ENROLLMENT AND ELIGIBILITY DATA

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ENROLLMENT AND ELIGIBILITY DATA

INTRODUCTION

To support Medicare program administration functions, HCFA maintains person-level enrollment and eligibility records for the entire Medicare population. Each time a claim for services rendered is received for adjudication and payment, beneficiary entitlement status is verified using this information. HCFA maintains separate databases that collectively store all the enrollment and entitlement information necessary to complete administrative functions. With the implementation of the Enrollment Database (EDB), HCFA has started replacing these separate databases with one central repository of Medicare beneficiary enrollment records.

All of the files discussed in this chapter contain enrollment and eligibility data that originate from Medicare administrative functions. The Enrollment and Eligibility Data chapter contains two file groups:

> **!**   Enrollment Database (EDB) Files
> **!**   Other Enrollment Files

The EDB is the designated HCFA repository of enrollment and entitlement data.

The Other Enrollment Files group includes the Third Party (TPEARTH) Master File, the Group Health Plan (GHP) Master File, the Health Insurance Skeleton Eligibility Write-off (HISKEW) File, the Denominator File, and the Name and Address File. The first file contains information on beneficiaries whose premiums are paid by third parties. As of August 30, 1996, direct billing data, i.e., beneficiaries who pay their own premiums, have been integrated into the EDB. The GHP Master File contains information on beneficiaries enrolled in and receiving Medicare covered services from Managed Care Organizations (MCO). The HISKEW File contains an abbreviated format of the EDB records. The fourth file, the Denominator File, combines beneficiary information from the EDB and the TPEARTH Master File. The TPEARTH Master File may be integrated into the EDB by the end of 2000. The Name and Address File is a subset of the data elements of the EDB.

ENROLLMENT DATABASE FILES

The EDB is the current HCFA repository of enrollment and entitlement data for persons who are or have ever been enrolled in Medicare.

Enrollment Database (EDB)

The EDB contains current and historical Medicare enrollment and entitlement information for all beneficiaries ever enrolled in the Hospital Insurance (HI) or Supplementary Medical Insurance (SMI) Medicare programs. The EDB replaced the Health Insurance Master (HIMA) File as the designated HCFA repository of enrollment and entitlement data.

As the primary source of information on demographic characteristics and geographic distribution of the entire Medicare population, the EDB supports various HCFA and external research applications. Program and policy analysts, as well as other researchers in health care related fields, use the personal identifiers present on EDB records to construct samples and link data from a variety of sources at the beneficiary level. Analytic files derived from the EDB are used by HCFA to support program reporting requirements such as the production of statistical profiles of the Medicare population.

File Creation

Beneficiaries are enrolled in Medicare based on criteria defined in Title XVIII of the Social Security Act of 1965 and subsequent amendments to the Act. EDB records are generated by the entitlement and enrollment of beneficiaries in the Medicare program.

The Social Security Administration (SSA) maintains demographic and entitlement information on all Medicare beneficiaries for whom entitlement is derived from Old Age and Survivors Insurance, disability insurance, End Stage Renal Disease (ESRD) programs, and the Railroad Retirement Board (RRB). The SSA Master Beneficiary Record (MBR) is the primary source of data for the EDB. Beneficiary demographic characteristics, dates of enrollment and termination, cross-reference claim numbers, changes of address, and all other data contained in the SSA MBR system are transmitted from SSA to HCFA to update the EDB. Additional information on RRB beneficiaries is contained on a beneficiary master record maintained by the RRB. Although entitlement data from the EDB typically update the Common Work File (CWF), a small number of data elements from the CWF update the EDB, such as some dates of death and Medicare secondary payer information.

The EDB was implemented in 1991. Currently, the EDB contains records for all Medicare beneficiaries ever entitled to HI or SMI. As such, creation of the EDB is a continuous process, with records of past enrollees kept in the database while new records are added as new cohorts of beneficiaries enroll.

A flat file version of the EDB, called the Unloaded EDB (UEDB), is created each month. The UEDB is a complete write-off of the EDB.

File Maintenance

The EDB is updated daily with information received primarily from SSA, RRB, CWF host sites, and HCFA clerical staff at central and regional offices.

