
SPECIAL PROGRAMS DATA

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SPECIAL PROGRAMS DATA

INTRODUCTION

The Special Programs Data chapter discusses the following:

- ! The Renal Beneficiary and Utilization System (REBUS)/Program Management and Medical Information System (PMMIS) Database for the End Stage Renal Disease (ESRD) Program
- ! The Medicare Current Beneficiary Survey (MCBS) Files

This database and these files contain unique data for a particular group of Medicare beneficiaries or providers that cannot easily be obtained from other sources.

The REBUS/PMMIS Database contains demographic, medical, payment, and entitlement data on Medicare beneficiaries with ESRD; certification and other information for Medicare approved ESRD providers; and aggregate ESRD patient population information. It has been maintained since 1977.

The MCBS Files contain demographic, health insurance, health status, service utilization, expenditure, and payment source data for a representative sample of Medicare beneficiaries. The survey began in 1991 and is expected to continue indefinitely.

The Renal Beneficiary and Utilization System (REBUS)/Program Management and Medical Information System (PMMIS) Database for the End Stage Renal Disease (ESRD) Program

The REBUS/PMMIS was designed to track current ESRD patient and facility information. The REBUS/PMMIS Database contains basic medical and program management data related to services provided by Medicare-approved ESRD facilities in the treatment of dialysis and kidney transplant patients.

File Creation

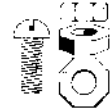


The REBUS/PMMIS Database contains information for all Medicare beneficiaries with ESRD and all Medicare-approved renal providers. The database has been expanded to include non-Medicare patients.

Beneficiary-specific data maintained in the REBUS/PMMIS are collected on enrollment/ entitlement documents originating from SSA district offices, renal providers, and inpatient and outpatient claims.

Provider certification information, minimum utilization rates, and other provider characteristics are collected from HCFA regional offices, ESRD network organizations, and from Fiscal Intermediaries through Common Work File (CWF) host sites. Aggregate patient population data are collected on HCFA Form 2744 and submitted annually to HCFA by renal providers through the ESRD networks.

File Maintenance



HCFA requires the 18 ESRD Networks to maintain an electronic database of beneficiary and provider data obtained from the treatment facilities (i.e., dialysis units and transplant centers) within their Network. The facilities complete the required HCFA-2728 Medical Evidence, HCFA-2746 Death Notification, and HCFA-2744 Annual Facility Survey forms and forward them to the ESRD Networks for data entry and maintenance. The Networks enter and edit the collected data utilizing the ESRD Data Entry and Editing Software (EDEES) supplied to the Networks and maintained by HCFA.

Hard copy data collected on the HCFA Forms are reviewed and verified by the ESRD Networks prior to keying the data into the EDEES. Keyed data are processed through consistency checks and logic edits. Valid HCFA-2728 and HCFA-2746 records are posted to the EDEES database and are electronically transmitted to HCFA on a monthly basis. Records which do not pass the edits in the EDEES are flagged as being in error and are not transmitted to HCFA until the errors have been researched, corrected and accepted by the EDEES.

Upon receipt of the HCFA-2728 and HCFA-2746 data from the Networks, the data are reviewed, merged into one file and then uploaded to REBUS. The beneficiary-specific records are processed through a series of edit checks. Valid records and records with errors are posted to an on-line file for correction, validation, and further processing.

HCFA reconciles the REBUS/PMMIS data with other beneficiary data obtained from the Enrollment Data Base (EDB) and the National Claims History (NCH) billing data file. When discrepancies arise, HCFA either overwrites the REBUS data provided by the Network(s) or notifies the Network(s) or asks the Network(s) to research and report back to HCFA. Edit reports identifying the data discrepancies are prepared by HCFA staff in the Office of Clinical Standards (OCSQ) / Information Systems Group (ISG) and mailed to the Networks each month. The Networks may make changes to the REBUS/PMMIS data via the REBUS M204 on-line application, or they may notify OCSQ/ISG who will make the necessary changes.

In a nightly batch process, REBUS/PMMIS beneficiary-specific data are updated with data from the EDB. The EDB provides the REBUS/PMMIS with its most-current value of the Health Insurance Claim Number (HICN or HIC) and the associated Beneficiary Identification Code (BIC), as well as other data elements such as date of birth, sex, entitlement reason, race and date of death.

