



# Chronic Condition Data Warehouse

## Medicaid Analytic eXtract Files (MAX) User Guide

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## Overview

Medicaid is a state-administered benefit with guidance/requirements and shared funding from the federal government and individual state governments (Title XIX of Social Security Act from 1965). Each state must provide the minimum federally mandated services and coverage for federally mandated eligibility groups; however, state benefits may and do vary from state to state. Many groups of people are covered by Medicaid, depending on the state's requirements (e.g., age, whether pregnant, disabled, blind, or aged, income level and resources, U.S. citizenship or lawful immigration status). There are also special rules for those who live in nursing homes and for disabled children living at home. For more information on the Medicaid program, see the Centers for Medicare & Medicaid Services (CMS) website ([www.cms.gov](http://www.cms.gov)).

Each state compiles information regarding enrollment, service utilization, and payment in their Medicaid Management Information System (MMIS). CMS provides the state with a data dictionary to map their MMIS data elements into the Medicaid Statistical Information System (MSIS). Each state provides final, reconciled MSIS data files to CMS in the MSIS format. CMS and its contractors compile the various state MSIS data files into a uniform data structure for each calendar year and make these annual state segment files available to researchers as the Medicaid Analytic eXtract (MAX) data files. The MAX data are created to support research and policy analysis.

Researchers will find useful information about file content by state and year by reviewing the MAX Data Validation Tables and Data Anomalies Reports under the Medicaid Analytic eXtract (MAX) General Information on Data section of the CMS website ([https://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](https://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)). Another useful resource for researchers is the MAX Chartbook, which provides a data appendix summarizing enrollee demographic, eligibility characteristics, Medicaid service use, and Medicaid expenditures at national and state levels. MAX Chartbooks are available on the CMS website as well. The two versions currently available include data from 2002 or 2004. Many of these documents, in addition to statistical resources, can also be referenced on the ResDAC web site at ([http://www.resdac.org/Medicaid/data\\_available.asp](http://www.resdac.org/Medicaid/data_available.asp)).

The MAX data are contained in the CMS Chronic Condition Data Warehouse (CCW) and are provided to academic researchers and certain government agencies, which have been approved under a Data Use Agreement (DUA) to obtain MAX data for research purposes. The CCW MAX data contain identifiable information, and are subject to the Privacy Act and other Federal government rules and regulations (see ResDAC web site for information on requesting MAX data).

The CCW MAX files are linked by a unique CCW identifier, allowing researchers to analyze information across the continuum of care, within and across years, without using actual identifying information (e.g., MSIS\_ID, Social Security number, or Medicare Health Insurance Claim number for dual eligibles). There are five types of data files available from the CCW MAX data, including the following:

- Person Summary File (PS)
- Hospital Inpatient File (IP)
- Long Term Care File (LT)
- Prescription Drug File (RX)
- Other Services (OT)

This guide provides users with information that may be helpful in understanding and requesting the CCW MAX data.

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## Chapter 1 General Information about MAX Files

The original MAX data are extracted from MSIS data for each state and compiled by CMS and its contractors. The MAX development process combines MSIS initial claims, interim claims, voids, and adjustments for a given service into a final action event. Unlike fiscal-based MSIS quarterly files, MAX data are organized into annual calendar year files, based on date of service. Since it is necessary to allow for the delay between service delivery dates and claims adjudication dates, the availability of MAX data for a particular time period lags behind that of the MSIS data. States may finalize their MSIS files at different points in time, which can lead to variation in the timing/production of the MAX files.

States have some flexibility with regard to benefit design, and may request waivers from CMS in order to offer programs in a particular manner. The specific types of Medicaid services offered and requirements for eligibility may vary somewhat by state and by year as well. For some researchers, the nuances of the benefit design may be important factors to consider when examining Medicaid across different states (for more information on state waiver and plan amendment information, see (<http://medicaidbenefits.kff.org/index.jsp> or [http://www.cms.gov/MedicaidGenInfo/01\\_Overview.asp](http://www.cms.gov/MedicaidGenInfo/01_Overview.asp)). For additional information on the creation of the MAX data files, see the CMS website ([https://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](https://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)).

Since the MAX data contain individually identifiable data, they are protected under the Privacy Act. They are available for approved research activities only through a DUA with CMS.

