

Requesting and Using Medicare Data for Medicare-Medicaid Care Coordination and Program Integrity: An Overview

This overview is designed to help states understand the Medicare data that is available to aid them in integrating care for beneficiaries eligible for both Medicare and Medicaid (also known as “dual eligible beneficiaries”). The Centers for Medicare & Medicaid Services’ (CMS) makes many Medicare data files available to states at no cost to support states’ care coordination and program integrity initiatives.

In 2011, the State Data Resource Center (SDRC) was established to provide states with support, assistance and guidance on how to request, access, and use the Medicare data provided by CMS, to support their dual eligible beneficiaries. The SDRC team consists of data experts, who provide states with information and resources to help support their use of Medicare data for Medicare-Medicaid care coordination and program integrity purposes. States can locate SDRC resources on the SDRC website (<http://www.statedataresourcecenter.com>) or submit questions by phone, at (877) 657-9889, or email, at SDRC@Econometricalnc.com.

The first two pages of this overview are meant to be a quick reference guide; the rest of the document elaborates on what data is available, what it can be used for, and where to get it.

1) What is available?

The following files are available through the SDRC:

- Historic Parts A and B claims data [Data Source = Chronic Conditions Data Warehouse (CCW)]
- Master Beneficiary Summary File (MBSF) data for Base Beneficiary Summary file segments (A/B/C/D), Chronic Conditions, Cost and Utilization, and Other Chronic or Potentially Disabling Conditions [Data Source = CCW]
- Crosswalk files for (1) CCW Beneficiary Identification numbers to Health Insurance Claims numbers (HICNs), (2) CCW Beneficiary Identification numbers to Master Beneficiary Identifiers (MBIs), and (3) CCW Beneficiary Identification numbers to Social Security Numbers (SSNs) [Data Source = CCW]
- Medicare Provider Analysis and Review (MedPAR) data for historical and current inpatient hospital and Skilled Nursing Facility (SNF) claims [Data Source = CCW]
- Medicaid Enrollee Supplemental File (MESF) for historical data on chronic conditions and mortality in dual eligible beneficiaries and those only on Medicaid [Data Source = CCW]
- Medicare-Medicaid Linked Enrollee Analytic Data Sources (MMLEADS) for historical Medicare and Medicaid claims and enrollment data [Data Source = CCW]

- Enhanced Coordination of Benefits Agreement (COBA) data for current and ongoing Parts A or B claims data [Data Source = COBA]
- Assessments data sets, including: (1) Minimum Data Set (MDS), (2) Home Health Outcome and Assessment Information Set (OASIS), (3) Inpatient Rehab Facility-Patient Assessment Instrument (IRF-PAI), and (4) Long-Term Care Minimum Data Set (Swing Bed) [Data Source = CCW]
- Part D data for historical and current/ongoing Part D prescription drug events [Data Source = Integrated Data Repository (IDR)]

2) **What can it be used for?**

CMS provides states with access to Medicare data because it is an essential tool in coordinating care, improving quality, and detecting fraud, waste, and abuse. There are three general categories of analyses:

- Program planning (high-level analyses on identifiable populations)
- Care coordination (patient-level analyses, often in real time)
- Program integrity (analysis of fraud, waste, and abuse)

3) **Where to get it?**

CMS makes data available via four main data request processes that allow states to request data through SDRC:

- Parts A and B data request process
 - Includes requests for MBSF, crosswalks, MedPAR, and MMLEADS
- COBA data request process
 - Includes requests for current and ongoing Parts A or B claims data
- Assessments data request process
 - Includes requests for MDS, OASIS, IRF-PAI, and Swing Bed
- Part D data request process
 - Includes requests for historic and current Part D data

For more information, including details of the data request processes for requesting Medicare data and required documents, see the SDRC website (<http://www.statedataresourcecenter.com>).

What Is Available?

States can request summary files, claim or event files, assessment files, Medicaid enrollee file, and Medicare-Medicaid linked files. These files contain aggregate annual utilization measures at the level of the patient, skilled nursing facility, and home health; and cost and detailed utilization data at the level of the claim (i.e., multiple claims per visit and per beneficiary, per year). For each type of data, states receive information regarding dual eligible beneficiaries residing in the state.

Summary files contain summary measures on utilization and spending per year by beneficiary and may include additional identifiers that allow users to analyze by population or service-type subgroup.

