



Chronic Condition Data Warehouse

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CODEBOOK

Master Beneficiary Summary File - Base with Medicare Part A/B/C/D

May 2017

Version 1.0

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Revision History

Revision Date	Version Number	Description	Author(s)
05/17/17	1.0	Initial release of codebook for Master Beneficiary Summary File – Base; with Medicare Part A/B/C/D.	Kathy Schneider, Chris Alleman

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A_MO_CNT

LABEL: Part A Months Count

DESCRIPTION: Months of Part A coverage

SHORT NAME: A_MO_CNT

LONG NAME: BENE_HI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES: 0-12

COMMENT: This variable is the number of months during the year that the beneficiary had Medicare Part A coverage. (This is sometimes referred to as health insurance coverage - or Medicare HI coverage).

CCW derives this variable by counting the number of months where the beneficiary had Part A coverage (i.e., the BUYINXX variable equaled 1, A, 3, or C).

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A_TRM_CD

LABEL: Part A Termination Code

DESCRIPTION: This code specifies the reason Part A entitlement was terminated.

SHORT NAME: A_TRM_CD

LONG NAME: BENE_PTA_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not Terminated
- 1 = Dead
- 2 = Non-Payment of Premium
- 3 = Voluntary Withdrawal
- 9 = Other Termination

COMMENT: -

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AGE

LABEL: Age of beneficiary at end of year

DESCRIPTION: This is the beneficiary's age, expressed in years and calculated as of the end of the calendar year, or, for beneficiaries that died during the year, age as of the date of death.

SHORT NAME: AGE

LONG NAME: AGE_AT_END_REF_YR

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES: Maximum age is 115

COMMENT: CCW calculates this variable.

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B_MO_CNT

LABEL: Part B Months Count

DESCRIPTION: Months of Part B coverage

SHORT NAME: B_MO_CNT

LONG NAME: BENE_SMI_CVRAGE_TOT_MONS TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES: 0-12

COMMENT: This variable is the number of months during the year that the beneficiary had Medicare Part B coverage. (This is sometimes referred to as supplemental medical insurance coverage - or SMI coverage.) CCW derives this variable by counting the number of months where the beneficiary had Part B coverage (i.e., the BUYINXX variable equaled 2, B, 3, or C).

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B_TRM_CD

LABEL: Part B Termination Code

DESCRIPTION: This code specifies the reason Part B entitlement was terminated.

SHORT NAME: B_TRM_CD

LONG NAME: BENE_PTB_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not Terminated
- 1 = Dead
- 2 = Non-Payment of Premium
- 3 = Voluntary Withdrawal
- 9 = Other Termination

COMMENT: -

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BENE_DOB

LABEL: Beneficiary date of birth

DESCRIPTION: This is the beneficiary's date of birth.

SHORT NAME: BENE_DOB

LONG NAME: BENE_BIRTH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: MM/DD/YYYY

COMMENT: -

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BENE_ID

LABEL: Encrypted CCW Beneficiary ID

DESCRIPTION: The unique CCW identifier for a beneficiary. The CCW assigns a unique beneficiary identification number to each individual who receives Medicare and/ or Medicaid, and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims, MAX claims, MDS assessment data). This number does not change during a beneficiary's lifetime and each number is used only once. The BENE_ID is specific to the CCW and is not applicable to any other identification system or data source.

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: -

COMMENT: -

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BUYIN_MO

LABEL: State Buy-In Coverage Count

DESCRIPTION: Months of state buy-in.

SHORT NAME: BUYIN_MO

LONG NAME: BENE_STATE_BUYIN_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0-12

COMMENT: This variable counts the total number of months during the year when the beneficiary premium was paid by the state. State Medicaid programs can pay Medicare premiums for certain dual eligibles (i.e., for beneficiaries also enrolled in a state Medicaid program); this action is called “buying in” and so this variable is the “buy-in code.” Any month where the BUYINXX variable was: A (Part A state buy-in), B (Part B state buy-in), or C (Part A and Part B state buy-in) is counted.

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BUYIN01

NAME: Medicare Entitlement/Buy-In Indicator - January

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (January).

SHORT NAME: BUYIN01

LONG NAME: MDCR_ENTLMT_BUYIN_IND_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

CODE VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN02

LABEL:	Medicare Entitlement/Buy-In Indicator - February
DESCRIPTION:	Monthly Part A and/or Part B entitlement indicator (February).
SHORT NAME:	BUYIN02
LONG NAME:	MDCR_ENTLMT_BUYIN_IND_02
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	0 = Not entitled 1 = Part A only 2 = Part B only 3 = Part A and Part B A = Part A state buy-in B = Part B state buy-in C = Part A and Part B state buy-in
COMMENT:	This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN03

LABEL: Medicare Entitlement/Buy-In Indicator - March

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (March).

SHORT NAME: BUYIN03

LONG NAME: MDCR_ENTLMT_BUYIN_IND_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN04

LABEL: Medicare Entitlement/Buy-In Indicator - April

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (April).

SHORT NAME: BUYIN04

LONG NAME: MDCR_ENTLMT_BUYIN_IND_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN05

LABEL: Medicare Entitlement/Buy-In Indicator - May

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (May).

SHORT NAME: BUYIN05

LONG NAME: MDCR_ENTLMT_BUYIN_IND_05

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN06

LABEL: Medicare Entitlement/Buy-In Indicator - June

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (June).

SHORT NAME: BUYIN06

LONG NAME: MDCR_ENTLMT_BUYIN_IND_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN07

LABEL: Medicare Entitlement/Buy-In Indicator - July

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (July).

SHORT NAME: BUYIN07

LONG NAME: MDCR_ENTLMT_BUYIN_IND_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN08

LABEL: Medicare Entitlement/Buy-In Indicator - August

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (August).

SHORT NAME: BUYIN08

LONG NAME: MDCR_ENTLMT_BUYIN_IND_08

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN09

LABEL: Medicare Entitlement/Buy-In Indicator - September

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (September).

SHORT NAME: BUYIN09

LONG NAME: MDCR_ENTLMT_BUYIN_IND_09

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not entitled
- 1 = Part A only
- 2 = Part B only
- 3 = Part A and Part B
- A = Part A state buy-in
- B = Part B state buy-in
- C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN10

LABEL: Medicare Entitlement/Buy-In Indicator – October

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (October).

SHORT NAME: BUYIN10

LONG NAME: MDCR_ENTLMT_BUYIN_IND_10

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not entitled
- 1 = Part A only
- 2 = Part B only
- 3 = Part A and Part B
- A = Part A state buy-in
- B = Part B state buy-in
- C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN11

LABEL: Medicare Entitlement/Buy-In Indicator - November

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (November).

SHORT NAME: BUYIN11

LONG NAME: MDCR_ENTLMT_BUYIN_IND_11

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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BUYIN12

LABEL: Medicare Entitlement/Buy-In Indicator – December

DESCRIPTION: Monthly Part A and/or Part B entitlement indicator (December).

SHORT NAME: BUYIN12

LONG NAME: MDCR_ENTLMT_BUYIN_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Not entitled
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

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CNTY_CD

LABEL: County code for beneficiary (SSA code)

DESCRIPTION: This code specifies the Social Security Administration (SSA) code for the county of identified through the beneficiary mailing address of the beneficiary.

SHORT NAME: CNTY_CD

LONG NAME: COUNTY_CD

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: Each state has a series of codes beginning with '000' for each county within that state. Certain cities within that state have their own code. County codes must be combined with state codes in order to locate the specific county. The coding system is the SSA system, not the Federal Information Processing Standard (FIPS). In some cases, the code may not be the actual county where the beneficiary resides. CMS obtains the mailing address used for cash benefits or the mailing address used for other purposes (for example, premium billing) from Social Security Administration (SSA) and Railroad Retirement Board (RRB) Beneficiary Record Systems.

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COVSTART

LABEL: Medicare Coverage Start Date

DESCRIPTION: This variable is the date when the beneficiary first became eligible for Medicare coverage (Part A or Part B).

SHORT NAME: COVSTART

LONG NAME: COVSTART

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: Historic date of 1st Medicare coverage (may be prior to 1999, which is the earliest claim files available through CCW)

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CREC

LABEL: Current Reason for Entitlement Code

DESCRIPTION: Current reason for Medicare entitlement

SHORT NAME: CREC

LONG NAME: ENTLMT_RSN_CURR

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
0 = Old age and survivor's insurance (OASI)
1 = Disability insurance benefits (DIB)
2 = End-stage renal disease (ESRD)
3 = Both DIB and ESRD

COMMENT: This variable indicates how the beneficiary currently qualifies for Medicare. The current reason for entitlement can differ from the original reason that a beneficiary qualified for Medicare (see the OREC variable). CMS obtains this information from the Social Security Administration (SSA) and Railroad Retirement Board (RRB) record systems.

