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

Frequently Asked Questions

Topic	Last Revision Date
Types of Available Data	August 2016
Format and Structure of the Data	August 2015
Information Included in the Data	August 2015
Using the Data for Program Integrity	August 2016
Using the Data for Care Coordination	September 2014
Data Request Process	August 2016
Data Request Process: Program Integrity	September 2014
Data Request Process (IEA)	August 2015
Downstream Users	August 2016

Types of Available Data

- **Can State Medicaid Agencies request only the Part A and B claim types that they do not currently receive, or are they required to receive the entire set of claims?**

  States that want historical, final-action claims data for Part A and B services may request any or all of the following file types for Medicare-Medicaid Enrollees:

  - Part A Inpatient;
  - Part A Outpatient;
  - Part A Skilled Nursing Facility (SNF);
  - Part A Home Health;
  - Part A Hospice;
  - Part B Carrier (Physician and related claims); and
  - Part B Durable Medical Equipment (DME).

  States requesting non-final action Parts A and B claims through the Coordination of Benefits Agreement (COBA) process may request to re-use the subset of Parts A and B claims they already get through their existing COBA feed, or may request a second feed that would include the entire set of claims.

- **What enrollment and eligibility data files are available?**

  State Medicaid Agencies can request the Master Beneficiary Summary File (MBSF) and the crosswalk files which include information about enrollment and eligibility. The MBSF and crosswalks can be used to link between the Medicare data and the state's Medicaid data.

- **Can State Medicaid Agencies request Assessments data?**

  Yes, State Medicaid Agencies can request assessments data files (MDS, OASIS, Swing Bed, and IRF PAI) through SDRC. Assessments datasets consist of aggregated assessment data about patients in different types of sub-acute care settings including nursing facilities, inpatient rehab facilities and home health care.

- **Our state currently receives data feeds for Medicare Parts A/B data for coordination of benefits; these feeds exclude non-monetary claims and claims for individuals with third party insurance. We would like to include these claims going forward, but we are concerned about keeping them separate from our existing claims. How can we handle these claims to be sure that we are not at risk for paying them?**

  State Medicaid Agencies can request a second COBA feed, which will include all Parts A and B claims. A second feed permits the State Medicaid Agency to segregate how the feed is received and processed.

- **What is the difference between the initial COBA feed and the secondary, enhanced COBA feed?**

  The secondary COBA feed is the type of COBA feed available for request through SDRC. It is a separate, enhanced feed that includes all the elements of the initial COBA feed the state may be receiving for the purposes of coordination of benefits, plus additional claim types that are typically excluded, e.g., 100% denied, 100% paid, etc., provided that such claims are **not** excluded by the State through the enhanced feed process. States apprise the Benefits Coordination & Recovery Center (BCRC) of their claims selection options via Section IV of the COBA Attachment.

- **Are there some Part D data provided with the COBA Data as well (rather than via the IDR)?**

  No, COBA data are limited to Part A and Part B claims only. COBA does provide Part B DME (Durable Medical Equipment) claims from pharmacies in the NCPDP format, but no Part D claims are available through COBA.

- **Is the encounter data for the demo beneficiaries available through the COBA data?**

  No, the COBA data feed does not include encounter data, whether for demonstration or otherwise.

- **Is it possible to obtain a sample COBA data feed during the testing/setting up phase?**

  While obtaining a sample COBA data feed is not possible, State Medicaid Agencies can obtain a test COBA ID and limit the size of the incoming eligibility. The State Medicaid Agency would ask the data distributor about the test COBA ID following the COBA data request package approval.

Format and Structure of the Data

- **Where can I view the file layouts for the Medicare claims data?**

  For links to data dictionaries, file layouts, and other reference material for the historic Part A/B, COBA, and Part D data, refer to the Medicare Data Available Dictionaries (http://www.statedataresourcecenter.com/medicare-data-available-dictionaries.html). For a general overview of the Medicare data available through MMCO and how to use it, refer to Requesting and Using Medicare Data for Medicare-Medicare Care Coordination and Program Integrity: An Overview (http://www.statedataresourcecenter.com/assets/files/Requesting_Data_for_Care_Coord_and_Program_Integrity.pdf)

- **How will CMS send historical Parts A and B data? What format will the data be in?**

  CMS distributes historical Parts A & B data via CDs, DVDs, or hard drives depending upon the file size. An SFTS (secure file transfer system) is not currently available to states; however, this system is being considered as a delivery option for the future. Data are formatted in fixed-column ASCII, variable block files.

