Chronic Condition Data Warehouse

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CODEBOOK

Master Beneficiary Summary File - Base

With Medicare Part A/B/D

May 2017

Version 1.0

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Revision History

Revision Date	Version Number	Description	Author(s)
05/17/2017	1.0	Initial release of codebook for the Master Beneficiary Summary File – Base with Medicare Part A/B/D; includes ENRL_SRC variable.	Kathy Schneider, Chris Alleman

Table of Contents

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 Enrollment Database (EDB) (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).

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 Enrollment Database (EDB)

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

COMMENT: -

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: BENE_AGE_AT_END_REF_YR

TYPE: NUM

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: Maximum age is 115

COMMENT: CCW calculates this variable.

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 Enrollment Database (EDB) (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).

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 Enrollment Database (EDB)

VALUES: 0 = Not Terminated

                  1 = Dead

                  2 = Non-Payment of Premium

                  3 = Voluntary Withdrawal

                  9 = Other Termination

COMMENT: -

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 Enrollment Database (EDB)

VALUES: MM/DD/YYYY

COMMENT: -

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: -

BENE_ZIP

LABEL: Zip code for beneficiary

DESCRIPTION: This field specifies the zip code identified as the beneficiary mailing address.

SHORT NAME: BENE_ZIP

LONG NAME: BENE_ZIP_CD

TYPE: CHAR

LENGTH: 9

SOURCE: CMS Enrollment Database (EDB)

VALUES: 9-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.

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 Enrollment Database (EDB)

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.

BUYIN01

LABEL: Medicare Entitlement/Buy-In Indicator – January

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

SHORT NAME: BUYIN01

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN02

LABEL: Medicare Entitlement/Buy-In Indicator - February

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

SHORT NAME: BUYIN02

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_02

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN03

LABEL: Medicare Entitlement/Buy-In Indicator - March

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

SHORT NAME: BUYIN03

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN04

LABEL: Medicare Entitlement/Buy-In Indicator - April

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

SHORT NAME: BUYIN04

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN05

LABEL: Medicare Entitlement/Buy-In Indicator - May

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

SHORT NAME: BUYIN05

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_05

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN06

LABEL: Medicare Entitlement/Buy-In Indicator - June

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

SHORT NAME: BUYIN06

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN07

LABEL: Medicare Entitlement/Buy-In Indicator - July

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

SHORT NAME: BUYIN07

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN08

LABEL: Medicare Entitlement/Buy-In Indicator - August

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

SHORT NAME: BUYIN08

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_08

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN09

LABEL: Medicare Entitlement/Buy-In Indicator - September

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

SHORT NAME: BUYIN09

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_09

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN10

LABEL: Medicare Entitlement/Buy-In Indicator - October

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

SHORT NAME: BUYIN10

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_10

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN11

LABEL: Medicare Entitlement/Buy-In Indicator - November

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

SHORT NAME: BUYIN11

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_11

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

BUYIN12

LABEL: Medicare Entitlement/Buy-In Indicator - December

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

SHORT NAME: BUYIN12

LONG NAME: BENE_MDCR_ENTLMT_BUYIN_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) 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."

CNTRCT01

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: CNTRCT01

LONG NAME: PTD_CNTRCT_ID_01

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT02

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: CNTRCT02

LONG NAME: PTD_CNTRCT_ID_02

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT03

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: CNTRCT03

LONG NAME: PTD_CNTRCT_ID_03

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT04

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: CNTRCT04

LONG NAME: PTD_CNTRCT_ID_04

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT05

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: CNTRCT05

LONG NAME: PTD_CNTRCT_ID_05

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT06

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: CNTRCT06

LONG NAME: PTD_CNTRCT_ID_06

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT07

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: CNTRCT07

LONG NAME: PTD_CNTRCT_ID_07

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

              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 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, 0, 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.

CNTRCT08

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: CNTRCT08

LONG NAME: PTD_CNTRCT_ID_08

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT09

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: CNTRCT09

LONG NAME: PTD_CNTRCT_ID_09

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT10

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: CNTRCT10

LONG NAME: PTD_CNTRCT_ID_10

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT11

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: CNTRCT11

LONG NAME: PTD_CNTRCT_ID_11

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTRCT12

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: CNTRCT12

LONG NAME: PTD_CNTRCT_ID_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

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

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 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, 0, 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.

