

DATA SOURCE AND METHODOLOGY – CMS PROGRAM STATISTICS

SECTION: MEDICARE UTILIZATION

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 Utilization section includes tables and maps with utilization and payment data for the following service types: inpatient hospital, skilled nursing facility, home health agency, hospice, outpatient, and physician/supplier.

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 Utilization section are based upon calendar year CMS administrative enrollment and claims data for beneficiaries enrolled in Original Medicare (also referred to as fee-for-service). 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

For the Medicare Utilization section, race code data 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.

CMS is obligated by the Federal Privacy Act, 5 U.S.C. Section 552a to protect the privacy of individual beneficiaries. Enrollee counts of 1-10 in these tables are suppressed and are denoted

with an asterisk (*). Additional counts are cross-suppressed to prevent the recalculation of suppressed counts of 1-10 and are denoted with a plus sign (+).

The following describes the methods for the specific utilization sections:

Inpatient Hospital

This section includes utilization and program payments for all inpatient hospitals, including short-stay hospitals, critical access hospitals, long term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, religious nonmedical health care institutions, childrens' hospitals, and other hospitals. Tables 5-9 are specific to short-stay hospitals paid under Inpatient Prospective Payment System, excluding utilization for inpatient psychiatric and inpatient rehabilitation.

All tables in this section are based upon inpatient claims with covered days greater than 0 or Medicare program payment amounts greater than 0. The reported "per enrollee" rates are calculated using Original Medicare Part A enrollment as the denominator.

Skilled Nursing Facility

All tables in this section are based upon skilled nursing facility claims with covered days greater than 0. The reported "per enrollee" rates are calculated using Original Medicare Part A enrollment as the denominator.

Physician/Supplier

All tables in this section include utilization and program payments for physicians, non-physicians, limited-licensed practitioners, and durable medical equipment, prosthetic, and orthotic (DMEPOS) suppliers. The reported "per enrollee" rates are calculated using Original Medicare Part B enrollment as the denominator.

Outpatient Facilities

All tables in this section include utilization and program payments for all outpatient facilities, including outpatient hospitals, rural health clinics, community mental health centers, federally qualified health centers, outpatient dialysis facilities, comprehensive outpatient rehabilitation facilities, and other outpatient facilities. The tables exclude claims from physicians and ambulatory surgical centers. The reported "per enrollee" rates are calculated using Original Medicare Part B enrollment as the denominator.

Hospice

All tables in this section include utilization and program payments for hospice. The tables limit the reporting of hospice days to utilization days occurring within the specified calendar year and may not reflect all of a beneficiary's utilization days for an entire hospice episode of care. The "per enrollee" rates are based on enrollees in Original Medicare and Medicare Advantage/Other Health Plans combined, because once a beneficiary enrolled in Medicare Advantage/Other Health Plan elects the hospice benefit, his or her Medicare benefits revert to fee-for-service.

Home Health Agency

All tables in this section include utilization and program payments for home health agencies. The tables report utilization and expenditure data from home health Part A and Part B claims with home health agency services greater than 0, within the specified calendar year. Services provided by home health agencies to beneficiaries who are not under a home health plan of care are excluded in the reporting. The calculated "per enrollee" rates are based on Original Medicare beneficiaries with Part A and/or Part B coverage.