The REBUS also updates data elements in the EDB in two different ways. The REBUS initiates a process twice a day that identifies beneficiaries with new information in the REBUS/PMMIS database that may affect ESRD coverage. Once the beneficiaries are identified, the REBUS recalculates ESRD coverage periods for those beneficiaries and utilizes a communications thread available to M204 (HORIZON) to interactively update the coverage data in the EDB. Additionally, OCSQ/ISG analysts regularly use EDB-designed screens to directly log onto the EDB and examine specific data values in order to aid in resolving issues raised by ESRD Network personnel. The analysts may then update necessary data elements in the EDB to reconcile the data issues.

Twice each year, the 18 ESRD Networks are asked to provide HCFA with a census from their databases of ESRD patients alive on a particular date. This patient status file is to contain the most current known treatment (i.e., dialysis or transplant) information for every person supported by the Network. This information is used to update treatment information contained in the REBUS/PMMIS Patient Status Record. If the information provided affects a beneficiary's ESRD termination date, then that new date is passed to the EDB so that it can also be updated in the EDB. Patients who are listed in this census but who are not already in the REBUS/PMMIS are presumed to be receiving ESRD treatment independently of the Medicare program. Such patients are entered into the REBUS/PMMIS for statistical enumeration purposes.

REBUS/PMMIS beneficiary-specific data are also updated each month with billing data obtained from the NCH database. Bills for a transplant for new ESRD beneficiaries generate new ESRD identification records, while bills associated with continued ESRD services for established ESRD beneficiaries result in updates to existing identification records.

In addition to updating the files which house identifying data for each ESRD beneficiary, the REBUS Quarterly Dialysis records and Inpatient Stay records are also updated based on the information obtained from the NCH. The REBUS/PMMIS hospital records and quarterly summaries of dialysis treatments are derived from the HCFA paid claims records maintained in the NCH.

REBUS/PMMIS utilization data are also updated each month with claims data from the Common Working Files (CWFs). Provider certification information, minimum utilization rates, and other provider characteristics are collected from HCFA regional offices, ESRD Network Organizations, and from Fiscal Intermediaries (FIs) through CWF "host" sites. HCFA-382 method selection data are collected at each of the nine CWF sites. On a weekly basis, the CWF receipt control process then makes files available to the Division of Systems Support within the OCSQ/ISG for use in updating the REBUS Method Selection data each month.

The Networks and United Network for Organ Sharing (UNOS) each collect portions of the REBUS/PMMIS transplant data. If a patient's first treatment modality is transplant, the Network collects the HCFA-2728 entitlement form. If transplant is not the patient's first modality, the Network tracks the patient's dialysis activity prior to a transplant. Some of the transplant data

collected by the HCFA ESRD program is the same as that collected by UNOS for their OPTN data system.

Among other items, UNOS collects data on patients on the transplant wait list; donor and recipient data when a transplant occurs; and routine follow-up information on the patient and the transplanted kidney. UNOS sends their transplant data to HCFA, which is then loaded into the REBUS/PMMIS. UNOS kidney transplant records are transmitted to HCFA weekly. HCFA electronically attempts to match UNOS records to existing master Identification records contained within the REBUS/PMMIS. If a perfect match on name (first six positions of the surname and first initial of the first name), sex, date of birth, and BIC is made, then the transplant record is posted in the transplant file and in the Identification file in the REBUS/PMMIS. If no match is made, an Identification record is created in REBUS based solely on receipt of the transplant record. If a partial match is made on three out of the five data elements, then the transplant record is posted to a partially matched record and correction of mismatched elements are electronically returned to UNOS.

In addition to the monthly transplant data transmissions provided by the UNOS to the REBUS/PMMIS, UNOS transmits several tape data files to HCFA on a quarterly (i.e., January, April, July, and September) basis as well. The data from these files are used primarily for research purposes and to provide information on other types of organ transplants in addition to kidneys. The UNOS data files transmitted to HCFA include the following:

- ! Kidney Transplant Recipients
- ! Kidney Follow-ups
- ! Kidney Wait List
- ! Kidney Removals List
- ! Extra-Renal Wait List
- ! Extra-Renal Removals List
- ! Liver Transplant Recipients
- ! Liver Follow-ups
- ! Thoracic Transplant Recipients
- ! Thoracic Follow-ups
- ! Pancreas Transplant Recipients
- ! Pancreas Follow-ups
- ! Transplant Recipient Registration File (for all transplant organ types)

HCFA sends blank HCFA-2744 Annual Facility Survey forms to the ESRD Networks at the end of each calendar year which they in turn are to forward to their dialysis units and transplant centers. The facilities complete these forms and return them to the Networks for data entry of the provider-specific and aggregate patient population data supplied by the facilities. The Networks either key the information directly into the REBUS or key the data into the EDEES and then forward an electronic data file to HCFA.