Direct online updates are performed interactively through the Enrollment Retrieval New Interactive Edit (ERNIE) System by authorized staff nationwide. Transaction updates received from SSA, RRB, and the CWF host sites are performed through the Medicare Update Processors for Enrollment Transactions (MUPPET) System.

SSA and CWF data are subject to Quality Assurance (QA) checks including format, range, and logical consistency edits before they are used to update the EDB. The format edits verify, for example, that numeric fields contain numeric data. The range edits verify that a field contains expected data (e.g., a field in which the valid range is 0, 1, or 2 is not filled with any other digit). The logical consistency edits verify, for example, that the termination date is later than the entitlement date. Any inconsistencies are flagged for review and correction.

File Structure and Usage

The EDB contains information for each beneficiary ever enrolled in the Medicare program, regardless of whether he or she is currently designated as "inactive" or "active." An inactive beneficiary is one who has a valid date of death at least six months in the past and has had no activity for at least six months. All other beneficiaries are deemed active.

Currently, the EDB includes two types of records: full and skeleton. Full records include detailed personal identifiers and eligibility and entitlement status information for all active beneficiaries and some inactive beneficiaries. Skeleton records include beneficiary identification information without entitlement or enrollment data for those inactive beneficiaries who do not have full records on the EDB.

At one time, full records were regularly reduced to skeleton records for inactive beneficiaries, and the complete information was maintained separately at the HCFA Data Center (HDC). In 1994, the EDB was populated with all the data from the inactive file. There are approximately 12 million skeleton records, whose complete information was not available, remaining on the EDB.

The EDB is an M204 database designed to support HCFA Medicare entitlement and enrollment functions. It is primarily an operational database that establishes the authoritative entitlement for Medicare beneficiaries and supports the claims payment process at the CWF host sites nationwide. The EDB records are the single source of Medicare and MCO enrollment information at the CWF host sites.

As a source of information on demographic characteristics and geographic distribution of the entire Medicare population, the EDB supports a variety of research applications. The Medicare population statistics generated from enrollment records are widely used to support policy decisions. Program and policy analysts, as well as researchers in various health care related fields, use the personal identifiers present on EDB records to construct samples and link data from various sources at the beneficiary level. The EDB information supports identification and sampling of beneficiary cohorts with particular demographic characteristics.

Data Structure and Usage

The EDB provides detailed information on the entitlement and enrollment status of each beneficiary. As of February 1997, the database contained data on approximately 80 million beneficiaries. Approximately 150,000 new beneficiaries are accredited to the EDB each month.
The EDB contains approximately 120 data elements. These elements capture personal identifiers such as name, Social Security Number (SSN), and Health Insurance Claim (HIC) number; and detailed demographic data such as date of birth and death, sex, and race.

In addition to personal identifiers and demographic characteristics, the EDB contains entitlement and payer information. Entitlement information includes Part A and Part B entitlement status, and start and termination dates. Payer information includes premium payer identification information, an indicator for primary payer other than Medicare, and a GHP enrollment indicator. Information regarding changes over time to many of the data elements is also included.

Methods of Access
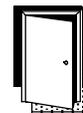
The EDB is maintained as an M204 database at the HDC. EDB data can be accessed through the EDB Workbench (EDBW) or Decision Support Access Facility (DSAF) by authorized HDC users. Quarterly UEDB Files are maintained for 30 months at the HDC and can be accessed by authorized HDC users. Six monthly UEDB files are retained (i.e., two full quarters).

The EDBW is a menu-driven retrieval system for creating customized output files (user views) from the EDB. The most common EDBW access is made using a predefined list of identification numbers such as SSN or HIC number. When the search criterion is SSN, EDBW returns data for all family members associated with the SSN.

When a HIC number is used, EDBW returns data for individuals matching the HIC number directly. If no direct matches are found, EDBW returns matches made through Beneficiary Identification Code (BIC) equatability, or through cross-reference or SSN matches. A more flexible retrieval

method is available using match criteria to keyed EDB elements (e.g., birth dates before a specified date, Part A entitlement in a given year, or no MCO enrollment for a given time period). HCFA staff must be contacted to help generate criteria used by EDBW.

