# Commonwealth Fund Medicare Data Hub

The Commonwealth Fund

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## DATA SOURCES AND METHODS

Data used to develop these charts were obtained from the downloadable Centers for Medicare and Medicaid Services (CMS) public use files described in Table 1.

### Table 1: Files Used to Prepare Medicare Advantage and Prescription Drug Plan Charts

| CMS Source Files | Description |
|---|---|
| *Medicare Advantage and Part D Contract and Enrollment files, 2010–2020* | The CMS contract and enrollment files are monthly files from which data on overall enrollment, enrollment by plan type, and trends in enrollment were derived. To ensure consistency and to link data to the open enrollment period, enrollment files from the month of March were used in generating 2020 enrollment counts and for use in trending. |
| *Low Income Subsidy (LIS) Enrollment by Plan Files, 2010 –2020* | CMS' annual LIS enrollment files were used as a source of information on Medicare beneficiaries receiving LIS benefits. Counts of LIS recipients are reported at the contract and plan levels. |
| *Special Needs Plan (SNP) Comprehensive Report, 2010 –2020* | The SNP monthly files contain SNP-reported data from the CMS Health Plan Management System (HPMS). Contract and plan specific SNP enrollment, type of special needs plan, and conditions targeted by Chronic Condition plans were obtained from these files. |
| *Medicare Advantage and Prescription Drug Landscape Source Files and Plan and Premium Reports, 2010–2020* | These annual Medicare Advantage, PDP, and SNP Landscape source files contain plan-specific information that includes type of plan (e.g., HMO, PPO), plan enrollment, and beneficiary out-of-pocket expenditures (e.g., deductible, premiums). |
| *Plan Benefit Package Files, 2020* | The benefits files, which contain self-reported plan data on CMS-approved benefits from the HPMS system, was used to determine which plans offered selected supplemental benefits and the characteristics of these plans. |

**Analyses:** Beneficiary- and plan-level analyses were conducted to obtain chart data on enrollment, plan premiums, and benefits. Separate analyses were conducted by subgroup of plans (e.g., HMO, PPO, SNPs), population (e.g., LIS), and geographic area (the 50 states and D.C.). Descriptive statistics, consisting largely of means and frequencies, were generated to summarize data and to facilitate comparisons over time.

**Caveats/Limitations:** Although we sought to restrict analyses to Medicare Advantage plans and those beneficiaries enrolled in Medicare Advantage plans consisting of (1) Local HMOs, (2) Local PPOs, (3) Regional PPOs, (4) Private fee-for-service (PFFS) plans, and (5) Medical Savings Accounts (MSA), publicly available CMS files differed in terms of the plan population represented. For example, certain files included data for all Medicare Advantage plans, regardless of whether they offered Part D services, whereas other files only included data on Medicare Advantage plans with a prescription drug benefit. Data for Medicare health plans that are not considered to be Medicare Advantage plans, such as cost plans, demonstrations/pilot programs, and Program of All Inclusive Care for the Elderly (PACE) plans, were also included in selected files and excluded from other files. Differences in how the population was defined across the various CMS files contributed to modest differences in the enrollment and plan counts presented in the charts. As necessary, notes accompanying each chart indicate the population included and/or excluded from the data.

Another factor affecting information presented in charts is that CMS suppresses data if the number of beneficiaries represented contains a value of 1 to 10. Values of 1 to 10 were typically observed in enrollment files for which data are reported at the plan-county level (e.g., LIS enrollment). Estimates generated by "rolling up" data in files containing suppressed values may slightly understate the actual numbers. Where relevant, estimates generated with files containing suppressed data are noted in the "notes" section of each chart.