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## Revision Log

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<th>Changed by</th>
<th>Revisions</th>
<th>Version</th>
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<tr>
<td>February 2021</td>
<td>K. Russell</td>
<td>Migrated codebook to new document template; revised Table of Contents</td>
<td>1.4</td>
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<tr>
<td></td>
<td>C. Alleman D. Happe</td>
<td>to include SAS long names rather than short names</td>
<td></td>
</tr>
<tr>
<td>August 2019</td>
<td>K. Schneider</td>
<td>Corrected values 10 and 13 for monthly cost share group</td>
<td>1.3</td>
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<tr>
<td></td>
<td></td>
<td>(CST_SHR_GRP_CD_01–12), and added a comment</td>
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<tr>
<td>April 2019</td>
<td>C. Alleman K. Schneider</td>
<td>Added clarity re: valid values for monthly cost share group</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(CST_SHR_GRP_CD_01–12).</td>
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<tr>
<td>January 2019</td>
<td>C. Alleman K. Schneider</td>
<td>Added clarity re: valid values for monthly Medicare status code</td>
<td>1.1</td>
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<tr>
<td></td>
<td></td>
<td>(MDCR_STATUS_CODE_01–12)</td>
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<tr>
<td>May 2017</td>
<td>C. Alleman K. Schneider</td>
<td>Initial release of codebook for Master Beneficiary Summary File</td>
<td>1.0</td>
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<td></td>
<td></td>
<td>— Base; with Medicare Part A/B/C/D.</td>
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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.

Quick links:  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

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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.
**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:** —
### 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.
<table>
<thead>
<tr>
<th><strong>BENE_ENROLLMT_REF_YR</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>LABEL:</strong> Reference Year</td>
</tr>
<tr>
<td><strong>DESCRIPTION:</strong> This field indicates the reference year of the enrollment data.</td>
</tr>
<tr>
<td><strong>SHORT NAME:</strong> RFRNC_YR</td>
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<tr>
<td><strong>LONG NAME:</strong> BENE_ENROLLMT_REF_YR</td>
</tr>
<tr>
<td><strong>TYPE:</strong> NUM</td>
</tr>
<tr>
<td><strong>LENGTH:</strong> 4</td>
</tr>
<tr>
<td><strong>SOURCE:</strong> CMS Common Medicare Environment (CME)</td>
</tr>
<tr>
<td><strong>VALUES:</strong> 1999 – current data year</td>
</tr>
<tr>
<td><strong>COMMENT:</strong> The data files are partitioned into calendar year files.</td>
</tr>
</tbody>
</table>

[^ Back to TOC ^]
**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).
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.
**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:** —
**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:** —
<table>
<thead>
<tr>
<th><strong>BENE_PTB_TRMNTN_CD</strong></th>
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<tbody>
<tr>
<td><strong>LABEL:</strong></td>
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</tr>
<tr>
<td><strong>LENGTH:</strong></td>
</tr>
<tr>
<td><strong>SOURCE:</strong></td>
</tr>
</tbody>
</table>
| **VALUES:** | 0 = Not Terminated  
1 = Dead  
2 = Non-Payment of Premium  
3 = Voluntary Withdrawal  
9 = Other Termination |
| **COMMENT:** | — |
**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:** —
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).
**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.
**COVSTART**