For each calendar year, the five MAX data file types available are:

- **Person Summary (PS)**  
Person-level information regarding Medicaid-eligibles who have enrolled in a state Medicaid program or a Medicaid-expansion Child Health Insurance Program (CHIP) in the year, whether or not they used any services
- **Inpatient Hospital (IP)**  
Contains complete stay records for enrollees who used inpatient services. Records include diagnoses, procedures, discharge status, length of stay, and payment amounts.
- **Long Term Care (LT)**  
Includes service data from four types of long-term care facilities that serve Medicaid enrollees, as well as data for similar services provided in community-based settings.
- **Prescription Drug (RX)**  
Contains final action records of prescription and over-the-counter drugs paid by Medicaid. Records include a National Drug Code (NDC) to indicate what drug product was used, service date and payment information.

- Other Services (OT)

Includes outpatient, physician and professional services; hospice, home health, lab/X-ray, durable medical equipment (DME), premium payments etc., and all Medicaid records not reported in any other MAX service files

The MAX files are available for 1999 through 2008. Note the record layouts for each file type changed slightly in 2005 (i.e., 1999-2004 file layouts differ from 2005 forward), and new values were introduced in 2006. The MAX PS record layout changed for 2007. Notable changes will be described within each file type below.

The PS file contains a record of data for each person; for service claim types LT and OT, each record of data represents a claim for services; for IP, each record represents a stay; for RX, each record represents a claim for a prescription or over-the-counter drug product. Additional information regarding data dictionaries, data element lists, validation reports, and previously documented data anomalies reports are available on the CMS website at (<http://www.cms.gov/MedicaidDataSourcesGenInfo/downloads>).

### **Assignment of a Beneficiary Identifier**

In the CMS CCW, all Medicare enrollment, Medicare Part A claims, Part B claims, Part D events, Minimum Data Set (MDS)/Outcome and Assessment Information Set (OASIS) and Medicaid Analytic Extract (MAX) data records are assigned a beneficiary identifier (BENE\_ID). The BENE\_ID identifies a unique beneficiary (common person) across the distinct data sources, thereby allowing researchers to track all services for a beneficiary over time. Medicaid enrollees who are also enrolled in the Medicare program (or “dual eligibles”) are assigned the same BENE\_ID for both MAX and Medicare records within the CCW. This allows for ease of analysis across programs, data types (including CCW assessment data), and years.

To construct the CCW BENE\_ID, the CMS CCW team developed an internal cross-reference file consisting of historical Medicaid and Medicare enrollment information using CMS data sources such as the Enterprise Cross Reference (ECR) file. When a new MAX PS file is received, the MSIS\_ID, STATE\_CD, SSN, DOB, Gender and other beneficiary identifying information is compared against the historical enrollment file. If there is a single record in the historical enrollment file that “best matches” the information in the MAX PS record, then the BENE\_ID on that historical record is assigned to the MAX PS record. If there is no match or no “best match” after CCW has exhausted a stringent matching process, a null (or missing) BENE\_ID is assigned to the MAX PS record. For any given year, approximately 7% to 8% of MAX PS records have a BENE\_ID that is null. Once a BENE\_ID is assigned to a MAX PS record for a particular year (with the exception of those assigned to a null value), it will not change. When a new MAX PS file is received, CCW attempts to reassign those with missing BENE\_IDs.

The BENE\_ID from the MAX PS file is assigned to each respective claim record (IP, LT, RX, OT). This is the main linkage key to use when joining data files. Note for PS records with a null BENE\_ID, the linkage should be by STATE\_CD and MSIS\_ID.

## Chapter 2 Medicaid Person Summary (PS) Files

The PS file contains one record for every individual enrolled during the calendar year represented by the file. Note that it is possible that a BENE\_ID may appear more than once – for example, if the person received a second MSIS\_ID (either in the same state or a different state). The PS file contains enrollment, including waiver enrollment, demographic, and summary utilization data. Note that this file includes people enrolled in Medicaid, CHIP, and Medicaid enrollees covered by Section 1115 Demonstrations or other Medicaid waiver programs.

Currently, the MAX data files contain cost and use information for M-CHIP (Medicaid expansion CHIP) since Federal matching funds are used. However, S-CHIP (optional state CHIP) enrollment reporting is not required, therefore, there is no S-CHIP utilization information in the MAX files.

The specific types of Medicaid services offered and requirements for eligibility may vary somewhat by state and year. For some researchers, the nuances of the benefit design may be important factors to consider when examining Medicaid enrollment, utilization, and payment summaries in the PS file. This between-state variation may also be important to consider when making comparisons between states.

The record layout for the PS File is located on the CMS website ([http://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](http://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)).