CNTY_CD

LABEL: County code for beneficiary (SSA code)

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

SHORT NAME: CNTY_CD

LONG NAME: BENE_COUNTY_CD

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

VALUES: -

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

CRDCOVSW

LABEL: Creditable Coverage Switch

DESCRIPTION: This variable indicates whether there were any months during the year when the beneficiary was not enrolled in the Part D benefit but had another form of drug coverage that was at least as generous. This alternate coverage is known as creditable coverage because beneficiaries who maintain it do not have to pay a late enrollment penalty if they later enroll in Part D.

SHORT NAME: CRDCOVSW

LONG NAME: CRDTBL_CVRG_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

VALUES: 0 = Beneficiary did not have any months during the year with creditable coverage

1 = Beneficiary had at least one month with creditable coverage

* = 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: Common examples of creditable coverage are the FEHB program, Tricare, the VA, state pharmacy assistance programs, or employment-based coverage for beneficiaries who are still working. CMS does not collect information on the drugs covered by these other sources of coverage.

CREC

LABEL: Current Reason for Entitlement Code

DESCRIPTION: Current reason for Medicare entitlement

SHORT NAME: CREC

LONG NAME: BENE_ENTLMT_RSN_CURR

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

VALUES: 10 = Railroad Retirement Board (RRB) 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.

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 Enrollment Database (EDB)

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

<u>Enrolled in Medicare A and/or B, but not Part D enrolled and:</u>

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).

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 Enrollment Database (EDB)

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

<u>Enrolled in Medicare A and/or B, but not Part D enrolled and:</u>

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).

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 Enrollment Database (EDB)

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)

      <u>Enrolled in Medicare A and/or B and enrolled in Part D and:</u>

      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).

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 Enrollment Database (EDB)

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

<u>Enrolled in Medicare A and/or B, but not Part D enrolled and:</u>

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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)

                   <u>Enrolled in Medicare A and/or B and enrolled in Part D and:</u>

                   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).

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 Enrollment Database (EDB)

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)

<u>Enrolled in Medicare A and/or B and enrolled in Part D and:</u>

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).

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 Enrollment Database (EDB)

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)

                <u>Enrolled in Medicare A and/or B and enrolled in Part D and:</u>

                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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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 Enrollment Database (EDB)

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, QWDI, 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).

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_MOS_NUM

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (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"

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 called FIVE_PERCENT_FLAG) 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}.

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.

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: BENE_ESRD_IND

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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.

FIVEPCT

LABEL: Medicare 5% Sample Indicator

DESCRIPTION: This variable indicates if the beneficiary is part of the standard CMS random five percent sample of Medicare beneficiaries for the reference year.

SHORT NAME: FIVEPCT

LONG NAME: FIVE_PERCENT_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CCW (derived)

VALUES: Y = Yes, in 5% sample for the year

Null = Not included in 5% sample for the year

COMMENT: 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}.

The sampling determination is made each year. It is possible that a beneficiary with a HIC change is part of the 5% one year but not the next. To identify these cases, the CCW includes the enhanced 5% sample indicator (see variable ENHANCED_FIVE_PERCENT_FLAG); all beneficiaries who are ever included in the 5% sample (1999+) are identified.

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 Enrollment Database (EDB)

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.

HMOIND01

LABEL: HMO Indicator - January

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

SHORT NAME: HMOIND01

LONG NAME: BENE_HMO_IND_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND02

LABEL: HMO Indicator - February

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

SHORT NAME: HMOIND02

LONG NAME: BENE_HMO_IND_02

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND03

LABEL: HMO Indicator - March

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

SHORT NAME: HMOIND03

LONG NAME: BENE_HMO_IND_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND04

LABEL: HMO Indicator - April

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

SHORT NAME: HMOIND04

LONG NAME: BENE_HMO_IND_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND05

