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CODEBOOK: Medicare Beneficiary Summary File (MBSF) Base with Medicare Part A, B, C, and D

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Revision Log

Date	Changed by	Revisions	Version
February 2024	K. Schneider	Added clarity re: derivation of ESRD_IND and a comment for DUAL_STUS_CD_01–12	1.6
April 2023	K. Schneider	Added values and corresponding descriptions for ENTLMT_RSN_CURR and MDCR_STATUS_CD; added a comment for STATE_CODE and adjusted description for value 55	1.5
February 2021	K. Russell C. Alleman D. Happe	Migrated codebook to new document template; revised Table of Contents to include SAS long names rather than short names	1.4
August 2019	K. Schneider	Corrected values 10 and 13 for monthly cost share group (CST_SHR_GRP_CD_01–12), and added a comment	1.3
April 2019	C. Alleman K. Schneider	Added clarity re: valid values for monthly cost share group (CST_SHR_GRP_CD_01–12)	1.2
January 2019	C. Alleman K. Schneider	Added clarity re: valid values for monthly Medicare status code (MDCR_STATUS_CODE_01–12)	1.1
May 2017	C. Alleman K. Schneider	Initial release of codebook for Master Beneficiary Summary File — Base; with Medicare Part A/B/C/D	1.0

Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the Medicare Beneficiary Summary File (MBSF) — Base with Medicare Part A, B, C, and D research files. We have included several ways for users to find quickly the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable contain a short description of the variable, the possible values for the variable, and, in many cases, comments discussing the variable construction and use.

Hyperlinks are included throughout the codebook to make it easier for users to navigate between the table of contents and the detailed entries for the individual variables:

- Clicking on any variable name in the Table of Contents will take you to the detailed description for that variable.
- From the detailed description for any individual variable, clicking on the ^Back to TOC^ link after each variable description will take you back to the Table of Contents.

Table of Contents

This section of the Codebook contains a list of all variables in alphabetical order based on the SAS variable name.

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Variable Details

This section of the codebook contains variable details to facilitate understanding and use of the variables.

AGE_AT_END_REF_YR

LABEL: Age of beneficiary at end of year

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

SHORT NAME: AGE

LONG NAME: AGE_AT_END_REF_YR

TYPE: NUM

LENGTH: 3

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

VALUES: Maximum age is 115

COMMENT: CCW calculates this variable.

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BENE_BIRTH_DT

LABEL: Beneficiary date of birth

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

SHORT NAME: BENE_DOB

LONG NAME: BENE_BIRTH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: MM/DD/YYYY

COMMENT: —

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BENE_DEATH_DT

LABEL: Date of Death

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

SHORT NAME: DEATH_DT

LONG NAME: BENE_DEATH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

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

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BENE_ENROLLMT_REF_YR

LABEL: Reference Year

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

SHORT NAME: RFRNC_YR

LONG NAME: BENE_ENROLLMT_REF_YR

TYPE: NUM

LENGTH: 4

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 1999 – current data year

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

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BENE_HI_CVRAGE_TOT_MONS

LABEL: Part A Months Count

DESCRIPTION: Months of Part A coverage

SHORT NAME: A_MO_CNT

LONG NAME: BENE_HI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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

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BENE_HMO_CVRAGE_TOT_MONS

LABEL: HMO Coverage Count

DESCRIPTION: Months of Medicare Advantage (HMO) coverage.

SHORT NAME: HMO_MO

LONG NAME: BENE_HMO_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0–12

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

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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, T-MSIS claims, and MDS assessment data).

This number does not change during a beneficiary's lifetime, and CCW uses each number only once.

The BENE_ID is specific to the CCW and is not applicable to any other identification system or data source.

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: —

COMMENT: —

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BENE_PTA_TRMNTN_CD

LABEL: Part A Termination Code

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

SHORT NAME: A_TRM_CD

LONG NAME: BENE_PTA_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: —

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BENE_PTB_TRMNTN_CD

LABEL: Part B Termination Code

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

SHORT NAME: B_TRM_CD

LONG NAME: BENE_PTB_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: —

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BENE_RACE_CD

LABEL: Beneficiary Race Code

DESCRIPTION: The race of the beneficiary.

SHORT NAME: RACE

LONG NAME: BENE_RACE_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: —

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BENE_SMI_CVRAGE_TOT_MONS

LABEL: Part B Months Count

DESCRIPTION: Months of Part B coverage

SHORT NAME: B_MO_CNT

LONG NAME: BENE_SMI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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BENE_STATE_BUYIN_TOT_MONS

LABEL: State Buy-In Coverage Count

DESCRIPTION: Months of state buy-in.