The PS File contains a rich array of information about the demographic, eligibility, and summary utilization and payment information. Important types of information include:

- *Demographic Information* – date of birth, sex, race/ethnicity, date of death, state, county and zip
- *Eligibility Group Information* – the monthly MAX uniform eligibility codes, monthly enrollment status, and whether there was dual eligibility (i.e., concurrent Medicare enrollment). Also includes information regarding waivers, premium payments, third party payers, and managed care enrollment
- *Inpatient Hospital (IP) Utilization Summary* – total covered days and stays
- *Institutional Long Term Care (LTC) Utilization Summary* – annual aggregated covered days by setting: mental health, inpatient psychiatric, ICF/MR, nursing facility, and total LTC days
- *Claims Payment Summary* – information from the other four record types (IP, LT, RX and OT) for each of six program types (Family Planning [FP], Federally Qualified Health Centers [FQHC], Home and Community-Based Care for Aged and Elderly Disabled [HCBCA], Home and Community-Based Services [HCBCS], Indian Health Service [IHS], and Rural Health Clinic [RHC]). Also includes information regarding total records, total Medicaid payments, encounter records etc., for the 31 types of service

The primary payer (e.g., Medicaid versus Medicare or another third party payer) may vary depending on the service; however, if the person is also covered by Medicare, it is the primary payer for all Medicare-covered services. Medicare enrollees may qualify for “full” or only “partial” Medicaid coverage, which will affect the payment amounts observed on the MAX claims (note: see the monthly ELIGIBLE RESTRICTED BENEFITS FLAG data fields for more information about these categories).

The basis of eligibility (BOE) and maintenance assistance status (MAS) fields are reported data elements in MSIS, the original source for MAX data. The code values for these two data elements are concatenated into a single data element in MAX, known as the MAX Uniform Eligibility Code variable. MAS is in the first position, and the BOE is in the second position of this data element.

Changes beginning with the 2005 MAX PS file and values added to the 2006 file include the addition of monthly crossover codes to allow for more precise determination of the Medicaid/Medicare dual coverage (i.e., “crossover” coverage).

Changes beginning with the 2007 MAX PS file include the addition of the Social Security Administration (SSA) death master file date of death (which modified the definition of date of death from the Medicare EDB CMS data element 25); removal of the quarterly crossover (dual) codes; and renumbering of CMS MAX data elements between 26 and 35.

### **Chapter 3 Inpatient Hospital (IP) Files**

The record layout for the IP file is located on the CMS website ([http://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](http://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)).

The IP file contains complete stay records for Medicaid enrollees who used inpatient hospital services. The IP file also includes:

- Admission and discharge dates
- Up to nine The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnostic codes
- A principal procedure code and up to five additional procedure codes along with a procedure code modifier to indicate the coding system used for the procedure codes
- A code to indicate if the hospital stay was for a maternal or newborn delivery
- Information on the Diagnosis Related Group (DRG), as applicable
- For UB-92/UB-04, includes up to 23 revenue code groups

- Medicaid payment amounts for fee-for-service records; encounter records may also be present
- Third-party payments for these services, as collected by the Medicaid agency, for each IP service
- For dual enrollee IP services, Medicaid paid Medicare copayment and deductible amounts.
- A count of the number of covered inpatient days
- Provider number

#### **Chapter 4 Long Term Care (LT) Files**

The record layout for the LT file is located on the CMS website ([http://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](http://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)).

The LT file includes institutional long-term care (LTC) records for services provided by four types of long-term care facilities: 1) mental hospitals for the aged; 2) inpatient psychiatric facilities for persons under age 21; 3) intermediate care facilities for the mentally retarded (ICF/MR); and, 4) nursing facilities (NF). These records do not include procedure codes. Note that other community-based LTC services (e.g., many home-based and personal care services) are included in the OT file. Important types of information in the LT file include:

- An indicator for the type of institutional LTC service (as listed above)
- Admission date, beginning and end dates of service
- Patient status (at discharge or end of service date on the claim)
- Up to five ICD-9-CM diagnosis codes. Users should note that these may be diagnoses at the time of LTC facility admission and are not necessarily current diagnoses
- Medicaid payment amounts for fee-for-service records
- Third-party payments for these services, as collected by the Medicaid agency, for each LT service
- A count of the Medicaid covered days
- Provider number

## **Chapter 5 Prescription Drug (RX) Files**

The record layout for the RX file is located on the CMS website ([http://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](http://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)).