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CRNT_BIC

LABEL: Current Beneficiary Identification Code

DESCRIPTION: The current beneficiary identification code (BIC) specifies the basis of the beneficiary's eligibility for cash payment programs, mainly Social Security. When the individual qualifies under another person's account (for example, as a spouse or child), the code identifies the type of relationship between the individual and primary beneficiary.

SHORT NAME: CRNT_BIC

LONG NAME: CRNT_BIC_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 10 = Railroad Retirement Board (RRB) Retirement employee or annuitant
- 11 = RRB Survivor joint annuitant reduced benefits taken to insure benefits for surviving spouse
- 13 = RRB Child of RR annuitant or Widow of annuitant with a child in her care
- 14 = RRB Spouse of RR employee or annuitant husband or wife
- 15 = RRB Parent of annuitant
- 16 = RRB Widow/widower of RR annuitant
- 17 = RRB Disabled adult child of RR annuitant
- 43 = RRB Child of RR employee or Widow of employee with a child in her care
- 45 = RRB Parent of employee
- 46 = RRB Widow/widower of RR employee
- 80 = RRB RR pensioner age or disability
- 83 = RRB Widow of pensioner with a child in her care 84 = RRB Spouse of RR pensioner
- 85 = RRB Parent of pensioner
- 86 = RRB Widow/widower of RR pensioner
- A = Primary claimant
- B = Aged wife age 62 or over 1st claimant
- B1 = Aged husband age 62 or over 1st claimant
- B2 = Young wife with a child in her care 1st claimant
- B3 = Aged wife 2nd claimant
- B4 = Aged husband 2nd claimant
- B5 = Young wife 2nd claimant
- B6 = Divorced wife age 62 or over 1st claimant
- B7 = Young wife 3rd claimant
- B8 = Aged wife 3rd claimant
- B9 = Divorced wife 2nd claimant
- BA = Aged wife 4th claimant

BD = Aged wife 5th claimant
 BG = Aged husband 3rd claimant
 BH = Aged husband 4th claimant
 BJ = Aged husband 5th claimant
 BK = Young wife 4th claimant
 BL = Young wife 5th claimant
 BN = Divorced wife 3rd claimant
 BP = Divorced wife 4th claimant
 BQ = Divorced wife 5th claimant
 BR = Divorced husband 1st claimant
 BT = Divorced husband 2nd claimant
 BW = Young husband 2nd claimant
 BY = Young husband 1st claimant
 C1 = Child includes minor student or disabled child 1st claimant
 C2 = Child includes minor student or disabled child 2nd claimant
 C3 = Child includes minor student or disabled child 3rd claimant
 C4 = Child includes minor student or disabled child 4th claimant
 C5 = Child includes minor student or disabled child 5th claimant
 C6 = Child includes minor student or disabled child 6th claimant
 C7 = Child includes minor student or disabled child 7th claimant
 C8 = Child includes minor student or disabled child 8th claimant
 C9 = Child includes minor student or disabled child 9th claimant
 CA = Child includes minor student or disabled child 10th claimant
 CB = Child includes minor student or disabled child 11th claimant
 CC = Child includes minor student or disabled child 12th claimant
 CD = Child includes minor student or disabled child 13th claimant
 CE = Child includes minor student or disabled child 14th claimant
 CF = Child includes minor student or disabled child 15th claimant
 CG = Child includes minor student or disabled child 16th claimant
 CH = Child includes minor student or disabled child 17th claimant
 CI = Child includes minor student or disabled child 18th claimant
 CJ = Child includes minor student or disabled child 19th claimant
 CK = Child includes minor student or disabled child 20th claimant
 CL = Child includes minor student or disabled child 21st claimant
 CM = Child includes minor student or disabled child 22nd claimant
 CN = Child includes minor student or disabled child 23rd claimant
 CO = Child includes minor student or disabled child 24th claimant
 CP = Child includes minor student or disabled child 25th claimant
 CQ = Child includes minor student or disabled child 26th claimant
 CR = Child includes minor student or disabled child 27th claimant
 CS = Child includes minor student or disabled child 28th claimant
 CT = Child includes minor student or disabled child 29th claimant
 CU = Child includes minor student or disabled child 30th claimant

CV = Child includes minor student or disabled child 31st claimant
 CW = Child includes minor student or disabled child 32nd claimant
 CX = Child includes minor student or disabled child 33rd claimant
 CY = Child includes minor student or disabled child 34th claimant
 CZ = Child includes minor student or disabled child 35th claimant
 D = Aged widow 60 or over 1st claimant
 D1 = Aged widower age 60 or over 1st claimant
 D2 = Aged widow 2nd claimant
 D3 = Aged widower 2nd claimant
 D4 = Widow remarried after attainment of age 60 1st claimant
 D5 = Widower remarried after attainment of age 60 1st claimant
 D6 = Surviving divorced wife age 60 or over 1st claimant
 D7 = Surviving divorced wife 2nd claimant D8 = Aged widow 3rd claimant
 D9 = Remarried widow 2nd claimant DA = Remarried widow 3rd claimant
 DC = Surviving divorced husband 1st claimant
 DD = Aged widow 4th claimant
 DG = Aged widow 5th claimant
 DH = Aged widower 3rd claimant
 DJ = Aged widower 4th claimant
 DK = Aged widower 5th claimant
 DL = Remarried widow 4th claimant
 DM = Surviving divorced husband 2nd claimant
 DN = Remarried widow 5th claimant
 DP = Remarried widower 2nd claimant
 DQ = Remarried widower 3rd claimant
 DR = Remarried widower 4th claimant
 DS = Surviving divorced husband 3rd claimant
 DT = Remarried widower 5th claimant
 DV = Surviving divorced wife 3rd claimant
 DW = Surviving divorced wife 4th claimant
 DX = Surviving divorced husband 4th claimant
 DY = Surviving divorced wife 5th claimant
 DZ = Surviving divorced husband 5th claimant
 E = Mother widow 1st claimant
 E1 = Surviving divorced mother 1st claimant
 E2 = Mother widow 2nd claimant
 E3 = Surviving divorced mother 2nd claimant
 E4 = Father widower 1st claimant
 E5 = Surviving divorced father widower 1st claimant
 E6 = Father widower 2nd claimant
 E7 = Mother widow 3rd claimant
 E8 = Mother widow 4th claimant
 E9 = Surviving divorced father widower 2nd claimant

EA = Mother widow 5th claimant
 EB = Surviving divorced mother 3rd claimant
 EC = Surviving divorced mother 4th claimant
 ED = Surviving divorced mother 5th claimant
 EF = Father widower 3rd claimant
 EG = Father widower 4th claimant
 EH = Father widower 5th claimant
 EJ = Surviving divorced father 3rd claimant
 EK = Surviving divorced father 4th claimant
 EM = Surviving divorced father 5th claimant
 F1 = Father
 F2 = Mother
 F3 = Stepfather
 F4 = Stepmother
 F5 = Adopting father
 F6 = Adopting mother
 F7 = Second alleged father
 F8 = Second alleged mother
 J1 = Primary prouty entitled to HIB less than 3 QC general fund
 J2 = Primary prouty entitled to HIB over 2 QC RSI trust fund
 J3 = Primary prouty not entitled to HIB less than 3 QC general fund
 J4 = Primary prouty not entitled to HIB over 2 QC RSI trust fund
 K1 = Prouty wife entitled to HIB less than 3 QC general fund 1st claimant
 K2 = Prouty wife entitled to HIB over 2 QC RSI trust fund 1st claimant
 K3 = Prouty wife not entitled to HIB less than 3 QC general fund 1st claimant
 K4 = Prouty wife not entitled to HIB over 2 QC RSI trust fund 1st claimant
 K5 = Prouty wife entitled to HIB less than 3 QC general fund 2nd claimant
 K6 = Prouty wife entitled to HIB over 2 QC RSI trust fund 2nd claimant
 K7 = Prouty wife not entitled to HIB less than 3 QC general fund 2nd claimant
 K8 = Prouty wife not entitled to HIB over 2 QC RSI trust fund 2nd claimant
 K9 = Prouty wife entitled to HIB less than 3 QC general fund 3rd claimant
 KA = Prouty wife entitled to HIB over 2 QC RSI trust fund 3rd claimant
 KB = Prouty wife not entitled to HIB less than 3 QC general fund 3rd claimant
 KC = Prouty wife not entitled to HIB over 2 QC RSI trust fund 3rd claimant
 KD = Prouty wife entitled to HIB less than 3 QC general fund 4th claimant
 KE = Prouty wife entitled to HIB over 2 QC 4th claimant
 KF = Prouty wife not entitled to HIB less than 3 QC 4th claimant
 KG = Prouty wife not entitled to HIB over 2 QC 4th claimant
 KH = Prouty wife entitled to HIB less than 3 QC 5th claimant
 KJ = Prouty wife entitled to HIB over 2 QC 5th claimant
 KL = Prouty wife not entitled to HIB less than 3 QC 5th claimant
 KM = Prouty wife not entitled to HIB over 2 QC 5th claimant
 M = Uninsured not qualified for deemed HIB

