Preliminary Medicare COVID-19 Data Snapshot External FAQs

1. **What information is included in the Medicare COVID-19 Data Snapshot?**
   The Medicare COVID-19 Data Snapshot presents information on Medicare beneficiaries who are diagnosed with COVID-19 for the period starting January 1, 2020. The sources for these data are the Medicare Fee-for-Service claims data, Medicare Advantage encounter data, and Medicare enrollment information. All data presented in this snapshot are preliminary and will continue to change as CMS processes additional claims and encounters for the reporting period. A COVID-19 diagnosis is identified using the following International Classification of Diseases (ICD), Tenth Revision (ICD-10), diagnosis codes: B97.29 (from 1/1-3/31/20) and U07.1 (starting 4/1/20).

2. **Why did CMS conduct this analysis and how will the agency use this data to inform future policy decisions?**
   This analysis shows how the COVID-19 pandemic is affecting the Medicare population and aims to better inform individual and public policy healthcare decisions to address the impact of the virus.

3. **How often will the data be updated?**
   The data will be updated monthly.

4. **How does CMS identify a COVID-19 case?**
   A Medicare COVID-19 case is a Medicare beneficiary with a diagnosis of COVID-19 (B97.29 from 1/1-3/31/20 and U07.1 starting 4/1/20) on a claim or encounter record for any healthcare setting (e.g., physician's office, laboratory, inpatient hospital). We identify a case if the COVID-19 diagnosis code is in any of the 25 diagnosis code fields on the claim or encounter record.

5. **Why are these data different from the COVID-19 cases data released by the Centers for Disease Control and Prevention (CDC)?**
   There are a number of methodological differences between the Medicare COVID-19 cases data and cases data reported by CDC. These differences are driven by several factors including different data sources, different populations for data collection, different approaches for identifying a COVID-19 case, and different time periods for reporting.

6. **How does CMS identify a COVID-19 hospitalization?**
   A Medicare COVID-19 hospitalization is a Medicare beneficiary with a diagnosis of COVID-19 (B97.29 from 1/1-3/31/20 and U07.1 starting 4/1/20) on an inpatient hospital claim or encounter record. We identify a hospitalization if the COVID-19 diagnosis code is in any of the 25 diagnosis code fields on the claim or encounter record.

7. **Why are these data different from the COVID-19 hospitalization data released by the Centers for Disease Control and Prevention (CDC)?**

There are a number of methodological differences between the Medicare COVID-19 hospitalization data and hospitalization data reported by CDC. These differences are driven by several factors including different data sources, different populations for data collection, different approaches to identifying a COVID-19 hospitalization, and different time periods for reporting.

8. **Is CMS releasing data on COVID-19 testing?**
CMS is not releasing data on COVID-19 testing at this time. CMS is still evaluating COVID-19 testing data for public reporting since Medicare claims and encounter data will undercount COVID-19 testing. Many states are offering free testing (claims and encounter data are not available for free testing where a patient's insurance information is not collected). In addition, in Original Medicare, any testing that occurs in an inpatient hospital setting is not billed separately and cannot be identified. For data on testing, we recommend consulting the Centers for Disease Control and Prevention.

9. **How does claims lag impact these data?**
There will always be a delay between when a service occurs and when the claim/encounter for that service is available in the CMS database – this concept is referred to as claims lag. Claims lag differs across the various types of service (e.g., inpatient vs. physician services) and program (i.e., Original Medicare vs. Medicare Advantage). Due to claims lag, the data presented in this update must be considered preliminary since the data will continue to change as CMS processes additional claims and encounter data for the reporting period. Historically, 90% of Original Medicare claims across all claim types are submitted within 3 months, while 90% of MA encounters across all claim types are submitted within 12 months. We expect timely Original Medicare claims submissions because providers submit claims directly to us for payment. A longer claims lag is expected for Medicare Advantage encounters because Medicare Advantage Organizations: (1) collect encounters before submitting them to us and (2) have more time to submit encounters because there are different programmatic uses for the data, like risk adjustment. For more information on claims lag, please see the disclaimer in the Snapshot.

10. **Are there differences in reporting and outcomes between Medicare Advantage Plans and Original Medicare?**
Claims lag (described above in question #7) differs significantly between Original Medicare (fee-for-service) and Medicare Advantage. The submission of claims in Original Medicare is directly tied to payment and providers submit claims directly to CMS, so we expect them to be submitted in a timely manner. In contrast, Medicare Advantage Organizations collect encounters before submitting this data to CMS, and there are longer timeframes for submission given different programmatic uses of the data (e.g., risk adjustment). As a result, a longer claims lag is expected for Medicare Advantage encounters. Due to the differences in claims lag between Original Medicare and Medicare Advantage, it is not accurate to compare data between the two programs at this time.

11. **Where can I find Medicaid data on COVID-19?**

CMS has released a Medicaid and Children's Health Insurance Program (CHIP) COVID-19 data snapshot. This snapshot provides a variety of information on COVID-19 related service utilization by Medicaid beneficiaries. Specifically, it provides data on testing, treatment and outcomes; service use among beneficiaries of Medicaid and the Children's Health Insurance Program (CHIP) who are 18 years of age and under; services delivered via telehealth during the COVID-19 PHE; and services for mental health and substance use disorders during COVID-19.

12. **Are you going to release additional data on COVID-19 deaths in CMS programs?**

No, CMS does not have data on cause of death, so we can't report on overall COVID-19 mortality in Medicare. Data on the cause of death is available through the National Center for Health Statistics, National Vital Statistics System at the Centers for Disease Control and Prevention (CDC). The CDC has published COVID-19 death data, broken down by demographic information such as race/ethnicity, age, and geography, at https://www.cdc.gov/nchs/nvss/covid-19.htm.

13. **Why did you change the methodology for calculating COVID-19 case and hospitalization rates per 100,000 beneficiaries? How does this change impact case and hospitalization counts?** (*added 04/26/21*)

Beginning with the snapshot covering services between January 1, 2020 and February 20, 2021, we use average monthly enrollment when calculating case and hospitalization rates per 100,000 Medicare enrollees. This change only impacts the COVID-19 cases and hospitalizations per 100,000 metrics and does not impact the methodology for counting COVID-19 cases and hospitalizations. We made the change from using an ever-enrolled methodology because average monthly enrollment provides a more reasonable estimate of actual enrollment during any month of the pandemic, particularly as the reporting period continues to increase with each release. Please see the methodology document for additional information.