- **Are final action claims data for Part A and B available in monthly or quarterly segments or should it be received for the whole year?**

  Final action historical Medicare Part A/B claims data is currently only available as a full year file.

- **For Medicare Part A/B historic annual files, are the files cut based on the date of service or claim payment data?**

  Claims are aggregated based on the through date of service on the claim (thru_dt). Each year's historic A/B file includes date processed up to six months after the end of the calendar year in order to allow time for claims from the end of that year to be submitted and processed.

- **Can a State Medicaid Agency request an annual Part D file to replace the monthly data files in order to confirm any netting performed on the data?**

  An annual replacement Part D file is not available at this time.

Information Included in the Data

- **Does the historic Part A/B data include all claims, both paid and denied?**

  Yes, the data include all final action claims, both paid and denied.

- **What cost information is available on the Part D PDE data?**

  At this time, no cost information is included.

  For information on other data that can be requested, please refer to Requesting and Using Medicare Data for Medicare-Medicare Care Coordination and Program Integrity: An Overview (http://www.statedataresourcecenter.com/assets/files/Requesting_Data_for_Care_Coord_and_Program_Integrity.pdf)

- **Does the Part D data contain denied events?**

  No, denied events are not provided.

- **What information is included in National Council for Prescription Drug Programs (NCPDP) claims?**

  Here is an example of the NCPDP claim form: Example NCPDP Claim Form (http://www.lamedicaid.com/provweb1/manuals/UCFformInstruct.pdf)

  The following elements of the Medicare Part D file contain a response that references NCPDP claim format: Prescriber ID and Non Standard Format. The prescriber identifier field on an NCPDP transaction is a provider identifier field and, as such, should carry an NPI in almost all cases when populated. It is expected that most prescribers will be covered entities and will therefore have an NPI assigned for use on all HIPAA transactions, where required. However, if the prescriber is not a covered entity, s/he may not be required to have an NPI, and may not opt to obtain one voluntarily. Thus, this provider would not have an NPI to include on the pharmacy transaction. For additional information on prescriber IDs, please refer to the Prescriber Identifier on Part D NCPDP Pharmacy Claims Transactions bulletin (https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MemoNPIPrescriberID_050108v2.pdf).

- **Do the Part D data include prescriptions for HMO beneficiaries, or only Medicare fee for service beneficiaries?**

  Yes, the Part D data includes prescriptions covered by Medicare Advantage managed care plans, as well as fee for service beneficiaries enrolled in a stand-alone Medicare Prescription Plan. All prescription drug events available for a beneficiary should be included in the data, regardless of the beneficiary's FFS/managed care status.

  States can confirm by comparing the beneficiaries in the Part D data to the number of months of Medicare Advantage enrollment indicated in the beneficiary summary files. It might be useful to categorize the beneficiaries in the Part D data as no Medicare managed care, partial (1-11 months) and full year Medicare managed care (12 months) and perform a count.

- **What are the limitations of Part D data?**

  The primary limitation is that Medicare Part D PDE data do not necessarily represent a complete picture of prescription drugs used by Medicare-Medicaid enrollees. In addition, the data are subject to time lags that may impact their efficacy for care coordination. A more detailed discussion of limitations is contained in Attachment 2 of the MMCO-CMCS Bulletin Access to Medicare Data to Coordinate Care for Dual Eligible Beneficiaries (http://www.statedataresourcecenter.com/assets/files/Coordinated-Care-Info-Bulletin.pdf).

- **How are full and partial dual eligible beneficiaries defined and identified? Are both full and partial dual eligible beneficiaries are included in data provided through the SDRC process?**

  Beneficiaries who are Medicare enrolled and also meet all income and eligibility requirements for Medicaid are called full duals and receive all benefits covered by Medicaid, including custodial nursing home care, dental/eye care, mental health care and other services not covered by Medicare. For full duals, Medicaid also pays all relevant Medicare Parts A/B premiums and all cost sharing (deductibles and copayments). Full Medicare-Medicaid duals are identified by dual status codes 02, 04, and 08.