Provider certification and characteristic data are updated continually as information is received from HCFA Regional Offices, ESRD Network Organizations, and State Survey Agencies in the form of certification letters received by the OCSQ/ISG. At least monthly, a report is run from HCFA's On-line Survey Certification and Reporting (OSCAR) System which is compared to the previous month's report to identify new facilities that need to be added to the REBUS/PMMIS.

File Structure and Usage



The REBUS/PMMIS is a mission critical system that is used by HCFA and the renal community to perform their duties and responsibilities in monitoring the Medicare status, transplant activities, dialysis activities, and Medicare utilization (inpatient and physician-supplier bills) of ESRD patients and their Medicare providers, as well as in calculating the Medicare-covered period of ESRD.

The REBUS is a M204 automated interactive database access tool for the ESRD PMMIS patient and provider data. REBUS was developed to provide a centralized database for HCFA ESRD data and to facilitate generating reports and editing these data.

The REBUS/PMMIS Database contains beneficiary-specific data, provider characteristic data, aggregate patient population information, UNOS wait list data, and SSA district office address information.

Beneficiary-specific data are contained in nine types of records: identification records, patient status records, medical evidence records, transplant records, transplant follow-up records, quarterly dialysis records, ESRD method selection records, inpatient stay records, and death notice records. Each record contains information for one beneficiary. Each beneficiary has an identification record and may also have other beneficiary-specific types of records. Beneficiary-specific data elements provide information on beneficiary characteristics, primary disease, first date of ESRD care, dialysis and transplantation, hospitalization and outpatient care, and date and cause of death.

Provider characteristics and aggregate patient population data are contained in the facility certification/survey record. Each facility certification/survey record represents one provider. The Facility Certification portion of the record captures certification and other information about an ESRD facility approved by Medicare to provide kidney dialysis and transplant services. Facility Certification data are also maintained for some facilities that may not be Medicare-approved (e.g., some Department of Veterans Affairs (DVA) facilities), however, REBUS does not house full identifying information on the non-certified facilities. The Facility Survey portion of the record captures activities performed during the calendar year as well as aggregate year-end population counts for both Medicare beneficiaries and non-Medicare patients.



The *REBUS/PMMIS Identification Record (IDENDATA)* includes basic beneficiary data such as demographic data elements and date of death; Part A and Part B entitlement and termination information; and ESRD-specific information concerning drug use such as Erythropoietin (EPO), dialysis, cause of death, and transplants.

The *REBUS/PMMIS Patient Status Record (STATDATA)* includes data describing the verified renal status of a beneficiary, including a patient's modality, most-recent treatment setting, transplant status and death status.

The *REBUS/PMMIS Medical Evidence Record (MEDATA)* contains data elements concerning dialysis, transplant, and self-care training collected from the HCFA-2728 ESRD Medical Evidence Report form. A beneficiary may have one medical evidence record for each period of ESRD entitlement. An HCFA-2728 is completed by the provider within 45 days of when the patient has been determined to have ESRD and is signed by the physician after a patient's regularly scheduled course of therapy begins. The HCFA-2728 serves to: 1) establish Medicare eligibility and provide the medical determination necessary for ESRD individuals who previously were not Medicare beneficiaries, 2) reclassify previous Medicare beneficiaries as ESRD patients, and 3) to provide demographic and diagnostic information on all new ESRD patients regardless of Medicare entitlement. The information captured from this report are used to register all ESRD patients with the United States Renal Data System (USRDS) where the data are used for epidemiological studies.

The *REBUS/PMMIS Transplant Record (TRANDATA)* was expanded in 1994 to include all transplant details as reported by the UNOS. Data elements in the transplant record include beneficiary identifiers; hospital stay data such as date of transplant and number of days in a hospital; blood transfusion data; organ donor data such as sex, age, blood information, and kidney infections at harvest; and pretreatment information.

