

**CMS 2008 Basic Stand Alone (BSA)**  
**Skilled Nursing Facility (SNF) Beneficiary Public Use File (PUF)**  
**Frequently Asked Questions (FAQ)**

**1. What is the *CMS 2008 BSA SNF Beneficiary PUF*?**

The *CMS 2008 BSA SNF Beneficiary PUF* is a free downloadable file containing a subset of the information contained on SNF claims provided to a 5% sample of 2008 Medicare beneficiaries. Each of the 59,141 records in the file pertains to one Medicare beneficiary. Each record includes:

1. Gender of the beneficiary;
2. Age of the beneficiary at the end of 2008, reported as (1) under 65 years of age; (2) 65 to 69; (3) 70 to 74; (4) 75 to 79; (5) 80 to 84; and (6) 85 and older;
3. Number of covered admissions;
4. Number of covered days of rehabilitation services;
5. Number of covered days of rehabilitation plus extensive services;
6. Rounded Medicare payment for SNF claims of the beneficiary.

**2. How was this PUF created?**

The *CMS 2008 BSA SNF Beneficiary PUF* originates from a disjoint 5% random sample of beneficiaries from the 100% Beneficiary Summary File for 2008. To exclude any overlap with the beneficiaries in the existing 5% CMS research sample,<sup>1</sup> the beneficiaries in that sample were excluded, and a 5-in-95 random draw was made of the remaining 95% of beneficiaries. All SNF claims for the selected 5% of beneficiaries were then included in the sample from which the *CMS 2008 BSA SNF Beneficiary PUF* was developed. To increase the utility of the file, beneficiaries who were not enrolled in Medicare Part A for twelve (12) months in 2008 were excluded.

The selected beneficiaries were subjected to a thorough de-identification process. The methods used to protect the identity of beneficiaries are described in the answer to the next question.

**3. What has been done to protect the privacy of Medicare beneficiaries?**

Of paramount importance in the release of the PUF is the protection of beneficiary confidentiality. To that end, all directly identifiable information has been removed in accordance with the HIPAA Privacy Rules.

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<sup>1</sup> [http://www.resdac.org/tools/TBs/TN-011\\_How5percentMedicarefilescreated\\_508.pdf](http://www.resdac.org/tools/TBs/TN-011_How5percentMedicarefilescreated_508.pdf)

Other important steps were taken as well:

- Only a small subset of possible variables was selected for inclusion in the file. This reduced the possible information that could be used to identify the beneficiaries included in the new 5% sample.
- For the variables selected for inclusion, categorization was used to protect identities. For example, in place of date of birth or current age in years, the file was created with age categorized into six (6) intervals: (1) under 65 years of age; (2) 65 to 69; (3) 70 to 74; (4) 75 to 79; (5) 80 to 84; and (6) 85 and older. This categorization allows researchers to differentiate patterns in other data between younger and older beneficiaries but not to use age or date of birth as a highly identifying variable.
- No geographic information is provided.
- The final protection was provided by excluding some records from the final PUF-- those for which the combination of values for all six (6) variables in the file was extremely uncommon in the Medicare population. No combination that occurred for fewer than 11 beneficiaries in the full Medicare population was allowed into the final PUF. This criterion disproportionately excluded beneficiaries with uncommon values in variables such as covered days of service and Medicare payment. However, the criterion also assured that no record in the PUF could be linked to a particular beneficiary no matter how much information a user knew about any beneficiary.

#### **4. How was provider confidentiality protected?**

There is no risk of provider identification in the *CMS 2008 BSA SNF Beneficiary PUF* as the PUF does not contain any information about individual providers.

#### **5. Why is there no diagnosis information in the *CMS 2008 BSA SNF Beneficiary PUF*?**

Information on diagnosis at admission is not included in the *CMS 2008 BSA SNF Beneficiary PUF* to protect the privacy and confidentiality of Medicare beneficiaries. The distribution of beneficiaries across diagnosis codes in the initial 5% sample is highly dispersed, leaving very few beneficiaries per each 5-digit ICD-9-CM code. Even after coarsening these codes to 3-digit ICD-9-CM or to Major Diagnostic Classification (MDC), the distribution was considered unsafe for release in a PUF.

#### **6. How are covered days categorized in the *CMS 2008 BSA SNF Beneficiary PUF*?**

SNF care is provided for short periods. The SNF benefit covers the full cost for the first 20 days, and then requires beneficiaries to pay a daily copayment for stays between 21 and 100 days. Medicare does not pay for SNF care beyond 100 days. Thus the categorization of days reflects the design of the program. A similar logic is followed to categorize the variable SNF\_RHBXS\_CD. For the SNF\_RHB\_CD variable, to reflect the fact that a high percentage of beneficiaries receive

rehabilitation care for less than 8 days , the *CMS 2008 SNF Beneficiary PUF* breaks down stays up to 20 days into two: 1-8 days and 9-20 days..