  Medicare beneficiaries with incomes or assets slightly above the threshold for Medicaid eligibility may qualify for partial Medicaid benefits and are call partial duals. Depending on the state, they may be eligible for limited Medicaid coverage and may receive assistance with some or all of their Medicare premiums and cost sharing, through the Medicaid program. Partial Medicare-Medicaid duals are identified by dual status codes 01, 03, 05, and 06.

  All data for individuals who were full or partial duals for at least one month in a calendar year will be included in that year's summary, enrollment, Parts A/B historic claims, and Assessments files. Medicare Part D annual files will only include prescription drug events for beneficiaries who were full duals for at least one month during the year.

- **Will the Part D PDE data be reconciled so that it only includes unique events?**

  PDE data always represent unique events. PDE data for dates of service in a given calendar year are considered fully reconciled 9-10 months after the end of a given calendar year. PDE data for more recent periods (non-final action) may be adjusted, but adjustment occurs infrequently, as CMS only adjusts PDE data prior to reconciliation to correct specific data elements within a given event. CMS will share deletion and replacement events with states on an ongoing basis so that the state can adjust existing data as needed. For more information on PDE data adjustments, refer to the PDE Data Netting Explanation (http://www.statedataresourcecenter.com/assets/files/PDE_Data_Netting_Explanation.pdf)

Using the Data for Program Integrity

- **What is program integrity (PI)?**

  The purpose of program integrity is to safeguard the Medicaid program from fraud, waste, and abuse and ensure the prudent use of taxpayers' dollars. Please refer to the Center for Program Integrity (http://www.cms.gov/About-CMS/Components/CPI/Center-for-program-integrity.html) for more information.

- **Can Part D data be used for the purposes of detecting fraud, abuse, and waste?**

  The Medicare-Medicaid Coordination Office (MMCO) and Center for Program Integrity (CPI) approves data uses for care coordination and program integrity. Use is indicated and approved via the Information Exchange Agreement (IEA) and the Data Use Agreement (DUA). The data can be used for data analysis, data monitoring, or feedback for support interventions and/or design of interventions at the individual dual beneficiary level. Data can also be used to detect fraud, waste, and abuse. At this time, data may not be used for any purpose not indicated in the IEA, including research, and payment.

- **Are there restrictions for using any data types for program integrity?**

  MMCO currently approves data use for the primary purpose of care coordination. However, MMCO along with the CPI can approve the use of Medicare data for Medicaid program integrity initiatives via the Information Exchange Agreement (IEA) and the Data Use Agreement (DUA). At this time, data may not be used for any purpose not indicated in the IEA. A new IEA was published to include both care coordination and program integrity.

- **Are there any additional considerations for requesting Medicare data for program integrity purposes?**

  Yes, CPI requires State Medicaid Agencies asking for program integrity use justifications to include additional information about staffing, technical details such as potential algorithms and analysis, expected timelines, and goals of the project(s) involved. In order to comply with the Health Insurance Portability and Accountability Act (HIPAA), CPI has an obligation to ensure that State Medicaid Agencies are actively using the Medicare data and using the data in accordance with the CMS-approved uses.

Using the Data for Care Coordination

- **Will the data that MMCO is offering allow the State Medicaid Agency to know what the individual's liability is on a real time basis?**

  No. The COBA process will allow a very timely view of the Parts A and B data; however, the data are generally have a lag time of 14 days. In addition, the State Medicaid Agency will only receive Medicare data for beneficiaries who are also already eligible for Medicaid. Part D PDE data is only submitted monthly; so, unlike Parts A and B data, PDE data are not available in real time.

- **Our state is interested in obtaining Medicare data for an effort that deals with care coordination, but is independent of the dual demonstration**

proposal. Can the state use the data requested for the dual demonstration for the purposes of our second effort?

Yes, but State Medicaid Agencies must submit separate request applications to cover each intended use. If one entity is using a subset of the data for a purpose other than what was included on the original request, a second DUA needs to be submitted to cover the second intended use; the second user cannot qualify as a "downstream user" if they are requesting data for a purpose other than what was requested in the first DUA.

- **When linking beneficiary records across multiple data files, what is the best way to resolve cases where some beneficiary demographics match across the two files but others do not?**

  In cases where there is a partial match between beneficiary records in two different files, visual inspection may be useful to determine whether the records represent a single beneficiary or two unique people. In a case where the social security number, gender and last name match between two records but the date of birth is off by one digit, the analyst may decide that there is enough evidence to conclude that these two records represent the same beneficiary. Each State Medicaid Agency will need to make its own determinations for what level of matching is required in order to equate two records.