**LABEL:** Medicare Coverage Start Date

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

**SHORT NAME:** COVSTART

**LONG NAME:** COVSTART

**TYPE:** DATE

**LENGTH:** 8

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

**VALUES:** —

**COMMENT:** Historic date of 1st Medicare coverage (may be prior to 1999, which is the earliest claim files available through CCW)
**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
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<th>Description</th>
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<td>CQ</td>
<td>Child includes minor student or disabled child 26th claimant</td>
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<tr>
<td>CR</td>
<td>Child includes minor student or disabled child 27th claimant</td>
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<td>CS</td>
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<td>CT</td>
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<td>Child includes minor student or disabled child 31st claimant</td>
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<td>Child includes minor student or disabled child 35th claimant</td>
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<td>D</td>
<td>Aged widow 60 or over 1st claimant</td>
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<td>D1</td>
<td>Aged widower age 60 or over 1st claimant</td>
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<td>D2</td>
<td>Aged widow 2nd claimant</td>
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<td>D3</td>
<td>Aged widower 2nd claimant</td>
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<td>D4</td>
<td>Widow remarried after attainment of age 60 1st claimant</td>
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<td>Widower remarried after attainment of age 60 1st claimant</td>
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<td>D6</td>
<td>Surviving divorced wife age 60 or over 1st claimant</td>
</tr>
<tr>
<td>D7</td>
<td>Surviving divorced wife 2nd claimant</td>
</tr>
<tr>
<td>D8</td>
<td>Aged widow 3rd claimant</td>
</tr>
<tr>
<td>D9</td>
<td>Remarried widow 2nd claimant</td>
</tr>
<tr>
<td>DA</td>
<td>Remarried widow 3rd claimant</td>
</tr>
<tr>
<td>DC</td>
<td>Surviving divorced husband 1st claimant</td>
</tr>
<tr>
<td>DD</td>
<td>Aged widow 4th claimant</td>
</tr>
<tr>
<td>DG</td>
<td>Aged widow 5th claimant</td>
</tr>
<tr>
<td>DH</td>
<td>Aged widower 3rd claimant</td>
</tr>
<tr>
<td>DJ</td>
<td>Aged widower 4th claimant</td>
</tr>
<tr>
<td>DK</td>
<td>Aged widower 5th claimant</td>
</tr>
<tr>
<td>DL</td>
<td>Remarried widower 4th claimant</td>
</tr>
<tr>
<td>DM</td>
<td>Surviving divorced husband 2nd claimant</td>
</tr>
<tr>
<td>DN</td>
<td>Remarried widow 5th claimant</td>
</tr>
<tr>
<td>DP</td>
<td>Remarried widower 2nd claimant</td>
</tr>
<tr>
<td>DQ</td>
<td>Remarried widower 3rd claimant</td>
</tr>
<tr>
<td>DR</td>
<td>Remarried widower 4th claimant</td>
</tr>
<tr>
<td>DS</td>
<td>Surviving divorced husband 3rd claimant</td>
</tr>
<tr>
<td>DT</td>
<td>Remarried widower 5th claimant</td>
</tr>
<tr>
<td>DV</td>
<td>Surviving divorced wife 3rd claimant</td>
</tr>
<tr>
<td>DW</td>
<td>Surviving divorced wife 4th claimant</td>
</tr>
<tr>
<td>DX</td>
<td>Surviving divorced husband 4th claimant</td>
</tr>
<tr>
<td>DY</td>
<td>Surviving divorced wife 5th claimant</td>
</tr>
<tr>
<td>DZ</td>
<td>Surviving divorced husband 5th claimant</td>
</tr>
<tr>
<td>E</td>
<td>Mother widow 1st claimant</td>
</tr>
<tr>
<td>E1</td>
<td>Surviving divorced mother 1st claimant</td>
</tr>
</tbody>
</table>
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.
CST_SHR_GRP_CD_01  CST_SHR_GRP_CD_07
CST_SHR_GRP_CD_02  CST_SHR_GRP_CD_08
CST_SHR_GRP_CD_03  CST_SHR_GRP_CD_09
CST_SHR_GRP_CD_04  CST_SHR_GRP_CD_10
CST_SHR_GRP_CD_05  CST_SHR_GRP_CD_11
CST_SHR_GRP_CD_06  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

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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment</td>
</tr>
<tr>
<td>04</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment</td>
</tr>
<tr>
<td>05</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment</td>
</tr>
<tr>
<td>06</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment</td>
</tr>
<tr>
<td>07</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment</td>
</tr>
<tr>
<td>08</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment</td>
</tr>
<tr>
<td>09</td>
<td>Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy</td>
</tr>
<tr>
<td>10</td>
<td>Beneficiary enrolled in Parts A and/or B, but not Part D enrolled; employer receives RDS subsidy</td>
</tr>
<tr>
<td>13</td>
<td>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.</td>
</tr>
<tr>
<td>Null/missing</td>
<td>Beneficiary was not found in cost sharing group data</td>
</tr>
</tbody>
</table>

**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/](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html?redirect=/CreditableCoverage/).
**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."
DUAL_STUS_CD_01  DUAL_STUS_CD_07
DUAL_STUS_CD_02  DUAL_STUS_CD_08
DUAL_STUS_CD_03  DUAL_STUS_CD_09
DUAL_STUS_CD_04  DUAL_STUS_CD_10
DUAL_STUS_CD_05  DUAL_STUS_CD_11
DUAL_STUS_CD_06  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_07
DUAL_02  DUAL_08
DUAL_03  DUAL_09
DUAL_04  DUAL_10
DUAL_05  DUAL_11
DUAL_06  DUAL_12

LONG NAME:

DUAL_STUS_CD_01  DUAL_STUS_CD_07
DUAL_STUS_CD_02  DUAL_STUS_CD_08
DUAL_STUS_CD_03  DUAL_STUS_CD_09
DUAL_STUS_CD_04  DUAL_STUS_CD_10
DUAL_STUS_CD_05  DUAL_STUS_CD_11
DUAL_STUS_CD_06  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. 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).
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.
**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

**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.
**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.
**ESRD_IND**

**LABEL:** End-Stage Renal Disease (ESRD) Indicator

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

**SHORT NAME:** ESRD_IND

**LONG NAME:** ESRD_IND

**TYPE:** CHAR

**LENGTH:** 1

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

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

**COMMENT:** This variable is not constructed and is sourced directly from Medicare eligibility data.
### 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).
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.”
**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:**