M1 = Uninsured qualified but refused HIB
 T = Uninsured entitled to HIB under deemed or renal provisions
 TA = Medicare Qualified Government Employment (MQGE) primary claimant
 TB = MQGE aged spouse first claimant
 TC = MQGE disabled adult child first claimant
 TD = MQGE aged widower first claimant
 TE = MQGE young widower first claimant
 TF = MQGE parent male
 TG = MQGE aged spouse second claimant
 TH = MQGE aged spouse third claimant
 TJ = MQGE aged spouse fourth claimant
 TK = MQGE aged spouse fifth claimant
 TL = MQGE aged widower second claimant
 TM = MQGE aged widower third claimant
 TN = MQGE aged widower fourth claimant
 TP = MQGE aged widower fifth claimant
 TQ = MQGE parent female
 TR = MQGE young widower second claimant
 TS = MQGE young widower third claimant
 TT = MQGE young widower fourth claimant
 TU = MQGE young widower fifth claimant
 TV = MQGE disabled widower fifth claimant
 TW = MQGE disabled widower first claimant
 TX = MQGE disabled widower second claimant
 TY = MQGE disabled widower third claimant
 TZ = MQGE disabled widower fourth claimant
 T2 = Disabled child 2nd claimant
 T3 = Disabled child 3rd claimant
 T4 = Disabled child 4th claimant
 T5 = Disabled child 5th claimant
 T6 = Disabled child 6th claimant
 T7 = Disabled child 7th claimant
 T8 = Disabled child 8th claimant
 T9 = Disabled child 9th claimant
 W = Disabled widow age 50 or over 1st claimant
 W1 = Disabled widower age 50 or over 1st claimant
 W2 = Disabled widow 2nd claimant
 W3 = Disabled widower 2nd claimant
 W4 = Disabled widow 3rd claimant
 W5 = Disabled widower 3rd claimant
 W6 = Disabled surviving divorced wife 1st claimant
 W7 = Disabled surviving divorced wife 2nd claimant
 W8 = Disabled surviving divorced wife 3rd claimant

W9 = Disabled widow 4th claimant
WB = Disabled widower 4th claimant
WC = Disabled surviving divorced wife 4th claimant
WF = Disabled widow 5th claimant
WG = Disabled widower 5th claimant
WJ = Disabled surviving divorced wife 5th claimant
WR = Disabled surviving divorced husband 1st claimant
WT = Disabled surviving divorced husband 2nd claimant

COMMENT: This information is originally from the CMS Denominator file, which means that the final value for the year is used.

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CSTSHR01

LABEL:	Monthly cost sharing group under Part D low-income subsidy - January
DESCRIPTION:	This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (January). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.
SHORT NAME:	CSTSHR01
LONG NAME:	CST_SHR_GRP_CD_01
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>00 = Not Medicare enrolled for the month</p> <p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:</p> <p>01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment</p> <p>02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment</p> <p>03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</p> <p>04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</p> <p>05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</p> <p>06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</p> <p>07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</p> <p>08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</p> <p>09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing</p>

subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December)

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CSTSHR02

LABEL: Monthly cost sharing group under Part D low-income subsidy - February

DESCRIPTION: This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (February). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME: CSTSHR02

LONG NAME: CST_SHR_GRP_CD_02

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing

subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR03

LABEL: Monthly cost sharing group under Part D low-income subsidy - March

DESCRIPTION: This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (March). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME: CSTSHR03

LONG NAME: CST_SHR_GRP_CD_03

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR04

LABEL: Monthly cost sharing group under Part D low-income subsidy - April

DESCRIPTION: This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (April). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME: CSTSHR04

LONG NAME: CST_SHR_GRP_CD_04

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR05

LABEL:	Monthly cost sharing group under Part D low-income subsidy - May
DESCRIPTION:	This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (May). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.
SHORT NAME:	CSTSHR05
LONG NAME:	CST_SHR_GRP_CD_05
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>00 = Not Medicare enrolled for the month</p> <p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:</p> <p>01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment</p> <p>02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment</p> <p>03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</p> <p>04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</p> <p>05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</p> <p>06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</p> <p>07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</p> <p>08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</p>

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR06

LABEL:	Monthly cost sharing group under Part D low-income subsidy - June
DESCRIPTION:	This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (June). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.
SHORT NAME:	CSTSHR06
LONG NAME:	CST_SHR_GRP_CD_06
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>00 = Not Medicare enrolled for the month</p> <p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:</p> <p>01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment</p> <p>02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment</p> <p>03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</p> <p>04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</p> <p>05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</p> <p>06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</p> <p>07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</p> <p>08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</p>

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR07

LABEL:	Monthly cost sharing group under Part D low-income subsidy July
DESCRIPTION:	This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (July). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.
SHORT NAME:	CSTSHR07
LONG NAME:	CST_SHR_GRP_CD_07
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>00 = Not Medicare enrolled for the month</p> <p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:</p> <p>01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment</p> <p>02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment</p> <p>03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</p> <p>04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</p> <p>05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</p> <p>06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</p> <p>07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</p> <p>08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</p>

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR08

LABEL:	Monthly cost sharing group under Part D low-income subsidy August
DESCRIPTION:	This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (August). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.
SHORT NAME:	CSTSHR08
LONG NAME:	CST_SHR_GRP_CD_08
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>00 = Not Medicare enrolled for the month</p> <p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:</p> <p>01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment</p> <p>02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment</p> <p>03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</p> <p>04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</p> <p>05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</p> <p>06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</p> <p>07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</p> <p>08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</p>

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR09

LABEL: Monthly cost sharing group under Part D low-income subsidy - September

DESCRIPTION: This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (September). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME: CSTSHR09

LONG NAME: CST_SHR_GRP_CD_09

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR10

LABEL:	Monthly cost sharing group under Part D low-income subsidy - October
DESCRIPTION:	This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (October). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.
SHORT NAME:	CSTSHR10
LONG NAME:	CST_SHR_GRP_CD_10
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>00 = Not Medicare enrolled for the month</p> <p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:</p> <p>01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment</p> <p>02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment</p> <p>03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</p> <p>04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</p> <p>05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</p> <p>06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</p> <p>07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</p> <p>08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</p>

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR11

LABEL: Monthly cost sharing group under Part D low-income subsidy - November

DESCRIPTION: This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (November). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME: CSTSHR11

LONG NAME: CST_SHR_GRP_CD_11

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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CSTSHR12

LABEL: Monthly cost sharing group under Part D low-income subsidy - December

DESCRIPTION: This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (December). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all of those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME: CSTSHR12

LONG NAME: CST_SHR_GRP_CD_12

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009) Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy Enrolled in Medicare A and/or B, but not Part D enrolled and:

10 = Beneficiary enrolled in Parts A and/or B, but not Part D; employer receives RDS subsidy

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage 13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully-subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month. Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08. The remaining values indicate that the individual is not eligible for subsidized Part D coverage. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DEATH_DT

LABEL: Date of Death

DESCRIPTION: This variable indicates the date of death of the beneficiary. A null value means that no death date was reported for the beneficiary.

SHORT NAME: DEATH_DT

LONG NAME: BENE_DEATH_DT TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: Many of these dates have not been verified with official U.S. records; the valid date of death switch variable (BENE_VALID_DEATH_DT_SW) identifies the death dates which have been verified.

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DUAL_01

LABEL:	Monthly Medicare-Medicaid dual eligibility code - January
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (January).
SHORT NAME:	DUAL_01
LONG NAME:	DUAL_STUS_CD_01
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are

different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_02

LABEL:	Monthly Medicare-Medicaid dual eligibility code - February
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (February).
SHORT NAME:	DUAL_02
LONG NAME:	DUAL_STUS_CD_02
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be

partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_03

LABEL:	Monthly Medicare-Medicaid dual eligibility code - March
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (March).
SHORT NAME:	DUAL_03
LONG NAME:	DUAL_STUS_CD_03
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be

partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_04

LABEL: Monthly Medicare-Medicaid dual eligibility code - April

DESCRIPTION: This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (April).

