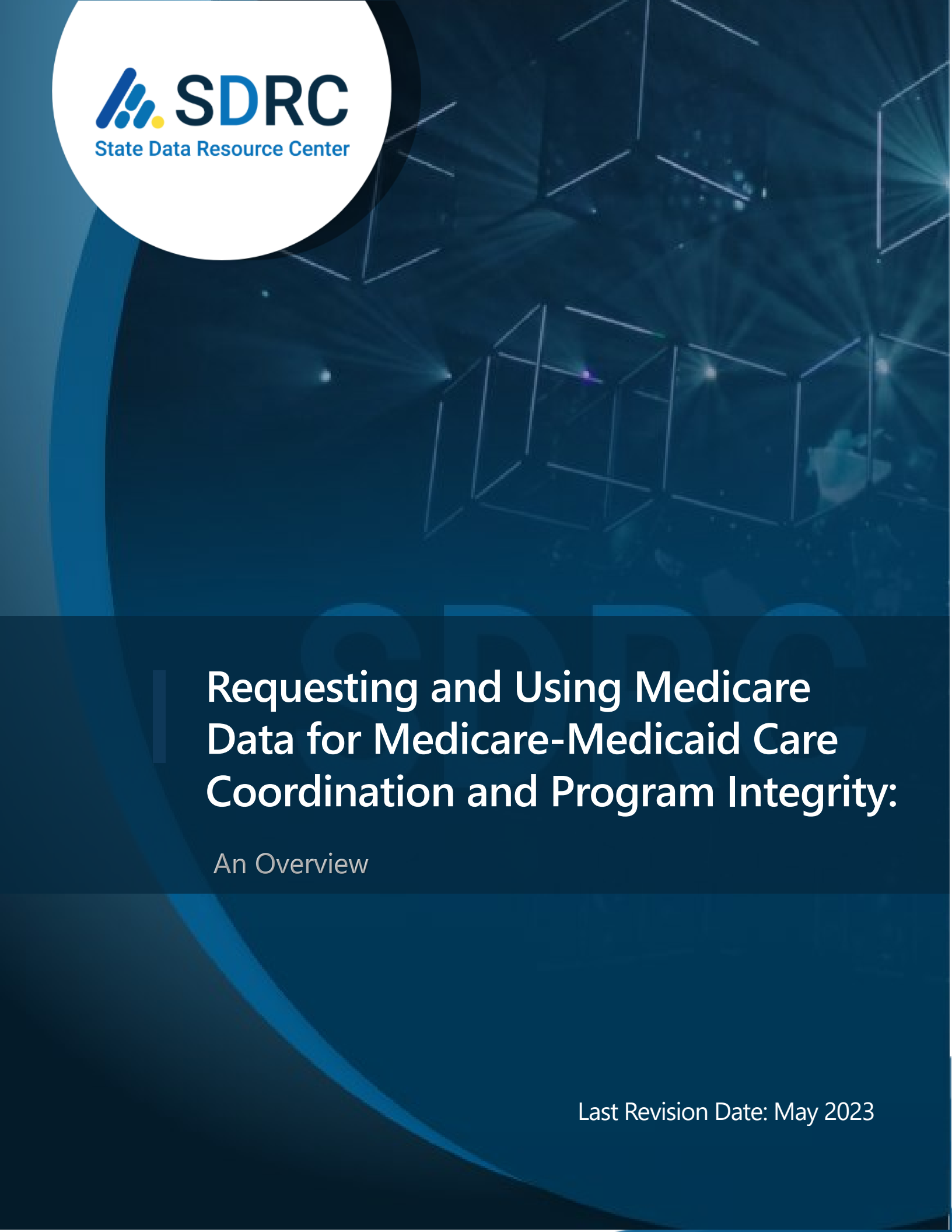

Requesting and Using Medicare Data for Medicare-Medicaid Care Coordination and Program Integrity:

An Overview

Last Revision Date: May 2023

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Introduction

This overview is designed to help Medicaid agencies understand the Medicare data that is available to aid them in integrating care for beneficiaries eligible for both Medicare and Medicaid (also known as "dually eligible beneficiaries"). The Centers for Medicare & Medicaid Services' (CMS) Medicare-Medicaid Coordination Office (MMCO) makes many Medicare data files available to Medicaid agencies at no cost to support Medicaid agencies' care coordination and program integrity initiatives.

In 2011, the State Data Resource Center (SDRC) was established to provide Medicaid agencies with support, assistance and guidance on how to request, access, and use the Medicare data provided by MMCO, to support their dually eligible beneficiaries. The SDRC team consists of data experts, who provide Medicaid agencies with information and resources to help support their use of Medicare data for approved data uses. Medicaid agencies can locate information on SDRC resources at the SDRC website or submit questions by phone, at (888) 805-5228, or email, at SDRC@AcumenLLC.com.

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

Quick Reference Guide

What is available?