**7. Can you explain the difference between variables SNF\_RHB\_CD and SNF\_RHBXS\_CD?**

The variable SNF\_RHB\_CD includes covered days for patients who received rehabilitation services that did not require extensive services. The variable SNF\_RHBXS\_CD includes covered days for patients who received rehabilitation services plus extensive services. Specific RUG-III codes included in these variables are described in the *CMS 2008 BSA SNF Beneficiary PUF Data Dictionary and Codebook*. More details on the RUG-III methodology can be found at [https://www.cms.gov/SNFPPS/09\\_RUGRefinement.asp](https://www.cms.gov/SNFPPS/09_RUGRefinement.asp).

**8. Are there beneficiaries who were in SNF care before 2008 in the file?**

Yes. Some beneficiaries (about 7.6%) in the PUF may have been admitted to SNF care before 2008. However, such cases cannot be distinguished in the PUF. This does not create an inconsistency in the file between covered days and Medicare program covered payments because covered days are calculated at the claim level ensuring that any day covered and paid for by Medicare that occurred before 2008 is accounted for. However, it is not possible to know the number of covered days for claims that ended before 2008 for the same admission.

**9. Are there beneficiaries who were still not discharged by December 31<sup>st</sup> 2008 in the file?**

Yes. Some beneficiaries (about 12.6%) in the PUF may still have been in SNF care on December 31<sup>st</sup>, 2008. However, such cases cannot be distinguished in the PUF. This does not create an inconsistency in the file between covered days and Medicare program covered payments because covered days are calculated at the claim level, and only claims that ended in 2008 are accounted for. It is not possible to know the number of covered days for claims that ended after 2008 for the same admission.

**10. Why do you provide information only on rehabilitation services?**

On average, 9 out of 10 days a SNF provides to Medicare beneficiaries are classified in one of the two rehabilitation categories. Due to the low frequency of the non-rehabilitative services, such information was not included in the PUF. Users can identify beneficiaries that received only these other services by the “0 day” category in both the SNF\_RHB\_CD and SNF\_RHBXS\_CD variables.

**11. How is the SNF\_PMT\_AMT variable calculated? Does it correspond to all days covered or only to the rehabilitation categories included in the PUF?**

This variable is the sum of all payments made by Medicare for a beneficiary's SNF claims ending in 2008. It is also the sum over all admissions if a beneficiary has multiple admissions in 2008. It includes all payments made regardless of the type of SNF care provided.

**12. How is the *CMS 2008 BSA SNF Beneficiary PUF* different from the 5% CMS standard research sample?**

There is no overlap in terms of beneficiaries between the 5% CMS standard research sample and the *CMS 2008 BSA SNF Beneficiary PUF*. That is, these two 5% samples are disjoint.

**13. What are the limitations of the *CMS 2008 BSA SNF Beneficiary PUF*?**

The *CMS 2008 BSA SNF Beneficiary PUF* is intended to give researchers a convenient initial look at data drawn from CMS SNF claims. The file contains measures of demographic characteristics of beneficiaries, covered days of SNF care, and Medicare payment amount. In order to preserve confidentiality, suppression criteria have been applied to variables and beneficiaries on the initial file. Some variables are rounded or categorized. Researchers should read the General Documentation and the Data Dictionary and Codebook to determine the appropriateness of this PUF for addressing specific research questions.

**14. How may I request additional data?**

See the Files for Order section of the CMS Web site <http://www.cms.gov/home/rsds.asp>. This site lists available CMS data files, data file properties, information about data-use agreements, as well as ordering and payment information.

**15. What is the plan for future data releases?**

The *CMS 2008 BSA Inpatient Claims PUF* was released in February 2011. This release contains one BSA PUF for each remaining type of service: *Durable Medical Equipments, Prescription Drug Events, Hospice, Home Health Agency, Skilled Nursing Facility, Outpatient, and Carrier*. CMS intends to release additional PUFs in 2011-2012.

**16. How may I provide feedback on the *CMS 2008 BSA SNF Beneficiary PUF*?**

Questions and comments can be submitted to the Research Data Assistance Center (<http://www.resdac.org/>) via [resdac@umn.edu](mailto:resdac@umn.edu) or 1-888-9RESDAC.