Data Request Process

- **Can states not participating in an MMCO demonstration request historical Part A or B data using the MMCO process?**

  Yes, all State Medicaid Agencies can request the historical Part A/B data. There are request package files for each major request type – New, Additional Data Use, and Update. If a DUA has not yet been established, the Part A/B New package should be completed. If the state already has a DUA and wishes to use the data in another way, the Part A/B Additional Data Use package is required. To add additional data files or years of data to an existing DUA, please complete the Part A/B Update package. The Data Request Process Details page (http://www.statedataresourcecenter.com/data-request-process-details.html) lists the request packages by available Medicare data file.

- **Can researchers request Parts A and B data under the process available to State Medicaid Agencies?**

  CMS is not able to offer data to researchers under the process available to State Medicaid Agencies at no cost. Researchers must use the standard ResDAC process to request data. Please refer to ResDAC (http://www.resdac.org/)

- **Is there a cost to request Medicare data through the SDRC process?**

  There is no cost to State Medicaid Agencies that request Medicare data through the SDRC process for care coordination or program integrity initiatives.

- **Can State Medicaid Agencies make multiple historic data requests? For example, if we exclude some fields in our data sharing agreement now, will it be possible to get the data we missed in the future?**

  All available fields (variables) are provided with Parts A and B data requests. The requestor specifies fields (variables) of interest for Assessments and Part D requests via the specifications worksheet. Additional fields (variables) for Assessments and Part D data can be added at a later date by submitting a DUA update.

- **How long will it take to receive the data once the request is complete?**

  The time frame will depend on the complexity of the request and which type of data is requested.

- **On the specification worksheets, can we list the "file transfer mechanism" and "Electronic destination where files should be received" fields as TBD? We currently have not determined how we would approach these two items.**

  Yes, however the State Medicaid Agency should describe the protocol for file management under any possible file transfer mechanism in the data management section of the worksheet.

- **Our Fiscal Agent is currently in the process of upgrading its hardware. How should we include this information in our data request?**

  Please include the information explaining the impact the upgrade will have on the hardware in the data management section of specification worksheet.

- **How much detail do I need to include in the Use Justification tab?**

  Each and every use needs to be specifically listed. The data use should be detailed enough to allow the MMCO/CPI Initial reviewers to understand how the use supports care coordination and program integrity as CMS defines it. Use justification should be included in Part A/B, Assessments, COBA, or Part D specification worksheet tabs titled “Use Justification.” You can locate these worksheets in the Data Request Documents and Links page (http://www.statedataresourcecenter.com/data-request-process-docs.html) of the SDRC website.

- **How do I go about requesting a DUA extension?**

  Data Use Agreements (DUAs) are scheduled to expire every 365 days. If a State Medicaid Agency wants to continue using the Medicare data for care coordination and/or program integrity initiatives, the State must request a DUA extension. The State Medicaid Agency will send an email to its CMS contact and request an extension. For detailed instructions including email templates, contact the SDRC team directly for more information.

- **How do I go about requesting adding or removing a staff member to an already-existing DUA?**

  A current DUA requestor or custodian can request the addition or removal of a State Medicaid Agency staff member to or from a DUA. If the requestor and custodian(s) no longer work for the State Medicaid Agency, a representative from the State Medicaid Agency can make the request instead. New DUA contacts will be asked to complete and sign the DUA Addendum form. For detailed instructions including email templates, contact the SDRC team directly for more information.

- **What is the difference between a "No Conflict of Interest" letter and a "Potential Conflict of Interest" letter?**

  The Conflict of Interest letter is a requirement for downstream users that are planning to use the Part D PDE data to assist a State Medicaid Agency with care coordination and/or program integrity initiatives. There are two templates available, and the downstream user will select and complete one Conflict of Interest letter. The "No Conflict of Interest" letter template is for downstream users that do not have a conflict of using the Part D Medicare data for any of their regular activities and the State's planned care coordination and/or program integrity initiatives. If a downstream user may have a possible conflict with using the Medicare Part D data in its regular activities and assisting the State Medicaid Agency, the downstream user must complete the "Potential Conflict of Interest" letter template. The downstream user will describe how it will keep its regular business activities separate from the State's planned use of the Medicare data.