The following files are available through SDRC:

- Historical 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]
- Enhanced Coordination of Benefits Agreement (COBA) data for current and ongoing Parts A or B claims data [Data Source = Common Working File (CWF); shared by Benefits Coordination & Recovery Center (BCRC)]
- Assessments data sets, including: (1) Minimum Data Set (MDS), (2) Home Health Outcome and Assessment Information Set (OASIS), (3) Inpatient Rehab Facility-Patient Assessment

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Instrument (IRF-PAI), and (4) Long-Term Care Minimum Data Set (Swing Bed) [Data Source = CCW]

- Part D Prescription Drug Event (PDE) data for historical and current/ongoing Part D prescription drug events [Data Source = Integrated Data Repository (IDR)]

What can it be used for?

In collaboration with the CMS Center for Program Integrity (CPI), MMCO provides Medicaid agencies with access to Medicare data because it is an essential tool in coordinating care, improving quality, and detecting fraud, waste, and abuse. There are four 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)
- Quality Improvement (reporting of quality measures for dually eligible individuals)

Where to get it?

MMCO and CPI make data available via four main data request processes that allow Medicaid agencies to request data through SDRC:

- Parts A and B data request process
  - Includes requests for MBSF, crosswalks, MedPAR, and MMLEADS
- Enhanced COBA data request process
  - Includes requests for current/ongoing Parts A or B claims data
- Assessments data request process
  - Includes requests for MDS 2.0 and 3.0, OASIS-D and OASIS-D1, IRF-PAI, and Swing Bed
- Part D PDE data request process
  - Includes requests for historical and current/ongoing Part D PDE data

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

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Requesting and Using Medicare Data

What data is available?

Medicaid agencies 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, Medicaid agencies receive information regarding dually eligible beneficiaries residing in the state or territory.

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 to use than raw Medicare claims data, and it only requires knowledge of statistical software programs like SAS to start using data. (Parts A and B data request process)
- **MESF:** Provides historical data on chronic conditions and mortality in both dually eligible individuals and Medicaid-only individuals. The Chronic Conditions segment includes data at the beneficiary level on 30 CCW chronic conditions. The National Death Index (NDI) segment provides variables created from death certificates, including cause of death. (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. MMCO will provide all data elements in Parts A and B claims to Medicaid agencies. 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," final action claims are only available for services paid through 2021. (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: non-final monthly feed of the final action claims, or raw COBA claim feeds.

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- **Monthly, non-final action Part A or B:** Medicaid agencies can request a non-final monthly version of the Part A or B claims, with a lag time of approximately 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. (Parts A and B data request process)
- **Enhanced COBA:** Medicaid agencies 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 of two weeks, it may not be a fully complete and accurate record of services provided during more recent periods. As a note, the testing period to establish COBA secure file transfer can take up to three months. (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 DRGs. (Parts A and B data request process)
- **MMLEADS:** A suite of 2006-2012 and 2016 linked data files for Medicare and Medicaid eligibility, enrollment, utilization, and expenditure data. The 2006-2012 MMLEADS data are made up of four files based on the CCW Medicaid Analytic eXtract (MAX) data. The 2016 MMLEADS data consists of just two person-level files and are based on the CCW T-MSIS Analytic (TAF) files. The data include healthcare information for all dually eligible beneficiaries and, for comparison purposes, all Medicare-only beneficiaries and Medicaid-only beneficiaries with disabilities. The data also contain 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 PDE:** Includes many, though not all, Part D data elements. Only certain Part D data elements are made available (e.g., Part D PDE data will not contain any cost information). Non-final action Part D PDE data are those that have not yet been included in the annual CMS financial reconciliation process, while final action Part D PDE data are those that have been reconciled after the close of the calendar year (usually 10 months later). (Part D PDE data request process)

Assessments data files 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 2.0 and 3.0
- OASIS-D and OASIS-D1
- Swing Bed

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- IRF-PAI

(Assessment data request process)

What can the data be used for?

Generally, Medicaid agencies can request Medicare data on their dually eligible beneficiaries to support program planning, care coordination, program integrity (detecting fraud, waste, and abuse), and quality improvement at the individual beneficiary level.

Medicaid agencies 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 Diagnosis-Related Groups (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. Please note that the MBSF does contain some Part D information, but is requested and distributed as part of the Parts A and B data request process.

Medicaid agencies can use claims files for more detailed analyses not limited to an annual timeframe, including utilization at the patient- or provider-level. Medicaid agencies 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/she presented to the clinician)
- Procedures
- Provider identifier (if performing provider-level analyses)

For additional information about the elements available and how to use them, please review the Frequently Asked Questions available on the SDRC website.

