

# Chronic Condition Warehouse

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## Chronic Condition Warehouse Virtual Research Data Center Master Beneficiary Summary File (MBSF) — Base with Medicare Part A and B Codebook

MARCH 2025 | VERSION 2.0

## Revision Log

Date	Changed by	Revisions	Version
March 2025	A. Sisco K. Schneider	Created (legacy) codebook in the 2020 CCW template for the Master Beneficiary Summary File — Base with Medicare Part A and B	2.0
	K. Schneider C. Alleman	Legacy web-based text files for each variable in the Master Beneficiary Summary File — Base with Medicare Part A and B	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 research files. This guide includes several ways for users to quickly find 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 containing a short description of the variable, the possible values for the variable, and notes discussing how the Centers for Medicare & Medicaid Services (CMS) has constructed the variable with use instructions

The CCW team has included hyperlinks throughout the codebook to make it easier for analysts 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 takes users 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 takes

# 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.

### **BENE\_AGE\_AT\_END\_REF\_YR**

**LABEL:** Age at End of Reference 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.

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## **BENE\_BIRTH\_DT**

**LABEL:** 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:** —

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## BENE\_COUNTY\_CD

**LABEL:** County Code

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

**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 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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## **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 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.

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## **BENE\_ENROLLMT\_REF\_YR**

**LABEL:** Beneficiary Enrollment 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.

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## **BENE\_ENTLMT\_RSN\_CURR**

**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.

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## **BENE\_ENTLMT\_RSN\_ORIG**

**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.

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## **BENE\_ESRD\_IND**

<b>LABEL:</b>	ESRD Indicator
<b>DESCRIPTION:</b>	This field specifies whether a beneficiary is entitled to Medicare benefits due to end stage renal disease (ESRD).
<b>SHORT NAME:</b>	ESRD_IND
<b>LONG NAME:</b>	BENE_ESRD_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>SOURCE:</b>	CMS Enrollment Database (EDB)
<b>VALUES:</b>	Y = the beneficiary has ESRD 0 = the beneficiary does not have ESRD
<b>COMMENT:</b>	CMS obtains this information from the Social Security Administration (SSA) record system.

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## **BENE\_HI\_CVRAGE\_TOT\_MONS**

**LABEL:** HI Coverage 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).

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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 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.

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**BENE\_HMO\_IND\_01**

**BENE\_HMO\_IND\_07**

**BENE\_HMO\_IND\_02**

**BENE\_HMO\_IND\_08**

**BENE\_HMO\_IND\_03**

**BENE\_HMO\_IND\_09**

**BENE\_HMO\_IND\_04**

**BENE\_HMO\_IND\_10**

**BENE\_HMO\_IND\_05**

**BENE\_HMO\_IND\_11**

**BENE\_HMO\_IND\_06**

**BENE\_HMO\_IND\_12**

**LABEL:** HMO Indicator — January–December (01–12)

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

**SHORT NAME:**

HMOIND01  
HMOIND02  
HMOIND03  
HMOIND04  
HMOIND05  
HMOIND06

HMOIND07  
HMOIND08  
HMOIND09  
HMOIND10  
HMOIND11  
HMOIND12

**LONG NAME:**

BENE\_HMO\_IND\_01  
BENE\_HMO\_IND\_02  
BENE\_HMO\_IND\_03  
BENE\_HMO\_IND\_04  
BENE\_HMO\_IND\_05  
BENE\_HMO\_IND\_06

BENE\_HMO\_IND\_07  
BENE\_HMO\_IND\_08  
BENE\_HMO\_IND\_09  
BENE\_HMO\_IND\_10  
BENE\_HMO\_IND\_11  
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).

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## **BENE\_ID**

**LABEL:** Encrypted 723 Beneficiary ID

**DESCRIPTION:** The unique CCW identifier for a beneficiary.

The CCW assigns a unique beneficiary identification number to each individual who receives Medicare and/ or Medicaid and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims, MAX claims, MDS assessment data).

This number does not change during a beneficiary's lifetime and each number is used only once.

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

**SHORT NAME:** BENE\_ID

**LONG NAME:** BENE\_ID

**TYPE:** CHAR

**LENGTH:** 15

**SOURCE:** CCW

**VALUES:** —

**COMMENT:** —

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BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_01  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_02  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_03  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_04  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_05  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_06

BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_07  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_08  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_09  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_10  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_11  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_12

**LABEL:** Medicare Entitlement/Buy-In Indicator – January–December (01–12)

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

**SHORT NAME:**

BUYIN01  
BUYIN02  
BUYIN03  
BUYIN04  
BUYIN05  
BUYIN06

BUYIN07  
BUYIN08  
BUYIN09  
BUYIN10  
BUYIN11  
BUYIN12

**LONG NAME:**

BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_01  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_02  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_03  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_04  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_05  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_06

BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_07  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_08  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_09  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_10  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_11  
BENE\_MDCR\_ENTLMT\_BUYIN\_IND\_12

**TYPE:** CHAR

**LENGTH:** 1

**SOURCE:** CMS Enrollment Database (EDB)

**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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## **BENE\_MDCR\_STATUS\_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.