SHORT NAME: DUAL_04

LONG NAME: DUAL_STUS_CD_04

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: ** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'XX' for 2006-2009)

NA = Non-Medicaid

00 = Not enrolled in Medicare for the month

01 = Qualified Medicare Beneficiary (QMB)-only

02 = QMB and full Medicaid coverage, including prescription drugs

03 = Specified Low-Income Medicare Beneficiary (SLMB)-only

04 = SLMB and full Medicaid coverage, including prescription drugs

05 = Qualified Disabled Working Individual (QDWI)

06 = Qualifying individuals (QI)

08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage,
including prescription Drugs

09 = Other dual eligible, but without Medicaid coverage

99 = Unknown

COMMENT: The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_05

LABEL:	Monthly Medicare-Medicaid dual eligibility code - May
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (May).
SHORT NAME:	DUAL_05
LONG NAME:	DUAL_STUS_CD_05
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_06

LABEL: Monthly Medicare-Medicaid dual eligibility code - June

DESCRIPTION: This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (June).

SHORT NAME: DUAL_06

LONG NAME: DUAL_STUS_CD_06

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: ** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)

NA = Non-Medicaid

00 = Not enrolled in Medicare for the month

01 = Qualified Medicare Beneficiary (QMB)-only

02 = QMB and full Medicaid coverage, including prescription drugs

03 = Specified Low-Income Medicare Beneficiary (SLMB)-only

04 = SLMB and full Medicaid coverage, including prescription drugs

05 = Qualified Disabled Working Individual (QDWI)

06 = Qualifying individuals (QI)

08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs

09 = Other dual eligible, but without Medicaid coverage

99 = Unknown

COMMENT: The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_07

LABEL:	Monthly Medicare-Medicaid dual eligibility code - July
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (July).
SHORT NAME:	DUAL_07
LONG NAME:	DUAL_STUS_CD_07
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_08

LABEL:	Monthly Medicare-Medicaid dual eligibility code - August
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (August).
SHORT NAME:	DUAL_08
LONG NAME:	DUAL_STUS_CD_08
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_09

LABEL:	Monthly Medicare-Medicaid dual eligibility code - September
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (September).
SHORT NAME:	DUAL_09
LONG NAME:	DUAL_STUS_CD_09
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_10

LABEL: Monthly Medicare-Medicaid dual eligibility code - October

DESCRIPTION: This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (October).

SHORT NAME: DUAL_10

LONG NAME: DUAL_STUS_CD_10

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES: ** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)

NA = Non-Medicaid

00 = Not enrolled in Medicare for the month

01 = Qualified Medicare Beneficiary (QMB)-only

02 = QMB and full Medicaid coverage, including prescription drugs

03 = Specified Low-Income Medicare Beneficiary (SLMB)-only

04 = SLMB and full Medicaid coverage, including prescription drugs

05 = Qualified Disabled Working Individual (QDWI)

06 = Qualifying individuals (QI)

08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs

09 = Other dual eligible, but without Medicaid coverage

99 = Unknown

COMMENT: The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_11

LABEL:	Monthly Medicare-Medicaid dual eligibility code - November
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (November).
SHORT NAME:	DUAL_11
LONG NAME:	DUAL_STUS_CD_11
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_12

LABEL:	Monthly Medicare-Medicaid dual eligibility code - December
DESCRIPTION:	This variable indicates whether the beneficiary was eligible for both Medicare and Medicaid in a given month (December).
SHORT NAME:	DUAL_12
LONG NAME:	DUAL_STUS_CD_12
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006-2009)</p> <p>NA = Non-Medicaid</p> <p>00 = Not enrolled in Medicare for the month</p> <p>01 = Qualified Medicare Beneficiary (QMB)-only</p> <p>02 = QMB and full Medicaid coverage, including prescription drugs</p> <p>03 = Specified Low-Income Medicare Beneficiary (SLMB)-only</p> <p>04 = SLMB and full Medicaid coverage, including prescription drugs</p> <p>05 = Qualified Disabled Working Individual (QDWI)</p> <p>06 = Qualifying individuals (QI)</p> <p>08 = Other dual eligible (not QMB, SLMB, QDWI, or QI) with full Medicaid coverage, including prescription Drugs</p> <p>09 = Other dual eligible, but without Medicaid coverage</p> <p>99 = Unknown</p>
COMMENT:	The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the “gold standard” for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies. Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided

into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles". There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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DUAL_MO

LABEL: Months of Dual Eligibility

DESCRIPTION: This variable is the number of months during the year that the beneficiary was dually eligible (i.e., he/she was also eligible for Medicaid benefits).

SHORT NAME: DUAL_MO

LONG NAME: DUAL_ELGBL_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES: The value in this field is between '00' through '12'.

COMMENT: CCW derived this variable by counting the number of months where the beneficiary had dual eligibility (DUAL_STUS_CD_XX not equal to '00' or '**').

There are different ways to classify dually eligible beneficiaries - in terms of whether he/she is enrolled in full or partial benefits. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles"

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EFIVEPCT

LABEL: Enhanced Medicare 5% Sample Indicator

DESCRIPTION: This variable indicates whether the beneficiary was ever included in the CCW 5% sample for any year (1999+).

SHORT NAME: EFIVEPCT

LONG NAME: ENHANCED_FIVE_PERCENT_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CCW (derived)

VALUES: Y = Yes, included in enhanced 5% sample
Null = Not included in enhanced 5% sample

COMMENT: This enhanced 5% sample is broader than the annual 5% sample (variable that was previously called FIVE_PERCENT_FLAG; currently called SAMPLE_GROUP - when value = '01' or '04') because it includes all beneficiaries who were ever part of the 5% sample but had a HIC change that was not part of the sample. The "enhanced" indicator variable allows for longitudinal study of the 5% sample (i.e., once in, always in).

CCW creates the 5% sample using standard CMS processes. The 5% random sample consists of people who had a Medicare beneficiary Health Insurance Claim number (HIC) equal to the Claim Account Number (CAN) plus Beneficiary Identity Code (BIC) (HIC=CAN+BIC) where the last two digits of the CAN are in the set {05, 20, 45, 70, 95}.

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ENRL_SRC

LABEL: Enrollment Source

DESCRIPTION: This variable indicates the source of enrollment data.

SHORT NAME: ENRL_SRC

LONG NAME: ENRL_SRC

TYPE: CHAR

LENGTH: 3

SOURCE: CCW

VALUES: EDB = Enrollment Database
CME = Common Medicare Environment

COMMENT: The Centers for Medicare & Medicaid Services (CMS) has updated the Medicare enrollment source data for the Master Beneficiary Summary File (MBSF). As of March 2017, the MBSF includes Medicare enrollment information from the CMS Common Medicare Environment (CME) rather than the CMS Common Medicare Environment (CME). Data from the two sources was nearly identical. The CME improves the identification of Medicare Part B enrollment and also allows for more timely release of the MBSF.

The universe of beneficiaries in the CME versus the EDB version of the MBSF are only slightly different.

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ESRD_IND

LABEL: End-Stage Renal Disease (ESRD) Indicator

DESCRIPTION: This field specifies whether a beneficiary is entitled to Medicare benefits due to end stage renal disease (ESRD).

SHORT NAME: ESRD_IND

LONG NAME: ESRD_IND

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = the beneficiary has ESRD
0 = the beneficiary does not have ESRD

COMMENT: CMS obtains this information from the Social Security Administration (SSA) record system.

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HMO_MO

LABEL: HMO Coverage Count

DESCRIPTION: Months of Medicare Advantage (HMO) coverage.

SHORT NAME: HMO_MO

LONG NAME: BENE_HMO_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0-12

COMMENT: This variable counts the number of months during the year that the beneficiary received their Part A and Part B benefits through a managed care plan (i.e., a Medicare Advantage [MA] plan) instead of the traditional fee-for-service (FFS) program. Any month where the HMO indicator variable (HMOINDXX) was anything other than a 0 (not a member of an HMO) or a 4 (FFS participant in a case or disease management demonstration project) is counted as a MA month.

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HMO_IND_01

LABEL: HMO Indicator – January

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (January).

SHORT NAME: HMOIND01

LONG NAME: HMO_IND_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_02

LABEL: HMO Indicator – February

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (February).

SHORT NAME: HMOIND02

LONG NAME: HMO_IND_02

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_03

LABEL: HMO Indicator - March

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (March).