The *REBUS/PMMIS Transplant Follow-up Record (TXFUDATA)* was also expanded in 1994 to include all follow-up details as reported by the UNOS. Beneficiaries receiving transplants continue to be traced until the patient dies or until the graft no longer functions. Beneficiaries may have more than one transplant follow-up record. Data elements in the transplant follow-up record include a beneficiary identifier; transplant surgeon name; time period of follow-up; and problems, procedures, and therapies performed during the follow-up period such as graft failure, graft removal, and immunosuppressive therapy. These data are updated monthly with new and corrected records provided by the UNOS.

The *REBUS/PMMIS Quarterly Dialysis Record (DIALDATA)* includes dialysis type, dates of treatment, and EPO information. The record also contains aggregated information by provider for

all dialysis claims received during a quarter. A beneficiary may have multiple dialysis records, depending on the number of providers who submit claims.

The REBUS/PMMIS Inpatient Stay Record (IPDATA) contains data elements related to an inpatient stay such as provider number, hospital stay dates, Diagnosis Related Group (DRG) code, surgery information, dialysis type and EPO data. Each record represents a hospital stay for beneficiaries who were hospitalized for more than one day. A beneficiary may have more than one inpatient stay record depending on the number of stays.

The REBUS/PMMIS Method Selection Record (METHDATA) includes a beneficiary identifier; death indicator; claims data obtained from the CWF such as the ESRD payment method chosen by the beneficiary, provider number, and dialysis type; and historical ESRD selection data such as dialysis type and its related option years and the ESRD payment method chosen by the beneficiary. Beneficiaries submit the ESRD Beneficiary Selection form (HCFA-382) to select and provide information for the method of reimbursement by the Medicare program for home dialysis services. The method selection record may be updated at any time during the year, but beneficiary payment data can be changed only once during the year. Any additional changes are effective the next calendar year.

The REBUS/PMMIS Death Notice Record (DNDDATA) contains data elements identifying the date, place, and cause of death for a beneficiary and other death notice information collected from HCFA Form 2746. The primary provider completes the HCFA-2746 within 30 days of death, regardless of the location of the beneficiary's death.

The REBUS/PMMIS Facility Certification/Survey Record (CERTDATA & SURVDATA) contains provider-specific and aggregate patient population data on beneficiaries treated by that provider obtained from the Annual Facility Survey form (HCFA-2744). The data elements include basic provider information such as provider certification and type of ownership; aggregated dialysis patient data such as the number of patients, number of deaths, and number of patients receiving different types of dialysis; dialysis treatment data; kidney transplant data such as number of transplants, type of transplants, and number of patients awaiting transplants; and the total number of each method used to obtain kidneys for transplants. The accuracy of the Facility Survey depends on complete reporting by each facility and full reporting by all facilities.

The REBUS/PMMIS Wait List Record (WAITDATA) contains data collected by the UNOS at the time potential transplant recipients are placed on the kidney waiting list. The Wait List data in REBUS represent all potential kidney transplant recipients who are awaiting transplantation. These data are updated monthly with new and corrected records provided by the UNOS. Since these data are dependent on receipt of information at UNOS, REBUS users may experience a delay in receipt of any information regarding who has been added to the UNOS Wait List for a kidney transplant. Any active Wait List data shown in REBUS are only pertinent to the moment the data were copied by UNOS, and thus cannot be used for calculation of mean or median waiting times.

The REBUS/PMMIS SSA District Office Address Record (ADDRDATA) contains address information for each of the local SSA District Offices. This data has not been updated since the implementation of the current REBUS.

The data maintained in the ESRD REBUS/PMMIS Database is utilized to prepare ad hoc reports and perform analyses in response to requests from various HCFA component groups, the DHHS, Congress, the renal professional community, media, and various research organizations. For example, the REBUS/PMMIS Database serves the needs of HCFA and the DHHS in support of program analysis, policy development, and epidemiological research. The USRDS, funded and directed by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institute of Health (NIH), also relies on the REBUS/PMMIS Database as its major source of data.

Methods of Access



ESRD/REBUS/ PMMIS data are provided to researchers on an ad hoc basis. Further information about the ESRD/REBUS/PMMIS Database can be obtained by contacting the OCSQ /ISG. Public Use Files (PUFs) are available for some of the ESRD/REBUS/PMMIS data. Further information about PUFs is provided in the Public Use Files Data chapter.

