Q: What is included in the PAC PUF?
A: The PAC PUF contains information on demographic and clinical characteristics of Medicare beneficiaries served, professional and paraprofessional service utilization, and payment information at the provider, state, and national levels for home health agencies (HHAs), hospices, skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), and long-term care hospitals (LTCHs).

Q: Does the PAC PUF report the calendar or fiscal year?
A: Both. The HH benefit is reported on a calendar year basis (CY) while hospices, SNFs, IFRs, and LTCHs are reported on a fiscal year basis (FY).

Q: Where can I find information on the data sources used in the PAC PUF?
A: Information about data sources, including Medicare PAC payment systems, population, and aggregation can be found in the PAC PUF Methodology.

Q: What is the difference between charges and payments? Where can I find information about these and other variables listed in the PAC PUF?
A: Charges are submitted to Medicare by the provider for reimbursement, whereas payments are what Medicare pays the provider for services. It is important to note there are several different payment variables in the PAC PUF to indicate different levels of payment (e.g., allowed amount, deductibles and coinsurance, standardized). We highly recommended that users review the Data Dictionary which describes the content, format, and structure of each variable listed in the PAC PUF.

Q: Does the PAC PUF contain information for Medicare Advantage (MA) or Medicaid beneficiaries?
A: The PAC PUF includes one variable related to MA beneficiaries, BENE_MA_PCT. This variable is the percent of Medicare beneficiaries enrolled in MA with at least one fee-for-service (FFS) paid claim while enrolled in an MA plan. This applies to MA Cost Plan beneficiaries who access HH, SNF, IRF, and LTCH services through FFS Medicare. In addition, all hospice care is provided under FFS Medicare when beneficiaries are under a hospice election. MA beneficiaries with zero FFS claims are not included in this variable. The PAC PUF also includes one variable, BENE_DUAL_PCT, which is the percent of Medicare beneficiaries qualified to receive Medicare and Medicaid benefits, and is also referred to as dual eligibility. Beneficiaries are classified as a dual if they received full or partial Medicaid benefits in any month of the year.

Q: Why are there no longer stand-alone Public Use Files (PUFs) for Home Health (HH), Skilled Nursing Facilities (SNFs) and Hospices(s)?
A: As part of the 2014 Improving Medicare Post-Acute Transformation Act (IMPACT Act) CMS created the Post-Acute Care and Hospice Provider Utilization and Payment Public Use Files (PAC PUF) to improve data standardization and cross-setting measures.

Q: Is any data suppressed in the PAC PUF?
A: To protect the privacy of Medicare beneficiaries, we use cell suppression when appropriate and indicate these suppressions by the following:

- Ten or fewer beneficiaries, indicated with an asterisk (*)
In addition, because of known data limitations in the reporting of dual-eligibles in Puerto Rico, values of BENE_DUAL_PCT are suppressed for records where STATE = ‘PR’ and replaced with a plus sign (+).

Q: How are missing data represented in the PAC PUF?
A: We use certain symbols to represent values that are not populated for specific reasons.
   • (N/A) – The variable is not applicable to this particular SRVC_CTGRY (e.g., HOSPC_RHC_DAYS_PCT for SRVC_CTGRY=SNF).
   • (M) – The value is zero/missing because there were zero linked assessments. This applies only to variables that are derived from assessment data.

We also use the symbols (*) and (+) to suppress data in certain instances. For further details, please see the frequently asked question “Is any data suppressed in the PAC PUF?”.

Q: How are averages calculated in the PAC PUF?
A: Averages are calculated using an arithmetic mean. The numerator and denominator will vary based on the variable being calculated. Please review the Data Dictionary for further information.

Q: Are beneficiaries counted more than once? Can the “Distinct Beneficiaries” be summed across providers?
A: The PAC PUF provides the number of distinct Medicare beneficiaries (i.e., a unique beneficiary) with at least one paid claim in the calendar or fiscal year. The PAC PUF aggregates the number of distinct beneficiaries based on the level of detail requested and applies cell suppression when necessary. A beneficiary is counted only once for each provider who had a paid claim, only once for each state in which they received care, and only once at the national level. Therefore, if a beneficiary received care from more than one provider in the same state, the PAC PUF would count the beneficiary twice at the provider level (i.e., once for each provider), but only once for the state level. If a beneficiary received care from two different providers in two states, the beneficiary would be counted once for each provider, once for each state, and only once at the national level. Therefore, the counts in the detailed tables do not sum to the counts in the aggregate tables.

Q: Can a beneficiary be included in more than one chronic condition category per provider?
A: Yes. A beneficiary may have multiple chronic conditions and may be included in more than one chronic condition category.

Q: Can a beneficiary have more than one primary diagnosis category per provider?
A: Yes. The PAC PUF places a beneficiary into one of the primary diagnosis categories based on any claim per provider per CY for HH claims and per FY for hospice, SNF, IRF, and LTCH claims. Should a beneficiary have multiple claims for a given provider with primary diagnoses across categories, they will be included in each primary diagnosis category for that provider for which they have at least one claim. Please review the PAC PUF Methodology for further information.
Q: Why are the PAC PUF results different than other CMS products?
A: CMS publishes different data products for different purposes. Each data publication has their own respective methodology which may differ in the data sources and calculations. Caution should be used when comparing results across CMS data releases.

Q: If I publish findings from the PAC PUF in medical journals do I need to obtain permission from CMS?
A: No. This data is public information and users are free to use the data in publications.