- **Will CMS accept a digital signature instead of a wet signature?**

  Per CMS regulations, CMS does not accept digital signatures.

Data Request Process: Program Integrity

- **Will the data request process for program integrity follow the established SDRC data request process?**

  Yes, the established data request process will be used for both program integrity and care coordination data uses. Please refer to the [Medicare Data Request Process page](http://www.statedataresourcecenter.com/data-request-process.html) (http://www.statedataresourcecenter.com/data-request-process.html) for the detailed text and workflows related to requesting each data type.

- **Can the proposed program integrity data uses be listed on the same specifications worksheet as care coordination data uses?**

  Yes, the specification worksheets were modified to include program integrity as an option for data usage.

- **Can an existing care coordination DUA be updated with program integrity data uses?**

  Yes. MMCO along with CPI can approve the use of Medicare data for Medicaid program integrity initiatives via the Information Exchange Agreement (IEA) and the Data Use Agreement (DUA). At this time, data may not be used for any purpose not indicated in the IEA. A new IEA was published to include both care coordination and program integrity and states may submit an "Additional Data Use" request package to add program integrity data uses to an existing DUA.

Data Request Process: Information Exchange Agreement (IEA)

- **Can a State Medicaid Agency list a third party data contractor as the data custodian on the DUA?**

  Yes, states can contract with a third party entity to receive the Medicare data on behalf of the State Medicaid Agency and carry out a task. The State Medicaid Agency can list the third party contractor as the data custodian on the DUA. There must also be an agreement, contract, or relationship between the contractor and the State Medicaid Agency related to use of the data. The requestor of the data (State Medicaid Agency) retains ultimate responsibility for the uses and security of the information.

- **If there are no real "downstream" users, is an IEA necessary? If so, who should sign it?**

  Yes, an IEA is necessary. An IEA is an agreement between CMS and a public or private entity that is qualified to use claims data. The agreement establishes the terms, conditions, safeguards and procedures under which CMS will release the data to the State Medicaid Agency and provides for additional protections above and beyond the DUA. The IEA needs to be signed by the participating state agency program official. This individual will commit their organization to the terms of the IEA. The participating state agency program official should be the same individual who signed the DUA as the user, #16.

- **Why is an Information Exchange Agreement (IEA) required in addition to the Data Use Agreement (DUA)?**

  Yes, an IEA is necessary. An IEA is an agreement between CMS and a State Medicaid Agency. The agreement establishes the terms, conditions, safeguards and procedures under which CMS will release the data to the State Medicaid Agency and provides for additional protections above and beyond the DUA.

Downstream Users

- **Does each downstream user need to sign a signature addendum?**

  For approved uses, the State Medicaid Agency is responsible for approving any subsequent sharing with downstream entities, including securing a signature to the DUA Addendum, and any subsequent renewals (e.g., as underlying DUA has to be renewed by the state each year)

  - If the downstream user includes individuals who provide care coordination or other clinical services to dual eligible beneficiaries, the State Medicaid Agency will secure a signature to DUA Attachment A.
  - Only one signature is needed per downstream entity. The signatory must be someone who can legally bind the entity to the provisions of the addenda.

- **What is the difference between a DUA Addendum form and a DUA Attachment A form?**

  A DUA Attachment A form is completed by a downstream user provider who deliver care coordination or other clinical services to dual eligible beneficiaries. The DUA Attachment A form will be signed by the downstream user and a representative of the State Medicaid Agency. A DUA Addendum form is completed by a downstream user who provides analytical services for the use of the Medicare data.

- **Do downstream users need to list their subcontracted business associates on the Medicare Part D Conflict of Interest letter?**

  Yes, subcontracted business of downstream users must also be listed as downstream users on the conflict of interest letter.

- **Are states required to report about downstream user activity by users who use the data for program integrity activities?**

  Yes, State Medicaid Agencies are required to submit quarterly downstream user reports summarizing downstream users' care coordination and/or program integrity activities as described within the Part A/B, Assessments, and Part D specification worksheets.

- **Should the same downstream user report templates be used for program integrity as care coordination?**

  The downstream user report template can be used for both the care coordination and/or program integrity data uses, allowing State Medicaid Agencies to include all downstream users in one report. Please contact the SDRC Team for assistance with report templates and submission instructions.