Decision Support Access Facility (DSAF) is a menu-driven system for retrieving data from a variety of claims, utilization, and enrollment files or databases including the EDB. DSAF provides access to current and historic Medicare claims, as well as enrollment and entitlement data. Data can be selected based on HIC number, specific data field combinations, or a specified percentage of records.

Migration of Data

The EDB now contains data that was formerly housed in the Billing and Collection Master (HJBCM) file.

In the future, additional beneficiary enrollment and eligibility data that are currently maintained in the TPEARTH Master File will be included in the EDB. Currently, the EDB contains a state buy-in indicator that signifies a record on the TPEARTH Master File and all GHP enrollment periods.

List of Data Elements

A list of the EDB data elements that are available via the EDBW, and brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov.

OTHER ENROLLMENT FILES

The Other Enrollment Files group contains five files:

> **!** TPEARTH Master File
> **!** GHP Master File
> **!** HISKEW File
> **!** Denominator File
> **!** Name and Address File

The TPEARTH Master File contains a history of third parties liable for a beneficiary's SMI or HI premiums. The GHP Master File contains information on beneficiaries who are or have been enrolled in a Managed Care Organization. The HISKEW File, like the EDB, contains data for all beneficiaries ever enrolled in Medicare. However, the HISKEW File contains a subset of the data elements contained in the EDB. The Denominator File combines EDB beneficiary information from

the EDB and third party liability information from the TPEARTH Master File. The Name and Address File is a subset of the data elements of the EDB.

Third Party (TPEARTH) Master File

The Third Party Master File, or TPEARTH Master File, contains records for Medicare beneficiaries for whom HI or SMI premiums are paid by a third party such as a state welfare agency or private group. This file supplements the beneficiary data maintained on the EDB. The TPEARTH Master File is used to update the EDB with information on the dual entitlement status of beneficiaries (those who are eligible for both Medicare and Medicaid) and to flag premium payer status.

File Creation

The TPEARTH Master File contains data from 1966 to present for active beneficiaries and data for inactive accounts from 1990. Inactive data are retrieved and added to the active file if there is subsequent activity for that account number. The file contains records for all Medicare beneficiaries who have ever had a third party identified as the payer of their HI or SMI premiums. The information in the TPEARTH Master File is collected by SSA field offices, state welfare agencies, private groups, and the Office of Personnel Management (OPM). The collected data are sent to HCFA for monthly updates. As updates are posted to the TPEARTH Master File, a series of validation edits are performed.

Most of the 5.7 million active individuals tracked by the TPEARTH Master File are Medicare beneficiaries with dual entitlement. Approximately 100,000 other beneficiaries are civil servants for whom Medicare Part B premiums are withheld by OPM from retirement annuities. Another 11,000 beneficiaries have their Medicare Part A or Part B premium paid by a private group.

File Maintenance
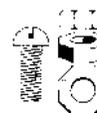
The TPEARTH Master File is updated monthly with data received from SSA, state welfare agencies, private groups, and OPM. A small number of updates are completed at the HCFA central office; however, most updates are received via electronic data transmission from states. Once monthly updates are applied to the file, a billing file is sent to each state.

Edits are performed on each transaction as updates are made to the TPEARTH Master File. For example, state buy-in transactions are checked against the EDB to verify that the transaction is valid. If a state submits a record with data that cannot be verified by the EDB, the record is corrected using EDB data. If the record cannot be corrected, it is rejected and returned to the state for correction.

The TPEARTH Master File contains records for beneficiaries for whom HI or SMI premiums are or have been paid by a third party. Third parties include state welfare agencies, OPM, religious orders, and private group payers such as unions. Beneficiaries are identified by HIC number and dates of enrollment and disenrollment. The unit of analysis is the beneficiary. Each beneficiary can have up to two records on the file: one each for Part A and Part B premiums. In 1994, all inactive beneficiaries were purged from the file. Since then, no beneficiaries have been purged from the file.

HCFA uses the TPEARTH Master File to track third party enrollment and to bill states and private groups accordingly. Dual entitlement status information contained in the file of beneficiaries is used to update the EDB. The file is also used to update the membership file for those GHPs that interact directly with HCFA to obtain reimbursement for each dually entitled plan member entitled to Part B coverage.