SHORT NAME: HMOIND03

LONG NAME: HMO_IND_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_04

LABEL: HMO Indicator - April

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (April).

SHORT NAME: HMOIND04

LONG NAME: HMO_IND_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_05

LABEL: HMO Indicator - May

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (May).

SHORT NAME: HMOIND05

LONG NAME: HMO_IND_05

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_06

LABEL: HMO Indicator - June

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (June).

SHORT NAME: HMOIND06

LONG NAME: HMO_IND_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_07

LABEL: HMO Indicator - July

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (July).

SHORT NAME: HMOIND07

LONG NAME: HMO_IND_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_08

LABEL: HMO Indicator - August

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (August).

SHORT NAME: HMOIND08

LONG NAME: HMO_IND_08

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_09

LABEL: HMO Indicator - September

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (September).

SHORT NAME: HMOIND09

LONG NAME: HMO_IND_09

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_10

LABEL: HMO Indicator - October

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (October).

SHORT NAME: HMOIND10

LONG NAME: HMO_IND_10

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_11

LABEL: HMO Indicator - November

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (November).

SHORT NAME: HMOIND11

LONG NAME: HMO_IND_11

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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HMO_IND_12

LABEL: HMO Indicator - December

DESCRIPTION: Monthly Medicare Advantage (MA) enrollment indicator (December).

SHORT NAME: HMOIND12

LONG NAME: HMO_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Not a member of an HMO
- 1 = Non-lock-in, CMS to process provider claims
- 2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
- 4 = Fee-for-service participant in case or disease management demonstration project
- 5 = Not in documentation
- A = Lock-in, CMS to process provider claims
- B = Lock-in, GHO to process in plan Part A and in area Part B claims
- C = Lock-in, GHO to process all provider claims

COMMENT: Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the variable.

This variable indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month.

The 01 through 12 at the end of the variable name correspond with the month (i.e., 01 is January and 12 is December).

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MDCR_STUS_CD_01

LABEL: Medicare Status Code - January

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in January.

SHORT NAME: MDCR_STUS_CD_01

LONG NAME: MDCR_STATUS_CODE_01

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_02

LABEL: Medicare Status Code - February

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in February.

SHORT NAME: MDCR_STUS_CD_02

LONG NAME: MDCR_STATUS_CODE_02

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_03

LABEL: Medicare Status Code - March

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in March.

SHORT NAME: MDCR_STUS_CD_03

LONG NAME: MDCR_STATUS_CODE_03

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_04

LABEL: Medicare Status Code - April

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in April.

SHORT NAME: MDCR_STUS_CD_04

LONG NAME: MDCR_STATUS_CODE_04

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_05

LABEL: Medicare Status Code - May

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in May.

SHORT NAME: MDCR_STUS_CD_05

LONG NAME: MDCR_STATUS_CODE_05

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_06

LABEL: Medicare Status Code - June

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in June.

SHORT NAME: MDCR_STUS_CD_06

LONG NAME: MDCR_STATUS_CODE_06

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_07

LABEL: Medicare Status Code - July

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in July.

SHORT NAME: MDCR_STUS_CD_07

LONG NAME: MDCR_STATUS_CODE_07

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_08

LABEL: Medicare Status Code - August

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in August.

SHORT NAME: MDCR_STUS_CD_08

LONG NAME: MDCR_STATUS_CODE_08

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_09

LABEL: Medicare Status Code - September

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in September.

SHORT NAME: MDCR_STUS_CD_09

LONG NAME: MDCR_STATUS_CODE_09

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_10

LABEL: Medicare Status Code - October

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in October.

SHORT NAME: MDCR_STUS_CD_10

LONG NAME: MDCR_STATUS_CODE_10

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_11

LABEL: Medicare Status Code - November

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in November.

SHORT NAME: MDCR_STUS_CD_11

LONG NAME: MDCR_STATUS_CODE_11

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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MDCR_STUS_CD_12

LABEL: Medicare Status Code - December

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare - in December.

SHORT NAME: MDCR_STUS_CD_12

LONG NAME: MDCR_STATUS_CODE_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

COMMENT: Analysts can use this variable to quickly distinguish between the aged, disabled, and ESRD populations.

This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD indicator contained in the enrollment data base at CMS.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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OREC

LABEL: Original Reason for Entitlement Code

DESCRIPTION: Original reason for Medicare entitlement

SHORT NAME: OREC

LONG NAME: ENTLMT_RSN_ORIG

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Old age and survivor's insurance (OASI)
1 = Disability insurance benefits (DIB)
2 = End-stage renal disease (ESRD)
3 = Both DIB and ESRD

COMMENT: CMS obtains this information from the Social Security Administration (SSA) and Railroad Retirement Board (RRB) record systems.

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PTC_CNTRCT_ID_01

LABEL: Part C Contract Number - January

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (January).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_01

LONG NAME: PTC_CNTRCT_ID_01

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_02

LABEL: Part C Contract Number - February

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (February).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_02

LONG NAME: PTC_CNTRCT_ID_02

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_03

LABEL: Part C Contract Number - March

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (March).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_03

LONG NAME: PTC_CNTRCT_ID_03

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_04

LABEL: Part C Contract Number - April

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (April).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_04

LONG NAME: PTC_CNTRCT_ID_04

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_05

LABEL: Part C Contract Number - May

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (May).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_05

LONG NAME: PTC_CNTRCT_ID_05

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_06

LABEL: Part C Contract Number - June

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (June).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_06

LONG NAME: PTC_CNTRCT_ID_06

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_07

LABEL: Part C Contract Number - July

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (July).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_07

LONG NAME: PTC_CNTRCT_ID_07

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_08

LABEL: Part C Contract Number - August

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (August).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_08

LONG NAME: PTC_CNTRCT_ID_08

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_09

LABEL: Part C Contract Number - September

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (September).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_09

LONG NAME: PTC_CNTRCT_ID_09

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_10

LABEL: Part C Contract Number - October

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (October).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_10

LONG NAME: PTC_CNTRCT_ID_10

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_11

LABEL: Part C Contract Number - November

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (November).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_11

LONG NAME: PTC_CNTRCT_ID_11

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_CNTRCT_ID_12

LABEL: Part C Contract Number - December

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (December).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

SHORT NAME: PTC_CNTRCT_ID_12

LONG NAME: PTC_CNTRCT_ID_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: -

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_01

LABEL: Part C PBP Number - January

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (January).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_01

LONG NAME: PTC_PBP_ID_01

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_02

LABEL: Part C PBP Number - February

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (February).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_02

LONG NAME: PTC_PBP_ID_02

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_03

LABEL: Part C PBP Number - March

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (March).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_03

LONG NAME: PTC_PBP_ID_03

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_04

LABEL: Part C PBP Number - April

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (April).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_04

LONG NAME: PTC_PBP_ID_04

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_05

LABEL: Part C PBP Number - May

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (May).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_05

LONG NAME: PTC_PBP_ID_05

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_06

LABEL: Part C PBP Number - June

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (June).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_06

LONG NAME: PTC_PBP_ID_06

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_07

LABEL: Part C PBP Number - July

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (July).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_07

LONG NAME: PTC_PBP_ID_07

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_08

LABEL: Part C PBP Number - August

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (August).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_08

LONG NAME: PTC_PBP_ID_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_09

LABEL: Part C PBP Number - September

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (September).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_09

LONG NAME: PTC_PBP_ID_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_10

LABEL: Part C PBP Number - October

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (October).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_10

LONG NAME: PTC_PBP_ID_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_11

LABEL: Part C PBP Number - November

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (November).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_11

LONG NAME: PTC_PBP_ID_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PBP_ID_12

LABEL: Part C PBP Number - December

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (December).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

SHORT NAME: PTC_PBP_ID_12

LONG NAME: PTC_PBP_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month.

You need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) in order to identify the specific plan in which a beneficiary was enrolled.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_01

LABEL: Part C Plan Type Code - January

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (January).

SHORT NAME: PTC_PLAN_TYPE_CD_01

LONG NAME: PTC_PLAN_TYPE_CD_01

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_02

LABEL: Part C Plan Type Code - February

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (February).

SHORT NAME: PTC_PLAN_TYPE_CD_02

LONG NAME: PTC_PLAN_TYPE_CD_02

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_03

LABEL: Part C Plan Type Code - March

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (March).

SHORT NAME: PTC_PLAN_TYPE_CD_03

LONG NAME: PTC_PLAN_TYPE_CD_03

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_04

LABEL: Part C Plan Type Code - April

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (April).