LABEL: HMO Indicator - May

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

SHORT NAME: HMOIND05

LONG NAME: BENE_HMO_IND_05

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND06

LABEL: HMO Indicator - June

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

SHORT NAME: HMOIND06

LONG NAME: BENE_HMO_IND_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND07

LABEL: HMO Indicator - July

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

SHORT NAME: HMOIND07

LONG NAME: BENE_HMO_IND_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND08

LABEL: HMO Indicator - August

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

SHORT NAME: HMOIND08

LONG NAME: BENE_HMO_IND_08

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND09

LABEL: HMO Indicator - September

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

SHORT NAME: HMOIND09

LONG NAME: BENE_HMO_IND_09

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND10

LABEL: HMO Indicator - October

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

SHORT NAME: HMOIND10

LONG NAME: BENE_HMO_IND_10

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND11

LABEL: HMO Indicator - November

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

SHORT NAME: HMOIND11

LONG NAME: BENE_HMO_IND_11

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

HMOIND12

LABEL: HMO Indicator - December

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

SHORT NAME: HMOIND12

LONG NAME: BENE_HMO_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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).

MS_CD

LABEL: Medicare Status Code

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

SHORT NAME: MS_CD

LONG NAME: BENE_MDCR_STATUS_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (derived by CMS)

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 contained in the enrollment data base at CMS at the date of processing.

OREC

LABEL: Original Reason for Entitlement Code

DESCRIPTION: Original reason for Medicare entitlement

SHORT NAME: OREC

LONG NAME: BENE_ENTLMT_RSN_ORIG

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID01

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: PBPID01

LONG NAME: PTD_PBP_ID_01

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID02

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: PBPID02

LONG NAME: PTD_PBP_ID_02

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID03

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: PBPID03

LONG NAME: PTD_PBP_ID_03

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID04

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: PBPID04

LONG NAME: PTD_PBP_ID_04

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID05

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: PBPID05

LONG NAME: PTD_PBP_ID_05

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID06

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: PBPID06

LONG NAME: PTD_PBP_ID_06

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID07

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: PBPID07

LONG NAME: PTD_PBP_ID_07

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID08

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: PBPID08

LONG NAME: PTD_PBP_ID_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID09

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: PBPID09

LONG NAME: PTD_PBP_ID_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID10

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: PBPID10

LONG NAME: PTD_PBP_ID_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID11

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: PBPID11

LONG NAME: PTD_PBP_ID_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PBPID12

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: PBPID12

LONG NAME: PTD_PBP_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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.

PLNCOVMO

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: PLNCOVMO

LONG NAME: PLAN_CVRG_MOS_NUM

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (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.

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 Enrollment Database (EDB)

VALUES: 0 = Unknown

1 = White

2 = Black

3 = Other

4 = Asian

5 = Hispanic

6 = North American Nativ

COMMENT: -

RDSCOVMO

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: RDSCOVMO

LONG NAME: RDS_CVRG_MOS_NUM

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (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.

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

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).

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 Enrollment Database (EDB)

VALUES: 1999 - current data year

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

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 Enrollment Database (EDB) (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.

SEX

LABEL: Sex

DESCRIPTION: This variable indicates the sex of the beneficiary.

SHORT NAME: SEX

LONG NAME: BENE_SEX_IDENT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

VALUES: 0 = Unknown

                    1 = Male

                    2 = Female

COMMENT: -

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

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 Enrollment Database (EDB)

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.

STATE_CD

LABEL: State code for beneficiary (SSA code)

DESCRIPTION: This variable is the two-digit Social Security Administration (SSA) code for the state identified as the beneficiary mailing address.

SHORT NAME: STATE_CD

LONG NAME: STATE_CODE

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB)

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 = Asia
56 = Canada
57 = Central America and West Indies
58 = Europe
59 = Mexico
60 = Oceania
61 = Philippines
62 = South America
63 = US Possessions
97 = Saipan
98 = Guam
99 = American Samoa
XX = Unknown

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.

The coding system is the SSA system, not the Federal Information Processing Standard (FIPS).

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: BENE_VALID_DEATH_DT_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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.