CCCD – Medicare Specific FAQs

1) How did HFS acquire Medicare data and for what purpose is it to be used?

   Medicare data is made available through the Center for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office. It is strictly to be used for care coordination purposes and health plans should review their contracts for data use limitations.

   HFS receives monthly updates from CMS on the last day of each month. It is then combined with the Medicaid data and made available through the CCCD dataset by the 5th working day of the following month.

2) How do we identify Medicare claims?

   Medicare claims can be identified using RecordIDCd = 'M' in the Main Claims and Pharmacy files.

3) What timeframe will we receive Medicare data for?

   The first transmission of Medicare data will be 2 years of historical data plus the most current data. Going forward, the most current data HFS has will be sent on a monthly basis.

4) Will you be merging Medicare and Medicaid data for the same claim?

   No, Medicare and Medicaid data for the same claim is not merged by HFS. Therefore, use caution when analyzing the data so as not to count them as 2 separate claims. Please note Medicare and Medicaid ProviderNPIs may not match, so we recommend you use admission and discharge dates for identifying crossover institutional/Part A claims and service date and procedure code for NIPS/Part B claims.

5) For Medicare data, will 'RecipientID' be populated with the member's Medicare number?

   No, 'RecipientID' will always be the member's Medicaid id number, regardless if it's Medicare or Medicaid data.

6) Will only the Medicare Medicaid Alignment Initiative (MMAI) health plans acquire Medicare data for their enrollees?

   No, Medicare data is provided to all health plans when there is a match to a Medicaid recipient, regardless of health plan type.