SHORT NAME: PTC_PLAN_TYPE_CD_04

LONG NAME: PTC_PLAN_TYPE_CD_04

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_05

LABEL: Part C Plan Type Code - May

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (May).

SHORT NAME: PTC_PLAN_TYPE_CD_05

LONG NAME: PTC_PLAN_TYPE_CD_05

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_06

LABEL: Part C Plan Type Code - June

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (June).

SHORT NAME: PTC_PLAN_TYPE_CD_06

LONG NAME: PTC_PLAN_TYPE_CD_06

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_07

LABEL: Part C Plan Type Code - July

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (July).

SHORT NAME: PTC_PLAN_TYPE_CD_07

LONG NAME: PTC_PLAN_TYPE_CD_07

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_08

LABEL: Part C Plan Type Code - August

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (August).

SHORT NAME: PTC_PLAN_TYPE_CD_08

LONG NAME: PTC_PLAN_TYPE_CD_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_09

LABEL: Part C Plan Type Code - September

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (September).

SHORT NAME: PTC_PLAN_TYPE_CD_09

LONG NAME: PTC_PLAN_TYPE_CD_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_10

LABEL: Part C Plan Type Code - October

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (October).

SHORT NAME: PTC_PLAN_TYPE_CD_10

LONG NAME: PTC_PLAN_TYPE_CD_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_11

LABEL: Part C Plan Type Code - November

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (November).

SHORT NAME: PTC_PLAN_TYPE_CD_11

LONG NAME: PTC_PLAN_TYPE_CD_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTC_PLAN_TYPE_CD_12

LABEL: Part C Plan Type Code - December

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (December).

SHORT NAME: PTC_PLAN_TYPE_CD_12

LONG NAME: PTC_PLAN_TYPE_CD_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing =Not Enrolled in Medicare Part C
1 = Health Maintenance Organization (HMO)
2 = HMO point-of-service (HMOPOS)
4 = Local Preferred Provider Organization (PPO)
5 = PSO (State License)
6 = PSO (Federal Waiver of State License)
7 = Medical Savings Account (MSA)
8 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
9 = Private fee-for-service (PFFS) plan
10 = SHMO
18 = Section 1876 Cost Plan
19 = HCPP - Section 1833 Cost Plan
20 = National Program of All-inclusive Care for the Elderly (PACE)
31 = Regional Preferred Provider Organization (PPO)
33 = Minnesota (MN) Disability Health Options
34 = MN Senior Health Options
35 = Wisconsin (WI) Partnership Program
36 = Massachusetts (MA) Health Senior Care Options
37 = Continuing Care Retirement Community
38 = End-Stage Renal Disease - I (ESRD)
39 = ESRD II
40 = Employer/Union Only Direct Contract PFFS
41 = Medical Savings Account (MSA) Demonstration
48 = Medicare-Medicaid Plan (MMP) HMO

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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PTD_MO

LABEL: Months of Part D Coverage

DESCRIPTION: This variable is the number of months during the year that the beneficiary had Medicare Part D coverage. CCW derives this variable by counting the number of months where the beneficiary had Part D coverage.

SHORT NAME: PTD_MO

LONG NAME: PTD_PLAN_CVRG_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES: The value in this field is between '00' through '12'.

COMMENT: A Part D covered month is one where the first value of the monthly PTD_CNTRCT_ID_XX variable equaled H, R, S, or E or the value was X followed by 4 alphanumeric characters.

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PTDCNTRCT01

LABEL: Monthly Part D Contract Number - January

DESCRIPTION: This variable is the Part D contract number for the beneficiary's Part D plan for a given month (January). CMS assigns an identifier to each contract that a Part D plan has with CMS.

SHORT NAME: PTDCNTRCT01

LONG NAME: PTD_CNTRCT_ID_01

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- E = Employer direct plan (starting January 2007)
- H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)
- R = Regional preferred provider organization (PPO)
- S = Stand-alone prescription drug plan (PDP)
- X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)
- N = Not Part D Enrolled
- O = Not Medicare enrolled for the month
- * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)

COMMENT: The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).

If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.

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PTDCNTRCT02

LABEL:	Monthly Part D Contract Number - February
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (February). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT02
LONG NAME:	PTD_CNTRCT_ID_02
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT03

LABEL: Monthly Part D Contract Number - March

DESCRIPTION: This variable is the Part D contract number for the beneficiary's Part D plan for a given month (March). CMS assigns an identifier to each contract that a Part D plan has with CMS.

SHORT NAME: PTDCNTRCT03

LONG NAME: PTD_CNTRCT_ID_03

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- E = Employer direct plan (starting January 2007)
- H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)
- R = Regional preferred provider organization (PPO)
- S = Stand-alone prescription drug plan (PDP)
- X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)
- N = Not Part D Enrolled
- O = Not Medicare enrolled for the month
- * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)

COMMENT: The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).

If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.

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PTDCNTRCT04

LABEL: Monthly Part D Contract Number - April

DESCRIPTION: This variable is the Part D contract number for the beneficiary's Part D plan for a given month (April). CMS assigns an identifier to each contract that a Part D plan has with CMS.

SHORT NAME: PTDCNTRCT04

LONG NAME: PTD_CNTRCT_ID_04

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- E = Employer direct plan (starting January 2007)
- H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)
- R = Regional preferred provider organization (PPO)
- S = Stand-alone prescription drug plan (PDP)
- X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)
- N = Not Part D Enrolled
- O = Not Medicare enrolled for the month
- * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)

COMMENT: The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).

If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.

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PTDCNTRCT05

LABEL:	Monthly Part D Contract Number - May
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (May). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT05
LONG NAME:	PTD_CNTRCT_ID_05
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT06

LABEL:	Monthly Part D Contract Number - June
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (June). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT06
LONG NAME:	PTD_CNTRCT_ID_06
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT07

LABEL:	Monthly Part D Contract Number - July
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (July). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT07
LONG NAME:	PTD_CNTRCT_ID_07
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT08

LABEL: Monthly Part D Contract Number - August

DESCRIPTION: This variable is the Part D contract number for the beneficiary's Part D plan for a given month (August). CMS assigns an identifier to each contract that a Part D plan has with CMS.

SHORT NAME: PTDCNTRCT08

LONG NAME: PTD_CNTRCT_ID_08

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- E = Employer direct plan (starting January 2007)
- H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)
- R = Regional preferred provider organization (PPO)
- S = Stand-alone prescription drug plan (PDP)
- X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)
- N = Not Part D Enrolled
- O = Not Medicare enrolled for the month
- * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)

COMMENT: The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).

If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.

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PTDCNTRCT09

LABEL:	Monthly Part D Contract Number - September
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (September). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT09
LONG NAME:	PTD_CNTRCT_ID_09
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT10

LABEL:	Monthly Part D Contract Number - October
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (October). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT10
LONG NAME:	PTD_CNTRCT_ID_10
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT11

LABEL:	Monthly Part D Contract Number - November
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (November). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT11
LONG NAME:	PTD_CNTRCT_ID_11
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDCNTRCT12

LABEL:	Monthly Part D Contract Number - December
DESCRIPTION:	This variable is the Part D contract number for the beneficiary's Part D plan for a given month (December). CMS assigns an identifier to each contract that a Part D plan has with CMS.
SHORT NAME:	PTDCNTRCT12
LONG NAME:	PTD_CNTRCT_ID_12
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	<p>E = Employer direct plan (starting January 2007)</p> <p>H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)</p> <p>R = Regional preferred provider organization (PPO)</p> <p>S = Stand-alone prescription drug plan (PDP)</p> <p>X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p> <p>N = Not Part D Enrolled</p> <p>O = Not Medicare enrolled for the month</p> <p>* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006-2009)</p>
COMMENT:	<p>The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006-2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).</p> <p>If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, O, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p> <p>You need to know both the Part D contract number and plan benefit package (PTD_PBP_ID_XX) in order to identify the specific plan in which a beneficiary was enrolled.</p>

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PTDPBPID01

LABEL: Monthly Part D Plan Benefit Package Number - January

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (January). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID01

LONG NAME: PTD_PBP_ID_01

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID02

LABEL: Monthly Part D Plan Benefit Package Number - February

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (February). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID02

LONG NAME: PTD_PBP_ID_02

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID03

LABEL: Monthly Part D Plan Benefit Package Number - March

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (March). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID03

LONG NAME: PTD_PBP_ID_03

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID04

LABEL: Monthly Part D Plan Benefit Package Number - April

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (April). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID04

LONG NAME: PTD_PBP_ID_04

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID05

LABEL: Monthly Part D Plan Benefit Package Number - May

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (May). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID05