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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 Enrollment Database (EDB)

**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 Enrollment Database (EDB)

**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 Enrollment Database (EDB)

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

**COMMENT:** —

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## **BENE\_SEX\_IDENT\_CD**

**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:** —

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## **BENE\_SMI\_CVRAGE\_TOT\_MONS**

**LABEL:** SMI Coverage 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).

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## BENE\_STATE\_BUYIN\_TOT\_MONS

<b>LABEL:</b>	State Buy-In Coverage Count
<b>DESCRIPTION:</b>	Months of state buy-in.
<b>SHORT NAME:</b>	BUYIN_MO
<b>LONG NAME:</b>	BENE_STATE_BUYIN_TOT_MONS
<b>TYPE:</b>	NUM
<b>LENGTH:</b>	3
<b>SOURCE:</b>	CMS Enrollment Database (EDB)
<b>VALUES:</b>	0–12
<b>COMMENT:</b>	<p>This variable counts the total number of months during the year when the beneficiary premium was paid by the state.</p> <p>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.</p>

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## **BENE\_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:** 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.

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## **BENE\_ZIP\_CD**

**LABEL:** Zip Code of Residence

**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.

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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 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).

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## CRNT\_BIC\_CD

**LABEL:** 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.

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## ENHANCED\_FIVE\_PERCENT\_FLAG

<b>LABEL:</b>	Enhanced 5% Flag
<b>DESCRIPTION:</b>	This variable indicates whether the beneficiary was ever included in the CCW 5% sample for any year (1999+).
<b>SHORT NAME:</b>	EFIVEPCT
<b>LONG NAME:</b>	ENHANCED_FIVE_PERCENT_FLAG
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>SOURCE:</b>	CCW (derived)
<b>VALUES:</b>	Y = Yes, included in enhanced 5% sample Null = Not included in enhanced 5% sample
<b>COMMENT:</b>	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}.

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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

**COMMENT:** The source data for the Master Beneficiary Summary File (MBSF) has historically been the Centers for Medicare & Medicaid Services (CMS) Medicare Enrollment Database (EDB). As of March 2017, the MBSF was updated to include Medicare enrollment information from the CMS Common Medicare Environment (CME) rather than the EDB. Data from the two sources was identical.

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## FIVE\_PERCENT\_FLAG

**LABEL:** Strict 5% Flag

**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.

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## RTI\_RACE\_CD

<b>LABEL:</b>	Research Triangle Institute (RTI) Race Code
<b>DESCRIPTION:</b>	Beneficiary race code (modified using RTI algorithm). Enhanced race/ethnicity designation based on first and last name algorithms.
<b>SHORT NAME:</b>	RTI_RACE_CD
<b>LONG NAME:</b>	RTI_RACE_CD
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>SOURCE:</b>	CMS Enrollment Database (EDB) (derived)
<b>VALUES:</b>	0 = Unknown 1 = Non-Hispanic White 2 = Black (Or African American) 3 = Other 4 = Asian/Pacific Islander 5 = Hispanic 6 = American Indian / Alaska Native
<b>COMMENT:</b>	<p>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.</p> <p>This algorithm was developed by the Research Triangle Institute (RTI) and is thus often referred to as the "RTI race code".</p> <p>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.</p>

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## STATE\_CODE

**LABEL:** State 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	33 = New York
02 = Alaska	34 = North Carolina
03 = Arizona	35 = North Dakota
04 = Arkansas	36 = Ohio
05 = California	37 = Oklahoma
06 = Colorado	38 = Oregon
07 = Connecticut	39 = Pennsylvania
08 = Delaware	40 = Puerto Rico
09 = District of Columbia	41 = Rhode Island
10 = Florida	42 = South Carolina
11 = Georgia	43 = South Dakota
12 = Hawaii	44 = Tennessee
13 = Idaho	45 = Texas
14 = Illinois	46 = Utah
15 = Indiana	47 = Vermont
16 = Iowa	48 = Virgin Islands
17 = Kansas	49 = Virginia
18 = Kentucky	50 = Washington
19 = Louisiana	51 = West Virginia
20 = Maine	52 = Wisconsin
21 = Maryland	53 = Wyoming
22 = Massachusetts	54 = Africa
23 = Michigan	55 = Asia
24 = Minnesota	56 = Canada
25 = Mississippi	57 = Central America and West Indies
26 = Missouri	58 = Europe
27 = Montana	59 = Mexico
28 = Nebraska	60 = Oceania
29 = Nevada	61 = Philippines
30 = New Hampshire	62 = South America
31 = New Jersey	63 = US Possessions
32 = New Mexico	97 = Saipan



98 = Guam

XX = Unknown

99 = American Samoa

**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).

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