SHORT NAME: BUYIN_MO

LONG NAME: BENE_STATE_BUYIN_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0–12

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

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COUNTY_CD

LABEL: County code for beneficiary (SSA code)

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

SHORT NAME: CNTY_CD

LONG NAME: COUNTY_CD

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

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

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COVSTART

LABEL: Medicare Coverage Start Date

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

SHORT NAME: COVSTART

LONG NAME: COVSTART

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

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

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CRNT_BIC_CD

LABEL: Current Beneficiary Identification Code

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

SHORT NAME: CRNT_BIC

LONG NAME: CRNT_BIC_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

10 = Railroad Retirement Board (RRB) Retirement employee or annuitant

11 = RRB Survivor joint annuitant reduced benefits taken to insure benefits for surviving spouse

13 = RRB Child of RR annuitant or Widow of annuitant with a child in her care

14 = RRB Spouse of RR employee or annuitant husband or wife

15 = RRB Parent of annuitant

16 = RRB Widow/widower of RR annuitant

17 = RRB Disabled adult child of RR annuitant

43 = RRB Child of RR employee or Widow of employee with a child in her care

45 = RRB Parent of employee

46 = RRB Widow/widower of RR employee

80 = RRB RR pensioner age or disability

83 = RRB Widow of pensioner with a child in her care 84 = RRB Spouse of RR pensioner