This file contains prescribed drugs, over-the-counter drugs and other items dispensed by a free-standing pharmacy. However, there are important exceptions:

- Drugs provided during an inpatient hospital stay are included in the hospital record reported in the IP file. Detail is not available for those drugs in IP records.
- For most states, drugs provided to persons in LTC facilities are included in this file. But there are a small number of states that include (or “bundle”) these drugs into their LTC facility payment rate. Detail is not available for drugs that are bundled this way. At last report (for 1999), three states: New York, South Dakota, and Delaware were bundling drugs into their LTC facility payment rate.
- Injectable drugs that are administered by a health professional are included in the OT file. They are identified as procedure (service) codes with a leading character of “J”.
- Beginning in 2006, coverage of prescription drugs was available through Medicare Part D for those with dual eligibility (i.e., coverage through both Medicaid and Medicare programs). More information on the Medicare Part D prescription drug event (PDE) data can be found at (<http://www.ccwdata.org>). People who qualify for both Medicare and Medicaid (full-benefit dual eligibles) receive the Medicare Part D drug benefit and their RX utilization for Part D-covered drugs is found in the Medicare Part D Event data. Dual eligibles may have some drug information in the RX file, particularly for Medicare non-covered drugs (e.g., over the counter drugs).

Important types of information in the RX File include:

- Date of service (prescription fill date)
- New or refill indicator
- Medicaid payment amounts for fee-for-service records
- Third-party payments for these services, as collected by the Medicaid agency, for each prescription fill
- National Drug Code (NDC)
- Quantity and days supply
- Provider number

Changes beginning with the 2006 RX file affected two data elements (data elements 35, Medicare coinsurance payment amount and 36, Medicare deductible payment amount).

## **Chapter 6 Other Therapy (OT) Files**

The record layout for the OT file is located on the CMS website ([http://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](http://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)).

A wide variety of service types are included in the OT file, including physician and professional services, outpatient and clinic, DME, hospice, home health, lab/x-ray and others, which are indicated by the Type of Service codes on the claim.

The OT file contains two major types of records: 1) records for services delivered; and 2) payment records for premiums paid to three types of prepaid managed care plans (which can be identified using the type of service codes).

- 1) Capitated Payments for Health Maintenance Organization (HMO)/Health Insuring Organization (HIO)
- 2) Prepaid Health Plans (PHPs)
- 3) Primary Care Case Management (PCCM)

Because of the nature of billing for certain types of services, e.g., Healthcare Common Procedure Coding System (HCPCS) codes for ambulance services, multiple claims with the exact same enrollment/person information and service dates will appear within the OT file. These should not be viewed as errors or data anomalies. The presence of what appear to be duplicate records are not true duplicates, but rather distinct services or portions of a service provided (e.g., there are limits regarding the time/quantity of services which may be billed on one claim – if an ambulance ride goes beyond the specified distance limit, an additional claim/claims for the remainder of the distance may be submitted or home health services may be billed in 15 minute increments). DME and supplies (not including drugs) billed by non-pharmacy providers (and containing HCPCS or other state-specific procedure codes) are also reported in this file. Important types of information in the OT file:

- Dates or dates of service
- Type of service
- Up to two ICD-9-CM diagnostic codes
- A procedure (service) code
- Medicaid payment amounts for fee-for-service records; encounter records
- Third-party payments for these services, as collected by the Medicaid agency, for each OT service

- For dual enrollee OT services, Medicaid paid Medicare copayment and deductible amounts
- Provider number
- Place of service

## **Chapter 7 Limitations/Considerations of MAX Files**

The MAX data provide a fairly complete and accurate view of Medicaid and Medicaid expansion (M-CHIP enrollment) and payments and utilization for services provided under FFS arrangements. However, MAX encounter record utilization data (and source data from MSIS) may be incomplete for Medicaid enrollees in prepaid plans, such as managed care plans. States are required to submit encounter records for services provided to enrollees in prepaid plans. However, CMS analyses indicate that encounter reporting lacks the consistency and completeness to support many research activities.

Although a rare event, all five MAX file types may not necessarily be available for each year and/or state, e.g., there is not an IP, LT, or OT file for Maine for 2005-2008. In addition, completeness of data fields varies greatly by state. More information about data anomalies found in the MAX data can be found on the CMS website at ([http://www.cms.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp](http://www.cms.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp)). Because states may make final changes when compiling MSIS data each year, anomalies may differ by individual states each year as well.

