

Memorandum

To: MCBS Users
From: Debra Reed-Gillette
Director, Division of Survey Management & Analysis
Subject: **Update of Select Variables for Cost and Use, Access to Care files**
Date: August 24, 2015
CC: Project Files

This memo is to make you aware of several updates that have been produced for the Medicare Current Beneficiary Survey (MCBS) by the Centers for Medicare & Medicaid Services (CMS).

Data Correction - Dual Eligibility Variables

Cost and Use RIC A for year 2011

One record was updated to correct a blank value in the dual eligibility for the year (OP_MD CD) variable. It now correctly reflects the value '2' (NONDUAL).

Managed Care Plan Variables

Access to Care RIC A for years 2009-2012

Cost and Use RIC A for years 2009-2010

The monthly variables (MAFLAG01- MAFLAG12) have been added to indicate membership in a Medicare Advantage managed care plan program. The variables will indicate either "FFS" (Fee for Service) or "MA" (Medicare Advantage).

With the addition of these monthly indicator variables, the GHP plan type variables (H_PLTP01-H_PLTP12) have been dropped.

Part D Plan Variables

Access to Care RIC A for years 2009-2012

Cost and Use RIC A for years 2009-2010

The monthly Part D plan type variables (H_PDTP01-H_PDTP12) have been replaced by monthly Part D plan flag variables (PARTD_01-PARTD_12). The new plan flag variables will indicate either "Y" (Yes) or "N" (No).

Dual Eligibility Variables

Access to Care RIC A for years 2009-2012

Cost and Use RIC A for years 2009-2010

Variables have been added to describe dual eligibility for the year (OP_MD CD) as well as for each month (DUAL_JAN – DUAL_DEC). The values for these new variables are presented in Tables 1 and 2.

Table 1. New Variable (OP_MDCCD) for Annual Dual Eligibility	
Value (of Dual_month variable)	Corresponding value of OP_MDCCD
02,04,08	'1' - FULL
	'2' - NONDUAL
03,05,06	'3' - PARTIAL
01	'4' - QMB ONLY

Note: This variable is non-missing if the beneficiary is Medicaid eligible for at least one month. Status is determined by the status in the last month of eligibility for the year.

Table 2. New Variables (DUAL_JAN- DUAL_DEC) for Dual Eligibility by month	
Value	Label
**	Beneficiary enrolled in Pt A &/or PtB, no PtD enrollment
NA	Non-Medicaid
XX	Beneficiary enrolled in Pt A &/or PtB, no '06-'09 PtD enrollment
00	Beneficiary not enrolled in Medicare for the month
01	Qualified Medicare Beneficiaries without other Medicaid (QMB-only)
02	Qualified Medicare Beneficiaries plus full Medicaid (QMB-Plus)
03	Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only)
04	Specified Low-Income Medicare Beneficiaries plus full Medicaid (SLMB-plus)
05	Qualified Disabled and Working Individuals (QDWI)
06	Qualifying Individuals (QI)
08	Other full benefit dual eligible / Medicaid Only Dual Eligibles (Non-QMB, -SLMB, -QDWI, -QI)
09	Other dual eligible, no Medicaid coverage
99	Unknown

Note: The variables are based on state reporting requirements outlined in the Medicare Modernization Act (MMA). There is no dual status code "07" as it refers to a code that is no longer used.

Updated Data Now Available

MCBS Users who have a current DUA and had purchased data for the affected years may request the updated version of the MCBS data, free of charge. Please send requests for updated files to mcbs@cms.hhs.gov with "MCBS Updates (August 24, 2015)" referenced in the subject line and your DUA number and years of files needed listed in the email.

If you have questions related to these issues please contact the CMS Research Assistance Data Center (ResDAC) at resdac@umn.edu or 1-888-9RESDAC.