

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–0064–N]

#### Notice of Public Data Asset Release Under the Open, Public, Electronic, and Necessary (OPEN) Government Data Act

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In accordance with Title II of the Foundations for Evidence-Based Policymaking Act of 2018, known as the Open, Public, Electronic, and Necessary (OPEN) Government Data Act, CMS announces the forthcoming release of public data assets in open, machine-readable formats under an open license. These data are intended to support public engagement in identifying and preventing fraud, waste, and abuse, and to promote transparency and accountability. CMS has taken steps to ensure that the release of these data appropriately furthers transparency objectives consistent with the protection of sensitive information.

**FOR FURTHER INFORMATION CONTACT:** For questions regarding the data release, please send an email to [data.support@cms.hhs.gov](mailto:data.support@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The OPEN Government Data Act requires Federal agencies to make public data assets available in open formats and under open licenses, consistent with applicable law. The Department of Health and Human Services' (HHS') Freedom of Information Act (FOIA) regulations (see 45 CFR 5.2) further support proactive transparency by stipulating that HHS administers FOIA with a presumption of openness and by directing HHS Divisions to make records available for public inspection in an electronic format, including records of interest to the public that are appropriate for public disclosure. CMS is committed to advancing transparency while ensuring compliance with all applicable legal requirements and privacy considerations governing the disclosure of Federal data.

Building on the earlier public data releases, such as the Medicare Part D Prescribers—By Provider and Drug,<sup>1</sup> Medicare Quarterly Part D Spending by

Drug,<sup>2</sup> and Medicare Quarterly Part B Spending by Drug,<sup>3</sup> CMS is making available the following public data asset with utilization and payment data for prescription drugs: Medicaid Provider Spending by National Drug Code (NDC) (including aggregated managed care payment data elements, with disclosure avoidance techniques applied). This data asset contains provider-level Medicaid drug spending data aggregated from NDC-bearing claim lines (that is, filled prescription drugs) from the Transformed Medicaid Statistical Information System (T–MSIS) dated January 2018 through December 2024. Each row represents an observed combination of billing-provider National Provider Identifier (NPI), prescribing-provider NPI, NDC, and claim month. For each combination, the data asset includes the number of unique beneficiaries, number of claim lines, and total Medicaid paid amount. This data asset was developed using final-action Medicaid claim lines with an NDC, including managed care encounter drug claims. Please note that final-action status should not be interpreted as evidence that a claim was paid; this data asset may include counts and payment amounts from denied claims. In addition, the data asset includes repeated-digit placeholder codes, which generally represent missing values in the source system and should be excluded from analyses. Finally, information in the data asset is only as accurate as the T–MSIS data submitted by each state, and differences across states may reflect state-specific policies, coding practices, or data submission patterns in addition to data quality issues. For more information on T–MSIS data quality and usability see <https://www.medicaid.gov/dq-atlas/welcome>.

CMS is also making available the following public data asset with Medicaid and Children's Health Insurance Program (CHIP) provider enrollment information: Medicaid Provider Enrollment Segments. This data asset contains provider-level Medicaid enrollment data from T–MSIS covering January 2018 through December 2024. It shows when a provider was enrolled in Medicaid in a State, the District of Columbia, or a Territory, along with the provider's enrollment status, enrollment plan (Medicaid, CHIP, or both), and provider type during that time period.

The new data assets will be posted at <https://opendata.hhs.gov/>. To provide feedback on HHS Open Data, please send an email to [cdo@hhs.gov](mailto:cdo@hhs.gov). The OMB control number for the T–MSIS information collection is 0938–0345.

CMS has evaluated the data assets described in this notice, as well as prior agency statements regarding disclosure of similar information, considering applicable legal requirements. In conducting this assessment, CMS considered relevant privacy protections, including the Privacy Act of 1974, and prior agency statements concerning the confidentiality of contractual payment terms between Medicaid managed care plans and providers.<sup>4</sup> Based on that review, CMS has determined that the data assets have been de-identified and appropriately limited to mitigate the risk of re-identification of beneficiaries, do not disclose information that CMS regards as protected trade secret or confidential commercial information, and are appropriate for public release. Publishing aggregated and de-identified information, together with suppression of rows that represent fewer than 12 unique beneficiaries, enables CMS to make data available in support of transparency, program oversight, and research while preserving appropriate safeguards for beneficiary privacy, proprietary information, and other sensitive interests.

CMS will continue to evaluate additional data assets, as well as applicable governing laws and regulations, as it prepares future data releases.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

**Trenesha Fultz-Mimms,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

[FR Doc. 2026–14947 Filed 7–21–26; 4:15 pm]

**BILLING CODE 4169–69–P**

<sup>1</sup> <https://data.cms.gov/provider-summary-by-type-of-service/medicare-part-d-prescribers>.

<sup>2</sup> <https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicare-spending-by-drug/medicare-quarterly-part-d-spending-by-drug>.

<sup>3</sup> <https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicare-spending-by-drug/medicare-quarterly-part-b-spending-by-drug>.

<sup>4</sup> Medicaid Program; Medicaid and Children's Health Insurance Plan (CHIP) Managed Care, Proposed Rule; 83 FR 57264 at 57279–80 (Nov. 14, 2018); and Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care, Final Rule; 85 FR 72754 at 72807–10 (Nov. 13, 2020).