Migration of Data



REBUS now serves as the primary mechanism for accessing information housed in the PMMIS - the legislatively mandated data repository for the ESRD Program. The OCSQ/ISG is developing the Renal Management Information System (REMIS), which is an information system that will support the ESRD Program and will ultimately replace the REBUS. The redesign of the REBUS/PMMIS into the REMIS/PMMIS will result in the migration of the legacy data from an M204 database structure to an Oracle relational database structure. In the Spring of 2000, REMIS is expected to perform all the functions of REBUS and more. The new REMIS/PMMIS will support and improve data collection, validation, and analysis of the ESRD patient population, as well as provide timely and accurate analysis information to the ESRD Networks, dialysis facilities, transplant centers, and research organizations via a web-based decision support system and data administration facility. The new REMIS/PMMIS will significantly improve support for ESRD program analysis, policy development, and epidemiological research.

The EDEES utilized by the ESRD Networks to enter and edit the collected HCFA forms data is also being replaced by the Standard Information Management System (SIMS), which is due to be fully operational by the beginning of 2000.



Lists of the data elements contained in the REBUS/PMMIS Database, along with brief definitions and coding schemes, will be included in the future on the HCFA web site at www.hcfa.gov. Separate lists are provided for each record type (including both versions of the transplant record). The Facility Certification Survey record is divided into two lists: ESRD Facility Certification and ESRD Facility Survey.

Medicare Current Beneficiary Survey (MCBS) Files

The MCBS is a continuous, multi-purpose survey of a representative sample of the Medicare population and is conducted by the Office of Strategic Planning. The central goals of the MCBS are provided below:

- ! To determine volume of utilization by type of service and the associated payments by source (i.e., by payer) for all health care used by Medicare beneficiaries, including covered and non-covered services.
- ! To ascertain all types of health insurance coverage and relate coverage to sources of payment.
- ! To trace processes, such as changes in health status, the "spending down" of resources to meet Medicaid eligibility requirements, and the impacts of program changes.

File Creation



The MCBS is a rotating panel survey in which a sample of Medicare beneficiaries (or appropriate proxy) is interviewed three times a year over the course of several years to form a continuous profile of their health care experience. The first round of interviews began in late 1991, and the survey is projected to continue indefinitely.

The sample for the MCBS is drawn from HCFA's Medicare enrollment database and was designed to be representative of the entire beneficiary population. The sample is stratified by age. Certain age strata (two strata for the disabled or under age 65 population and one stratum for the oldest-old or population age 85 and over) were over-sampled to generate sufficient information to support detailed analyses of the special health care needs of these beneficiaries.

The sample is replenished annually to account for attrition (deaths, refusals, movement out of the sampling area, termination of coverage, etc.); to draw newly-enrolled beneficiaries into the sample;

and to allow sample persons to be "rotated out" of the survey after a number of years. Supplemental samples are introduced to the survey in the fall round of each year (September - December).

All sample persons are included in the study regardless of living arrangement, i.e., in their own household, in that of a relative or non-relative, or in an institutional setting. Interviews are conducted for beneficiaries in long-term care facilities and for beneficiaries who reside in the community; a survey instrument appropriate to the setting is used.

The first time an interview is conducted for a new sample person, the respondent is introduced to the design and purpose of the study. Demographic, insurance, and baseline data on health status and access to care are collected. These introductory interviews do not collect detailed information about use of medical services and associated expenditures. In subsequent rounds of the survey, respondents are asked about health care events "since the last interview."

Community interviews are conducted using Computer-Assisted Personal Interviewing (CAPI) survey instruments. The CAPI program guides the interviewer through the survey questions, records the respondent's answers, and edits the answers for consistency and reasonableness. CAPI guides the interviewer through complex skip patterns and inserts follow-up questions when certain data are missing or incorrect. These automated features help ensure the accuracy of the data.

Interviews for beneficiaries in long-term care facilities are conducted with facility staff. Similar to the community questionnaires, the facility survey instrument is modified to be appropriate to a facility setting. The introductory interview collects demographic, insurance, and baseline health-related information and does not include the attitudinal or subjective items asked of community residents.

Initially, the facility interview was conducted from a printed questionnaire during which entries are handwritten on the form by the interviewer for later data entry. Since 1997, data collected was entered directly into a second CAPI program designed for facility interviews.