Table 1 provides details on the kinds of Medicare-Medicaid program planning, care coordination, prggram integrity (detecting fraud, waste, and abuse), and quality improvement 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 PDE data are substantially more limited than those authorized for enhanced COBA data. Overall, all the data sources provided by SDRC can help a Medicaid agency with the below:

- Develop outcome evaluations and clinical guidelines

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- 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

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Table 1. Options for Analyzing Medicare Data

Data File(s)	Types of Analytics	Summary Description	Key Area/Activities
All	Program Planning	Characterized by high-level analyses that create aggregate statistics on identifiable populations.	All data can be used for: • 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, Historical and Monthly	Care Coordination and Program Integrity	Characterized by patient-level analyses.	These datasets can be used to: • Support interventions or the design of interventions, at the level of dually 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 datasets can be used to: • 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 datasets can be used to: • 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/ mortality in dually eligible individuals and those only on Medicaid.	These datasets can be used to: • Supplement current data to investigate historical trends in morbidity and mortality in Medicaid-only individuals and trends in morbidity for dually eligible individuals. • Can be combined with other data to track Medicare claims for dually eligible individuals by morbidity profile.

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Data File(s)	Types of Analytics	Summary Description	Key Area/Activities
Enhanced COBA Parts A and B	Care Coordination and Program Integrity	Characterized by patient-level analyses.	These datasets can be used to: • Analyze patient- or provider-levels in real time. • Analyze aberrant utilization and/or billing patterns.
Assessments (MDS 2.0 & 3.0, OASIS IRF-PAI, Swing Bed)	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 datasets can be used to: • Analyze providers' billing patterns and review denied claims. • Assess current health services, create care plans, and identify barriers to access to health services.
Part D PDE	Care Coordination and Program Integrity	Characterized by patient-level analyses.	These datasets can be used to: • Support interventions or the design of interventions, at the level of dually eligible beneficiaries, that have the potential to improve the care of these beneficiaries. Uses can include analysis, monitoring, and feedback. • Analyze pharmaceutical use and prevent duplicative payments.

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Data Request

Information on how to request Medicare data and what to expect upon receiving it can be found at the SDRC website. This site describes the available file types, file record layouts and data dictionaries, contents of data packages, data transfer details, and required documents. In addition, the site's Data Request Documents page provides the forms required to request data. Please note, all data files listed below are free of charge to Medicaid agencies.

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

Table 2. Data Available to Medicaid agencies and Data Processing Information

Data File(s)	Data Description	Time Period	Population	Maturity and Processing Lag	Transmission Method	Limitations
Historical 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	2012–2021	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries (CMS identifies)	15 months	CD, DVD, USB drive or AXWAY (an electronic system)	Claims are not considered final or complete until one year after the claims-through date. MBSF does not include individual claim-level data detail. However, Medicaid agencies can use claims data that SDRC provides.
Monthly Parts A and B data (CCW)	Non-final action claims	2023	• Full dually eligible beneficiaries • Partial dually 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.

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Data File(s)	Data Description	Time Period	Population	Maturity and Processing Lag	Transmission Method	Limitations
MedPAR (CCW)	Inpatient and skilled nursing final action stay records, where each record consolidates Medicare claims during the stay	2012–2021	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries	15 months	CD, DVD, or USB drive	MedPAR does not include denied claims.
MESF (CCW)	Separate segments of historical data by chronic conditions and mortality in Medicaid enrollees	Chronic Condition segment (1999-2012) NDI segment (1999– 2013)	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries • 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.
MMLEADS (CCW)	Medicare and Medicaid enrollment and claims files, prescription drug service utilization, and four linkable data files	2006–2012 & 2016	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries • Medicare-only beneficiaries • Medicaid-only blind and disabled beneficiaries	N/A	CD, DVD, or USB drive	Does not contain information for the Medicaid-only without-disability population.

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Data File(s)	Data Description	Time Period	Population	Maturity and Processing Lag	Transmission Method	Limitations
Enhanced COBA	Parts A and B non-final action claims (Second/ enhanced feed)	Current date forward	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries (Medicaid agency identifies via finder file)	2 weeks	Data feeds (daily or weekly)	Enhanced 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 Portal, can parse the COBA data elements into a .csv file.
Assessments (CCW)	MDS, OASIS, Swing Bed, and IRF-PAI	2012–2023	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries (CMS identifies)	Annual (final action file), Quarterly (non-final action file)	CD, DVD, or USB drive	Some information reported on OASIS and MDS assessments, such as diagnoses or discharge dates, may not always match the information on the Medicare claims. Assessment instruments and data layouts are updated periodically, making comparisons between years difficult. Due to differences in the software that providers use for assessments, formatting of variable values can be inconsistent.
Part D PDE (IDR)	Part D final action data; non-final action data	2012+ (As Medicaid agencies propose and CMS approves)	• Full dually eligible beneficiaries • Partial dually eligible beneficiaries (CMS identifies)	1 month	Electronic file transfer (EFT)	The version of the Part D PDE file available to Medicaid agencies does not include financial information, such as Medicare or beneficiary payments for drugs. Saving costs is a prohibited data use justification for Medicaid agencies.

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