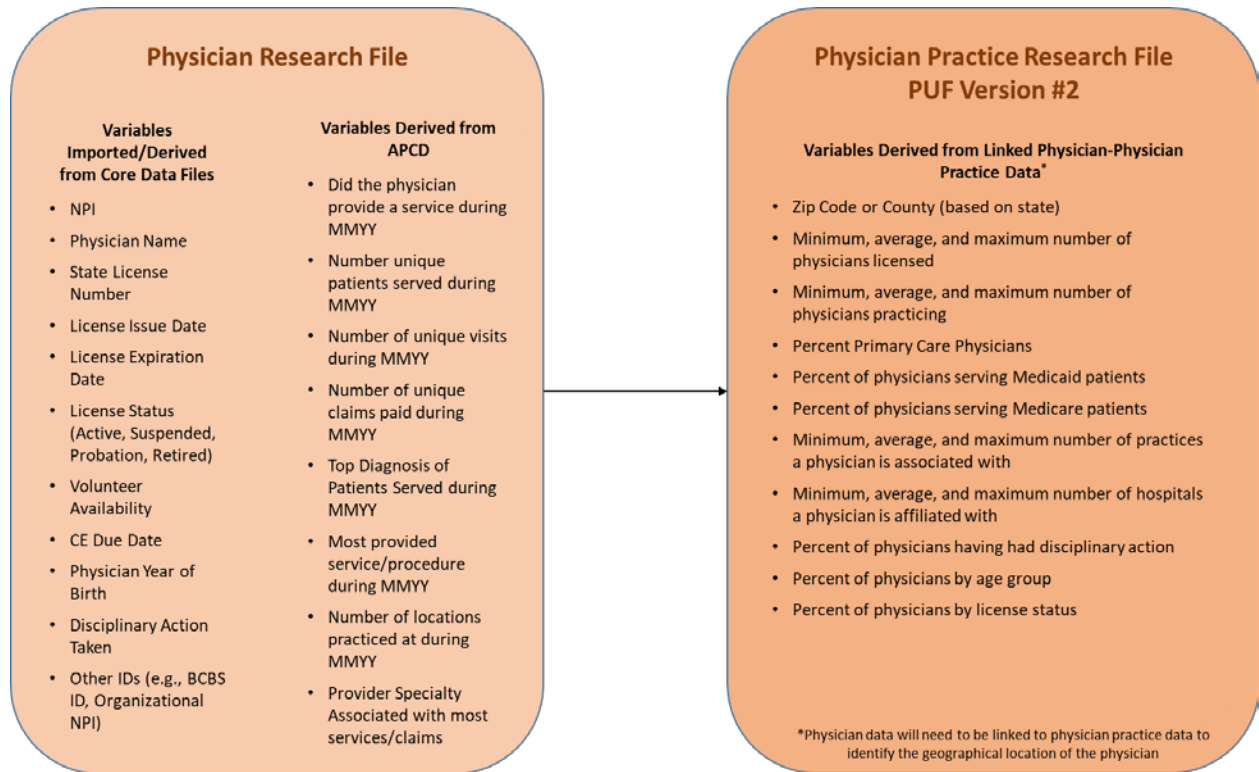


In addition to the AHRQ internal-use only physician and physician practice research file, NORC will deliver a public use file (PUF) for each of the database types. AHRQ is limited as to the data it can release publicly. For example, they are prohibited from providing any information not in the public domain, such as quality metrics on hospitals. Specifically, AHRQ is restricted from disclosing data based on the criteria set forth in Section 944(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) (“the AHRQ Confidentiality Statute”). This section requires that data collected by AHRQ that identify individuals or establishments be used only for the purpose for which they were supplied. Therefore, we are proposing several options for the physician research PUF. The first (Exhibit 5) is a directory of physicians within the state. The MD MCDB would provide aggregated provider information related to physician characteristics and patient population statistics. For providers with limited patient populations, we would adhere to MD small cell size rules. Any physician specific information, such as address or name, would be found within a publicly available file. The second option (Exhibit 6) is to aggregate the physician data up to the zip code or county level and produce a state snapshot of physicians. We propose using this method for the physician practice PUF as well (Exhibit 7).

**Exhibit 5: Proposed Usage of MD MCDB for the Creation of the Physician Practice Research File**



**Exhibit 6: Proposed Usage of MD MCDB for the Creation of the Physician Practice Research File**



**Exhibit 7: Proposed Usage of MD MCDB for the Creation of the Physician Practice Research File**