85 = RRB Parent of pensioner

86 = RRB Widow/widower of RR pensioner

A = Primary claimant

B = Aged wife age 62 or over 1st claimant

B1 = Aged husband age 62 or over 1st claimant

B2 = Young wife with a child in her care 1st claimant

B3 = Aged wife 2nd claimant

B4 = Aged husband 2nd claimant

B5 = Young wife 2nd claimant

B6 = Divorced wife age 62 or over 1st claimant

B7 = Young wife 3rd claimant

B8 = Aged wife 3rd claimant

B9 = Divorced wife 2nd claimant

BA = Aged wife 4th claimant

BD = Aged wife 5th claimant

BG = Aged husband 3rd claimant

BH = Aged husband 4th claimant

BJ = Aged husband 5th claimant

BK = Young wife 4th claimant

BL = Young wife 5th claimant

BN = Divorced wife 3rd claimant

BP = Divorced wife 4th claimant

BQ = Divorced wife 5th claimant

BR = Divorced husband 1st claimant

BT = Divorced husband 2nd claimant

BW = Young husband 2nd claimant

BY = Young husband 1st claimant

C1 = Child includes minor student or disabled child 1st claimant

C2 = Child includes minor student or disabled child 2nd claimant

C3 = Child includes minor student or disabled child 3rd claimant

C4 = Child includes minor student or disabled child 4th claimant

C5 = Child includes minor student or disabled child 5th claimant

C6 = Child includes minor student or disabled child 6th claimant

C7 = Child includes minor student or disabled child 7th claimant

C8 = Child includes minor student or disabled child 8th claimant

C9 = Child includes minor student or disabled child 9th claimant

CA = Child includes minor student or disabled child 10th claimant

CB = Child includes minor student or disabled child 11th claimant

CC = Child includes minor student or disabled child 12th claimant

CD = Child includes minor student or disabled child 13th claimant

CE = Child includes minor student or disabled child 14th claimant

CF = Child includes minor student or disabled child 15th claimant

CG = Child includes minor student or disabled child 16th claimant

CH = Child includes minor student or disabled child 17th claimant

CI = Child includes minor student or disabled child 18th claimant

CJ = Child includes minor student or disabled child 19th claimant

CK = Child includes minor student or disabled child 20th claimant

CL = Child includes minor student or disabled child 21st claimant

CM = Child includes minor student or disabled child 22nd claimant

CN = Child includes minor student or disabled child 23rd claimant

CO = Child includes minor student or disabled child 24th claimant

CP = Child includes minor student or disabled child 25th claimant

CQ = Child includes minor student or disabled child 26th claimant

CR = Child includes minor student or disabled child 27th claimant

CS = Child includes minor student or disabled child 28th claimant

CT = Child includes minor student or disabled child 29th claimant

CU = Child includes minor student or disabled child 30th claimant

CV = Child includes minor student or disabled child 31st claimant

CW = Child includes minor student or disabled child 32nd claimant

CX = Child includes minor student or disabled child 33rd claimant

CY = Child includes minor student or disabled child 34th claimant

CZ = Child includes minor student or disabled child 35th claimant

D = Aged widow 60 or over 1st claimant

D1 = Aged widower age 60 or over 1st claimant

D2 = Aged widow 2nd claimant

D3 = Aged widower 2nd claimant

D4 = Widow remarried after attainment of age 60 1st claimant

D5 = Widower remarried after attainment of age 60 1st claimant

D6 = Surviving divorced wife age 60 or over 1st claimant

D7 = Surviving divorced wife 2nd claimant D8 = Aged widow 3rd claimant

D9 = Remarried widow 2nd claimant DA = Remarried widow 3rd claimant

DC = Surviving divorced husband 1st claimant

DD = Aged widow 4th claimant

DG = Aged widow 5th claimant

DH = Aged widower 3rd claimant

DJ = Aged widower 4th claimant

DK = Aged widower 5th claimant

DL = Remarried widow 4th claimant

DM = Surviving divorced husband 2nd claimant

DN = Remarried widow 5th claimant

DP = Remarried widower 2nd claimant

DQ = Remarried widower 3rd claimant

DR = Remarried widower 4th claimant

DS = Surviving divorced husband 3rd claimant

DT = Remarried widower 5th claimant

DV = Surviving divorced wife 3rd claimant

DW = Surviving divorced wife 4th claimant

DX = Surviving divorced husband 4th claimant

DY = Surviving divorced wife 5th claimant

DZ = Surviving divorced husband 5th claimant

E = Mother widow 1st claimant

E1 = Surviving divorced mother 1st claimant

E2 = Mother widow 2nd claimant

E3 = Surviving divorced mother 2nd claimant

E4 = Father widower 1st claimant

E5 = Surviving divorced father widower 1st claimant

E6 = Father widower 2nd claimant

E7 = Mother widow 3rd claimant

E8 = Mother widow 4th claimant

E9 = Surviving divorced father widower 2nd claimant

EA = Mother widow 5th claimant

EB = Surviving divorced mother 3rd claimant

EC = Surviving divorced mother 4th claimant

ED = Surviving divorced mother 5th claimant

EF = Father widower 3rd claimant

EG = Father widower 4th claimant

EH = Father widower 5th claimant

EJ = Surviving divorced father 3rd claimant

EK = Surviving divorced father 4th claimant

EM = Surviving divorced father 5th claimant

F1 = Father

F2 = Mother

F3 = Stepfather

F4 = Stepmother

F5 = Adopting father

F6 = Adopting mother

F7 = Second alleged father

F8 = Second alleged mother

J1 = Primary prouty entitled to HIB less than 3 QC general fund

J2 = Primary prouty entitled to HIB over 2 QC RSI trust fund

J3 = Primary prouty not entitled to HIB less than 3 QC general fund

J4 = Primary prouty not entitled to HIB over 2 QC RSI trust fund

K1 = Prouty wife entitled to HIB less than 3 QC general fund 1st claimant

K2 = Prouty wife entitled to HIB over 2 QC RSI trust fund 1st claimant

K3 = Prouty wife not entitled to HIB less than 3 QC general fund 1st claimant

K4 = Prouty wife not entitled to HIB over 2 QC RSI trust fund 1st claimant

K5 = Prouty wife entitled to HIB less than 3 QC general fund 2nd claimant

K6 = Prouty wife entitled to HIB over 2 QC RSI trust fund 2nd claimant

K7 = Prouty wife not entitled to HIB less than 3 QC general fund 2nd claimant

K8 = Prouty wife not entitled to HIB over 2 QC RSI trust fund 2nd claimant

K9 = Prouty wife entitled to HIB less than 3 QC general fund 3rd claimant

KA = Prouty wife entitled to HIB over 2 QC RSI trust fund 3rd claimant

KB = Prouty wife not entitled to HIB less than 3 QC general fund 3rd claimant

KC = Prouty wife not entitled to HIB over 2 QC RSI trust fund 3rd claimant

KD = Prouty wife entitled to HIB less than 3 QC general fund 4th claimant

KE = Prouty wife entitled to HIB over 2 QC 4th claimant

KF = Prouty wife not entitled to HIB less than 3 QC 4th claimant

KG = Prouty wife not entitled to HIB over 2 QC 4th claimant

KH = Prouty wife entitled to HIB less than 3 QC 5th claimant

KJ = Prouty wife entitled to HIB over 2 QC 5th claimant

KL = Prouty wife not entitled to HIB less than 3 QC 5th claimant

KM = Prouty wife not entitled to HIB over 2 QC 5th claimant

M = Uninsured not qualified for deemed HIB

M1 = Uninsured qualified but refused HIB

T = Uninsured entitled to HIB under deemed or renal provisions

TA = Medicare Qualified Government Employment (MQGE) primary claimant

TB = MQGE aged spouse first claimant

TC = MQGE disabled adult child first claimant

TD = MQGE aged widower first claimant

TE = MQGE young widower first claimant

TF = MQGE parent male

TG = MQGE aged spouse second claimant

TH = MQGE aged spouse third claimant

TJ = MQGE aged spouse fourth claimant

TK = MQGE aged spouse fifth claimant

TL = MQGE aged widower second claimant

TM = MQGE aged widower third claimant

TN = MQGE aged widower fourth claimant

TP = MQGE aged widower fifth claimant

TQ = MQGE parent female

TR = MQGE young widower second claimant

TS = MQGE young widower third claimant

TT = MQGE young widower fourth claimant

TU = MQGE young widower fifth claimant

TV = MQGE disabled widower fifth claimant

TW = MQGE disabled widower first claimant

TX = MQGE disabled widower second claimant

TY = MQGE disabled widower third claimant

TZ = MQGE disabled widower fourth claimant

T2 = Disabled child 2nd claimant

T3 = Disabled child 3rd claimant

T4 = Disabled child 4th claimant

T5 = Disabled child 5th claimant

T6 = Disabled child 6th claimant

T7 = Disabled child 7th claimant

T8 = Disabled child 8th claimant

T9 = Disabled* child 9th claimant

W = Disabled widow age 50 or over 1st claimant

W1 = Disabled widower age 50 or over 1st claimant

W2 = Disabled widow 2nd claimant

W3 = Disabled widower 2nd claimant

W4 = Disabled widow 3rd claimant

W5 = Disabled widower 3rd claimant

W6 = Disabled surviving divorced wife 1st claimant

W7 = Disabled surviving divorced wife 2nd claimant

W8 = Disabled surviving divorced wife 3rd claimant

W9 = Disabled widow 4th claimant

WB = Disabled widower 4th claimant

WC = Disabled surviving divorced wife 4th claimant

WF = Disabled widow 5th claimant

WG = Disabled widower 5th claimant

WJ = Disabled surviving divorced wife 5th claimant

WR = Disabled surviving divorced husband 1st claimant

WT = Disabled surviving divorced husband 2nd claimant

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

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CST_SHR_GRP_CD_01
CST_SHR_GRP_CD_02
CST_SHR_GRP_CD_03
CST_SHR_GRP_CD_04
CST_SHR_GRP_CD_05
CST_SHR_GRP_CD_06
CST_SHR_GRP_CD_07
CST_SHR_GRP_CD_08
CST_SHR_GRP_CD_09
CST_SHR_GRP_CD_10
CST_SHR_GRP_CD_11
CST_SHR_GRP_CD_12