The anomalies report (found in the link immediately above) may not yet be available for the most current MAX data that is available for release. To make good use of the anomaly reports, a basic understanding of the Medicaid program is essential, as well as an understanding of the variables and values important for the research project. Once a study question or research hypothesis is formulated, it may be prudent to review the anomaly reports to ensure that the desired data will be obtained (i.e., no anomalies which might limit a researcher's choice of states, years or file types).

## **Chapter 8 Content, Format, and Encryption of CCW Output Files**

This section describes the content and format of the CCW MAX data package (the CCW data that are delivered to researchers). The MAX record layouts for various years and file types may vary, so the number of files depends upon the specific data requested. Delivery files may be packaged to accommodate the appropriate record layout for the year/type of data requested as well as to meet the maximum file size limit. The "Read Me" document contained on the delivery media will describe the specific files delivered with the request. The table below demonstrates how the files may vary depending on the request. For example, a request for 2006 IP data for only one state would include 1 Read Me and 1 Executable (zip file); the zip file would contain 1 .SAS, 1 .csv, and 1 .fts file. A request for all MAX data (five file types) for one year for a small state would results in 1 Read Me and 1 Executable (zip) file: the zip file would contain five .SAS


files, five .csv files, and five .fts files. Requests for highly populated states and/or for a number of years/file types may result in the delivery of several data files for a single file type.

File Types on Delivery Media					
Read Me Document .txt	Self-Decrypting Archive File .exe	SAS Read-in Program for IP, LT, RX, and OT .sas	SAS Read-in Program for PS .sas	Data File .csv	File Transfer Summary .fts
One or more master Read Me file(s) depending on request	One or more files depending on years of data requested	By file type for: <ul style="list-style-type: none"> <li>• 2004 and earlier</li> <li>• 2005 and later</li> </ul>	By file type for: <ul style="list-style-type: none"> <li>• 2004 and earlier</li> <li>• 2005</li> <li>• 2006</li> <li>• 2007 and later</li> </ul>	By type, state, and year of file	By file type and year of file

The files are delivered to the researcher in an organized format. File name/Descriptions for these items are detailed in the tables that follow.

File	File Description
readme_first_req000[xxxx].txt	This is a text file that describes the files contained in the output package. File Name Example: readme_first_req000[xxxx].txt. The file provides information about the DUA, Request Number, and Year(s) of the data. This file also explains the three file types (.csv / .fts/ .SAS) contained within the self-decrypting archive (.exe).
req000[xxxx]_MAX_2007.exe	This is the executable program that must be run to decrypt and uncompress the MAX data file. In this example, [xxxx] is the request number, and 2007 is the file year of the data. This executable includes v8 SAS read-in programs, the .csv file, and .fts file which contains the layout and record counts.

In addition to the specific data files the researcher requested, CCW includes a variety of resource files in the deliverable package. These files are described below.

File	Description
CCW MAX User Guide.pdf	An electronic copy of this document
Decryption Instructions.pdf	This document contains instructions for decrypting/uncompressing the data files.
Shipping Package Insert.doc	Brief note to recipient.
 File Record layouts	Folder contains variable listings for all CCW data file types. Also contains a sub-folder with corresponding data dictionaries.

### Chapter 9 Decryption of Data Files

The encryption technique for files extracted from the CCW uses Pretty Good Privacy (PGP) Command Line 9.0 with the Self-Decrypting Archive (SDA) method. This method builds a compressed, encrypted, password protected file using a FIPS 140-1/140-2 approved AES256 cipher algorithm. The SDA is built on the CCW production server, downloaded to a desktop PC, and burned to a CD, DVD, or USB hard drive depending on the size of the files.

After the data media is shipped to the researcher, the password to decrypt the archive is sent to the researcher by electronic mail. Each researcher request will have a unique encryption. The password and the data media will never be packaged together. To decrypt the data files, the researcher will need to access the e-mail containing the decryption password. Detailed instructions for using this password are included with the data.

The CCW BENE\_ID and encrypted MSIS\_ID are specific to the CCW (not applicable to any other identification system or data source). All requested data are linked using the BENE\_ID, and it is not available, data are linked using both the encrypted MSIS\_ID and STATE\_CD. The BENE\_ID and MSIS\_ID are encrypted using a Buccaneer, A General Dynamics Company-developed cipher prior to delivery of data files to researchers. The cipher used is unique for each DUA and is determined at the time the data are requested. This key is then kept on file for future use, if requested by a researcher, and approved by CMS. A researcher may decide to stipulate in a new DUA that the data obtained must be linked to that obtained from a previous DUA. CMS will then evaluate and approve or disapprove the request. If approved, the data obtained from the CCW will be encrypted using the same cipher as the previous DUA allowing data from both requests to be linked.