Data Structure and Usage
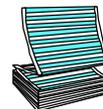
The TPEARTH Master File is a flat file comprised of over 10.5 million variable length records. Each record contains beneficiary identification information, third party history, and accounts receivable information. Beneficiary identification information includes name, sex, and date of birth. Third party history information includes agency codes, and third party accretion and deletion codes and dates for up to 40 occurrences. Third party administrative information includes premium amount and transaction codes, dates, and agency identification number.

The TPEARTH Master File identifies individuals by HIC number and dates of third party accretion and deletion so that longitudinal files can be created. The data are used internally by HCFA to bill agencies for Part A and Part B premiums. The TPEARTH Master File is used to determine Medicaid status in the GHP Master File.

Methods of Access

The TPEARTH Master File is available on cartridge. Specialized versions of the TPEARTH Master File are available on request.

In the future, third party beneficiary data will be incorporated into the EDB. When the data are added to the EDB, the amount of duplicate data maintained by HCFA (such as name and HIC number) will be reduced. However, only beneficiary-specific data will be added to the EDB. Other data, such as agency data, will continue to be maintained in separate files.

Once the third party information from the TPEARTH Master File is stored in the EDB, it will be accessible in the same way as other EDB data. As part of the transition to this future processing environment, HCFA operates the SMI Premium Accounting, Collection, and Enrollment (SPACE) System Database. This M204 database replicates the data maintained in the TPEARTH Master File. The SPACE Database resides at HDC. It is updated monthly to reflect any changes made to the file. Online access to the SPACE Database is available to organizations within SSA and HCFA.

List of Data Elements

A list of the data elements contained in the TPEARTH Master File, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov.

Group Health Plan (GHP) Master File

The GHP Master File contains information for all beneficiaries who have ever been enrolled in an MCO under contract with HCFA. For beneficiaries enrolled in MCOs, Medicare benefits are not paid per claim. Instead, Medicare pays a per capita amount to MCOs for each enrolled beneficiary regardless of beneficiary service utilization. The GHP Master File supplements beneficiary information maintained in the EDB.

File Creation

The GHP Master File contains data on beneficiaries who are currently enrolled or have ever been enrolled in a MCO under contract with HCFA. The file is created by writing off a version of the GHP Database each month, after it has been updated by MCO data transmissions related to enrollment, disenrollment, and corrections to some beneficiary characteristics.

File Maintenance
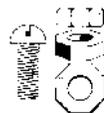
Since the GHP Master File is a monthly write-off of the GHP Database, the data contained in the file are updated when the GHP Database is updated. The GHP Database is updated with new beneficiary information through the following process:

! An MCO transmits batch enrollment/disenrollment/correction data to the GHP Database.

! An online system allows selected users to enter managed care enrollment/disenrollment/ correction data into the GHP Database.

! The EDB is queried when a beneficiary is new to Managed Care.

! The EDB Medicare enrollment, entitlement, and demographic data are sent to the GHP Database for that beneficiary.

! The GHP updates the EDB with MCO enrollment data.

! The CWF Health Insurance Master Record (HIMR) is updated with the new GHP data from the EDB.

File Structure and Usage

The GHP Master File includes basic beneficiary identification data, Part A and Part B entitlement information, and current MCO membership information. Each record represents one beneficiary and each beneficiary has one record. The GHP Master File can be used to study beneficiaries who are currently enrolled in HCFA contracted MCOs.

Data Structure and Usage

The GHP Master File consists of approximately 10.5 million variable length records. The records contain information for up to six of the most recent managed care enrollment periods for all beneficiaries ever enrolled in a MCO. However, it does not include dates for ESRD, hospice, institutional, or state buy-in entitlement (factors used in determining the capitation payment). Each record contains beneficiary identification data such as the HIC number, date of birth, date of death, name, and state and county codes; current Part A and Part B enrollment options and entitlement information; and managed care enrollment information such as dates of membership and MCO contract number.

Methods of Access

Monthly versions of the GHP Master File are available on compressed cartridges. Additional information about the GHP Master File can be obtained by contacting the CHPP, PDIG, HPPOS Plan Communications Action Desk at (410) 786-7613.