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

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
CSTSHR02
CSTSHR03
CSTSHR04
CSTSHR05
CSTSHR06
CSTSHR07
CSTSHR08
CSTSHR09
CSTSHR10
CSTSHR11
CSTSHR12

LONG NAME:

CST_SHR_GRP_CD_01
CST_SHR_GRP_CD_02
CST_SHR_GRP_CD_03
CST_SHR_GRP_CD_04
CST_SHR_GRP_CD_05
CST_SHR_GRP_CD_06
CST_SHR_GRP_CD_07
CST_SHR_GRP_CD_08
CST_SHR_GRP_CD_09
CST_SHR_GRP_CD_10
CST_SHR_GRP_CD_11
CST_SHR_GRP_CD_12

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

00 = Not Medicare enrolled for the month

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

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

13 = Beneficiary enrolled in Parts A and/or B, but not Part D enrolled. It is unknown whether the beneficiary has creditable prescription drug coverage elsewhere.

Null/missing = Beneficiary was not found in cost sharing group data

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).

There is a late enrollment penalty for those who are eligible for Part D but choose not to enroll for any given year and do not have creditable coverage for that time. A number of Medicare-eligible beneficiaries may have access to other types of prescription drug plans. Creditable prescription drug coverage includes, but is not limited to: employer-based prescription drug coverage, including the Federal Employees Health Benefits Program (FEHB); qualified State Pharmaceutical Assistance Programs (SPAPs); military-related coverage (e.g., VA, TRICARE); and certain Medicare supplemental (Medigap) policies. For additional details regarding the creditable coverage provision of the Part D benefit, please refer to the CMS website at: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html?redirect=/CreditableCoverage/.

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DUAL_ELGBL_MONS

LABEL: Months of Dual Eligibility

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

SHORT NAME: DUAL_MO

LONG NAME: DUAL_ELGBL_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

COMMENT: CCW derived this variable by counting the number of months where the beneficiary had dual eligibility (i.e., months where DUAL_STUS_CD_XX equal to '01', '02', '03', '04', '05', '06', '08', '09', or '99').

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

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DUAL_STUS_CD_01 DUAL_STUS_CD_02 DUAL_STUS_CD_03 DUAL_STUS_CD_04 DUAL_STUS_CD_05 DUAL_STUS_CD_06 DUAL_STUS_CD_07 DUAL_STUS_CD_08 DUAL_STUS_CD_09 DUAL_STUS_CD_10 DUAL_STUS_CD_11 DUAL_STUS_CD_12

LABEL: Monthly Medicare-Medicaid dual eligibility code – January through December

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

SHORT NAME:

DUAL_01
DUAL_02
DUAL_03
DUAL_04
DUAL_05
DUAL_06
DUAL_07
DUAL_08
DUAL_09
DUAL_10
DUAL_11
DUAL_12

LONG NAME:

DUAL_STUS_CD_01
DUAL_STUS_CD_02
DUAL_STUS_CD_03
DUAL_STUS_CD_04
DUAL_STUS_CD_05
DUAL_STUS_CD_06
DUAL_STUS_CD_07
DUAL_STUS_CD_08
DUAL_STUS_CD_09
DUAL_STUS_CD_10
DUAL_STUS_CD_11
DUAL_STUS_CD_12

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

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. Unlike most states, Puerto Rico and the Virgin Islands do not submit dual eligibility data to CMS through the MMA files. Consequently, the Master Beneficiary Summary File significantly undercounts dual-eligibles from these territories currently. Users should consider this variable to be incomplete when constructing an analysis population that includes dual-eligibles from these two territories.

Dual eligibles are often divided into "full duals" and "partial duals" based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles." There are 12 monthly variables — where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).

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ENHANCED_FIVE_PERCENT_FLAG

LABEL: Enhanced Medicare 5% Sample Indicator

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

SHORT NAME: EFIVEPCT

LONG NAME: ENHANCED_FIVE_PERCENT_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CCW (derived)

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

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

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

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ENRL_SRC

LABEL: Enrollment Source

DESCRIPTION: This variable indicates the source of enrollment data.

SHORT NAME: ENRL_SRC

LONG NAME: ENRL_SRC

TYPE: CHAR

LENGTH: 3

SOURCE: CCW

VALUES: EDB = Enrollment Database
CME = Common Medicare Environment

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

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

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ENTLMT_RSN_CURR

LABEL: Current Reason for Entitlement Code

DESCRIPTION: Current reason for Medicare entitlement

SHORT NAME: CREC

LONG NAME: ENTLMT_RSN_CURR

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
0 = Old age and survivor’s insurance (OASI)
1 = Disability insurance benefits (DIB)
2 = End-stage renal disease (ESRD)
3 = Both DIB and ESRD
4 = Beneficiary insured due to Part B Immunosuppressive Drug (PBID)

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

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ENTLMT_RSN_ORIG

LABEL: Original Reason for Entitlement Code

DESCRIPTION: Original reason for Medicare entitlement

SHORT NAME: OREC

LONG NAME: ENTLMT_RSN_ORIG

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

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

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ESRD_IND

LABEL: End-Stage Renal Disease (ESRD) Indicator

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

SHORT NAME: ESRD_IND

LONG NAME: ESRD_IND

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: This variable is sourced directly from Medicare eligibility data, and recoded into a binary classification.