### Chapter 10 Further Assistance with CCW Data

The Research Data Assistance Center (ResDAC) offers free assistance to researchers using MAX data for research. The ResDAC web site provides links to descriptions of the CMS data available, request procedures, supporting documentation, such as record layouts and SAS input statements, workshops on how to use MAX data, and other helpful resources. Statistical summaries and links to additional information are also available on this site. Visit the ResDAC web site at (<http://www.resdac.org>) for additional information.

ResDAC is a CMS contractor and requests for assistance in the application, obtaining, or using the CCW data should first be submitted to ResDAC. Researchers can reach ResDAC by phone at 1-888-973-7322, e-mail at [resdac@umn.edu](mailto:resdac@umn.edu), or online at (<https://resdac.oit.umn.edu/>).

In the event that a ResDAC technical advisor is not able to answer the question, the technical advisor will direct the researcher to the appropriate person at CMS or Buccaneer, A General Dynamics Company. If additional CMS data (data not available from the CCW) is required to meet research objectives, or the researcher has any questions about other data sources, the researcher can review all available CMS data by visiting the ResDAC website and contact ResDAC for further assistance.

Buccaneer, A General Dynamics Company  
[www.ccwdata.org](http://www.ccwdata.org)  
Email: [CMSdata@vangent.com](mailto:CMSdata@vangent.com)  
Phone: 1-866-766-1915

## Appendix A - Glossary

List of Acronyms and their meanings

BENE\_ID – A unique beneficiary identifier assigned to all EDB and Medicaid eligible records as they are added to the CCW.

CCW – Chronic Condition Data Warehouse; constructed by Buccaneer, A General Dynamics Company under contract with CMS.

CMS – Centers for Medicare & Medicaid Services; part of the U.S. Department of Health and Human Services which administers the Medicare, Medicaid and CHIP programs.

DME – Durable Medical Equipment. Found in RX and OT files.

DRG – Diagnosis Related Group; a prospective payment system; each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.

DUA – Data Use Agreement delineates the confidentiality requirements of CMS regarding the Privacy Act and data release policies.

EDB – Enrollment Database. The EDB is the CMS repository of enrollment and entitlement data for persons who are or have ever been enrolled in Medicare. On a monthly basis the repository is “unloaded” into a flat file (referred to as the Unloaded EDB), which then is loaded to the CCW.

FQHC – Federally Qualified Health Centers are designated by the DHHS Health Resources and Services Administration (HRSA) to serve populations in medically underserved areas. FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay.

HCBCS - Home and Community-Based Services.

HCBCA - Home and Community-Based Care for Aged and Elderly Disabled.

HCPCS – Healthcare Common Procedure Coding System, a standardized coding system used by CMS to describe the specific items and services provided in the delivery of health care.

IHS – Indian Health Service. An Operating Division within the U.S. Department of Health and Human Services and is responsible for providing medical and public health services to members of federally recognized Tribes and Alaska Natives.

MAX – Medicaid Analytic eXtract data files compiled from CMS Medicaid data.

MDS – Minimum Data Set – assessment data required by CMS to be submitted by nursing facilities.

MSIS – Medicaid Statistical Information System, compilation of state information regarding enrollment, service utilization, and payment.

NDC – National Drug Code(s), indicate the drug product which was received; may be found in RX and OT files.

OASIS – Outcome and Assessment Information Set – assessment data required by CMS to be submitted by home health agencies.

OTC – Over-the-Counter drugs; medications which do not require a prescription.

NF –Nursing Facilities; claims may be found in LT files.

RHC – Rural Health Clinics are clinics located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs. RHCs were established by the Rural Health Clinics Act (P.L. 95-210), (Section 1905 of the Social Security Act), and receive the RHC designation by the Health Resources and Services Administration (HRSA).

SAF – Standard Analytic File; term used to describe a CMS data product which meets certain standardized specifications, which vary by type of data file (e.g., Medicare Part D SAF versus Medicare inpatient SAF).

SSA - Social Security Administration.

SSN – Social Security Number; an identifier created by the SSA. The original intent was to track benefits eligibility; therefore historically some persons may not have received a SSN. Presently, SSNs are assigned at birth and used as a universal identifier.