Migration of Data

The beneficiary-specific enrollment data maintained in the GHP Database has been migrated to the EDB. It is possible to retrieve the information currently provided by the GHP Master File as a view of EDB data using the EDBW.

List of Data Elements

A list of the data elements contained in the GHP Master File, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov.

Health Insurance Skeleton Eligibility Write-off (HISKEW) File

The HISKEW File is a subset ("skeleton") of the data elements of the EDB, but, like the EDB, it contains data for every beneficiary ever entitled to Medicare. The HISKEW supports tabulation of enrollment data for program statistical reports and matches of enrollment to utilization data for the extraction of beneficiary cohorts. The HISKEW that is created from the end- of- March data for each year from 1989 can be accessed through the DSAF. The current quarter is available to registered users on robot access. Other quarters from 1989 to the present are available on magnetic tape.

File Creation

The HISKEW is created quarterly from the UEDB, which is a sequential file version of the EDB that is created at the end of each month from the EDB. The HISKEW is created from the last monthly UEDB of each quarter and, with rare exceptions, contains data through the last Friday of each quarter. The HISKEW data for the quarter are usually available within a few days after the end of the quarter.
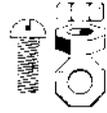
The current HISKEW quarter is available to registered users on robot-accessed magnetic tapes. Each quarter is replaced by the current quarter's data within a few days after the end of the quarter. All quarters for the most recent two years will be available, but for years from 1994 to those most recent two years, only the first quarter will be available.

File Structure and Usage

The current HISKEW is created from the UEDB and follows its file structure. Both the HISKEW and the UEDB are arranged into 10 segments, from 0 through 9, depending on the eighth digit of the Social Security Number. Within each segment the records are arranged in ascending HIC number sequence.

Prior to the third quarter (September) of 1992, the HISKEW was derived from a different source. Arranged into 10 segments, the segments were organized sequentially in ascending HIC number sequence from the beginning of the first segment through the end of the last segment. Division into segments was by an arbitrary account number. The segments were not all the same size.

Before the third quarter of 1992, there was also a quarterly "Inactive" HISKEW, which contains the data of beneficiaries who have been dead for at least six months and have had no activity on the account for at least six months. (See Data Structure and Usage for data details.)

All HISKEW files are fixed block and have fixed-length records. The record length as of the third quarter of 1992 is different from the previous HISKEW version.

HCFA uses the HISKEW to prepare enrollment tabulations that detail the number and characteristics of Medicare beneficiaries by state and county of beneficiary residence.

Data Structure and Usage

The HISKEW contains one fixed-length record for each of the 80 million Medicare beneficiaries and approximately 160 million records that cross-reference HIC numbers and the Beneficiary's Own Account Number (BOAN). The cross-reference records contain only the cross-referenced HIC number and/or BOAN, the HIC number of the full record where the beneficiary's data is located, and

the control character 4 in both the Part A and Part B termination code locations. The rest of the cross-reference record is blank.

Fields in the record are in display format. There are no binary or Comp-3 fields.

The data contain personal identifiers and other material covered by the Privacy Act and, therefore, require authorization for use.

The HISKEW is arranged into 10 segments, from 0 through 9, depending on the eighth digit of the HIC number. In each segment, the records are arranged in ascending HIC number sequence.

The current HISKEW is created from the UEDB and follows its file structure. Prior to the third quarter (September) of 1992, the HISKEW was derived from a different source.

Although HISKEW files created before and after the third quarter of 1992 contain substantially the same data, there are some differences in the new HISKEW as noted in the following list:

> ! Record length is 170 characters not 120.
> ! All dates are eight characters in CCYYMMDD format.
> ! First cross-referenced Social Security Number is on the full record not on a cross-referenced record.
> ! ZIP Code is nine characters not five.
> ! Names and content of certain codes have changed or been deleted.
> ! Certain fields have been moved into more logical groupings.

Prior to the third quarter of 1992, there were "Active" and "Inactive" versions of the HISKEW. (See File Structure and Usage for file details.)

The Inactive HISKEW has the same format as the Active version but contains the data of beneficiaries who have been dead for at least six months and have had no activity on the account for at least six months.