- 00 = 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

**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).
**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_07
PTC_PBP_ID_02  PTC_PBP_ID_08
PTC_PBP_ID_03  PTC_PBP_ID_09
PTC_PBP_ID_04  PTC_PBP_ID_10
PTC_PBP_ID_05  PTC_PBP_ID_11
PTC_PBP_ID_06  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_07
PTC_PBP_ID_02  PTC_PBP_ID_08
PTC_PBP_ID_03  PTC_PBP_ID_09
PTC_PBP_ID_04  PTC_PBP_ID_10
PTC_PBP_ID_05  PTC_PBP_ID_11
PTC_PBP_ID_06  PTC_PBP_ID_12

LONG NAME:

PTC_PBP_ID_01  PTC_PBP_ID_07
PTC_PBP_ID_02  PTC_PBP_ID_08
PTC_PBP_ID_03  PTC_PBP_ID_09
PTC_PBP_ID_04  PTC_PBP_ID_10
PTC_PBP_ID_05  PTC_PBP_ID_11
PTC_PBP_ID_06  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).
PTC_PLAN_TYPE_CD_01  PTC_PLAN_TYPE_CD_07
PTC_PLAN_TYPE_CD_02  PTC_PLAN_TYPE_CD_08
PTC_PLAN_TYPE_CD_03  PTC_PLAN_TYPE_CD_09
PTC_PLAN_TYPE_CD_04  PTC_PLAN_TYPE_CD_10
PTC_PLAN_TYPE_CD_05  PTC_PLAN_TYPE_CD_11
PTC_PLAN_TYPE_CD_06  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_07
PTC_PLAN_TYPE_CD_02  PTC_PLAN_TYPE_CD_08
PTC_PLAN_TYPE_CD_03  PTC_PLAN_TYPE_CD_09
PTC_PLAN_TYPE_CD_04  PTC_PLAN_TYPE_CD_10
PTC_PLAN_TYPE_CD_05  PTC_PLAN_TYPE_CD_11
PTC_PLAN_TYPE_CD_06  PTC_PLAN_TYPE_CD_12

LONG NAME:
PTC_PLAN_TYPE_CD_01  PTC_PLAN_TYPE_CD_07
PTC_PLAN_TYPE_CD_02  PTC_PLAN_TYPE_CD_08
PTC_PLAN_TYPE_CD_03  PTC_PLAN_TYPE_CD_09
PTC_PLAN_TYPE_CD_04  PTC_PLAN_TYPE_CD_10
PTC_PLAN_TYPE_CD_05  PTC_PLAN_TYPE_CD_11
PTC_PLAN_TYPE_CD_06  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 HMOPPOS)

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).
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.
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.
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.

^ Back to TOC ^
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.
**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.
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  RDSIND07
RDSIND02  RDSIND08
RDSIND03  RDSIND09
RDSIND04  RDSIND10
RDSIND05  RDSIND11
RDSIND06  RDSIND12

LONG NAME:
RDS_IND_01  RDS_IND_07
RDS_IND_02  RDS_IND_08
RDS_IND_03  RDS_IND_09
RDS_IND_04  RDS_IND_10
RDS_IND_05  RDS_IND_11
RDS_IND_06  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). ^ Back to TOC ^
**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.
**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).
**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:** —
**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**

**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**

**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:**

<table>
<thead>
<tr>
<th>Value</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Alabama</td>
</tr>
<tr>
<td>02</td>
<td>Alaska</td>
</tr>
<tr>
<td>03</td>
<td>Arizona</td>
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<td>07</td>
<td>Connecticut</td>
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<tr>
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<td>Delaware</td>
</tr>
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<td>09</td>
<td>District of Columbia</td>
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<td>10</td>
<td>Florida</td>
</tr>
<tr>
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<td>Georgia</td>
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<td>48</td>
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<td>Virginia</td>
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<tr>
<td>50</td>
<td>Washington</td>
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<td>West Virginia</td>
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<tr>
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<td>Wisconsin</td>
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<td>53</td>
<td>Wyoming</td>
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<td>54</td>
<td>Africa</td>
</tr>
<tr>
<td>55</td>
<td>California</td>
</tr>
<tr>
<td>56</td>
<td>Canada and Islands</td>
</tr>
<tr>
<td>57</td>
<td>Central America and West Indies</td>
</tr>
<tr>
<td>58</td>
<td>Europe</td>
</tr>
<tr>
<td>59</td>
<td>Mexico</td>
</tr>
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<td>60</td>
<td>Oceania</td>
</tr>
<tr>
<td>61</td>
<td>Philippines</td>
</tr>
<tr>
<td>62</td>
<td>South America</td>
</tr>
<tr>
<td>63</td>
<td>U.S. Possessions</td>
</tr>
<tr>
<td>64</td>
<td>American Samoa</td>
</tr>
</tbody>
</table>
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: —
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.
**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.