

DATA SOURCE AND METHODOLOGY – CMS PROGRAM STATISTICS

SECTION: MEDICARE A/B ENROLLMENT

OVERVIEW

The Office of Enterprise Data and Analytics, within the Centers for Medicare & Medicaid Services (CMS), has developed the CMS Program Statistics, a new information product which is replacing the Medicare and Medicaid Statistical Supplement. The CMS Program Statistics is an online statistical report that includes tables and maps describing health expenditures, projected population estimates, mortality and life expectancy for the entire U.S. population, characteristics of the Medicare covered populations, use of services, and expenditures under these programs, as well as Medicare providers serving beneficiaries.

The Medicare A/B Enrollment section tables and maps include counts of Medicare enrollees, nationally, by state and other areas, demographic characteristics, and health care delivery (Original Medicare and Medicare Advantage and Other Health Plans). The section also includes tables on newly enrolled beneficiaries, deaths, and Medicare-Medicaid enrollees, also known as dual eligible beneficiaries.

This document provides an overview of the data and methods used to develop the various tables and maps in this section and will be updated as needed.

DATA SOURCE

The data reported in the Medicare A/B Enrollment section tables are based upon CMS administrative enrollment data for beneficiaries enrolled in the Medicare program. The data are available from the CMS Chronic Conditions Data Warehouse (CCW), a database with 100% of Medicare enrollment and fee-for-service claims data. Detailed information on the CCW is available from the CCW website, www.ccwdata.org.

METHODOLOGY

Medicare Parts A and/or B enrollment counts are determined using a person-year methodology. For each calendar year, total person-year counts are determined by summing the total number of months that each beneficiary is enrolled in Parts A and/or B during the year and dividing by 12. Using this methodology, a beneficiary's partial-year enrollment may be counted in more than 1 category (i.e., coverage type, health care delivery, and dual status), where appropriate. This method differs from enrollee counts previously reported in the

Medicare and Medicaid Statistical Supplement, which were based on a mid-year snapshot where beneficiaries were counted as enrolled in Parts A and/or B based on their respective July enrollment status. While both methods arrive at very similar results, the person-year method more closely represents enrollment and is a method generally used by the insurance industry.

Race code counts are based on the Research Triangle Institute (RTI) race codes; this differs from the use of the Social Security Administration (SSA)-supplied race codes in the Medicare and Medicaid Statistical Supplement. The area of residence is determined based on a beneficiary's residence at the end of the calendar year. Medicare beneficiaries residing in foreign countries are entitled to covered services upon returning to the United States.

Newly enrolled counts are based on beneficiaries with a coverage start date between January 1st and December 31st of the reported calendar year. Total deaths are based on beneficiaries with a date of death between January 1st and December 31st of the reported calendar year.

Medicare-Medicaid enrollee counts are determined by summing the number of months that each Medicare-Medicaid enrollee is enrolled during the calendar year and dividing by 12. Medicare-Medicaid enrollees are typically classified according to the benefits for which they are eligible. These benefits vary by income and assets at any given point in time. There are 7 separate categories.