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HMO_IND_01 HMO_IND_02 HMO_IND_03 HMO_IND_04 HMO_IND_05 HMO_IND_06 HMO_IND_07 HMO_IND_08 HMO_IND_09 HMO_IND_10 HMO_IND_11 HMO_IND_12

LABEL: HMO Indicator – January through December

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

SHORT NAME:

HMOIND01
HMOIND02
HMOIND03
HMOIND04
HMOIND05
HMOIND06
HMOIND07
HMOIND08
HMOIND09
HMOIND10
HMOIND11
HMOIND12

LONG NAME:

HMO_IND_01
HMO_IND_02
HMO_IND_03
HMO_IND_04
HMO_IND_05
HMO_IND_06
HMO_IND_07
HMO_IND_08
HMO_IND_09
HMO_IND_10
HMO_IND_11
HMO_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

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

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

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

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

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MDCR_ENTLMT_BUYIN_IND_01 MDCR_ENTLMT_BUYIN_IND_02 MDCR_ENTLMT_BUYIN_IND_03 MDCR_ENTLMT_BUYIN_IND_04 MDCR_ENTLMT_BUYIN_IND_05 MDCR_ENTLMT_BUYIN_IND_06 MDCR_ENTLMT_BUYIN_IND_07 MDCR_ENTLMT_BUYIN_IND_08 MDCR_ENTLMT_BUYIN_IND_09 MDCR_ENTLMT_BUYIN_IND_10 MDCR_ENTLMT_BUYIN_IND_11 MDCR_ENTLMT_BUYIN_IND_12

NAME: Medicare Entitlement/Buy-In Indicator — January through December

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

SHORT NAME:

BUYIN01
BUYIN02
BUYIN03
BUYIN04
BUYIN05
BUYIN06
BUYIN07
BUYIN08
BUYIN09
BUYIN10
BUYIN11
BUYIN12

LONG NAME:

MDCR_ENTLMT_BUYIN_IND_01
MDCR_ENTLMT_BUYIN_IND_02
MDCR_ENTLMT_BUYIN_IND_03
MDCR_ENTLMT_BUYIN_IND_04
MDCR_ENTLMT_BUYIN_IND_05
MDCR_ENTLMT_BUYIN_IND_06
MDCR_ENTLMT_BUYIN_IND_07
MDCR_ENTLMT_BUYIN_IND_08
MDCR_ENTLMT_BUYIN_IND_09
MDCR_ENTLMT_BUYIN_IND_10
MDCR_ENTLMT_BUYIN_IND_11
MDCR_ENTLMT_BUYIN_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

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

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MDCR_STATUS_CODE_01 / MDCR_STATUS_CODE_02 / MDCR_STATUS_CODE_03 / MDCR_STATUS_CODE_04 / MDCR_STATUS_CODE_05 / MDCR_STATUS_CODE_06 / MDCR_STATUS_CODE_07 / MDCR_STATUS_CODE_08 / MDCR_STATUS_CODE_09 / MDCR_STATUS_CODE_10 / MDCR_STATUS_CODE_11 / MDCR_STATUS_CODE_12

LABEL: Medicare Status Code – January through December

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare – January through December.

SHORT NAME:

MDCR_STUS_CD_01
MDCR_STUS_CD_02
MDCR_STUS_CD_03
MDCR_STUS_CD_04
MDCR_STUS_CD_05
MDCR_STUS_CD_06
MDCR_STUS_CD_07
MDCR_STUS_CD_08
MDCR_STUS_CD_09
MDCR_STUS_CD_10
MDCR_STUS_CD_11
MDCR_STUS_CD_12

LONG NAME:

MDCR_STATUS_CODE_01
MDCR_STATUS_CODE_02
MDCR_STATUS_CODE_03
MDCR_STATUS_CODE_04
MDCR_STATUS_CODE_05
MDCR_STATUS_CODE_06
MDCR_STATUS_CODE_07
MDCR_STATUS_CODE_08
MDCR_STATUS_CODE_09
MDCR_STATUS_CODE_10
MDCR_STATUS_CODE_11
MDCR_STATUS_CODE_12

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

0 = Not enrolled in Medicare A or B this month
10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only
40 = Beneficiary insured due to Part B Immunosuppressive Drug (PBID)

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

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

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

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PTC_CNTRCT_ID_01 PTC_CNTRCT_ID_02 PTC_CNTRCT_ID_03 PTC_CNTRCT_ID_04 PTC_CNTRCT_ID_05 PTC_CNTRCT_ID_06 PTC_CNTRCT_ID_07 PTC_CNTRCT_ID_08 PTC_CNTRCT_ID_09 PTC_CNTRCT_ID_10 PTC_CNTRCT_ID_11 PTC_CNTRCT_ID_12

LABEL: Part C Contract Number – January through December

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

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

SHORT NAME:

PTC_CNTRCT_ID_01
PTC_CNTRCT_ID_02
PTC_CNTRCT_ID_03
PTC_CNTRCT_ID_04
PTC_CNTRCT_ID_05
PTC_CNTRCT_ID_06
PTC_CNTRCT_ID_07
PTC_CNTRCT_ID_08
PTC_CNTRCT_ID_09
PTC_CNTRCT_ID_10
PTC_CNTRCT_ID_11
PTC_CNTRCT_ID_12