LONG NAME: PTD_PBP_ID_05

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID06

LABEL: Monthly Part D Plan Benefit Package Number - June

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (June). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID06

LONG NAME: PTD_PBP_ID_06

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID07

LABEL: Monthly Part D Plan Benefit Package Number - July

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (July). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID07

LONG NAME: PTD_PBP_ID_07

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID08

LABEL: Monthly Part D Plan Benefit Package Number - August

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (August). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID08

LONG NAME: PTD_PBP_ID_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID09

LABEL: Monthly Part D Plan Benefit Package Number - September

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (September). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID09

LONG NAME: PTD_PBP_ID_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID10

LABEL: Monthly Part D Plan Benefit Package Number - October

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (October). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID10

LONG NAME: PTD_PBP_ID_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID11

LABEL: Monthly Part D Plan Benefit Package Number - November

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (November). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID11

LONG NAME: PTD_PBP_ID_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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PTDPBPID12

LABEL: Monthly Part D Plan Benefit Package Number - December

DESCRIPTION: The variable is the Part D plan benefit package (PBP) for the beneficiary's Part D plan for a given month (December). CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

SHORT NAME: PTDPBPID12

LONG NAME: PTD_PBP_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 3-digit alphanumeric that can include leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled PBP number.

For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December). You need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package in order to identify the specific plan in which a beneficiary was enrolled.

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RACE

LABEL: Beneficiary Race Code

DESCRIPTION: The race of the beneficiary.

SHORT NAME: RACE

LONG NAME: BENE_RACE_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

- 0 = Unknown
- 1 = White
- 2 = Black
- 3 = Other
- 4 = Asian
- 5 = Hispanic
- 6 = North American Native

COMMENT: -

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RDS_MO

LABEL: Months of Retiree Drug Subsidy Coverage

DESCRIPTION: This variable is the number of months during the year that the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS). CCW derives this variable by counting the number of months where the beneficiary had retiree drug subsidy.

SHORT NAME: RDS_MO

LONG NAME: RDS_CVRG_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES: The value in this field is between '00' through '12'.

COMMENT: A month of RDS is when the RDS_IND_XX for the month = Y.

Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

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RDSIND01

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - January

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (January).

SHORT NAME: RDSIND01

LONG NAME: RDS_IND_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND02

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - February

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (February).

SHORT NAME: RDSIND02

LONG NAME: RDS_IND_02

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND03

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - March

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (March).

SHORT NAME: RDSIND03

LONG NAME: RDS_IND_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits. CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND04

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - April

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (April).

SHORT NAME: RDSIND04

LONG NAME: RDS_IND_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND05

LABEL:	Monthly Part D Retiree Drug Subsidy Indicator - May
DESCRIPTION:	This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (May).
SHORT NAME:	RDSIND05
LONG NAME:	RDS_IND_05
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	Y = Employer subsidized for the retired beneficiary N = No employer subsidization for the retired beneficiary 0 = Not Medicare enrolled for the month * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'X' for 2006-2009)
COMMENT:	Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits. CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND06

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - June

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (June).

SHORT NAME: RDSIND06

LONG NAME: RDS_IND_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND07

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - July

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (July).

SHORT NAME: RDSIND07

LONG NAME: RDS_IND_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND08

LABEL:	Monthly Part D Retiree Drug Subsidy Indicator - August
DESCRIPTION:	This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (August).
SHORT NAME:	RDSIND08
LONG NAME:	RDS_IND_08
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	Y = Employer subsidized for the retired beneficiary N = No employer subsidization for the retired beneficiary 0 = Not Medicare enrolled for the month * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'X' for 2006-2009)
COMMENT:	Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits. CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND09

LABEL:	Monthly Part D Retiree Drug Subsidy Indicator - September
DESCRIPTION:	This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (September).
SHORT NAME:	RDSIND09
LONG NAME:	RDS_IND_09
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	Y = Employer subsidized for the retired beneficiary N = No employer subsidization for the retired beneficiary 0 = Not Medicare enrolled for the month * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'X' for 2006-2009)
COMMENT:	Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits. CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND10

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - October

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (October).

SHORT NAME: RDSIND10

LONG NAME: RDS_IND_10

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND11

LABEL:	Monthly Part D Retiree Drug Subsidy Indicator - November
DESCRIPTION:	This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (November).
SHORT NAME:	RDSIND11
LONG NAME:	RDS_IND_11
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	Y = Employer subsidized for the retired beneficiary N = No employer subsidization for the retired beneficiary 0 = Not Medicare enrolled for the month * = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'X' for 2006-2009)
COMMENT:	Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits. CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans. There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RDSIND12

LABEL: Monthly Part D Retiree Drug Subsidy Indicator - December

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (December).

SHORT NAME: RDSIND12

LONG NAME: RDS_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.
(This status was indicated as 'X' for 2006-2009)

COMMENT: Some employers offer prescription drug plans to their retirees, and Part D pays a subsidy to plans that offer coverage that is equivalent to (or better than) conventional Part D benefits.

CMS does not collect PDEs for beneficiaries that are enrolled in RDS-eligible plans.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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RFRNC_YR

LABEL: Reference Year

DESCRIPTION: This field indicates the reference year of the enrollment data.

SHORT NAME: RFRNC_YR

LONG NAME: BENE_ENROLLMT_REF_YR

TYPE: NUM

LENGTH: 4

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 1999 - current data year

COMMENT: The data files are partitioned into calendar year files.

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RTI_RACE_CD

LABEL: Research Triangle Institute (RTI) Race Code

DESCRIPTION: Beneficiary race code (modified using RTI algorithm). Enhanced race/ethnicity designation based on first and last name algorithms.

SHORT NAME: RTI_RACE_CD

LONG NAME: RTI_RACE_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME) (derived)

VALUES:

- 0 = Unknown
- 1 = Non-Hispanic White
- 2 = Black (Or African-American)
- 3 = Other
- 4 = Asian/Pacific Islander
- 5 = Hispanic
- 6 = American Indian / Alaska Native

COMMENT: This variable is created by taking the beneficiary race code that has historically been used by the Social Security Administration (and is in turn used in CMS's enrollment data base) and applying an algorithm that identifies more beneficiaries as Hispanic or Asian.

This algorithm was developed by the Research Triangle Institute (RTI) and is thus often referred to as the "RTI race code".

The algorithm classifies beneficiaries as Hispanic or Asian if their SSA race code equals 4 (Asian) or 5 (Hispanic), or if they have a first or last name that RTI determined was likely Hispanic or Asian in origin.

The variable also incorporates CCW enhancements that reduce the number of beneficiaries with missing information.

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SAMPLE_GROUP

LABEL: Medicare Sample Group Indicator

DESCRIPTION: Medicare 1, 5, or 20% strict sample group indicator.

SHORT NAME: SAMPLE_GROUP

LONG NAME: SAMPLE_GROUP

TYPE: CHAR

LENGTH: 2

SOURCE: CCW (derived)

VALUES: 01, 04, 15, null/missing (not included in 20% sample for the year)

COMMENT: CCW creates the sample values using standard CMS processes to identify the random 1, 5, 15, and 20 percent samples of Medicare beneficiaries.

The sample groups are based on a random 20 percent sample that is split into three mutually exclusive groups of 1 percent, 4 percent, and 15 percent.

To use the 1 percent sample, specify that SAMPLE_GRP equals "01".

To use the 5 percent sample, specify that SAMPLE_GRP equals "01" or "04".

To use the 15 percent sample, specify that SAMPLE_GRP equals "15".

To use the 20 percent sample, specify that SAMPLE_GRP equals "01", "04", or "15".

Beneficiaries are assigned to sample groups each year based on the last two digits of their Medicare Claim Account Numbers (CANs). Since CANs can change over time (e.g., in the case of remarriage), new beneficiaries are becoming eligible for Medicare, and existing beneficiaries are dying, the sample is cross-sectional. There is no guarantee that the exact same beneficiaries are represented in the same sample group from one year to the next (i.e., this is the strict sampling).

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SEX

LABEL: Sex

DESCRIPTION: This variable indicates the sex of the beneficiary.

SHORT NAME: SEX

LONG NAME: SEX_IDENT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Unknown
1 = Male
2 = Female

COMMENT: -

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SGMTID01

LABEL: Monthly Part D Market Segment Identifier - January

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (January).

SHORT NAME: SGMTID01

LONG NAME: PTD_SGMT_ID_01

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID02

LABEL: Monthly Part D Market Segment Identifier - February

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (February).