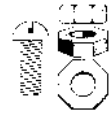
The MCBS is intended to create an ongoing time series of data for each respondent based on the information collected during each round of the survey. These data address utilization of health care services, medical care expenditures, health insurance coverage, sources of payment, health status and functioning, and a variety of demographic characteristics and behavioral patterns. Additional questions are asked periodically to supplement the time series data with information related to topics of special interest such as income, assets, access to medical care, satisfaction with care received, and sources of information about the program.

Data collected during the fall survey round are edited and combined with Medicare claims and other administrative data to create a cross-sectional MCBS file series, called the Access to Care File. To date, MCBS Access to Care files have been created for calendar years 1991 through 1997.

There is a second series of MCBS files known as the MCBS Cost and Use files. For the Cost and Use files utilization and payment data from each survey round are edited and linked, where possible, to Medicare claims, and input as necessary. This full year use and payment data is combined with

other administrative and survey data to create the annual Cost and Use file. To date, a MCBS Cost and Use files have been created for calendar years 1992 through 1996.

File Maintenance



The MCBS interview process is repeated three times each year for each beneficiary in the sample. The data from the individual interviews are subjected to a series of consistency edits and are combined to develop the MCBS annual file. The claims data are subjected to the National Claims History Quality Assurance System as described in the National Claims History (NCH) Files group in the Claims and Utilization Data section of this document. For Calendar years 1991 through 1997, the Office of Strategic Planning has combined the demographic, insurance, and either baseline or updated health status and attitudinal data collected in the September - December round with Medicare claims for the applicable calendar year and released the data under a Data Use Agreement (DUA) with HCFA. Because of the emphasis on attitudinal questions, these files are collectively referred to as the Access to Care Files.

For calendar years 1992 through 1996, detailed event-level use and expenditure data For survey-reported-only events, linked survey-claim events (i.e., Medicare-covered service reported in the survey) and claims-only medical events (i.e., Medicare-covered service not reported during the survey) are released as a separate series of files under a DUA with HCFA. These files are known as the Cost and Use Files.

File Structure and Usage



The MCBS Access to Care files For calendar years 1991 through 1997 are comprised of a number of data files that can be categorized into two types of dataset. The first category is based on survey and administrative summary data and includes the following files:

- ! Key record file
- ! Administrative Identification record file
- ! Survey Identification record file
- ! Survey Health Status and Functioning record file
- ! Survey Access to Care record file
- ! Survey Health Insurance record file
- ! Survey Enumeration record file
- ! Survey Facility Residence History record file
- ! Survey HMO supplement record file (1996 and 1997)
- ! Survey Facility Identification record file
- ! Survey Interview record file
- ! Survey Cross-Sectional Weights file
- ! Survey Longitudinal Weights file

Some of the files above have one record for each respondent in the survey; others will have a record for each respondent if appropriate for the individual.

The second category is comprised of the Medicare claims by type of claim and includes the following files:

- ! Inpatient hospital claims record file
- ! Skilled Nursing Facility (SNF) (inpatient) claims record file
- ! Hospice claims record file
- ! Home Health Agency claims record file
- ! Outpatient claims record file
- ! Physician/Supplier claims record file
- ! Durable Medical Equipment (DME) claims record file (beginning 1993)

For the files in the Medicare claims dataset, each record represents one claim. The claims records represent services provided during the calendar year. To facilitate analysis, the administrative identification record file contains a summary of the utilization presented in detail in the claims record files.

The 1992 Cost and Use MCBS file is comprised of data files that can be categorized into three types of datasets. The first category is based on survey and administrative summary data and includes the following files:

- ! Key record file
- ! Administrative Identification record file
- ! Survey Identification record file
- ! Survey Health Status and Functioning record file
- ! Survey Health Insurance record file
- ! Survey Enumeration (Household Characteristics) record file
- ! Survey Facility Identification (Facility Characteristics) record file
- ! Survey Interview record file
- ! Residence Time Line record file
- ! Survey Cross-Sectional Weights file

Some of the files above have one record for each respondent in the survey; others will have a record for each respondent if appropriate for the individual.

The second category is comprised of detailed and summary information from both the survey and from claims about medical goods and services the beneficiary used in the calendar year, the costs associated with those services, and the share of those costs borne by all payers.