LONG NAME:

PTC_CNTRCT_ID_01
PTC_CNTRCT_ID_02
PTC_CNTRCT_ID_03
PTC_CNTRCT_ID_04
PTC_CNTRCT_ID_05
PTC_CNTRCT_ID_06
PTC_CNTRCT_ID_07
PTC_CNTRCT_ID_08
PTC_CNTRCT_ID_09
PTC_CNTRCT_ID_10
PTC_CNTRCT_ID_11
PTC_CNTRCT_ID_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

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

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

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

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PTC_PBP_ID_01
PTC_PBP_ID_02
PTC_PBP_ID_03
PTC_PBP_ID_04
PTC_PBP_ID_05
PTC_PBP_ID_06
PTC_PBP_ID_07
PTC_PBP_ID_08
PTC_PBP_ID_09
PTC_PBP_ID_10
PTC_PBP_ID_11
PTC_PBP_ID_12

LABEL: Part C PBP Number – January through December

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

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

SHORT NAME:

PTC_PBP_ID_01
PTC_PBP_ID_02
PTC_PBP_ID_03
PTC_PBP_ID_04
PTC_PBP_ID_05
PTC_PBP_ID_06
PTC_PBP_ID_07
PTC_PBP_ID_08
PTC_PBP_ID_09
PTC_PBP_ID_10
PTC_PBP_ID_11
PTC_PBP_ID_12

LONG NAME:

PTC_PBP_ID_01
PTC_PBP_ID_02
PTC_PBP_ID_03
PTC_PBP_ID_04
PTC_PBP_ID_05
PTC_PBP_ID_06
PTC_PBP_ID_07
PTC_PBP_ID_08
PTC_PBP_ID_09
PTC_PBP_ID_10
PTC_PBP_ID_11
PTC_PBP_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

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

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

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

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

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PTC_PLAN_TYPE_CD_01

PTC_PLAN_TYPE_CD_02

PTC_PLAN_TYPE_CD_03

PTC_PLAN_TYPE_CD_04

PTC_PLAN_TYPE_CD_05

PTC_PLAN_TYPE_CD_06

PTC_PLAN_TYPE_CD_07

PTC_PLAN_TYPE_CD_08

PTC_PLAN_TYPE_CD_09

PTC_PLAN_TYPE_CD_10

PTC_PLAN_TYPE_CD_11

PTC_PLAN_TYPE_CD_12

LABEL: Part C Plan Type Code – January through December

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

SHORT NAME:

PTC_PLAN_TYPE_CD_01
PTC_PLAN_TYPE_CD_02
PTC_PLAN_TYPE_CD_03
PTC_PLAN_TYPE_CD_04
PTC_PLAN_TYPE_CD_05
PTC_PLAN_TYPE_CD_06
PTC_PLAN_TYPE_CD_07
PTC_PLAN_TYPE_CD_08
PTC_PLAN_TYPE_CD_09
PTC_PLAN_TYPE_CD_10
PTC_PLAN_TYPE_CD_11
PTC_PLAN_TYPE_CD_12

LONG NAME:

PTC_PLAN_TYPE_CD_01
PTC_PLAN_TYPE_CD_02
PTC_PLAN_TYPE_CD_03
PTC_PLAN_TYPE_CD_04
PTC_PLAN_TYPE_CD_05
PTC_PLAN_TYPE_CD_06
PTC_PLAN_TYPE_CD_07
PTC_PLAN_TYPE_CD_08
PTC_PLAN_TYPE_CD_09
PTC_PLAN_TYPE_CD_10
PTC_PLAN_TYPE_CD_11
PTC_PLAN_TYPE_CD_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
Null/missing =Not Enrolled in Medicare Part C
001 = Health Maintenance Organization (HMO)
002 = HMO point-of-service (HMOPOS)
004 = Local Preferred Provider Organization (PPO)
005 = PSO (State License)
006 = PSO (Federal Waiver of State License)
007 = Medical Savings Account (MSA)
008 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
009 = Private fee-for-service (PFFS) plan
010 = SHMO
018 = Section 1876 Cost Plan
019 = HCPP — Section 1833 Cost Plan

020 = National Program of All-inclusive Care for the Elderly (PACE)
031 = Regional Preferred Provider Organization (PPO)
033 = Minnesota (MN) Disability Health Options
034 = MN Senior Health Options
035 = Wisconsin (WI) Partnership Program
036 = Massachusetts (MA) Health Senior Care Options
037 = Continuing Care Retirement Community
038 = End-Stage Renal Disease — I (ESRD)
039 = ESRD II
040 = Employer/Union Only Direct Contract PFFS
041 = Medical Savings Account (MSA) Demonstration
048 = Medicare-Medicaid Plan (MMP) HMO
049 = Medicare-Medicaid Plan HMO Point-of-Service (MMP HMOPOS)

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

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PTD_CNTRCT_ID_01 PTD_CNTRCT_ID_02 PTD_CNTRCT_ID_03 PTD_CNTRCT_ID_04 PTD_CNTRCT_ID_05 PTD_CNTRCT_ID_06 PTD_CNTRCT_ID_07 PTD_CNTRCT_ID_08 PTD_CNTRCT_ID_09 PTD_CNTRCT_ID_10 PTD_CNTRCT_ID_11 PTD_CNTRCT_ID_12

LABEL: Monthly Part D Contract Number – January through December

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

SHORT NAME:

