

Advance Health Care Research and Delivery with HCCI's QE Medicare Analytics

As the first national Qualified Entity (QE), HCCI analyzes health care quality, efficiency, and resource use with its Medicare data holdings, which include:

40+ M Medicare
beneficiaries



100% of
Parts A + B + D



Years 2012 to
2016



With over 6 billion Medicare claims, HCCI enables:

Point of Care Insights for Providers and Suppliers.

As a QE, HCCI can provide physicians and suppliers with identifiable or de-identifiable beneficiary claims and collaborate on non-public analyses, giving physicians and suppliers a detailed quantitative look at patients and their treatment over time.

Understanding Patient Populations.

HCCI can collaborate with employers, health insurance issuers, medical societies, and hospital associations to conduct de-identifiable non-public analyses to assess patient demographics, resource use, and spending to make data-driven decisions.

Federal and State-level Policymaking.

With Medicare claims on all beneficiaries in the fifty states and the District of Columbia, HCCI can produce analyses for state entities and federal agencies that provide insights on Medicare utilization and spending in any geographic area.

Assessing Quality Measure Performance.

HCCI produces annual quality reports combining Medicare FFS and commercial claims data. These reports evaluate provider performance on selected quality and efficiency measures to increase transparency on health-related outcomes and spending.

Contact us at solutions@healthcostinstitute.org to get started