For some services, records are provided in two levels of aggregation -- detail at the event level and summary information. For others only summary information is provided. The files included are:

- ! Inpatient use and costs (detail and summary)
- ! Outpatient use and costs (detail and summary)
- ! Drug use and costs (detail and summary)
- ! Facility use and costs (detail and summary)
- ! Dental use and costs (detail and summary)
- ! Medical services and goods (detail and summary)
- ! Home health use and costs (summary only)
- ! Hospice use and costs (summary only)
- ! Person summary of all use and costs

The detail event records are present only for people who had services of a given type. More than one record may be present for a given individual. The summary records are present for every respondent.

The third category is comprised of the Medicare claims by type of claim and includes the following files:

- ! Inpatient hospital claims record file
- ! SNF (inpatient) claims record file
- ! Hospice claims record file
- ! Home Health Agency claims record file
- ! Outpatient claims record file
- ! Physician/Supplier claims record file
- ! DME Claims record file

These records are available only for people who had service of a given type. There may be more than one record for a given individual.

The MCBS Cost and Use File provides a current and accurate picture of health care service use, expenditures, and sources of payment such as Medicare, Medicaid, VA, other public programs, private insurance, and out-of-pocket. These data enable HCFA to perform the following tasks:

- ! Monitor financial effects of changes in the Medicare program on beneficiaries.
- ! Develop reliable and current information on the use and cost of services not covered by Medicare such as prescription drugs and long-term care.
- ! Develop reliable and current information on the sources of payment for costs of covered services not reimbursed by Medicare.

Data Structure and Usage



The MCBS Files were originally designed to yield approximately 12,000 annual records for both the Access to Care and the Cost and Use series. With the change from a longitudinal to a rotating sample design (that is, rotating new sample persons into the survey in the fall, rotating retiring sample persons out in the subsequent winter or spring), approximately 16,000 cases are included in the Access to Care Files and 12,000 - 13,000 in the Cost and Use series.

The volume of survey, administrative, and claim-related data is extensive and requires storage on magnetic tape reels or cartridges for data dissemination. Survey-reported data and data summarized from administrative records are stored in sequential flat files consisting of fixed formatted records sorted by an assigned beneficiary identification number. Claim records are in variable length, packed-decimal EBCDIC format. Working with claims in this format may prove difficult for individuals in a non-IBM environment. Some summary information from the claims is therefore provided in the Administrative file (RIC A).

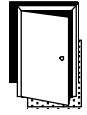
All MCBS File records begin with the assigned record identification code and year field to identify the record type and year of interest. These fields are followed by a unique beneficiary identification number and allow linkage between files. To obtain complete information for an individual, analysts must link records for an individual beneficiary from the various data files.

The MCBS data have and are being used for a variety of purposes including the following:

- ! To provide the basic information needed to estimate the cost of program changes and expansions.
- ! To monitor the effects of recent changes to the Medicare program.
- ! To assess the effects of Medicare Physician Payment Reform on access to and costs of care.
- ! To assist in the development of the National Health Accounts.
- ! To conduct epidemiological studies associated with aging and the process of institutionalization.
- ! To examine health care use and expenditures by the near-poor elderly - those who are not eligible for Medicaid and are relatively unprotected against increasing health care costs.
- ! To understand the distribution of supplementary insurance coverage among different types of beneficiaries and its effect on Medicare utilization.
- ! To understand the health care needs of the disabled, including the use of services and payments as well as access issues for this relatively unexplored subpopulation.

- ! To trace processes, such as changes in health status or the exhaustion of assets and income through the process known as "spend-down," and the effects on individuals and government spending.

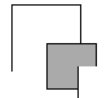
Methods of Access



HCFA releases MCBS data only under a DUA. HCFA will release some billing and administrative data with the MCBS data, commensurate with demonstrated need. Researchers who have specific needs for more detailed geographic information or for Medicare claims data may request Research Identifiable files from HCFA. Requests for these files must include a study protocol with specific justification for the additional data required, along with an Identifiable DUA.

The MCBS Access to Care files (1991 through 1997) and the MCBS Cost and Use files (1992 through 1996) and accompanying documentation are available. Further information regarding these MCBS releases may be obtained either by contacting the OIS, EDG, Division of Data Liaison and Distribution via the Data Liaison Help Line at (410) 786-3690 or by visiting the MCBS web site at www.hcfa.gov/mcbs.

Migration of Data



Currently, there are no changes planned in the file creation, data storage, or data retrieval processes for the MCBS File.

List of Data Elements



The list of data elements will be included in the future on the HCFA web site at www.hcfa.gov.