CMS 2010 Basic Stand Alone (BSA)

Skilled Nursing Facility (SNF) Beneficiary Public Use File (PUF)

Frequently Asked Questions (FAQ)

1. What is the *CMS 2010 BSA SNF Beneficiary PUF*?

The *CMS 2010 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 2010 Medicare beneficiaries. There are 5,745 records in the file with a total is 65,138 beneficiaries. Each record includes:

1. Gender of the beneficiary;
2. Age of the beneficiary at the end of 2010, 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 the SNF claims of the beneficiary; and
7. Number of beneficiaries for each combination of values for the six variables above.

2. How was this PUF created?

The *CMS 2010 BSA SNF Beneficiary PUF* originates from a disjoint 5% random sample of beneficiaries from the 100% Beneficiary Summary File for 2010. To exclude any overlap with the beneficiaries in the existing 5% CMS research sample,[1] the beneficiaries in that other 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 2010 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 2010 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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[1] http://www.resdac.org/tools/TBs/TN-011_How5percentMedicarefilescreated_508.pdf

Other important steps were taken:

- 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 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.
- The final protection was provided by excluding some records from the final PUF, those for which the combination of values for all six 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 tended to exclude beneficiaries with uncommon values in variables such as covered days of service and Medicare payment.

4. How was provider confidentiality protected?

There is no risk of provider identification in the *CMS 2010 BSA SNF Beneficiary PUF* as the PUF does not contain any information about individual providers.

5. Why is there no information on diagnosis in the *CMS 2010 BSA SNF Beneficiary PUF*?

Information on diagnosis at admission is not included in the *CMS 2010 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 to be released in a PUF.

6. How are the covered days categorized in the *CMS 2010 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. To reflect the fact that a high percentage of beneficiaries receive rehabilitation care for less than 8 days , *CMS 2010 SNF Beneficiary PUF* breaks down stays up to 20 days into two for SNF_RHB_CD: 1-8 days and 9-20 days.

7. Are there beneficiaries who were in SNF care before 2010 in the file?

Yes. Some beneficiaries in the PUF may have been admitted to SNF care before 2010. 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, therefore any day covered and paid for by Medicare that occurred before 2010 is accounted for. However, it is not possible to know the number of covered days for claims that ended before 2010 for the same admission.

8. Are there beneficiaries who were still not discharged by December 31st 2010 in the file?

Yes. Some beneficiaries in the PUF may still be in SNF care on December 31st, 2010. 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 on 2010 are accounted for. It is not possible to know the number of covered days for claims that ended after 2010 for the same admission.

9. Can I identify beneficiaries who received SNF care at swing-bed hospitals?

No. Due to the low frequency of swing-bed hospital claims in the data, beneficiaries were excluded from the PUF if they received care at swing-bed hospitals.

10. 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, while the variable SNF_RHBXS_CD includes covered days for patients who received rehabilitation services plus extensive services. Specific RUG-IV codes are described in the *CMS 2010 BSA SNF Beneficiary PUF* Data Dictionary and Codebook. More details on the RUG-IV methodology can be found at http://edocket.access.gpo.gov/2009/pdf/E9-18662.pdf (page 40,332).

11. CMS adopted a new case-mix classification system in 2010. Does that affect comparisons with 2008 data?

A 53 group RUG classification system (RUG-III), was in effect until September 30, 2010. In October 2010, CMS adopted a new case-mix classification system (RUG-IV) that expands the number of case-mix groups to 66. The categories included in *Rehabilitation Plus Extensive Services* and *Rehabilitation Services* did not change between RUG-III and RUG-IV, thus not affecting consistency with the *CMS 2008 BSA SNF Beneficiary PUF*.

12. Why do you provide information only on rehabilitation services?

On average, 9 out of 10 days that a SNF provides to Medicare beneficiaries is 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.

13. How is the SNF_PMT_AMT 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 2010. It is also the sum over all admissions if a beneficiary has multiple admissions in 2010. It includes all payments made regardless of the type of SNF care provided.

14. How is the *CMS 2010 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 2010 BSA SNF Beneficiary PUF*. These two 5% samples are disjoint.

15. What are the limitations of the *CMS 2010 BSA SNF Beneficiary PUF*?

The *CMS 2010 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 the PUF for addressing specific research questions.

16. 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.

17. How may I provide feedback on the CMS 2010 BSA SNF Beneficiary PUF?

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