PTDCNTRCT01
PTDCNTRCT02
PTDCNTRCT03
PTDCNTRCT04
PTDCNTRCT05
PTDCNTRCT06
PTDCNTRCT07
PTDCNTRCT08
PTDCNTRCT09
PTDCNTRCT10
PTDCNTRCT11
PTDCNTRCT12

LONG NAME:

PTD_CNTRCT_ID_01
PTD_CNTRCT_ID_02
PTD_CNTRCT_ID_03
PTD_CNTRCT_ID_04
PTD_CNTRCT_ID_05
PTD_CNTRCT_ID_06
PTD_CNTRCT_ID_07
PTD_CNTRCT_ID_08
PTD_CNTRCT_ID_09
PTD_CNTRCT_ID_10
PTD_CNTRCT_ID_11
PTD_CNTRCT_ID_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: The first character of the contract ID is a letter or number representing the type of plan:
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)
N = Not Part D Enrolled
0 = Not Medicare enrolled for the month
Null/Missing = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.

COMMENT: The first character of the contract ID is a letter that indicates the type of plan. If the beneficiary did not have a Part D plan for a given month, this variable will have a value of N, 0, 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) to identify the specific plan in which a beneficiary was enrolled.

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PTD_PBP_ID_01 PTD_PBP_ID_02 PTD_PBP_ID_03 PTD_PBP_ID_04 PTD_PBP_ID_05 PTD_PBP_ID_06 PTD_PBP_ID_07 PTD_PBP_ID_08 PTD_PBP_ID_09 PTD_PBP_ID_10 PTD_PBP_ID_11 PTD_PBP_ID_12

LABEL: Monthly Part D Plan Benefit Package Number – January through December

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

SHORT NAME:

PTDPBPID01
PTDPBPID02
PTDPBPID03
PTDPBPID04
PTDPBPID05
PTDPBPID06
PTDPBPID07
PTDPBPID08
PTDPBPID09
PTDPBPID10
PTDPBPID11
PTDPBPID12

LONG NAME:

PTD_PBP_ID_01
PTD_PBP_ID_02
PTD_PBP_ID_03
PTD_PBP_ID_04
PTD_PBP_ID_05
PTD_PBP_ID_06
PTD_PBP_ID_07
PTD_PBP_ID_08
PTD_PBP_ID_09
PTD_PBP_ID_10
PTD_PBP_ID_11
PTD_PBP_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

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

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

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

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

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PTD_PLAN_CVRG_MONS

LABEL: Months of Part D Coverage

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

SHORT NAME: PTD_MO

LONG NAME: PTD_PLAN_CVRG_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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PTD_SGMT_ID_01 PTD_SGMT_ID_02 PTD_SGMT_ID_03 PTD_SGMT_ID_04 PTD_SGMT_ID_05 PTD_SGMT_ID_06 PTD_SGMT_ID_07 PTD_SGMT_ID_08 PTD_SGMT_ID_09 PTD_SGMT_ID_10 PTD_SGMT_ID_11 PTD_SGMT_ID_12

LABEL: Monthly Part D Market Segment Identifier – January through 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 (January through December).

SHORT NAME:

SGMTID01
SGMTID02
SGMTID03
SGMTID04
SGMTID05
SGMTID06
SGMTID07
SGMTID08
SGMTID09
SGMTID10
SGMTID11
SGMTID12

LONG NAME:

PTD_SGMT_ID_01
PTD_SGMT_ID_02
PTD_SGMT_ID_03
PTD_SGMT_ID_04
PTD_SGMT_ID_05
PTD_SGMT_ID_06
PTD_SGMT_ID_07
PTD_SGMT_ID_08
PTD_SGMT_ID_09
PTD_SGMT_ID_10
PTD_SGMT_ID_11
PTD_SGMT_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

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

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

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

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

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RDS_CVRG_MONS

LABEL: Months of Retiree Drug Subsidy Coverage

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

SHORT NAME: RDS_MO

LONG NAME: RDS_CVRG_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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

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

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RDS_IND_01 RDS_IND_02 RDS_IND_03 RDS_IND_04 RDS_IND_05 RDS_IND_06 RDS_IND_07 RDS_IND_08 RDS_IND_09 RDS_IND_10 RDS_IND_11 RDS_IND_12

LABEL: Monthly Part D Retiree Drug Subsidy Indicator – January through 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 (January through December).

SHORT NAME:

RDSIND01
RDSIND02
RDSIND03
RDSIND04
RDSIND05
RDSIND06
RDSIND07
RDSIND08
RDSIND09
RDSIND10
RDSIND11
RDSIND12

LONG NAME:

RDS_IND_01
RDS_IND_02
RDS_IND_03
RDS_IND_04
RDS_IND_05
RDS_IND_06
RDS_IND_07
RDS_IND_08
RDS_IND_09
RDS_IND_10
RDS_IND_11
RDS_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
Null/missing = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.

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

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

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

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RTI_RACE_CD

LABEL: Research Triangle Institute (RTI) Race Code

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

SHORT NAME: RTI_RACE_CD

LONG NAME: RTI_RACE_CD

TYPE: CHAR

LENGTH: 1

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

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

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

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

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

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SAMPLE_GROUP

LABEL: Medicare Sample Group Indicator

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

SHORT NAME: SAMPLE_GROUP

LONG NAME: SAMPLE_GROUP

TYPE: CHAR

LENGTH: 2

SOURCE: CCW (derived)

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

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

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

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

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

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

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

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

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SEX_IDENT_CD

LABEL: Sex

DESCRIPTION: This variable indicates the sex of the beneficiary.

SHORT NAME: SEX

LONG NAME: SEX_IDENT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Unknown
1 = Male
2 = Female

COMMENT: —

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STATE_CNTY_FIPS_CD_01 STATE_CNTY_FIPS_CD_02 STATE_CNTY_FIPS_CD_03 STATE_CNTY_FIPS_CD_04 STATE_CNTY_FIPS_CD_05 STATE_CNTY_FIPS_CD_06 STATE_CNTY_FIPS_CD_07 STATE_CNTY_FIPS_CD_08 STATE_CNTY_FIPS_CD_09 STATE_CNTY_FIPS_CD_10 STATE_CNTY_FIPS_CD_11 STATE_CNTY_FIPS_CD_12

LABEL: State and county FIPS code – January through December

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

SHORT NAME:

STATE_CNTY_FIPS_CD_01
STATE_CNTY_FIPS_CD_02
STATE_CNTY_FIPS_CD_03
STATE_CNTY_FIPS_CD_04
STATE_CNTY_FIPS_CD_05
STATE_CNTY_FIPS_CD_06
STATE_CNTY_FIPS_CD_07
STATE_CNTY_FIPS_CD_08
STATE_CNTY_FIPS_CD_09
STATE_CNTY_FIPS_CD_10
STATE_CNTY_FIPS_CD_11
STATE_CNTY_FIPS_CD_12

LONG NAME:

STATE_CNTY_FIPS_CD_01
STATE_CNTY_FIPS_CD_02
STATE_CNTY_FIPS_CD_03
STATE_CNTY_FIPS_CD_04
STATE_CNTY_FIPS_CD_05
STATE_CNTY_FIPS_CD_06
STATE_CNTY_FIPS_CD_07
STATE_CNTY_FIPS_CD_08
STATE_CNTY_FIPS_CD_09
STATE_CNTY_FIPS_CD_10
STATE_CNTY_FIPS_CD_11
STATE_CNTY_FIPS_CD_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

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

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

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

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

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STATE_CODE

LABEL: State code for beneficiary (SSA code)

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

SHORT NAME: STATE_CD

LONG NAME: STATE_CODE

TYPE: CHAR

LENGTH: 2

SOURCE: SSA/CME

VALUES:

01 = Alabama
02 = Alaska
03 = Arizona
04 = Arkansas
05 = California
06 = Colorado
07 = Connecticut
08 = Delaware
09 = District of Columbia
10 = Florida
11 = Georgia
12 = Hawaii
13 = Idaho
14 = Illinois
15 = Indiana
16 = Iowa
17 = Kansas
18 = Kentucky
19 = Louisiana
20 = Maine
21 = Maryland
22 = Massachusetts
23 = Michigan
24 = Minnesota
25 = Mississippi
26 = Missouri
27 = Montana
28 = Nebraska
29 = Nevada
30 = New Hampshire
31 = New Jersey
32 = New Mexico
33 = New York
34 = North Carolina
35 = North Dakota
36 = Ohio
37 = Oklahoma
38 = Oregon
39 = Pennsylvania
40 = Puerto Rico
41 = Rhode Island
42 = South Carolina
43 = South Dakota
44 = Tennessee
45 = Texas
46 = Utah
47 = Vermont
48 = Virgin Islands
49 = Virginia
50 = Washington
51 = West Virginia
52 = Wisconsin
53 = Wyoming
54 = Africa
55 = Asia
56 = Canada and Islands
57 = Central America and West Indies
58 = Europe
59 = Mexico
60 = Oceania
61 = Philippines
62 = South America
63 = U.S. Possessions
64 = American Samoa

65 = Guam
66 = Commonwealth of the Northern Marianas Islands
67 = Texas
68 = Florida (eff. 10/2005)
69 = Florida (eff. 10/2005)
70 = Kansas (eff. 10/2005)
71 = Louisiana (eff. 10/2005)
72 = Ohio (eff. 10/2005)
73 = Pennsylvania (eff. 10/2005)
74 = Texas (eff. 10/2005)
80 = Maryland (eff. 8/2000)
97 = Northern Marianas
98 = Guam
99 = With 000 county code is American Samoa; otherwise unknown

COMMENT: The state code is based on the latest state code for the beneficiary for the year in the CME data. If the value is missing, then the first state code in the following year populates this field.

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VALID_DEATH_DT_SW

LABEL: Valid Date of Death Switch

DESCRIPTION: This variable indicates whether a beneficiary's day of death has been verified by the Social Security Administration (SSA) or the Railroad Retirement Board (RRB).

SHORT NAME: V_DOD_SW

LONG NAME: VALID_DEATH_DT_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null = Default
V = Valid death date

COMMENT: The date of death of the beneficiary is contained in the BENE_DEATH_DT variable; many of these dates of death are not confirmed.

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ZIP_CD

LABEL: Zip code for beneficiary

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

SHORT NAME: ZIP_CD

LONG NAME: ZIP_CD

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 5-digit zip

COMMENT: In some cases, the code may not be the actual state where the beneficiary resides. CMS obtains the mailing address used for cash benefits or the mailing address used for other purposes (for example, premium billing) from Social Security Administration (SSA) and Railroad Retirement Board (RRB) Beneficiary Record Systems.

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