From 1988 until 1992, no new accounts were put on the Inactive HISKEW, but those accounts that showed some activity were migrated to the Active HISKEW. The Inactive file thus declined in numbers from a high of 15.5 million in 1988. During June, July, and August of 1994, all remaining Inactive accounts were migrated to the EDB.

During the period of time between the third quarter of 1992 and the third quarter of 1994, an unsuccessful search on the HISKEW could be continued on the Inactive HISKEW of the second quarter of 1992, the final Inactive HISKEW. From the third quarter of 1994 and, thereafter, an unsuccessful search of the HISKEW means that the account is not on the files.

The current HISKEW File is available to registered users on robot-accessed magnetic tapes. Each quarter is replaced by the current quarter's data within a few days after the end of that quarter. Prior quarterly versions are available on magnetic tape from 1985 to the present.

The HISKEW can also be accessed through the DSAF, a menu-driven system for retrieving data from a variety of claims, utilization, and enrollment files and databases. Data can be selected by HIC number, specific data field combinations, or specific percentage of records.

The HISKEW File is also available as an Beneficiary Encrypted File (BEF) and is described in the Beneficiary Encrypted Files Data chapter.

Migration of Data

When the HCFA enrollment data systems environment changed from the HIMA processing environment to the EDB environment in 1992, the HISKEW file and data formats also changed.

As of the third quarter of 1992, the HISKEW is organized into 10 segments by the eighth digit of the HIC number, and each segment is in ascending HIC number sequence. The prior HISKEWs are organized into 10 segments that were fixed at an arbitrarily-chosen point (a HIC number) in the past; all the HIC numbers are in ascending HIC number from the first HIC number in the first segment through the last HIC number in the last segment. The segments of HISKEW created before the third quarter of 1992 are not uniform in size. (See File Structure and Usage for details.)

In the data format, a century indicator was added to all dates. In addition, some codes for entitlement have changed or are no longer available; two fields, a nine-character SSN and an eight-character beneficiary residence change date, have been added. (See Data Structure and Usage for details.)

Before 1988, an Inactive HISKEW was created from the Health Insurance Inactive Master (HIIM), which contained accounts of persons who had been dead at least six months and had no activity on the accounts for at least six months.

From 1988 until the creation of the last Inactive (HIIM and HISKEW) files in the second quarter of 1992, no new accounts were added to the Inactive files, but accounts that did show activity (possibly because of late entry/lag items) did migrate to the Active files.

During June, July, and August of 1994, all remaining Inactive accounts were incorporated into the EDB and, as a result, appear in HISKEW.

Between the third quarter of 1992 and the third quarter of 1994, an unsuccessful search on the HISKEW could be continued on the Inactive HISKEW of the second quarter of 1992, the final Inactive HISKEW. From the third quarter of 1994 and, thereafter, an unsuccessful search of the HISKEW means that the account is not on the files.

List of Data Elements

A list of data elements contained in the HISKEW File, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov.

Denominator File

The Denominator File combines Medicare beneficiary entitlement status information from administrative enrollment records with third party payer information and MCO enrollment information. The Denominator File contains data on all Medicare beneficiaries with entitlement in a given year. Like the HISKEW File, it is an abbreviated version of the EDB. It does not, however, contain data on all beneficiaries ever entitled to Medicare; it contains data only for beneficiaries who were entitled during a particular year.

File Creation

The Denominator File is a skeleton enrollment file derived from the UEDB and the TPEARTH Master File. The UEDB provides beneficiary entitlement data and periods of MCO enrollment. The TPEARTH Master File is used to annotate Part B state buy-in beneficiaries in the Denominator File.

The Denominator File is created in April for the previous calendar year, allowing a three-month lag for update transactions to occur. The cut-off date for data is generally the last Friday in March. The file is available for calendar years 1984 to the present. The following processing occurs to create the Denominator File.

Beneficiaries with any entitlement during the year are selected from the UEDB and are sorted by HIC number. The entitlement dates are converted to monthly indicators and the total months of HI, SMI, and MCO coverage are calculated for each beneficiary.