- **MBSF:** Includes summary data on Medicare A/B/C/D services and costs, by type of service, for each beneficiary at the individual level for the full year. Service types include hospital inpatient and outpatient services, physician and related services, durable medical equipment (DME), SNF, home health, and hospice. Provides individual-level beneficiary identifiers and demographics, including information about Medicare eligibility and dual (Medicaid) status, as well as individual-level diagnoses from the CMS CCW. This data can be easier use than raw Medicare claims data, and it only requires knowledge of statistical software programs like SAS to start using data. (Historic Parts A and B data request process)
- **MESF:** Provides historical data on chronic conditions and mortality in both dual eligible beneficiaries and Medicaid-only beneficiaries. The Chronic Conditions segment includes data at the beneficiary level on 27 CCW chronic conditions and 35 other chronic or potentially disabling conditions. The National Death Index (NDI) segment provides variables created from death certificates, including cause of death. (Historic Parts A and B data request process)

Claims and event data files contain records for each service paid for a given beneficiary, as well as extensive demographic and service-level identifiers. The unit of record is the claim, which means that some beneficiaries may have multiple episodes of care and that episodes of care may have more than one claim. The files include all data elements in Parts A and B claims to states. MedPAR, a new addition to our data files, contains data about SNF and inpatient hospital stays. The types of claims available consist of:

- **Part A or B final action claims:** Includes only the last version of the claim provided (e.g., if a claim is adjusted twice, only the last version is provided). Because of the lag time required to ensure that claims are “final,” these final action claims are only available for services paid through 2017. (Historic Parts A and B data request process)
- **Part A or B non-final-action claims:** Includes each iteration of a claim (i.e., initial and subsequent adjustments) for a service billed from the current month forward. There are two available options for Part A or B non-final action claims: monthly, non-final Part A or B claims, or raw COBA claim feeds.
 - **Monthly, non-final action Part A or B:** States can request a non-final monthly version of the Part A or B claims listed above, with a lag time of 3 months, allowing for more current and ongoing claims. Please note the non-final version

does not include adjustments made to the claims at a later date. (Historic Parts A and B data request process)

- **COBA:** States can choose to receive raw COBA claims feeds as frequently as daily. Although this data is timelier than final action claims, it can include multiple claims for the same service and will require some effort to remove invalid or blank entries. Because of the claims processing lag time, it may not be a fully complete and accurate record of services provided during more recent periods. (COBA data request process)
- **MedPAR:** Includes services provided during inpatient and SNF stays. The files contain information about length of stay, beneficiary and Medicare payment amounts, summarized charge amounts, procedures, diagnoses, and Diagnosis-Related Groups (DRGs). (Historic Parts A and B data request process)
- **MMLEADS:** Is a suite of 2006 to 2013 linked data files for Medicare and Medicaid eligibility, enrollment, utilizations, and expenditure data. MMLEADS provides utilization and expenditure metrics based on the monthly "[State MMA file](#)" while maintaining the flexibility to generate metrics according to other user-defined criteria. The data includes healthcare information for all dual eligible beneficiaries and, for comparison purposes, all Medicare-only beneficiaries and Medicaid-only beneficiaries with disabilities. It also contains a linking variable to other data (e.g., survey, assessment, claims). Medicare service use and expenditure patterns do not change substantially from year to year, so older data may be sufficient for program planning purposes. (Parts A and B data request process)
- **Part D:** Includes many, though not all, Part D data elements. Only certain Part D data elements are made available, (for example, the Part D data will not contain any cost information). Non-final-action Part D data are those that have not yet been included in the annual CMS financial reconciliation process, while final-action Part D data are those that have been reconciled after the close of the calendar year (usually 10 months later). (Part D data request process)

Assessments: Consist of aggregated assessment data about patients in different types of sub-acute care settings, including nursing facilities, inpatient rehab facilities, and home healthcare.

- Data files available include: **MDS**, **OASIS**, **Swing Bed**, and **IRF-PAI**. (Assessment data request process)

What Can It Be Used For?

Generally, states can request Medicare data on their dual eligible beneficiaries to support program integrity activities, Medicare-Medicaid care coordination, or program planning to improve care at the individual beneficiary level.

States that use Medicare data for program planning purposes can find most of the information they need in the MBSF, including (1) patient identifiers; (2) the sum of all Medicare fee-for-service reimbursements made during the calendar year by type of service; (3) the annual number of visits by type of service (i.e., inpatient, outpatient, home health, physician office, or SNF settings); (4) the presence of various condition and diagnosis categories during the year (for inpatient settings,

the file also contains the DRGs for each of the first 10 stays within the year); and (5) the date that the beneficiary first met the clinical criteria to qualify for a condition or diagnosis category. Note that the MBSF does contain some Part D information, but is requested and distributed as part of the Historic Parts A and B process.

States can use claims files for more detailed analyses not limited to an annual timeframe, including utilization at the patient or provider level. States that are using claims data for program planning, program integrity, or care coordination purposes will likely only need a subset of the elements available in the larger claims file. The elements likely to be needed include:

- Patient identifiers
- Place of service
- Dates of service (for inpatient claims, this includes dates of admission and discharge)
- Diagnoses codes (i.e., the patient's conditions when he or she presented to the clinician)
- Procedures
- Provider identifier (if performing provider-level analyses)

Table 1 provides details on the kinds of Medicare-Medicaid program planning, care coordination, and program integrity analyses that can be done with Medicare data. Note that the care coordination and program integrity uses described in Table 1 are specific to the listed data type. For instance, the care coordination and program integrity uses authorized for Part D data are substantially more limited than those authorized for COBA data. Overall, all the data sources provided by SDRC can help a state:

- Develop outcome evaluations and clinical guidelines.
- Improve case management and care coordination.
- Develop population-based activities related to improving health or reducing healthcare costs.
- Coordinate with healthcare providers and patients about treatment alternatives, or related functions that do not include treatment.
- Review the competencies or qualifications of providers.
- Evaluate providers and health plan performances.
- Conduct training programs in which students, trainees, or practitioners in areas of healthcare learn or improve their skills as healthcare providers; or training for non-healthcare professionals.

Table 1. Options for Analyzing Medicare Data

| Data File(s) | Type of Analysis | Summary Description | Key Area/Activities |
|--|---|--|--|
| All | Program Planning | Characterized by high-level analyses that create aggregate statistics on identifiable populations. | These data can be used for: <ul style="list-style-type: none"> • Basic Utilization and Cost Information: Service use and cost information for both Medicaid and Medicare for the major service categories, broken out by age or eligibility. • Diagnostic Snapshot: Utilization and costs by certain diagnostic categories/ comorbidities. • Care Coordination Opportunities: Look for areas of high overlap between Medicaid and Medicare utilization or potentially avoidable utilization. • Dual Subsets and Care Opportunities: Identify opportunities to improve care and reduce costs by population subsets. |
| Parts A and B, Historic and Monthly | Care Coordination and Program Integrity | Characterized by patient-level analyses. | These data can be used to: <ul style="list-style-type: none"> • Support interventions or the design of interventions, at the level of dual eligible beneficiaries, that have the potential to improve the care of these beneficiaries. • Analyze, monitor, and provide feedback related to care coordination and/or program integrity. • Analyze patient- or provider-levels in real time. (Monthly) • Analyze aberrant utilization and/or billing patterns. (Monthly) |
| MBSF | Care Coordination and Program Integrity | Characterized by patient-level analyses. | These data can be used to: <ul style="list-style-type: none"> • Define and observe the distribution of dual eligibility by Medicaid benefit status. • Create categorizations by enrollment in Medicare Fee-for-Service vs. Medicare Advantage enrollment. • Identify beneficiaries and healthcare providers that may be engaging in fraud, waste, or abuse. |
| MedPAR | Care Coordination and Program Integrity | Medicare claims data on services during inpatient and SNF stays. | These data can be used to: <ul style="list-style-type: none"> • Compare Medicare charge amounts between services within a stay and between inpatient and SNF providers. • Can be combined with other claims data to better understand total charge amounts, evaluate trends in payments and services, and create service profiles. |
| MESF | Care Coordination and Program Integrity | Historical data on chronic conditions and mortality in dual eligible beneficiaries and those only on Medicaid. | These data can be used to: <ul style="list-style-type: none"> • Supplement current data to investigate historical trends in morbidity and mortality in Medicaid-only individuals and trends in morbidity for dual eligible beneficiaries. • Can be combined with other data to track Medicare claims for dual eligible beneficiaries by morbidity profile. |

| Data File(s) | Type of Analysis | Summary Description | Key Area/Activities |
|---------------------------|---|---|--|
| COBA Parts A and B | Care Coordination and Program Integrity | Characterized by patient-level analyses. | These data can be used to: <ul style="list-style-type: none"> Analyze patient- or provider-levels in real time. Analyze aberrant utilization and/or billing patterns. |
| Assessments | Care Coordination and Program Integrity | Aggregated data about patients in different types of sub-acute care settings, including nursing home facilities, inpatient rehab facilities, and home healthcare. | These data can be used to: <ul style="list-style-type: none"> Support interventions or the design of interventions, at the level of dual eligible beneficiaries, that have the potential to improve the care of these beneficiaries. Uses can include analysis, monitoring, and feedback. |
| Part D | Care Coordination and Program Integrity | Characterized by patient-level analyses. | These data can be used to: <ul style="list-style-type: none"> Support interventions or the design of interventions, at the level of dual eligible beneficiaries, that have the potential to improve the care of these beneficiaries. Uses can include analysis, monitoring, and feedback. |

Data Requests

Information on how to request Medicare data and what to expect upon receiving it can be found at the SDRC website (<http://www.statedataresourcecenter.com>). This site describes the available file types, file record layouts and data dictionaries, contents of data request packages, data transfer details, and required documents. In addition, the site's Data Request Details page (<http://www.statedataresourcecenter.com/data-request-process-details.html>) provides the forms required to request data. Please note: All data files listed below are free of charge to states.

Table 2 provides details on the data available to states, possible limitations, who distributes the data and processing information. This table also provides an overview of the years currently available for a state to request.

Table 2. Data Available to States and Data Processing Information

| Data File(s) | Data Description | Time Period | Population | Maturity and Processing Lag | Transmission Method | Limitations |
|--|---|--|--|-----------------------------|--|--|
| Historic Parts A and B data (CCW) | Final-action claims; MBSF; and Identifier Crosswalks: BENE ID to HICN, BENE ID to MBI, and BENE ID to SSN | 2007–2017 | Full and partial dual eligible beneficiaries (CMS identifies) | 15 months | CD, DVD, or USB drive | Claims are not considered final or complete until 1 year after the claims-through date. MBSF does not include individual claim-level data detail. However, states can use claims data that SDRC provides. |
| Monthly Parts A and B data (CCW) | Non-final action claims | 2019 | Full and partial dual eligible beneficiaries | 3 months | CD, DVD, USB drive or AXWAY (an electronic system) | Non-final-action claims sets may need to be unduplicated to identify final action. |
| MedPAR (CCW) | Inpatient and skilled nursing final-action stay records, where each record consolidates Medicare claims during the stay | 1999–2017 | Full and partial dual eligible beneficiaries | 15 months | CD, DVD, or USB drive | MedPAR does not include denied claims. |
| MESF (CCW) | Separate segments of historic data by chronic conditions and mortality in Medicaid enrollees | Chronic Condition segment (1999–2012) NDI segment (1999–2013) | Full and partial dual eligible beneficiaries and Medicare-only beneficiaries | N/A | CD, DVD, or USB drive | MESF is historical data that must be merged with more recent data to investigate trends in morbidity. |

| Data File(s) | Data Description | Time Period | Population | Maturity and Processing Lag | Transmission Method | Limitations |
|--------------------------|--|--|---|-----------------------------|--------------------------------|---|
| MMLEADS (CCW) | Medicare and Medicaid enrollment and claims files, prescription drug service utilization, and four linkable data files | 2006–2013 | Full and partial dual eligible beneficiaries, Medicare-only beneficiaries, and Medicaid-only blind and disabled beneficiaries | N/A | CD, DVD, or USB drive | Does not contain information for the Medicaid-only without-disability population. |
| COBA | Parts A and B non-final-action claims (Second/ enhanced feed) | Current date forward | Full and partial dual eligible beneficiaries (state identifies via finder file) | 2 weeks | Data feeds (daily or weekly) | COBA data can be difficult to use, as it contains many fields in a plain-text format; Chiapas, a software package available on the SDRC Assistance website, can parse the COBA data elements into a .csv file. |
| Assessments (CCW) | MDS, OASIS, Swing Bed, and IRF-PAI | 2007–2019 | Full and partial dual eligible beneficiaries (CMS identifies) | Quarterly | CD, DVD, or USB drive | <p>Some information reported on OASIS and MDS assessments, such as diagnoses or discharge dates, may not always match the information on the Medicare claims.</p> <p>Assessment instruments and data layouts are updated periodically, making comparisons between years difficult.</p> <p>Due to differences in the software that providers use for assessments, formatting of variable values can be inconsistent.</p> |
| Part D (IDR) | Part D final action data; non-final action data | 2007+ (As states propose and CMS approves) | Full dual eligible beneficiaries only (CMS identifies) | 1 month | Electronic file transfer (EFT) | <p>The version of the Part D file available to states does not include financial information, such as Medicare or beneficiary payments for drugs.</p> <p>Saving costs is a prohibited data use justification for states</p> |