SHORT NAME: SGMTID02

LONG NAME: PTD_SGMT_ID_02

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID03

LABEL: Monthly Part D Market Segment Identifier - March

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (March).

SHORT NAME: SGMTID03

LONG NAME: PTD_SGMT_ID_03

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID04

LABEL: Monthly Part D Market Segment Identifier - April

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (April).

SHORT NAME: SGMTID04

LONG NAME: PTD_SGMT_ID_04

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID05

LABEL: Monthly Part D Market Segment Identifier - May

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (May).

SHORT NAME: SGMTID05

LONG NAME: PTD_SGMT_ID_05

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID06

LABEL: Monthly Part D Market Segment Identifier - June

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (June).

SHORT NAME: SGMTID06

LONG NAME: PTD_SGMT_ID_06

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID07

LABEL: Monthly Part D Market Segment Identifier - July

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (July).

SHORT NAME: SGMTID07

LONG NAME: PTD_SGMT_ID_07

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID08

LABEL: Monthly Part D Market Segment Identifier - August

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (August).

SHORT NAME: SGMTID08

LONG NAME: PTD_SGMT_ID_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID09

LABEL: Monthly Part D Market Segment Identifier - September

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (September).

SHORT NAME: SGMTID09

LONG NAME: PTD_SGMT_ID_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID10

LABEL: Monthly Part D Market Segment Identifier - October

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (October).

SHORT NAME: SGMTID10

LONG NAME: PTD_SGMT_ID_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID11

LABEL: Monthly Part D Market Segment Identifier - November

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (November).

SHORT NAME: SGMTID11

LONG NAME: PTD_SGMT_ID_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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SGMTID12

LABEL: Monthly Part D Market Segment Identifier - December

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (December).

SHORT NAME: SGMTID12

LONG NAME: PTD_SGMT_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a 3-digit numeric value that includes leading zeros.

COMMENT: If the beneficiary did not have a Part D plan for a given month, this variable will have null/missing value for that month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. For 2006 - 2012, this variable was always encrypted to comply with CMS privacy rules.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

You need to know the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) in order to determine the geographic market areas where the particular PBP was offered. Premiums may vary by market segment.

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STATE_CD

LABEL: State code for beneficiary (SSA code)

DESCRIPTION: The social security administration (SSA) standard 2-digit state code of a beneficiary's residence.

SHORT NAME: STATE_CD

LONG NAME: STATE_CODE

TYPE: CHAR

LENGTH: 2

SOURCE: SSA/CME

VALUES:

- 01 = Alabama
- 02 = Alaska
- 03 = Arizona
- 04 = Arkansas
- 05 = California
- 06 = Colorado
- 07 = Connecticut
- 08 = Delaware
- 09 = District of Columbia
- 10 = Florida
- 11 = Georgia
- 12 = Hawaii
- 13 = Idaho
- 14 = Illinois
- 15 = Indiana
- 16 = Iowa
- 17 = Kansas
- 18 = Kentucky
- 19 = Louisiana
- 20 = Maine
- 21 = Maryland
- 22 = Massachusetts
- 23 = Michigan
- 24 = Minnesota
- 25 = Mississippi
- 26 = Missouri
- 27 = Montana
- 28 = Nebraska
- 29 = Nevada
- 30 = New Hampshire

31 = New Jersey
32 = New Mexico
33 = New York
34 = North Carolina
35 = North Dakota
36 = Ohio
37 = Oklahoma
38 = Oregon
39 = Pennsylvania
40 = Puerto Rico
41 = Rhode Island
42 = South Carolina
43 = South Dakota
44 = Tennessee
45 = Texas
46 = Utah
47 = Vermont
48 = Virgin Islands
49 = Virginia
50 = Washington
51 = West Virginia
52 = Wisconsin
53 = Wyoming
54 = Africa
55 = California
56 = Canada & Islands
57 = Central America and West Indies
58 = Europe
59 = Mexico
60 = Oceania
61 = Philippines
62 = South America
63 = U.S. Possessions
64 = American Samoa
65 = Guam
66 = Commonwealth of the Northern Marianas Islands
67 = Texas
68 = Florida (eff. 10/2005)
69 = Florida (eff. 10/2005)
70 = Kansas (eff. 10/2005)
71 = Louisiana (eff. 10/2005)
72 = Ohio (eff. 10/2005)
73 = Pennsylvania (eff. 10/2005)
74 = Texas (eff. 10/2005)
80 = Maryland (eff. 8/2000)
97 = Northern Marianas
98 = Guam

99 = With 000 county code is American Samoa; otherwise unknown

COMMENT: -

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STATE_CNTY_FIPS_CD_01

LABEL: State and county FIPS code - January

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in January.

SHORT NAME: STATE_CNTY_FIPS_CD_01

LONG NAME: STATE_CNTY_FIPS_CD_01

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_02

LABEL: State and county FIPS code - February

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in February.

SHORT NAME: STATE_CNTY_FIPS_CD_02

LONG NAME: STATE_CNTY_FIPS_CD_02

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_03

LABEL:	State and county FIPS code - March
DESCRIPTION:	This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in March.
SHORT NAME:	STATE_CNTY_FIPS_CD_03
LONG NAME:	STATE_CNTY_FIPS_CD_03
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)
COMMENT:	<p>The first 2 digits specify the state; the last 3 digits specify the county.</p> <p>This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p>

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STATE_CNTY_FIPS_CD_04

LABEL: State and county FIPS code - April

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in April.

SHORT NAME: STATE_CNTY_FIPS_CD_04

LONG NAME: STATE_CNTY_FIPS_CD_04

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_05

LABEL: State and county FIPS code - May

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in May.

SHORT NAME: STATE_CNTY_FIPS_CD_05

LONG NAME: STATE_CNTY_FIPS_CD_05

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_06

LABEL: State and county FIPS code - June

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in June.

SHORT NAME: STATE_CNTY_FIPS_CD_06

LONG NAME: STATE_CNTY_FIPS_CD_06

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_07

LABEL: State and county FIPS code - July

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in July.

SHORT NAME: STATE_CNTY_FIPS_CD_07

LONG NAME: STATE_CNTY_FIPS_CD_07

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_08

LABEL:	State and county FIPS code - August
DESCRIPTION:	This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in August.
SHORT NAME:	STATE_CNTY_FIPS_CD_08
LONG NAME:	STATE_CNTY_FIPS_CD_08
TYPE:	CHAR
LENGTH:	5
SOURCE:	CMS Common Medicare Environment (CME)
VALUES:	5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)
COMMENT:	<p>The first 2 digits specify the state; the last 3 digits specify the county.</p> <p>This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.</p> <p>There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).</p>

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STATE_CNTY_FIPS_CD_09

LABEL: State and county FIPS code - September

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in September.

SHORT NAME: STATE_CNTY_FIPS_CD_09

LONG NAME: STATE_CNTY_FIPS_CD_09

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_10

LABEL: State and county FIPS code - October

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in October.

SHORT NAME: STATE_CNTY_FIPS_CD_10

LONG NAME: STATE_CNTY_FIPS_CD_10

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_11

LABEL: State and county FIPS code - November

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in November.

SHORT NAME: STATE_CNTY_FIPS_CD_11

LONG NAME: STATE_CNTY_FIPS_CD_11

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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STATE_CNTY_FIPS_CD_12

LABEL: State and county FIPS code - December

DESCRIPTION: This field specifies the monthly the concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary - in December.

SHORT NAME: STATE_CNTY_FIPS_CD_12

LONG NAME: STATE_CNTY_FIPS_CD_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first 2 digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

There are 12 monthly variables - where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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V_DOD_SW

LABEL: Valid Date of Death Switch

DESCRIPTION: This variable indicates whether a beneficiary's day of death has been verified by the Social Security Administration (SSA) or the Railroad Retirement Board (RRB).

SHORT NAME: V_DOD_SW

LONG NAME: VALID_DEATH_DT_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null = Default
V = Valid death date

COMMENT: The date of death of the beneficiary is contained in the BENE_DEATH_DT variable; many of these dates of death are not confirmed.

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ZIP_CD

LABEL: Zip code for beneficiary

DESCRIPTION: This field specifies the zip code identified as the beneficiary mailing address.

SHORT NAME: ZIP_CD

LONG NAME: ZIP_CD

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit zip

COMMENT: In some cases, the code may not be the actual state where the beneficiary resides. CMS obtains the mailing address used for cash benefits or the mailing address used for other purposes (for example, premium billing) from Social Security Administration (SSA) and Railroad Retirement Board (RRB) Beneficiary Record Systems.

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