The information from the UEDB and TPEARTH Master File is combined. If a beneficiary's buy-in agency is identified as the state, the periods covered are converted to monthly indicators. Buy-in indicators are omitted if the beneficiary was not entitled during the month, and buy-in periods are

deleted if the beneficiary was not selected from the UEDB as an individual entitled to Medicare during the year. The total number of months of buy-in or MCO coverage are computed.

When the Denominator File is created, OIS generates a table containing the distribution of beneficiaries by demographic characteristics such as age, sex, race, and Medicare status code. These counts are used to compare file data from one year to another, to show trends in the data, and to identify data anomalies. For example, the 1993 Denominator File contained data for beneficiaries with a Medicare status code of 10 who were not age 65. The problem has been remedied.

File Maintenance

Maintenance of the Denominator File is discussed under File Creation. The data from the UEDB and TPEARTH Master File are validated prior to their use in creating and updating the Denominator File.

File Structure and Usage

The Denominator File captures enrollment and entitlement information, including third party and GHP information, for all beneficiaries who are entitled to Medicare benefits during a given year. The Denominator File is often used by researchers who want to compare Medicare entitlement with Medicare utilization.

Data Structure and Usage

The Denominator File is comprised of fixed length records containing data elements such as HIC number, state and county codes, ZIP Code, date of birth, date of death, valid date of death indicator, sex, race, age, reasons for entitlement, state buy-in indicators, and GHP indicators. The records are sorted by HIC number. Another version of the Denominator File is also created that is organized in five segments based on state code and is sorted by state, county, and HIC number. The 5% Denominator File, a version of the Denominator File that contains the same data elements for five percent of beneficiaries, is also created and organized by HIC number.

The Denominator File is used to determine the composition of the Medicare population by demographic characteristics, basis of entitlement, and beneficiary participation in MCOs. Also, the file may be linked to claims data to determine rates of service utilization. One limitation of the Denominator File is that any changes to beneficiary records that occur in January, February, or March of the file creation year appear in the file, although the change may not be applicable for the

file year. For example, if a beneficiary is included in the 1992 file because of a disability and his or her 65th birthday is in January, February, or March of 1993, he or she will appear on the 1992 Denominator File as a beneficiary who is aged as opposed to a beneficiary with a disability.

Methods of Access
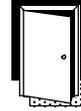
The Denominator File and its variations are available on tape. These data files can also be accessed through DSAF, a menu-driven system for retrieving data from a variety of claims, utilization, and enrollment databases and files including the Denominator File. DSAF provides access to current and historic Medicare claims, as well as enrollment and entitlement data. Data can be selected based on HIC number, specific data field combinations, or a specified percentage of records.

The Denominator File is also available as a BEF and is described in the Beneficiary Encrypted Files Data chapter.

Migration of Data

Beginning in April 1993, the Denominator File was created using the UEDB instead of the HISKEW. With the exception of a few data element valid values, the file has remained unchanged.

List of Data Elements

A list of the data elements contained in the Denominator File, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov.

Name and Address File

The Name and Address File is a subset of the data elements of the Enrollment Database (EDB). The particular information in each file is tailored to the request and is used to support health care researchers. It is created through the DSAF.

File Creation

The Name and Address File is created as needed by specific request from the EDB using DSAF. The request-specific file is created through a numeric search using a list of HIC numbers or SSNs.

File Maintenance
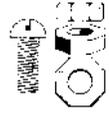
There is no file maintenance. As soon as the file is created, it is shipped to the requestor.

File Structure and Usage

Each file contains fixed-length records, usually arranged sequentially. The length of the record in a particular file is the same, but the length of the record depends on the information requested and the search argument that is incorporated into each record. The search argument, i.e., numeric, alpha, or demographic, is provided by the requestor.

Data Structure and Usage

Fields in the record are in display format. There are no binary or Comp-3 fields.

The data contain personal identifiers and other material covered by the Privacy Act and, therefore, require authorization for use.

The ZIP Code is five characters not nine.

Beneficiary data are demographic: name and address, state, sex, race, date of birth, date of death, etc. There is no last date of service or other non-demographic data in the file.

Methods of Access

The Name and Address File can be accessed through DSAF. Data can be selected by HIC number or SSN, specific data field combinations, or specific percentage of records.

Migration of Data

Not applicable.

List of Data Elements

A list of the data elements contained in the Name and Address File, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov.